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Global Nutrition Cluster Webinar on 2023 HNO process

AUGUST 8, 2022

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Contents

1. Overview of 2023 HPC process and Intersectoral Needs Analysis - Anteneh
2. 2023 Nutrition Humanitarian Needs Analysis –Anteneh & Shabib
3. Key cross-cutting considerations in needs analysis -Anteneh
4. Q&A

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Objetives

By the end of this session, participants will be able to understand :

1. The guidance on 2023 HPC process and the JIAF methdology to intersectoral needs analysis.
2. Practical steps in the 2023 nutrition sector humanterian needs analysis process.
3. *Key cross-cutting considerations in the HNO.*
4. *How to access the GNC-CT one-on-one support on the 2023 HPC process*

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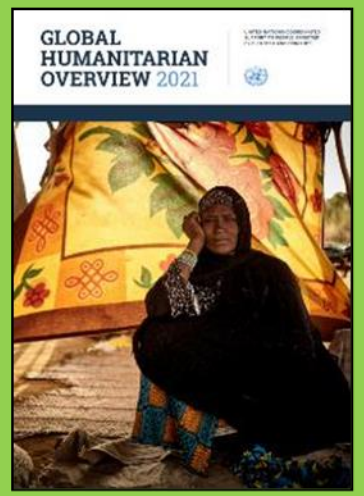
Overview of Humanitarian Programme Cycle (HPC)

THE HUMANITARIAN PROGRAMME CYCLE



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HPC PROCESS OVERVIEW : Assessment, Analysis, and Strategic Planning

STEP 1

Agree on scope of the analysis and costing approach

STEP 2

Conduct secondary data review

STEP 3

Plan and conduct primary data collection

(if required)

STEP 4

Conduct joint intersectoral needs analysis

STEP 5

Define the scope of the HRP and formulate initial objectives

STEP 6

Conduct response analysis

STEP 7

Formulate Strategic and specific objectives and associated indicators

STEP 8

Formulate projects/activities and estimate cost

STEP 9

After Action Review

STEP 10

Finalize and implement monitoring plan

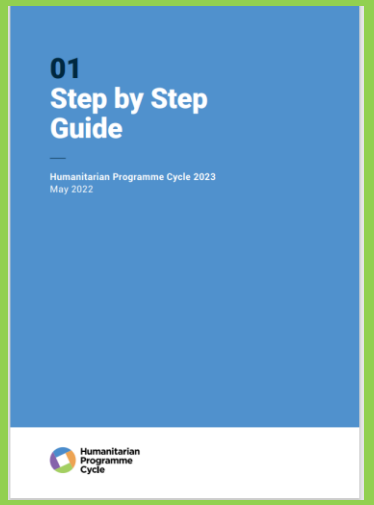
HNO & HRP Process :

HPC 2023 Facilitation Package | Assessment & Analysis Knowledge Management Platform

HNO and HRP Timelines

1/3

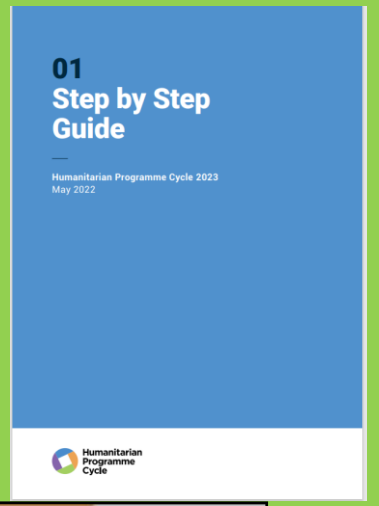
		JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Step 1	**Agree on scope of the analysis and costing approach** 1.1 Set the scope of the HNO analysis based on crisis context and develop an analysis plan that will answer the key questions needed to inform planning and decision-making 1.2 Decide on most appropriate costing methodology for 2022 1.3 Present analysis framework and costing plan to Humanitarian Country Team for endorsement									
Step 2	**Undertake secondary data review: Analyse trends, identify opportunities for joint analysis with development/peace actors, and identify data gaps** 2.1 Compile the evidence base (collect and collate) 2.2 Undertake secondary data review 2.3 Identify and determine how to bridge critical information gaps			HNO						
Step 3	**Plan and collect primary data (as appropriate)**									
Step 4	**Conduct joint intersectoral needs analysis** 4.1 Conduct preliminary intersectoral needs and severity analysis, and draft narrative 4.2 Calculate initial PiN and severity estimates 4.3 Analyze risk and arrive at projections, identify indicators to monitor situation and needs 4.4 Finalize intersectoral needs analysis, PiN and severity estimates 4.5 Write up analysis results 4.6 Present and seek endorsement and validation from the HCT (and government counterparts, where appropriate) on the analysis results and monitoring requirements									

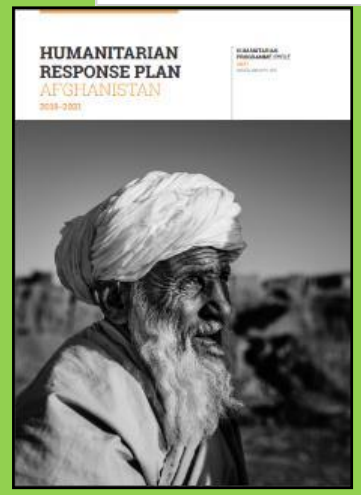


HNO & HRP Process

2/3

		JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Step 5	**Define the scope of the HRP and formulate initial objectives** 5.1 Determine the scope of the HRP based on the results of the analysis of needs and risks 5.2 Draft preliminary (intersectoral) strategic and specific objectives				HRP					
Step 6	**Conduct response analysis** 6.1 Review appropriateness, relevance, and feasibility of different responses 6.2 Articulate intersectoral and multi-sectoral response approaches based on the results from the response analysis (based on severity, time-criticality, and complementarities/ synergies) 6.3 Estimate target population number									
Step 7	**Finalize strategic and specific objectives and indicators** 7.1 Finalize formulation of strategic and specific objectives 7.2 Identify indicators to monitor specific objectives 7.3 Cluster/sectors develop response plans and define cluster objectives 7.4 Sub-national and/or government consultation/review draft HRP response parameters 7.5 Present and seek endorsement by the HCT of the strategic objective and approach, number of people targeted, and response monitoring framework									
Step 8	**Formulate projects/activities and estimate cost of the response plan** 8.1 Initiate drafting of HRP 8.2 Project development, vetting and upload 8.3 Estimate the cost of the response 8.4 Secure HC/HCT endorsement 8.5 Finalize and draft response plan									

