## GNC WEBINAR ON THE 2024 HNO PROCESS



August 24, 2023

Anteneh Dobamo Faith Nzioka Alexandra Humphreys



### **AGENDA**

- Introduction And Overview 10 M (Anteneh)

Contributing Factors And Scope 30 M (Faith)

Sectoral Analysis

Nutrition Sector PIN Estimation - 20M(Anteneh)

JIAF PiN Definition

Nutrition Sector PiN Definition

Pin Estimation Process

Q&A

Nutrition Sector Severity Indicators -20M ( Alexa)

Global Severity Reference Indicators

Indicators Alignment And Contextualisation

Q&A

- Intersectoral Analysis – 20M ( Anteneh)

Overall Pin Estimation

Intersectoral Severity

Patterns, linkages, trends

Q&A

Wrap Up And GNC Support - 5 M (Anteneh)



### **INTRODUCTION AND OVERVIEW**



FRAMEWORK & STEPS



**PLATFORM** 



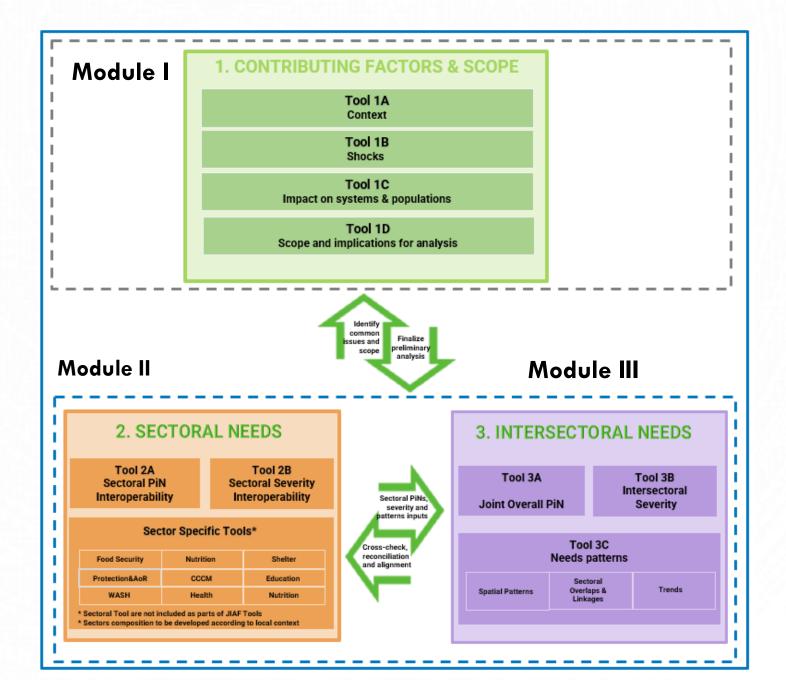
**TOOLS** 



REFERENCE DOCUMENTS

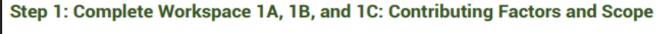


## HNO/JIAF FRAMEWORK & STEPS





### HNO/JIAF STEPS



In preparation for the joint multi-partner working session:

- Step 1.1 OCHA prepares the Analysis Platform and Workspace 1A, 1B, and 1C
- Step 1.2 Sectors review workspaces and add content ahead of the multi-partner working session
   During the joint multi-partner working session:
- Step 1.3: Jointly agree on the context of the crisis
- Step 1.4: Jointly identify major shocks and impacts
- Step 1.5: Jointly agree on the scope of the analysis and implications for data gathering

#### Step 2: Complete Workspace 2A and 2B - Interoperable Sectoral Needs

- Step 2.1: Complete Workspace 2A and 2B
- Step 2.2: Design and implement sector PiN estimation and severity classification methods.
- Step 2.3: Submit sectoral findings and documentation on methods

