

# Side events – Day 2

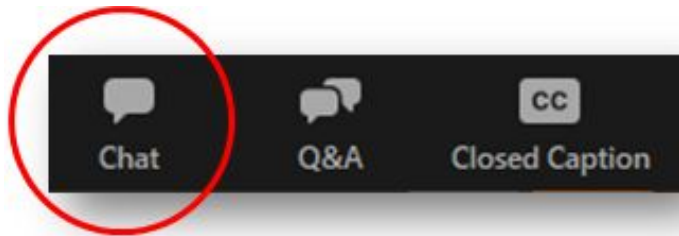
Session 1-D

## **Emergency Response Preparedness & Risk Analysis**

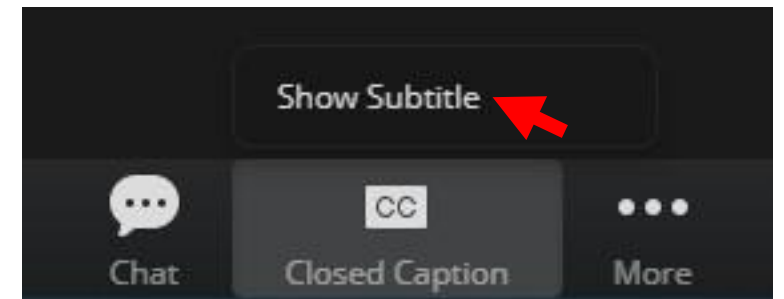
*GNC Annual Meeting – Feb 1<sup>st</sup>*

# ZOOM MEETING REMINDERS

- If at any point during today's webinar you are unable to hear the speakers, please make sure you've connected your audio by selecting the headphones icon.



- Please send a message to *Everyone* in the chat box to introduce yourself, send in your questions, or ask for support during today's webinar.
- Closed captioning in English has been enable for this meeting, to view the live English subtitles on your screen, click on the CC icon and select to *Show Subtitle*.
- Finally, please note that this meeting is being recorded.



## Session 1-D

# The GNC Emergency Response Preparedness approach

*Emergency Response Preparedness (ERP)*

*Cecile Basquin*

*GNC Annual Meeting – Feb 1<sup>st</sup>*

# BACKGROUND

## *Why is Emergency Response Preparedness (ERP) important?*

- When disaster strikes, it's too late to prepare for the response!
- The goal of ERP is to increase the speed and volume of life-saving assistance delivered in the first weeks of an emergency.
- A plan must be in place, based on available local capacities to deal with the initial phase of the emergency, as it takes time before external support comes in.



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# OBJECTIVE

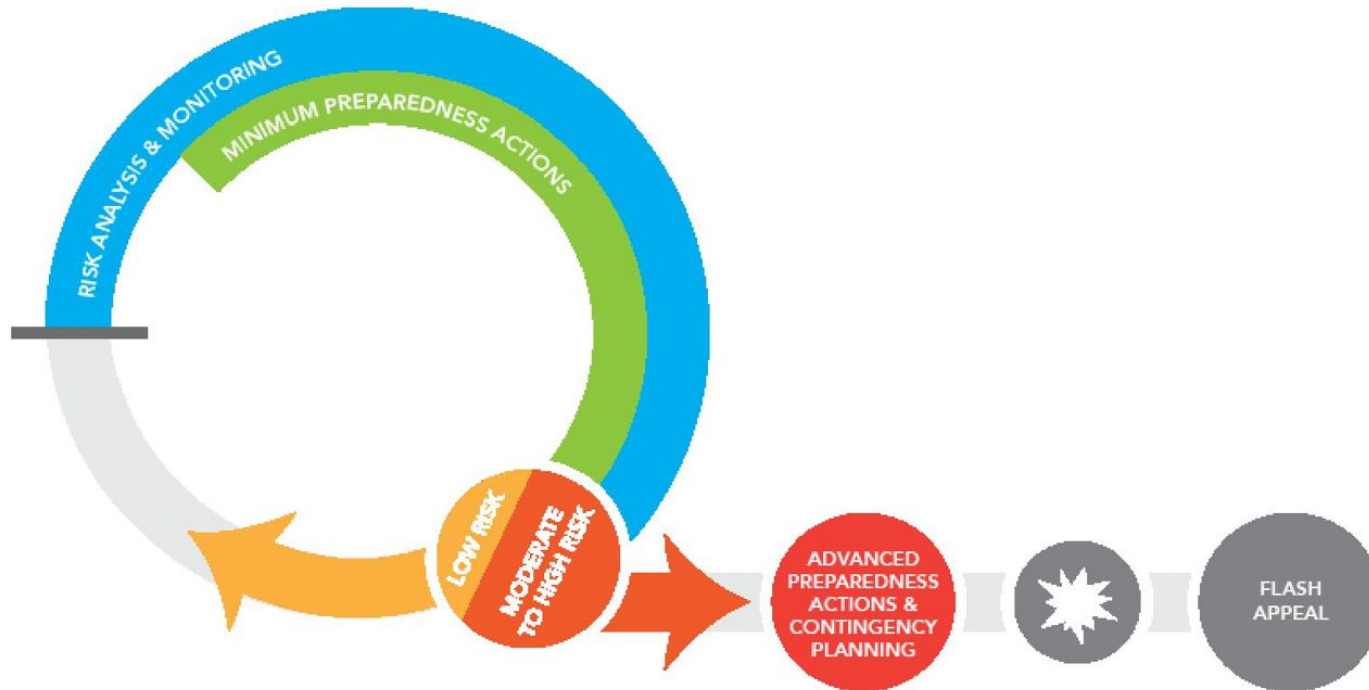
- Overview of the ERP approach
- The GNC ERP Toolkit
- Status of ERP in your respective contexts
- Actions you can take toward advancing your Nutrition sector/cluster emergency preparedness