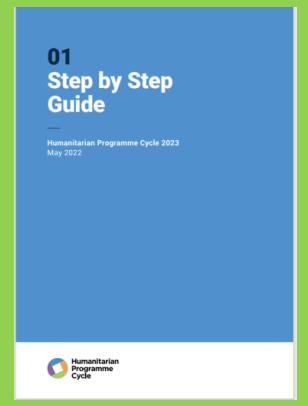




HNO & HRP Process

		JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Step 9	**Conduct After Action Review**									
Step 10	**Finalize and implement monitoring plan** 10.1 Prepare the monitoring plan 10.2 Conduct monitoring activities throughout the year 10.3 Share information gathered by the monitoring work									

3/3



Detailed guidance on HC 2023 :

HPC 2023 Facilitation Package | Assessment & Analysis Knowledge Management Platform

The Humanitarian Needs Overview (HNO)

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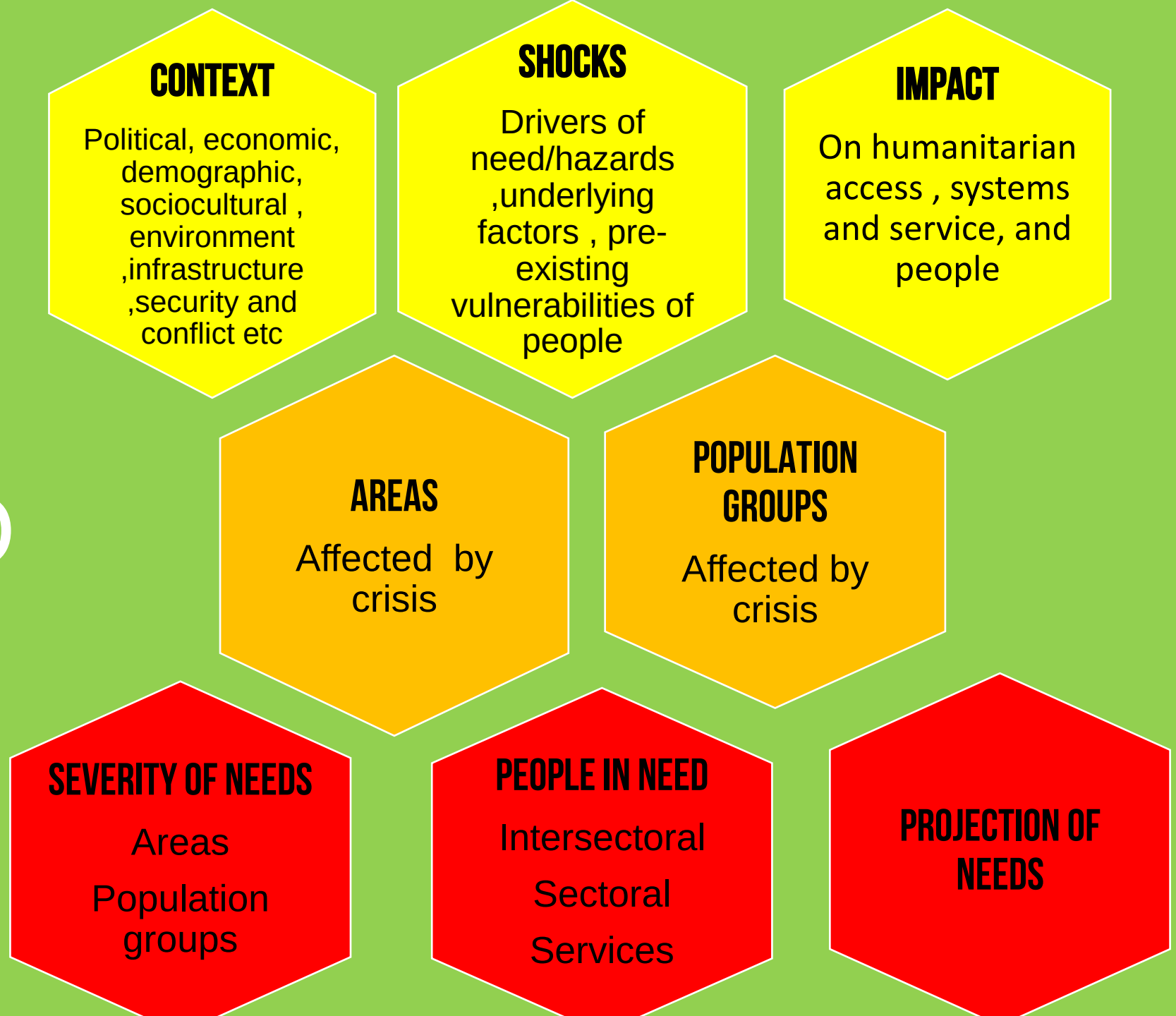
Outputs of the HNO process



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HUMANITARIAN NEEDS OVERVIEW
SOMALIA

HUMANITARIAN PROGRAMME CYCLE
2022
ISSUED OCTOBER 2021

The HNO Methodology

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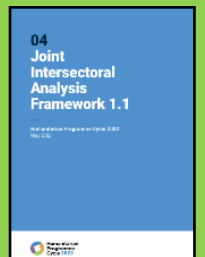
Joint Intersectoral Analysis Framework (JIAF)