Photo credits: Sayed Habib Bidel

# EMERGENCY RESPONSE PREPAREDNESS

ERP is a continuous approach, divided into three key elements.



**Risk analysis and monitoring**



**Planning - step-by-step approach to develop ERP/ contingency plan**



**Minimum and Advanced Preparedness Actions**

# ERP STEP-BY-STEP



# Featured ERP Resources



STRENGTHENING COLLECTIVE PREPAREDNESS FOR NUTRITION IN EMERGENCIES TO SUSTAIN AND ENHANCE NUTRITION OUTCOMES

Preparedness Guidelines For Nutrition in Emergencies

## ERP Guide

GNC has developed this guidance to help country level Nutrition Clusters, nutrition sector coordination, and nutrition working groups, to strengthen collective preparedness toward effective protection of the nutritional status of populations.



## ERP Plan Template

This template for a multi-risk plan was derived from the IASC ERP plan template and adjusted to align it to the GNC ERP guide.



## Preparedness action workplan

This is a simple work plan template to keep you on track and organized during your ERP

# The GNC ERP Toolkit

- ERP Step-by-step guide
- ERP plan template, Preparedness actions workplan template
- ERP KoBo online forms and dashboard
- ERP workshop package
- ERP eLearning modules on GNC Learn







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*How prepared is your  
Nutrition cluster/sector  
to respond to the next  
crisis?*



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- What is the current status of ERP planning for your Nutrition sector/cluster?
- What can be done to advance your Nutrition ERP planning?

# STATUS OF ERP

<b>Country</b>	<b>Existing response capacities mapped</b> (partners, protocols, supplies, trained personnel, etc.)	<b>Detailed early response plan and operational arrangements anticipated</b> (coordination, IM, assessments, response delivery)	<b>Preparedness actions workplan</b>	<b>ERP plan</b>

# COMMITMENTS

<b>Country</b>	<b>Actions</b>	<b>By when</b>



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- What are the challenges you face while working on emergency preparedness?
- Please take the survey for us to better understand how to support your ERP efforts.
- Do not hesitate to reach out to the GNC for support!