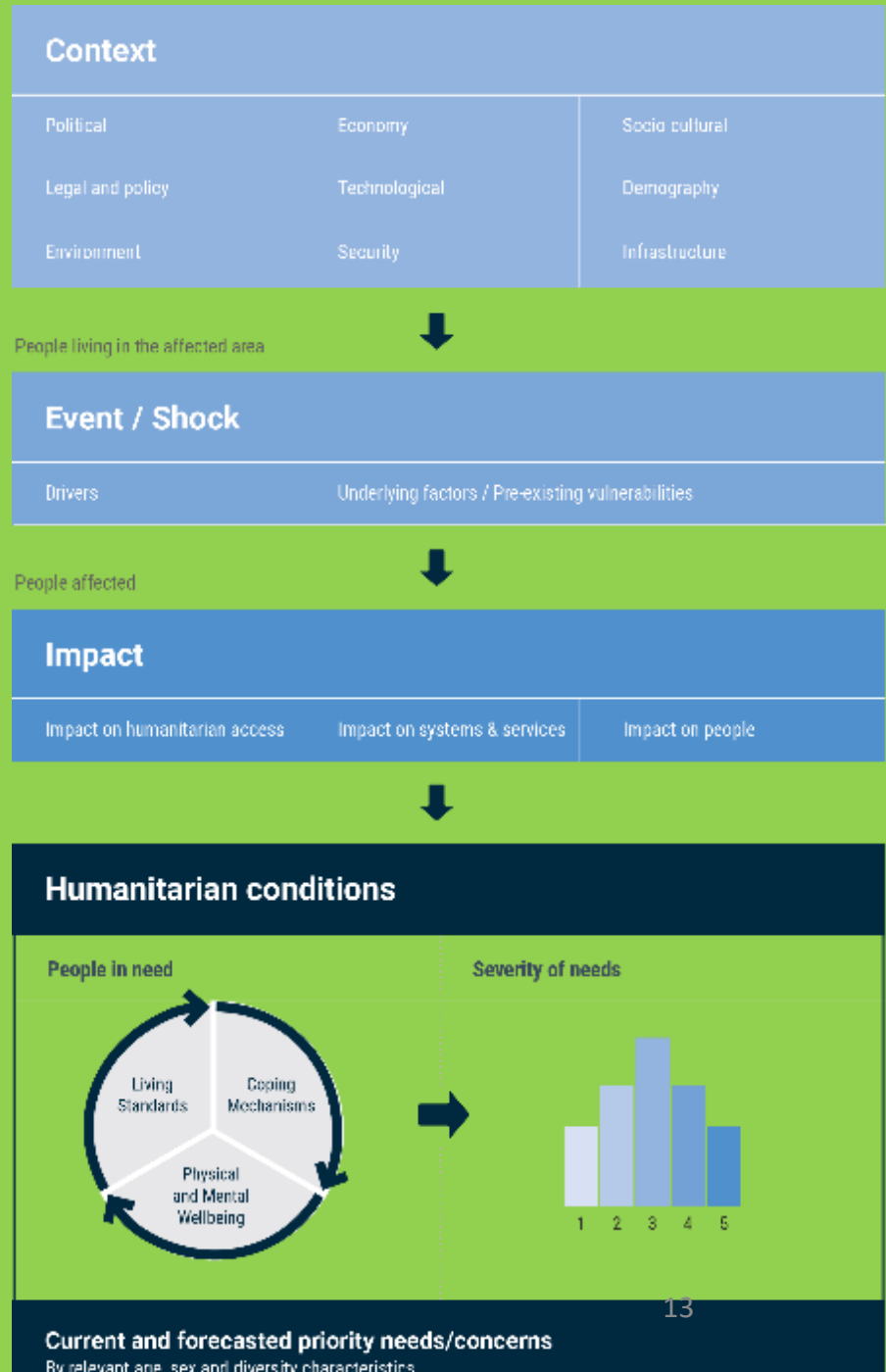
- Designed to assist country teams in conducting intersectoral analysis when preparing HNO and Subsequent HRP.
- Built around five pillars. Each contains different sub pillars.
- Serves to organize information, visualize relationships and bring a consistent structure to the analysis.
- The Context – Shock - Impact pillars assists in defining the scope of need analysis (Affected areas, and affected population)
- The Humanitarian Conditions Pillar is useful in estimating People in Need and Severity Ranking.

The JIAF Conceptual framework **helps frame the story of a population affected by a shock in a consistent and comprehensive manner.**



JIAF 1.1 High Level Trainings
JIAF 1.1 In-Depth Trainings

https://www.jiaf.info/



EXAMPLES OF CONTEXT-SHOCK-IMPACT ANALYSIS NARRATIVE

Context Somalia :

Political, socio-cultural, demographic and economic profiles

Conflict, insecurity, and impact of political divisions continue to drive humanitarian needs, displacement and protection concerns in Somalia. Against the backdrop of a delayed electoral process, the country entered 2021 with significantly heightened political tensions.[2] Violent crises flared up several times during the year, with violence breaking out between federal and local security forces in Banadir, Galmudug, Hirshabelle, Jubaland and Puntland. In February, armed clashes between the security forces loyal to the opposition presidential candidates and pro-government forces led to at least three civilian casualties.

Shock Somalia :

Drivers of humanitarian crisis

Conflict

Conflict remains a core driver of displacement. The PRMN reports 413,000 displaced persons due to conflict and insecurity from January to August 2021.[41] Federal Member States with the highest numbers of individual conflict-induced displacement are Banadir, Bay, Gedo and Lower Shabelle over the same period.[42]

According to the Somalia Drought Impact Needs Assessment (DINA)[46], drought has increased conflict over natural resources and pastureland in Somalia, and armed conflict and instability have weakened already vulnerable agricultural and pastoral livelihoods, increasing displacement. Drought conditions in northern and central Somalia in early 2021 resulted in some livestock losses and increased household spending on animal feed and water. Additionally, dry conditions and an early end to the Gu and decreased

Impact of shock Somalia :

Climate shocks continue to be a core driver of displacement. In 2021, as Somalia faces the prospect of three consecutive failed harvest seasons, many poor rural households have continued to relocate to main towns in search of income-earning opportunities and social and humanitarian support due to the lack of food and income sources in their villages.[81] It is estimated that more than 90,000 new and secondary displacements occurred because of drought between January and August 2021 alone, and an additional 59,000 displacements due to flooding in the same period.[82]

Poor public health outcomes

Somalia's health system is inadequately equipped to provide a minimum amount of coverage for equitable access to health care, resulting in increased morbidity and mortality. In 2021, humanitarian workers have also frequently been targeted for carrying out life-saving humanitarian activities, while the capacity of the government to prevent, identify, and respond to emerging and rising health hazards such as COVID-19 has been significantly diminished.[111] Somalia is among the highest global rankings in infant and child mortality rates with respectively 76.6 and 121.5 per 1000 live births[112]. The maternal mortality rate (692 deaths per 100,000 live births) and the fertility rate (average of 6.9 children per woman) are also among the highest in the world, while 79 per cent of all births are home delivered without skilled assistance.[113]

Nutrition Cluster Somalia :

Overview of the Affected Population

Acute malnutrition is a major public health problem in Somalia and disproportionately affects children under the age of 5, as well as Pregnant and Lactating Women (PLWs). Malnutrition is the result of years of conflict and violence, disease outbreaks, drought, locust infestation, recurrent flooding and population displacements. In addition, other factors such as high morbidity, low immunization, low vitamin-A supplementation, reduced access to milk, food insecurity, low access to health services, poor access to water and sanitation, poor maternal nutrition, and high disease burden contribute to malnutrition rates. Poor feeding practices for infants and young children

CONTEXT-SHOCK-IMPACT ANALYSIS

(defining the scope of need analysis)

STEP 1: GEOGRAPHIC PRIORITISATION :

Set of inter-sectoral indicators are used to identify the most affected areas by shocks.

This may include areas affected by:

- Internal conflict ,
- Natural disaster such as drought ,flood, earth quick etc
- Outbreak of diseases ;
- Areas having influx of IDPs where the basic services are overstretched
- Other shocks

CONTEXT-SHOCK-IMPACT ANALYSIS
(defining the scope of need analysis)

STEP 2: MOST AFFECTED POPULATION GROUPS :

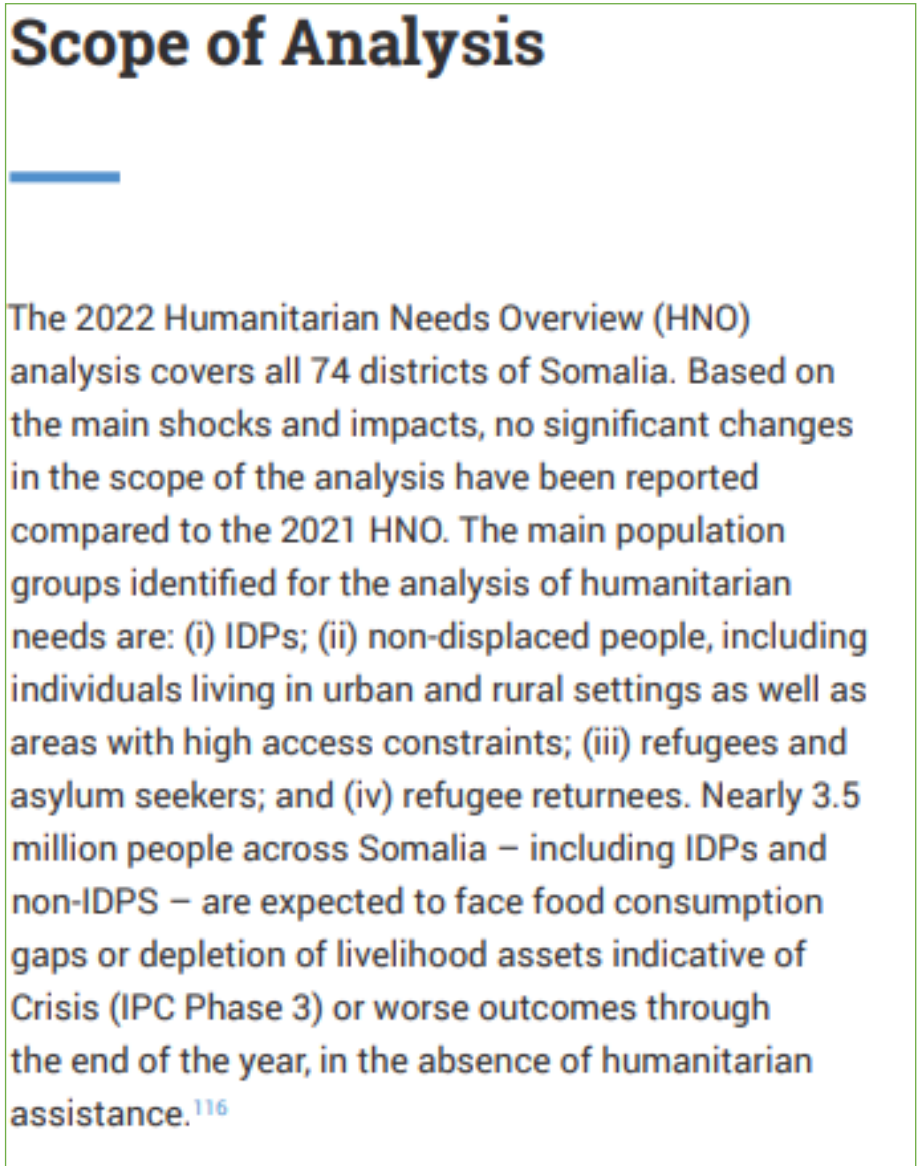
Set of population indicators are used to identify the most affected population groups categories (including IDPs , Returnees, Host Populations, other affected populations) in each geographic areas.

This may include :

- Non-displaced people affected by the impact of drought
- IDPs displaced because of conflict
- Refugees and migrants from neighbouring countries
- Host population whose access to services is constrained by recent influx of IDPs
- Returnees

CONTEXT-SHOCK-IMPACT ANALYSIS: Affected areas and population groups

- **Scope of Analysis Somalia** :
  - 74 districts of Somalia were identified as affected areas
  - Main population groups
    - IDPs
    - Non-displaced population
    - Refugee-asylum seekers
    - Refugee returnees



Scope of Analysis

The 2022 Humanitarian Needs Overview (HNO) analysis covers all 74 districts of Somalia. Based on the main shocks and impacts, no significant changes in the scope of the analysis have been reported compared to the 2021 HNO. The main population groups identified for the analysis of humanitarian needs are: (i) IDPs; (ii) non-displaced people, including individuals living in urban and rural settings as well as areas with high access constraints; (iii) refugees and asylum seekers; and (iv) refugee returnees. Nearly 3.5 million people across Somalia – including IDPs and non-IDPS – are expected to face food consumption gaps or depletion of livelihood assets indicative of Crisis (IPC Phase 3) or worse outcomes through the end of the year, in the absence of humanitarian assistance.[116]