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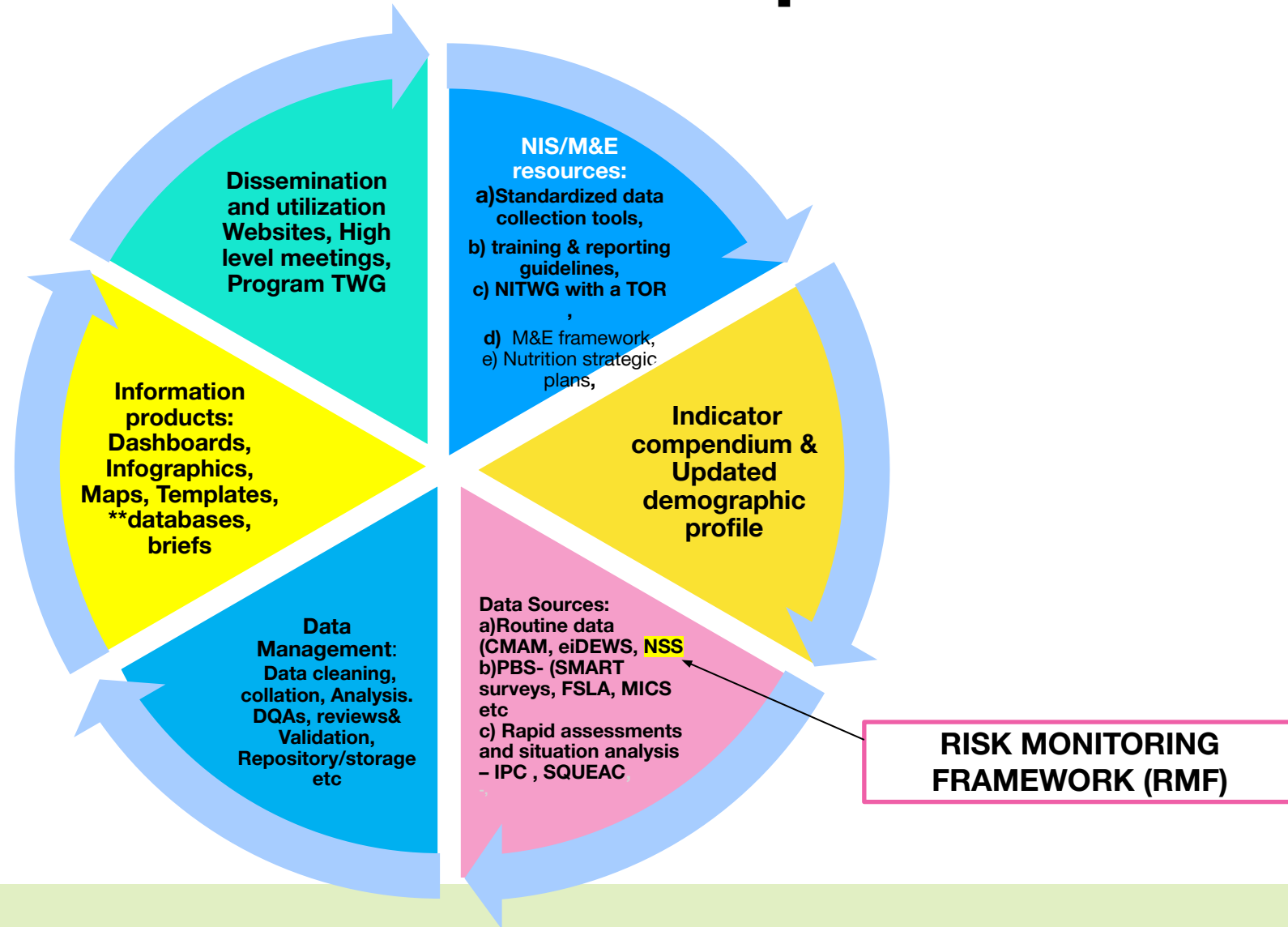
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GLOBAL SMART  
INITIATIVE  
ACF CANADA

# STRENGTHENING YEMEN'S NUTRITION INFORMATION SYSTEM

# Yemen NIS/M&E Components



## Session Title:

Nutrition Information Systems Yemen

Date: 01.02.23



# NUTRITION RISK MONITORING FRAMEWORK (RMF)



## Session Title:

Nutrition Information Systems Yemen

Date: 01.02.23



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# BACKGROUND

Following the IPC- AMN 2020 recommendation to put in place a systematic and robust early-warning framework that relies on routine data to facilitate decision making for early action to mitigate any crisis.

**Phase 1:** Concept note development & review of draft RMF indicators- condensed from 55 to 12 indicators

**Phase 2:** Indicator review workshop- Indicators agreed on and data sources determined ( 9 indicators)

**Phase 3:** Small RMF team under NITWG formed and tasked to:

- conduct data collation
- develop a database
- conduct analysis and data synthesis for development of thresholds-with technical guidance from the Yemen NIS global team
- Further development to improve its utility is being undertaken with official roll-out expected in Q1 of 2023

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# PHASE 1- PROCESS OF DEVELOPING THE YEMEN NUTRITION RMF.

Development of the Nutrition RMF was undertaken by NITWG

Nutrition drivers informed by the Yemen IPC AMN analysis of 2020

Draft Concept note and framework developed

Feedback – UNICEF HQ, FAO HQ, WHO HQ, GNC, GSU and YIS Global and reviewed by NITWG

## Actions taken

- Revised the Concept note/ objectives
- Revised the framework – reduced indicators
- Collected indicator data

Nutrition RMF Consultative Meeting

## Session Title:

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Date: 01.02.23

# PHASE 1....

## Revised Yemen Nutrition RMF Indicators

### Selected indicators for Framework - 12

S/N	Risk factor/Drivers	Categories	Key indicators
1	Level of acute malnutrition	Nutrition	Percentage increase or decrease of SAM and MAM admissions with additional information on cause
2	Humanitarian Assistance		Number of people reached per month vs needs
3	Access to healthcare services and morbidity	Health	Measles, AWD, Dengue, Malaria, acute respiratory infections/pneumonia. Disaggregated by age focus on under five population). Access: Measles immunization coverage
4	Natural disasters	Climate/ Natural disasters	Number and type of disasters - Desert Locust/Hurricane/ El-Nino (Weather forecasts), flooding
5	Conflict	Conflict	Any conflict that happened which has an effect on livelihood and health service delivery.
6	COVID-19 pandemic	Health	Number of individuals who tested positive for COVID 19