Context

Political	Economy	Socio cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure

People living in the affected area

Event / Shock

Drivers	Underlying factors / Pre-existing vulnerabilities

People affected

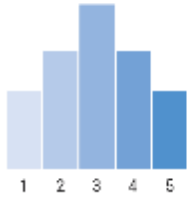
Impact

Impact on humanitarian access	Impact on systems & services	Impact on people

Humanitarian conditions

People in need

Severity of needs



Current and forecasted priority needs/concerns
By relevant age, sex and diversity characteristics

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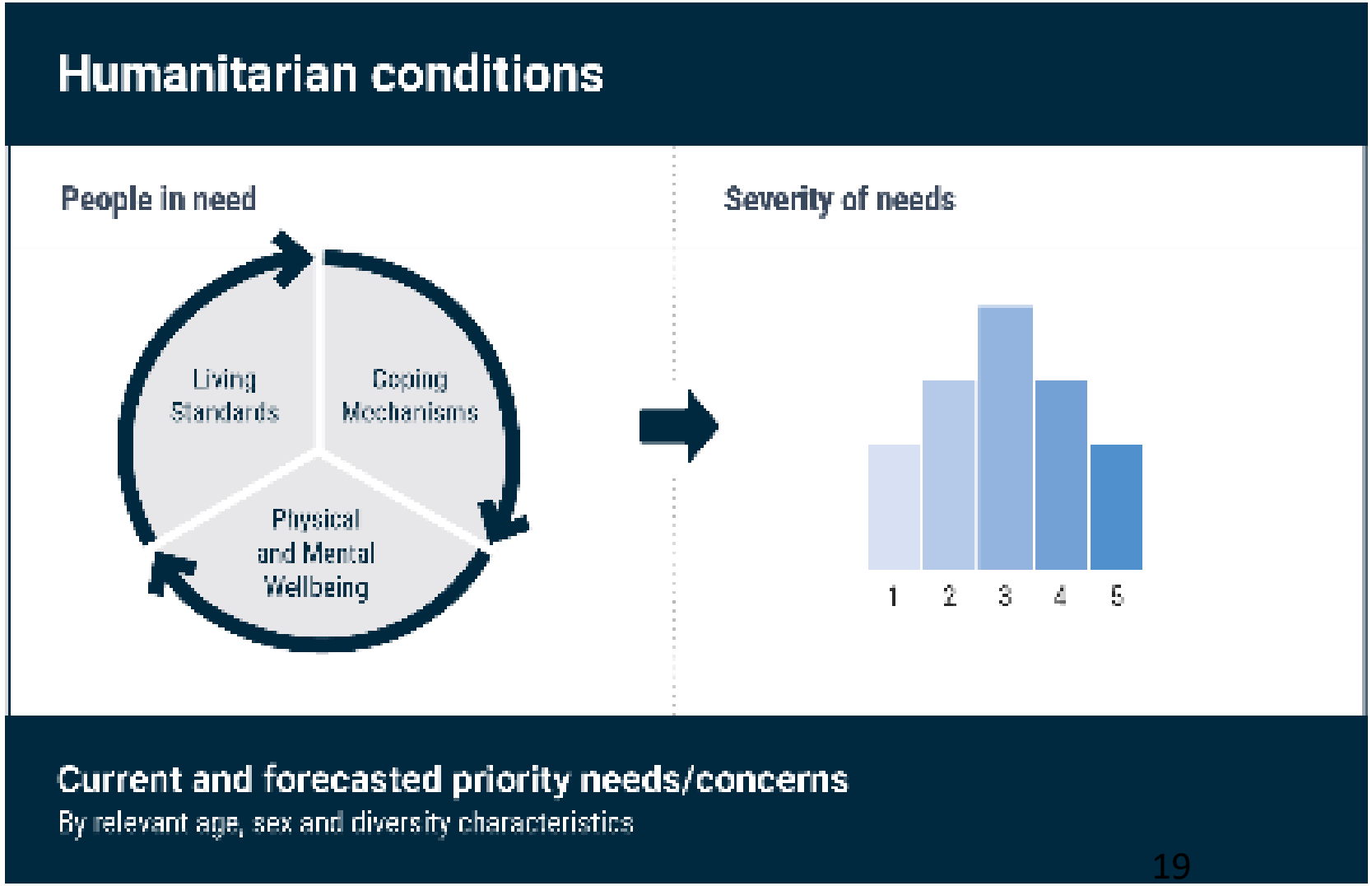
HUMANITARIAN CONDITIONS : NUTRITION NEEDS ANALYSIS



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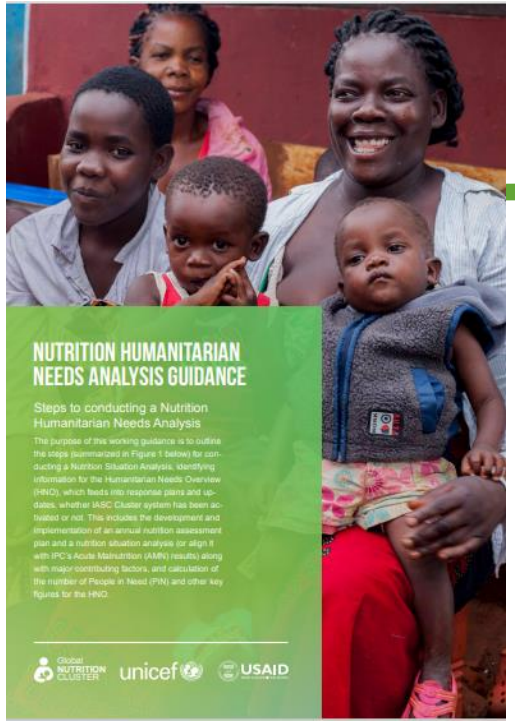
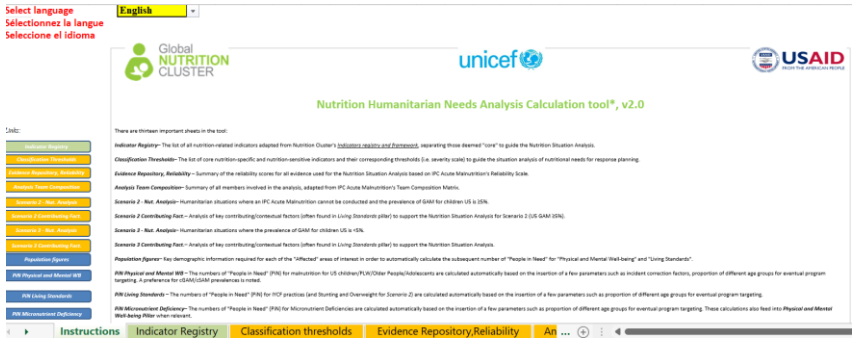
Humanitarian Conditions : Nutrition Severity Analysis





1. Asses data availability on key indicators :
What Nutrition Specific and Nutrition Related data is available?
Refer to Indicator Registry sheet NHNA TOOL

2. Determine Scenario for needs analysis :
Which one of the GNC data availability scenarios is applicable to the country context?
Refer to GNC NHNA GUIDANCE

3. Select the indicators for severity ranking :
Refer to Indicator Registry sheet NHNA TOOL

4. Agree on the applicable threshold :
Refer to suggested Classification Threshold sheet NHNA TOOL

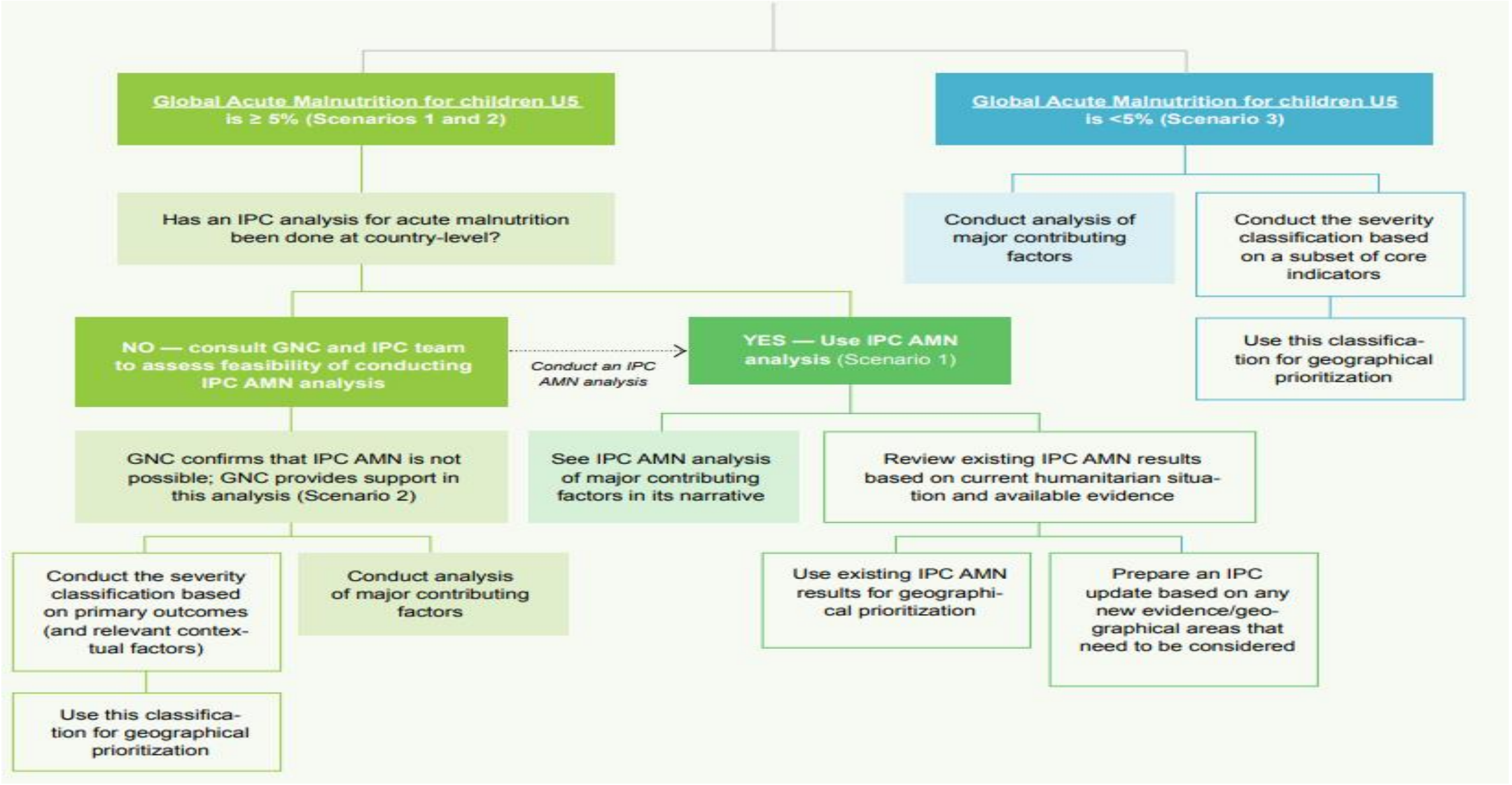
HUMANITARIAN CONDITIONS : NUTRITION INDICATORS AND SEVERITY TRESHOLDS

Physical and mental wellbeing (Nutrition Status indicators)

Living standard Indicators (Risk of malnutrition indicators)