### Initial list of Proposed Indicators - 55

	Risk factor/Drivers	5 categories	Key indicators
1.	Levels of acute malnutrition	Nutrition	New admissions (MAM, SAM)
2.	Humanitarian Assistance	FSAC	Number of people reached per month vs needs
3.	Childcare and Feeding practices	Nutrition/Health	Prevalence of exclusive breastfeeding (representative surveys, facility-based data) Coverage of nutrition services and child health services (health/Nutrition clusters)
4.	Access to healthcare services and morbidity	Health	Measles, AWD, Dengue, Malaria, acute respiratory infections/pneumonia. Disaggregated by age focus on under five population). Access: Measles Immunization coverage
5.	Mortality	Nutrition/Health	CMR, USMR (surveys, assessments, facility-based data)
6.	Economic crisis	Markets	Price of staple foods,
7.	Natural disasters	Climate/ Natural disasters	Floods, price of water, NDVI Hurricane, Desert locust
8.	Covid- pandemic	Health	Number of individuals who tested positive for COVID 19
9.	Conflict	Displacement/ population movements	# of displaced persons (arrival & na departures)

#### Feedback by NITWG and Global for Initial 55 Indicators

- Big number of proposed indicators
- Need to consider validity of the analysis from these indicators
- Consider intensity of data collation and analysis
- Suggested prioritize / reduce the indicators – may only need a few
- Suggestion to start the framework with few number of indicators

# Phase 2- Indicator review workshop

## Criteria for Indicator selection

### The relevance of selected indicators

• evidence-based impact on the nutrition situation in Yemen (as informed by IPC analysis)

### Indicator feasibility

• defined by the frequency of data collection, data accessibility/availability and timeliness (ability to obtain timely information in a timely fashion)  
-granularity of data (level of detail at which data is available).  
- Data source- the need to understand the agency responsible for data consolidation and sharing.

### Quality and interpretability

i) *are data of adequate quality?*  
ii) *are the observed changes in numbers due to other factors, for example improvement in situation, poor reporting, or stock outs?*  
iii) *Is there additional information required to interpret these indicators?*  
iv) *Indicator updates- is the indicator updated regularly?*

### Questions that guided indicator review

- i) How is the indicator calculated? (Number or percentage? What is numerator and what is denominator?)
- ii) Which agency has this data?
- iii) How often is this data reported (both the numerator and denominator? Weekly, monthly, quarterly?)
- iv) Is the data available for all districts or some districts or is the data available at higher level (e.g., Zonal or Governorate level)
- v) Team experience in collecting this data (how did we get this data? How feasible was collecting this data? What is the delay in getting the data (1 week, 1 month or 3 month?)

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# Phase 3- Data collation, Synthesis and Analysis

## A) Data Collation

- Creating a database with all indicators (9)-Dashboard
- Historical data 2019 to current-updated monthly

## B) Data Synthesis & Analysis

- Univariate analysis to understand data distribution
- Bivariate analysis- validity conducted against the population-based surveys(SMART)

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# Phase 3

## A) Data Collation

- Creating a database with all indicators (9)-Dashboard
- Historical data 2019 to current-updated monthly

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# Phase 3- Data collation- RMF database/dashboard