			Humanitarian Consequence		Severity Scale based on IPC/OCHA phases					
Category	Alignment with IPC AMN Analytical framework	Core Nutrition Indicators to guide response planning	U5 GAM ≥5% (Scenarios 1 and 2)	U5 GAM < 5% (Scenario 3)	Phase 1 Acceptable/ Minimal	Phase 2 Alert/ Stress	Phase 3 Serious/ Severe	Phase 4 Critical/ Extreme	Phase 5 Extremely Critical/ Catastrophic	Sources used for the thresholds
Nutrition outcomes	Acute and chronic malnutrition	Prevalence of GAM based on WHZ<-2 and/or bilateral pitting oedema among children 0-59 months *(if no data, use 6-59 months)*	Physical and Mental Well-being		<5%	5-9.9%	10-14.9%	15-29.9%	≥30%	PC Global Partners (2019) Integrated Food Security Phase Classification Technical Manual Version 3.0.
		Prevalence of GAM based on MUAC[12] <125mm and/or bilateral pitting oedema among children 6-59 months	Physical and Mental Well-being		<5%	5%-9.9%	10%-14.9%	≥15%		Preliminary thresholds suggested by IPC Global Partners (2019) Integrated Food Security Phase Classification Technical Manual Version 3.0
		Prevalence of GAM based on MUAC<210-230mm (depending on the country's guidelines) among PLW	Physical and Mental Well-being		<12.6%	12.6-19.9%	20-24.9%	25-34.9%	≥35%	Preliminary thresholds based on Somalia's Food Security and Nutrition Analysis Unit (FSNAU)
		Prevalence of stunting based on HAZ <-2 among children U5	Living Standards	Physical and Mental Well-being	<2.5%	2.5-9.9%	10-19.9%	20-29.9%	≥30%	De Onis et al (2018) Prevalence thresholds for wasting, overweight, and stunting in children under 5 years
	Other causes	Prevalence of overweight based on WHZ>2 among children 0-59 months	Living Standards	Physical and Mental Well-being	<2.5%	2.5-4.9%	5-9.9%	10-14.9%	≥15%	De Onis et al (2018) Prevalence thresholds for wasting, overweight, and stunting in children under 5 years
		Prevalence of GAM based on BMI-for-	Physical and Mental Well-being		<2.5%	2.5-4.9%	5-9.9%	10-14.9%	>15%	Preliminary thresholds suggested by
Underlying causes (WASH)		Number of HHs having access to an improved water source	Living Standards		Water comes from an improved water source which is located on premises	Water comes from an improved water source, provided collection time is not more than 30 minutes for a roundtrip, including queuing	Water comes from an improved source for which collection time exceeds 30 minutes for a roundtrip, including queuing	Water comes from an unimproved water source	Water comes directly from rivers, lakes, ponds, etc	
		Number of HHs having access to an improved water source	Living Standards		Enough water for drinking, cooking, personal hygiene and other domestic purposes OR more than 50 l/d/p	Enough water for drinking AND cooking AND personal hygiene, BUT NOT for other domestic purposes OR 15 or more but less than 50 l/d/p	Enough water for drinking AND EITHER cooking OR personal hygiene OR 9 or more but less than 15 l/d/p	Enough water for drinking BUT NOT for cooking AND personal hygiene OR 3 or more but less than 9 l/d/p	Not enough water for drinking OR Less than 3 l/d/p	
		Number of HHs having access to a functional and improved sanitation facility	Living Standards		Access to improved sanitation facilities, not shared with other households	Access to improved sanitation facilities, shared with less than 20 people	Access to improved sanitation facilities, shared with more than 20 people	Access to unimproved facilities OR access to improved facilities shared with more than 50 people	Disposal of human faeces in open spaces or with solid waste	
		Number of HHs with access to functioning handwashing facilities, with water and soap available or % of HHs with access to soap	Living Standards		Soap is available at home AND handwashing facility is on premises with soap and water available		Soap is available at home BUT no handwash-ing facility on premises with soap and water		Soap is not available at home	

SEVERITY ANALYSIS DECISION TREE



SCENARIO SELECTION

Prevalence of U5 GAM ≥5% (Scenario 1 and 2)

Ideally use IPC Acute Malnutrition Analysis – otherwise:

- **Severity classification** uses U5 GAM based on WHZ (as thresholds are provided)
  - If not available, then U5 GAM based on MUAC
- Qualitative analysis of contributing factors.

Prevalence of U5 GAM <5% (Scenario 3)

- **Severity classification** uses a proposed *scoring system* based on 10 indicators that takes into account both vulnerability of the target groups and indicators' reliability (optional 11th indicator)

- Qualitative analysis of contributing factors

USING SEVERITY RANKING TOOL

PHYSICAL AND MENTAL WELL-BEING | SCENARIO 2 with U5 GAM≥5%

Admin for "Affected" areas of interest	GAM prevalence % (WHZ) for children 0-59 months	ONLY IF GAM (WHZ) is not available: GAM prevalence % (MUAC) for children 6-59 months	GAM prevalence % for PLW (MUAC<210mm)*	Severity Analysis based on GAM prevalence %	Justification if GAM based on MUAC was used	
Use Admin names from the CODs	Insert prevalence data - Automatic classification (see Classification thresholds worksheet)	Insert prevalence data - Automatic classification (see Classification thresholds worksheet)	Insert prevalence data - Automatic classification (see Classification thresholds worksheet)	Automatic Classifier		** adapt with country-level cut-off if different*
Badakhshan	5.0%	15.0%	45.0%	Phase 2		
Badghis	17.0%		15.0%	Phase 4		
Baghlan	35.0%	12.0%	12.0%	Phase 5		
Balkh	5.0%		24.0%	Phase 2		
Bamyan			30.0%	Phase 4		
Dykundi	5.0%			Phase 2		
Farah	5.0%			Phase 2		
Faryab		15.0%		Provide justification for value		
Ghazni	5.0%			Phase 2		
Ghor			50.0%	Phase 5		
Helmand	5.0%			Phase 2		
Hirat	5.0%			Phase 2		
Jawzjan	5.0%			Phase 2		
Kabul	20.0%			Phase 4		
Kandahar	5.0%			Phase 2		

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- For each administrative unit input the data on selected indicators. .
- Agree on the most appropriate threshold applicable to the country context.
- Use the severity analysis sheet of NHNA Tool

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People in Need (PiN) Estimation

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PIN CALCULATION steps

Identify Geographic area	Identify Geographic areas affected (Refer to Intersectoral scope of needs analysis step)
Get Estimated Affected population	Estimate affected population (Refer to Intersectoral scope of needs analysis step)
Use Applicable Population Proportion	Proportion of nutritionally at risk population(Use Population Figure sheet of NHNA Tool)
Select packages of nutrition services	Identify services package /need indicators from 'Physical and Mental wellbeing' and 'Living standard' categories (services may include CMAM,IYCF, Micronutrient supplementation, BSFP, etc.)
Use Auto-calculation tool	Use PiN/Caseload and target calculation tool (Follow Instruction)