**Risk Monitoring Of Acute Malnutrition**  
Jan 2019 - June 2022

MAM

SAM

TFC

ARI Trends

AWD Trends

Percentage of children that received the MMR vaccine

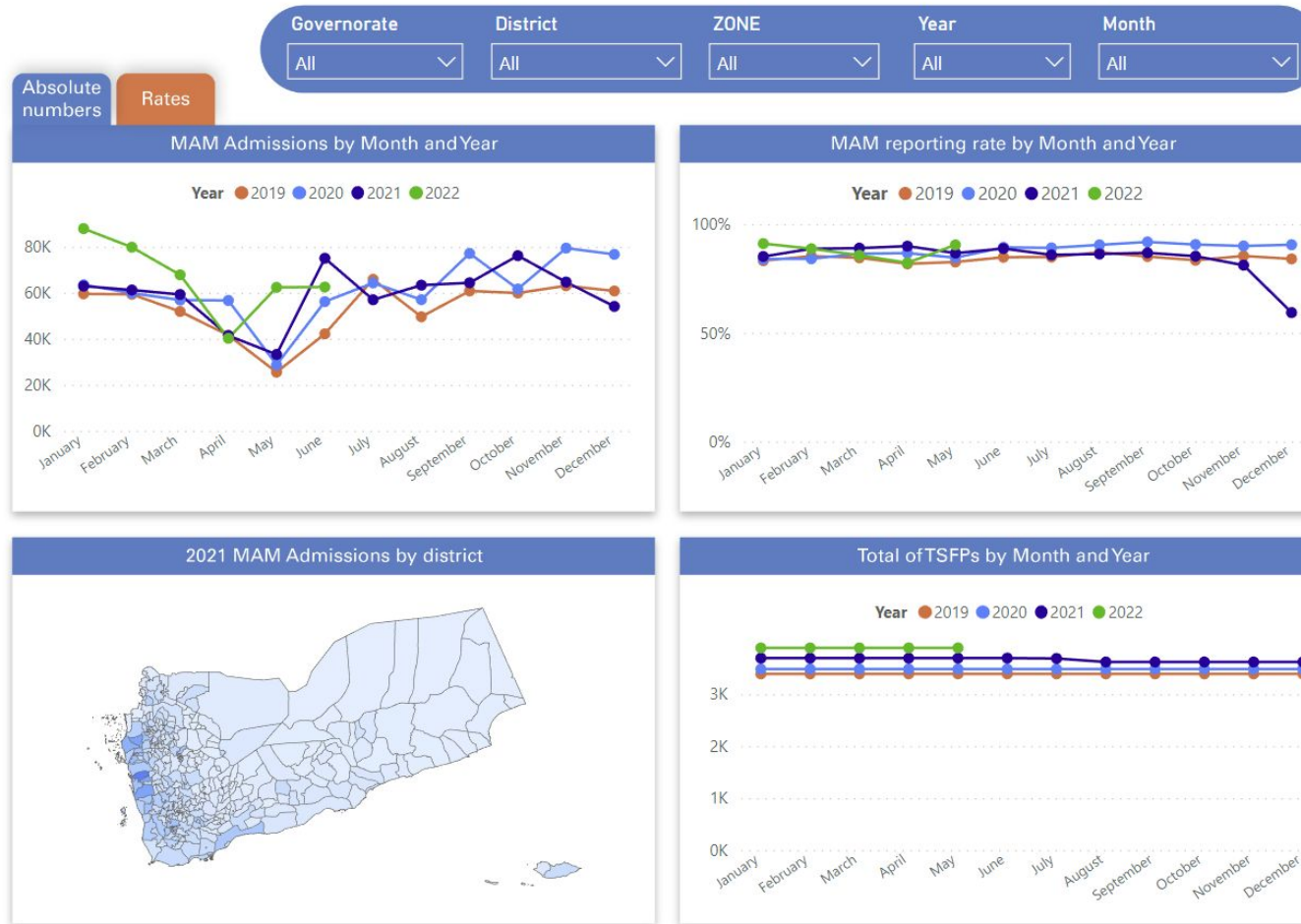
Number of facilities with nutrition services

Humanitarian access analysis

Humanitarian Assistance (Food Assistance)

Data source

Indicator description



<https://app.powerbi.com/view?r=eyJrIjoiMjA4ZmYyYmQtYzdkOS00NTk1LWJkNjQtNWY4MzdiNzM2O-TJjliwidCI6ImZhMWE0ZTAyLWQzYTgtNGY3Mi04NmRjLWUxODI1ZjM3NmQ4MCMJ9>

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# Phase 3- Data synthesis and analysis

## B) Data Synthesis & analysis

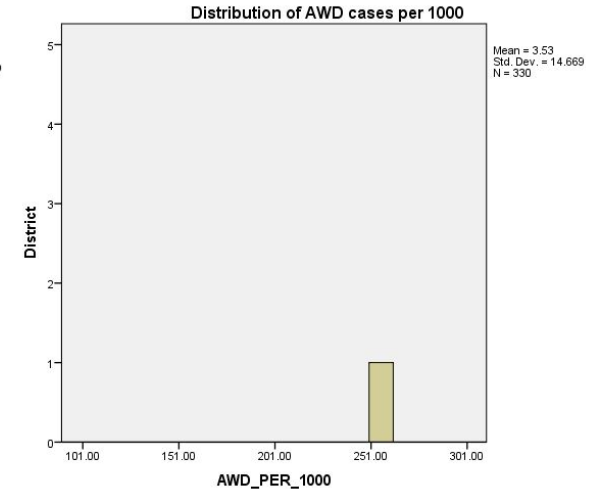
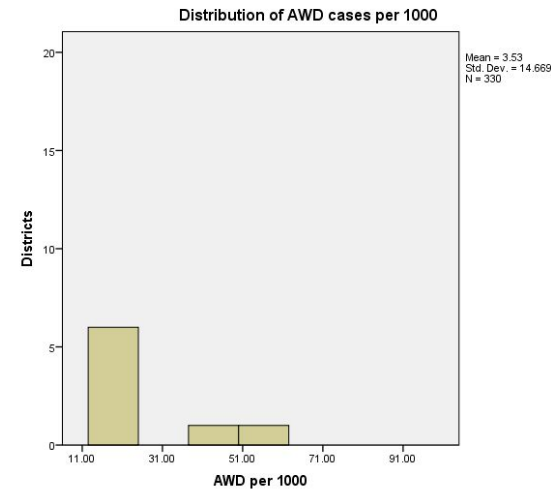
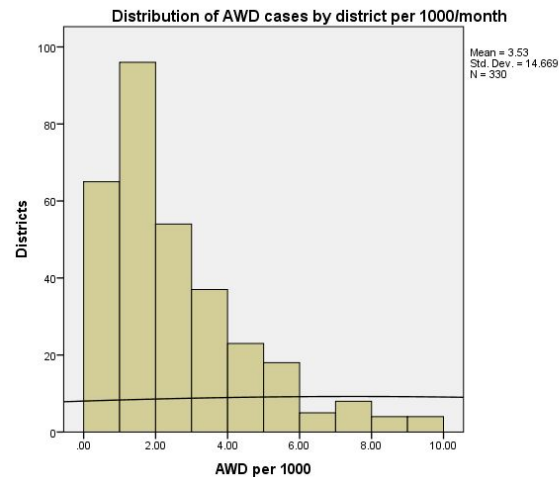
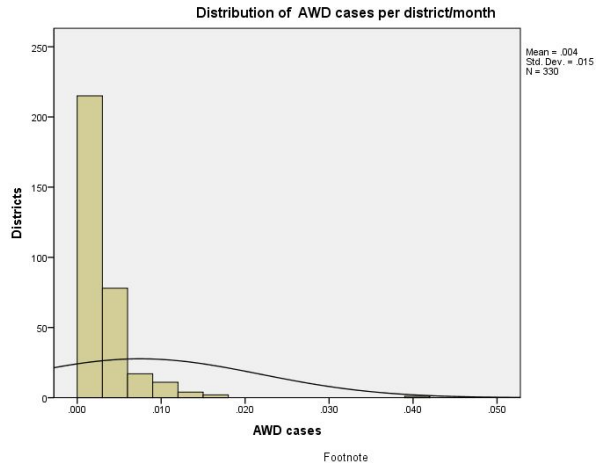
- **Univariate analysis to understand data distribution**
- **Bivariate analysis- validity conducted against the population-based surveys(SMART)**

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# Acute watery diarrhea (AWD)- Routine data



The magnitude of diarrhea cases very low  
On average 4 cases per 1000 children per month/district

Distribution of cases in the range 0/1000 to 10/1000.  
On average the districts are reporting mean of 0.35 per 100.  
Most districts are showing <0.05%  
No much variability across the districts

Only a few districts reporting between 11/1000 and 100/1000

Only one district reporting more the 100/1000

*Seasonality impact-no difference between rainy (July- Sept) and dry season, mean of 4.1/1000 and 3.3/1000 cases respectively. No va*

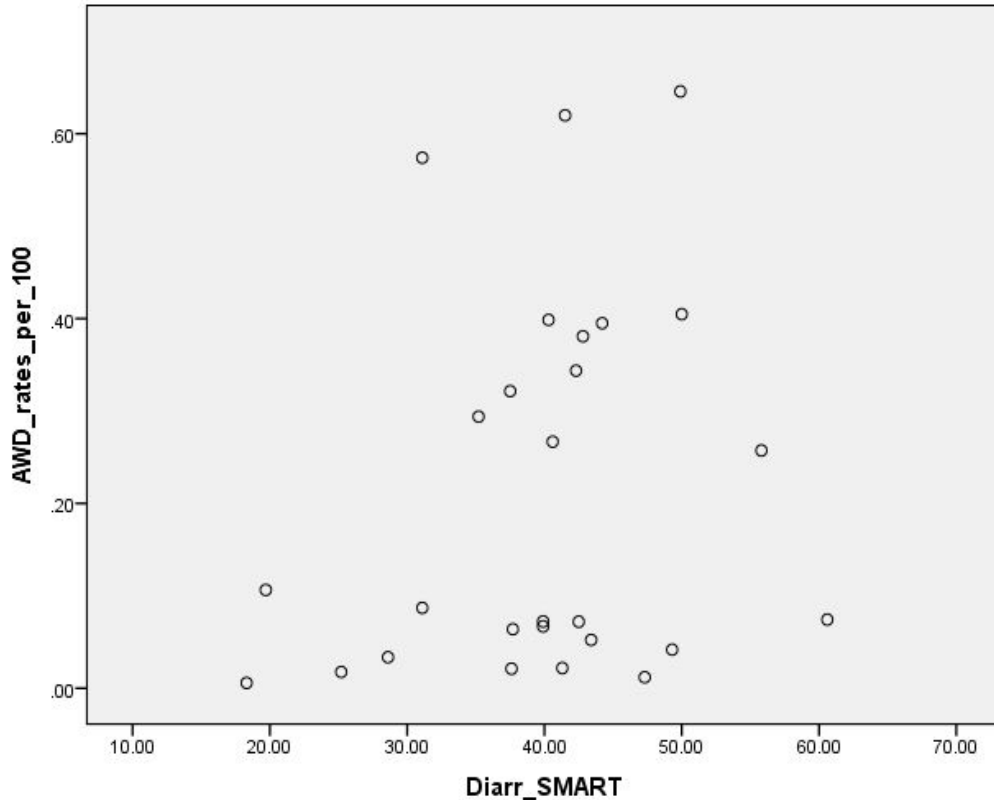
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# Correlation AWD (routine) vs AWD (SMART)