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Cross-Cutting Considerations

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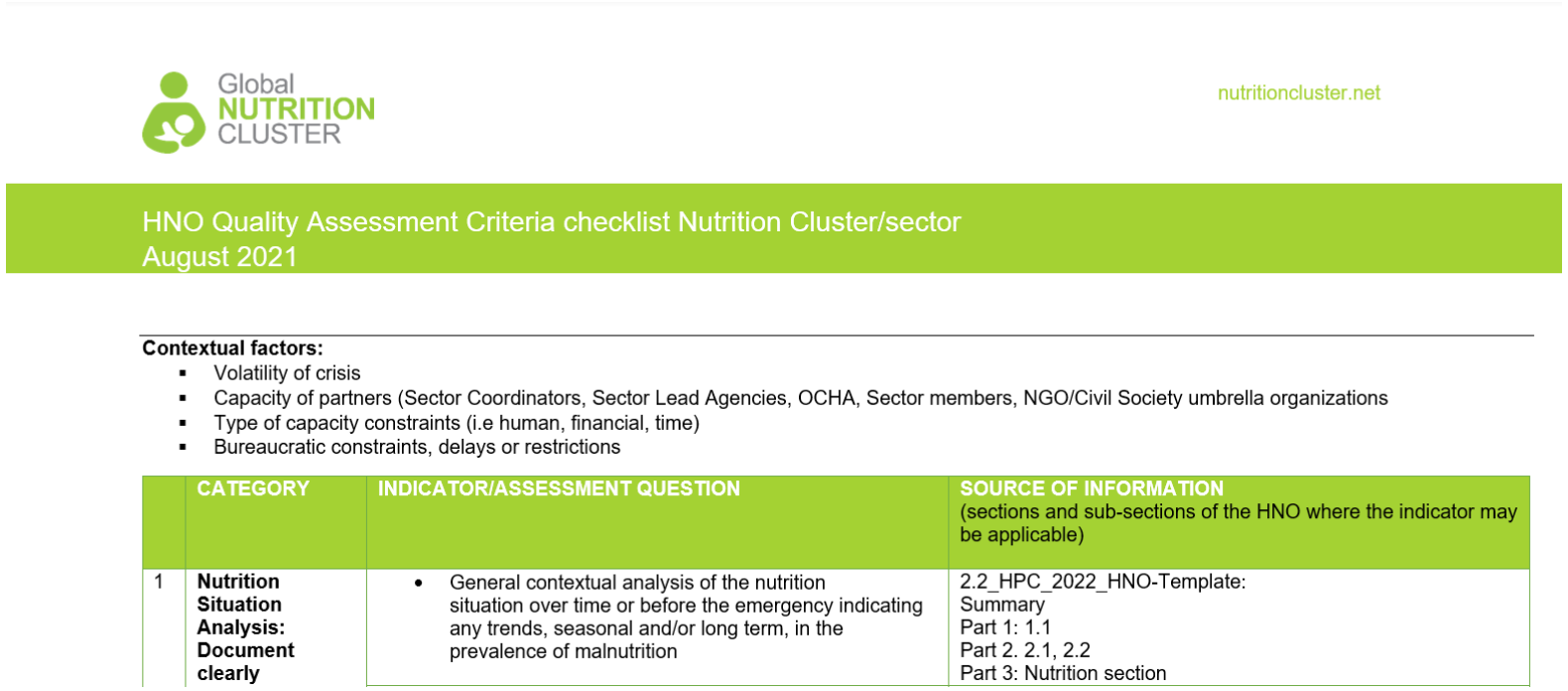
GNC HNO Quality Assurance Checklist

- Accountability to Affected Population(AAP)
- Gender Based Violence (GBV) in nutrition
- Disability and inclusion
- Inter-sectoral collaboration
- Cash and Voucher assistance



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HNO Quality Assessment Criteria checklist Nutrition Cluster/sector
August 2021

Contextual factors:

- Volatility of crisis
- Capacity of partners (Sector Coordinators, Sector Lead Agencies, OCHA, Sector members, NGO/Civil Society umbrella organizations
- Type of capacity constraints (i.e human, financial, time)
- Bureaucratic constraints, delays or restrictions

	CATEGORY	INDICATOR/ASSESSMENT QUESTION	SOURCE OF INFORMATION (sections and sub-sections of the HNO where the indicator may be applicable)
1	**Nutrition Situation Analysis: Document clearly**	• General contextual analysis of the nutrition situation over time or before the emergency indicating any trends, seasonal and/or long term, in the prevalence of malnutrition	2.2_HPC_2022_HNO-Template: Summary Part 1: 1.1 Part 2. 2.1, 2.2 Part 3: Nutrition section

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Roles and Responsibilities

Coordination team (NCC and IM) should:

- If required , establish a nutrition cluster analysis team or task AIM TWG to support the sectoral needs analysis.
- Consolidate assessment data and present analysis through IM tools.
- Participate in the intercluster analysis coordinated by OCHA and timely provide required input to intersectoral analysis exercise.
- Consult with SAG and/or partners at each stage of the needs analysis process.

Cluster Partners

- Collect and share secondary nutrition-related data.
- Participate in MSNAs.
- Ensure affected people's views are collected as part of assessments.
- Ensure cross-cutting issues are included in analysis.
- Review and provide feedback on the anlysis done by coordination team.

GNC Support and Resources

- One-on-one support
- Review of draft HNO documents

HNO	Inter-sectorial (HNO and HRP)
Anteneh Dobamo adobamo@unicef.org Geraldine Bellocq gbellocq@unicef.org	Rachel Lozano rlozano@unicef.org

Reference tools and guidance

https://www.nutritioncluster.net/Coordination_Toolkit
HPC 2023 Facilitation Package | Assessment & Analysis Knowledge Management Platform
Nutrition Humanitarian Needs Analysis Guidance - ENG/FR/ES | Global Nutrition Cluster

JIAF 1.1 High Level Trainings
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Global Nutrition Cluster Webinar
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Q&A

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