Scatter plot-AWD rates per 100 vs Diarrhoea SMART surveys



*Correlation*-AWD routine data and diarrhoea prevalence from SMART surveys do not show a strong relationship, coefficient 0.275 (weak/not statistically significant)

Reported cases are so negligible and therefore may not reflect the true proportions on the ground/not detecting cases meaningfully-magnitude based on surveillance is extremely low 0.35% per month- on average 3 cases per 1000 per month. SMART reporting between 30% to 60% (2 wks recall)- 60 times more! Huge discrepancy!

**Conclusion: Routine data for diarrhea not reliable: Sensitivity is low.**

- 1. Routine data for diarrhoea have low sensitivity, therefore may not depict a change in the magnitude of cases in the community**
- 2. Does not depict variability across districts (higher vs lower)..nearly all districts are so low (between 3 and 5 cases per month)**
- 3. Data is erratic- fluctuations are not meaningful hence cannot depict trends-**

**No seasonal variations (rainy season and dry season does not show significant difference)**

**Based on the above, AWD is unreliable indicator for risk monitoring in the RMF.**

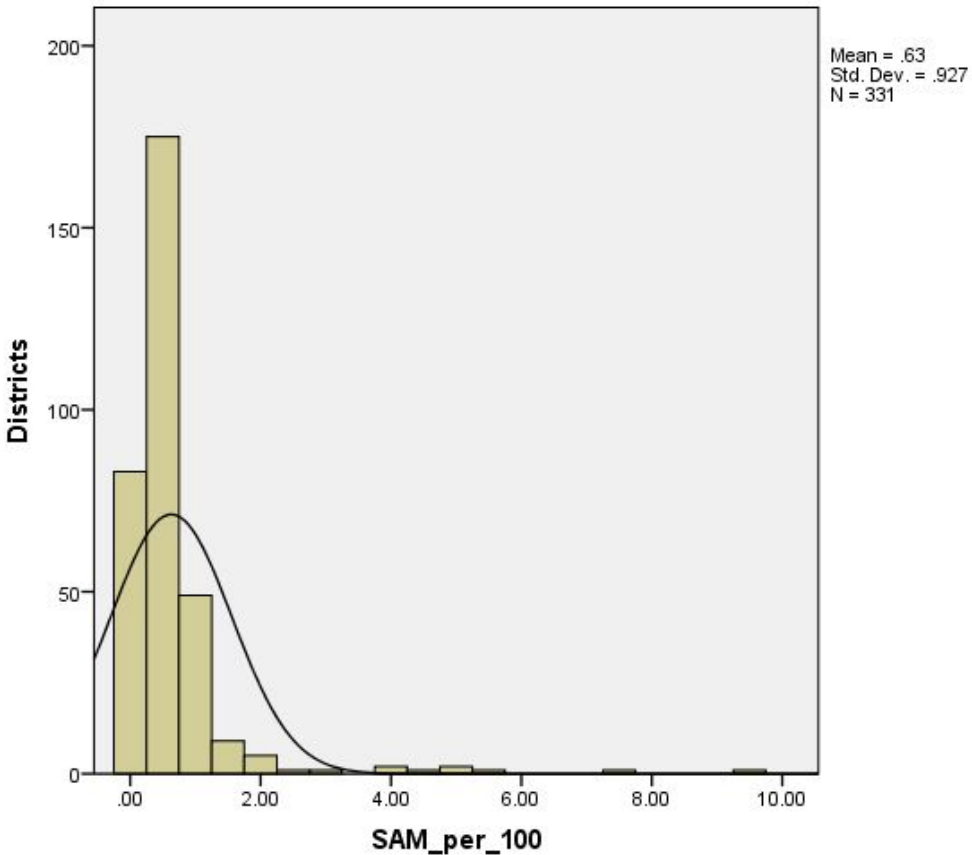
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# Admissions of Severe Acute Malnutrition (SAM) cases

Distribution of SAM cases per month



- On average SAM admission rate of 0.6 cases per 100 children per month.
- There is a bit of variability-range is wide, therefore comparison across district is plausible.
- Majority of districts range between 0 and 1%
- Outlier districts (> 2%)- implausible figures.

## Proposed thresholds by district

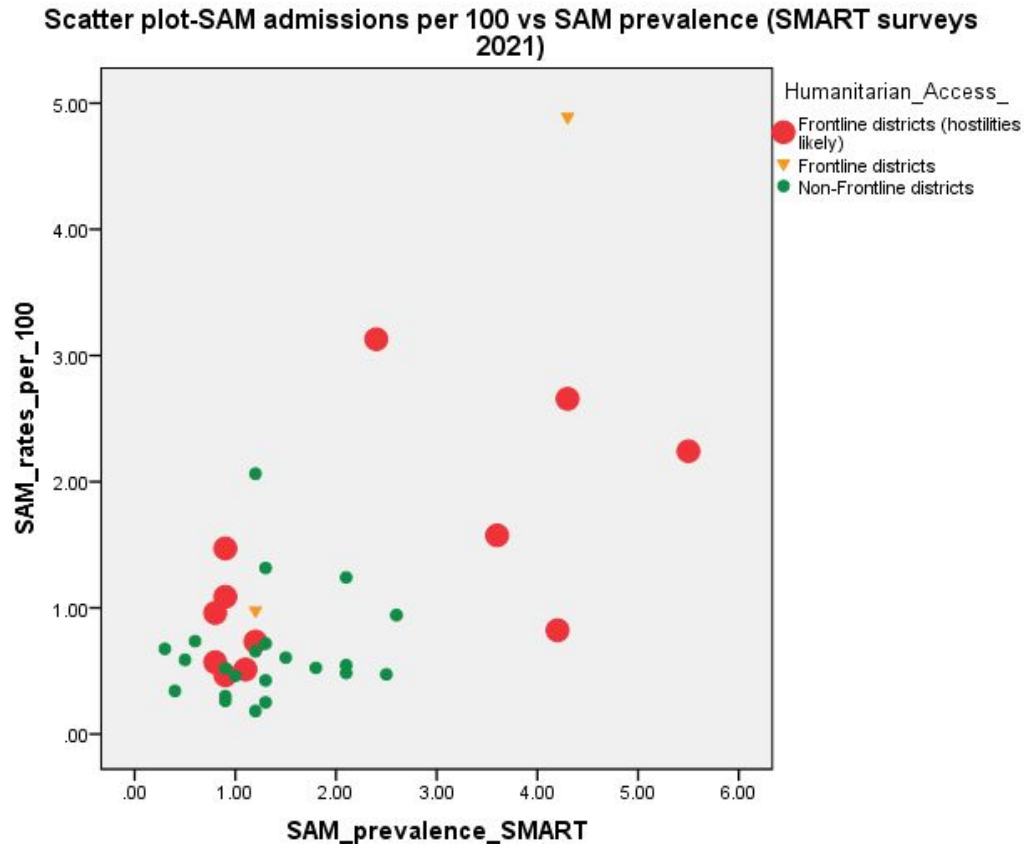
SAM admissions per 100	Frequency	% (N=331)
Low (<1.0%)	288	87.0
High (1.0% and above)	43	13.0

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# Correlation SAM admissions (routine) vs SAM prevalence (SMART)



- SAM admissions data (routine) and SAM prevalence (SMART surveys) denote a statistically significant relationship –coefficient 0.393 (P-value<0.05)
- Higher SAM admissions therefore likely to indicate deteriorating nutrition situation in the community
- Odds are higher of SAM admissions rate to reflect the true proportions on the ground. Surveillance reporting 0.6% per month- SMART data reporting between 0.3% to 4.5%
- showing variability, hence comparison of districts is plausible
- Data can possibly depict trends

**Conclusion: High sensitivity making it a relevant indicator in the risk monitoring of AM.**

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# HOW DOES IT WORK & ITS BENEFITS ..

## RMF Dashboard- for communication on an ongoing basis

- Regular updates of the database
  - District- level & monthly data on the selected indicators
  - Analysis based- trends, local context- Predictive ability to inform decision for EA
- Indicators monitored against set thresholds  
(Color-coded- **Green- Normal** **Yellow- Alert** **Red- Alarm**)

## Accountability Framework

**Roles and responsibilities** of key actors in the humanitarian community in ensuring the mechanism tightens the links between early warnings and response

## Important tool in the Humanitarian sector

- decision-making to mitigate impact of crisis by facilitating timely humanitarian response
- Non-technical tool that is easy to use

# Challenges

- Timeliness
- Data reliability- data gaps
- Indicators not updated regularly/ if updated not shared with RMF team
- No data-Humanitarian Assistance data

# Way forward/ On-going work

- Collaboration with Food security team- development of Joint Monitoring Framework
- Nutrition RMF Accountability framework
- Threshold determination



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