#### Step 3: Complete Workspace 3A, 3B, and 3C: Intersectoral Needs

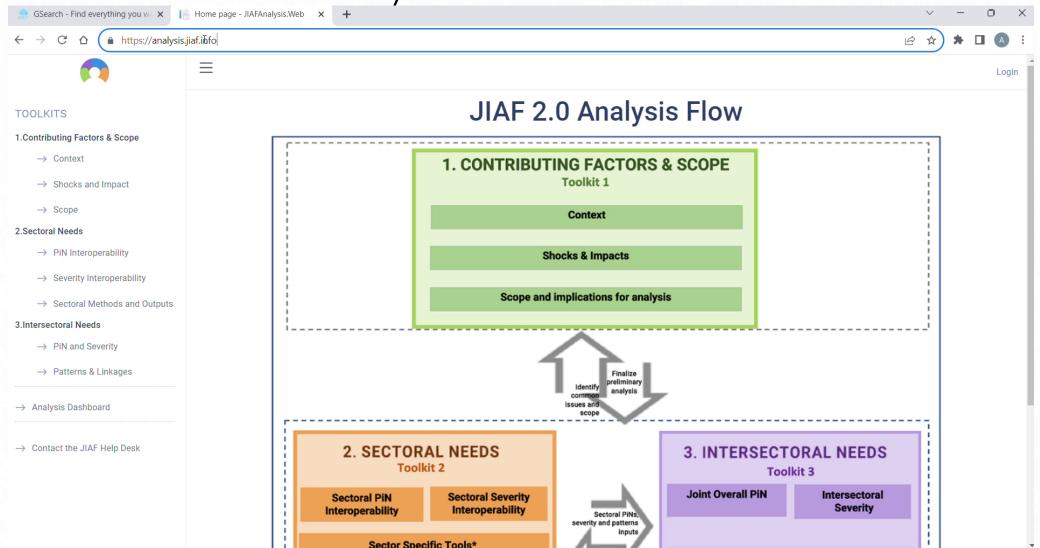
In preparation for the joint multi-partner working session(s):

- Step 3.1 OCHA prepares Workspace 3A, 3B, and 3C
- Step 3.2 Sectors review workspaces and address flags ahead of the working session
  During the joint multi-partner working session(s):
- Step 3.3: Sectors present results and discuss flags (optional time for sectors to revise initial findings<sup>6</sup>)
- Step 3.4: Jointly agree on joint overall PiN for areas flagged
- Step 3.5: Jointly conduct analysis of intersectoral severity for areas flagged
- Step 3.6: Identity patterns, linkages, and overlaps of humanitarian needs



Return to Step 1 and finalize initial findings from Module 1

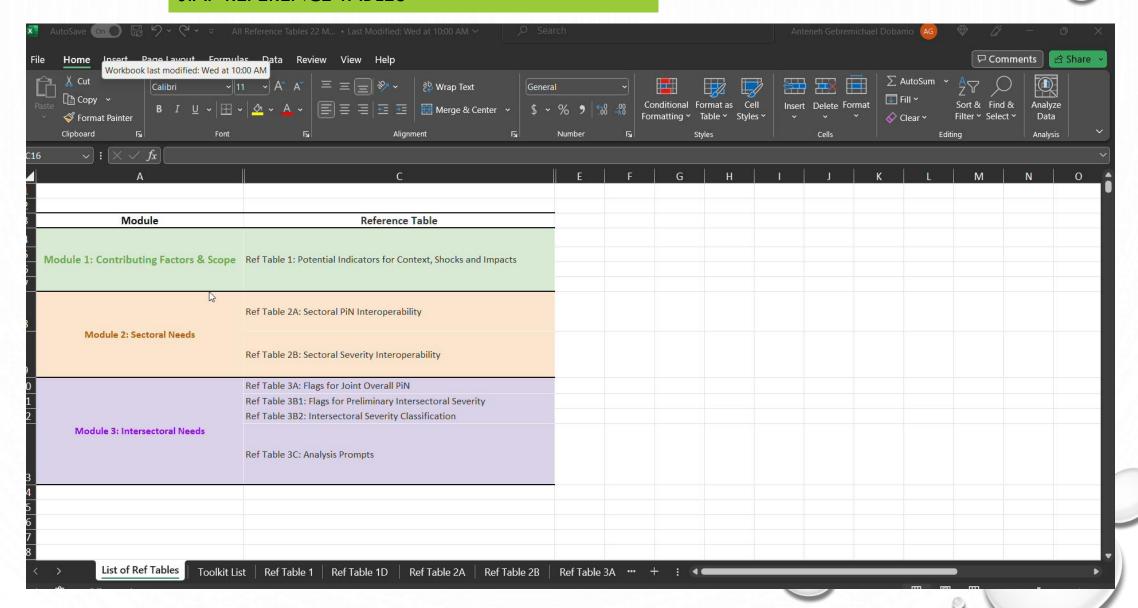
HNO/JIAF PLATFORM:





### **TOOLS**

#### JIAF REFERENCE TABLES





### **TOOLS**

#### **GNC PIN & SEVERITY ANALYSIS TOOL**

Select language Sélectionnez la langue Seleccione el idioma

#### English







### Nutrition Humanitarian Needs Analysis Calculation tool\*, v2.0

Links:

Indicator Reaistry

Classification Thresholds

Evidence Repository, Reliability

Analysis Team Composition

Scenario 2 - Nut. Analysis

Scenario 2 Contributing Fact

Scenario 3 - Nut. Analysi:

icenario 3 Contributina Fact

Population figures

There are thirteen important sheets in the tool:

Indicator Registry—The list of all nutrition-related indicators adapted from Nutrition Cluster's Indicators registry and framework, separating those deemed "core" to guide the Nutrition Situation Analysis.

Classification Thresholds—The list of core nutrition-specific and nutrition-sensitive indicators and their corresponding thresholds (i.e. severity scale) to guide the situation analysis of nutritional needs for response planning.

Evidence Repository, Reliability - Summary of the reliability scores for all evidence used for the Nutrition Situation Analysis based on IPC Acute Malnutrition's Reliability Scale.

Analysis Team Composition—Summary of all members involved in the analysis, adapted from IPC Acute Malnutrition's Team Composition Matrix.

Scenario 2 - Nut. Analysis - Humanitarian situations where an IPC Acute Malnutrition cannot be conducted and the prevalence of GAM for children U5 is ≥5%.

Scenario 2 Contributing Fact. - Analysis of key contributing/contextual factors (often found in Living Standards pillar) to support the Nutrition Situation Analysis for Scenario 2 (U5 GAM ≥5%).

Scenario 3 - Nut. Analysis - Humanitarian situations where the prevalence of GAM for children U5 is <5%.

Scenario 3 Contributing Fact. - Analysis of key contributing/contextual factors (often found in Living Standards pillar) to support the Nutrition Situation Analysis.

Population figures—Key demographic information required for each of the "Affected" areas of interest in order to automatically calculate the subsequent number of "People in Need" for "Physical and Mental Well-being" and "Living Standards".







## REFERENCE MATERIALS



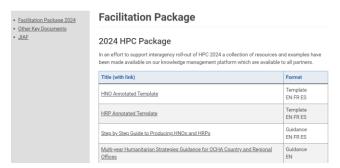
GNC Needs Analysis
Guidelines



JIAF 2.0 Technical Manual



HPC 2024 Facilitation Package <u>Facilitation</u>
Package — <u>Humanitarian Programme Cycle</u>
(hpc.tools)



JIAF MANUAL <u>JIAF-2.0-Manual Final-unformatted.pdf</u>





Q&A





# STEP 1 (MODULE I): CONTEXT, SHOCK IMPACT, AND SCOPE ANALYSIS

STEP 1: COMPLETE WORKSPACE 1A, 1B, AND 1C: CONTRIBUTING FACTORS AND SCOPE

IN PREPARATION FOR THE JOINT MULTI-PARTNER WORKING SESSION:

STEP 1.1 OCHA PREPARES THE ANALYSIS PLATFORM AND WORKSPACE 1A, 1B, AND 1C

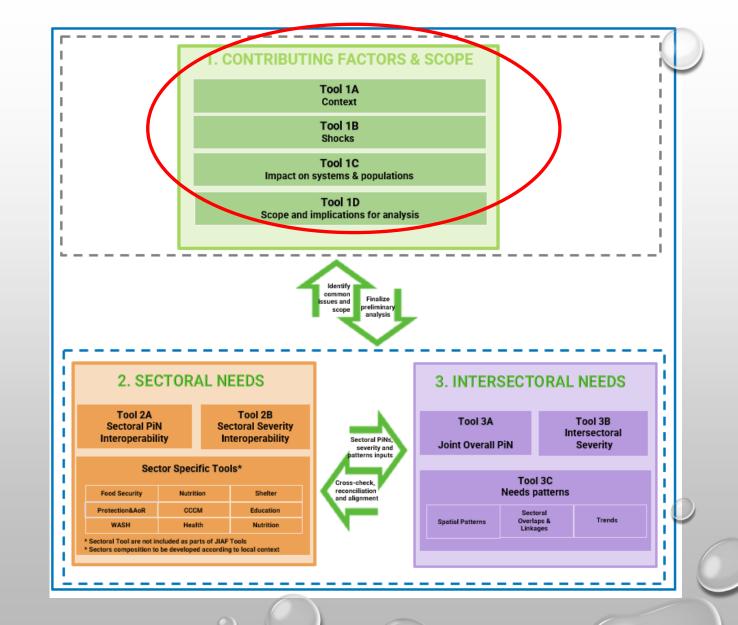
STEP 1.2 SECTORS REVIEW WORKSPACES AND ADD CONTENT AHEAD OF THE MULTI-PARTNER WORKING SESSION

DURING THE JOINT MULTI-PARTNER WORKING SESSION:

STEP 1.3: JOINTLY AGREE ON THE CONTEXT OF THE CRISIS

STEP 1.4: JOINTLY IDENTIFY MAJOR SHOCKS AND IMPACTS

STEP 1.5: JOINTLY AGREE ON THE SCOPE OF THE ANALYSIS AND IMPLICATIONS FOR DATA GATHERING



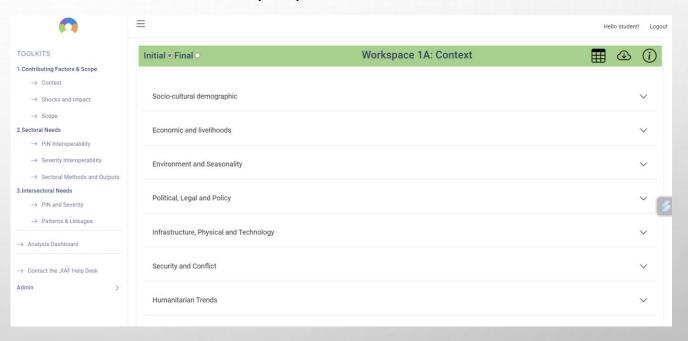
### STEP 1 (MODULE I): TOOLS AND REFERENCE

### Gather data on indicators related to Reference Table 1 & 1D

area

#### Reference Table 1: Potential Indicators for Context, Shocks and Impatcs Unit of Examples of Dimension Indicator Name/label Analysis Aid Dependency 1 Context Aid Dependency 2 Context financial services availability financial services availability area 3 Context Humanitarian Access Humanitarian Access 4 Context IDP:Host ratio IDP:Host ratio area 5 Context livelihood zones livelihood zones area 6 Context market functionality market functionality area 7 Context mobile coverage mobile coverage area 8 Context population figures 9 Context Poverty area 10 Shock conflict conflict intensity area 11 Shock conflict conflict proximity area 12 Shock environment agro-ecological shock intensity area 13 Shock environment agro-ecological shock proximity area 14 shock environment natural hazard intensity area 1.5 Shock environment natural hazard proximit area 16 shock financial currency devaluation area 17 shock financial rate of inflation IDP 18 Impact displacement area 19 Impact displacement Returnee area 20 Impact displacement Refugee area 21 Impact displacement Host area 22 Impact displacement IDP in sites area 23 Impact displacement IDP in Host Community

### Review and provide input at Workspace 1A, 1B,1C



## STEP 1 (MODULE I): EXERCISE

**EXERCISE**: Group exercise on North Eastern Nigeria context, shock, impact, and scope analysis

### **INSTRUCTION:**

**GROUP 1**: Refer to page 16 - 21 of NE nigeria 2023 HNO and fill context-related information at <a href="https://analysis.jiaf.info/">https://analysis.jiaf.info/</a>

**GROUP 2:** Refer to page 22-32 of NE nigeria 2023 HNO and extract brief shock and impact-related information at <a href="https://analysis.jiaf.info/">https://analysis.jiaf.info/</a>

**GROUP 3:** Refer to page 22-32 of NE nigeria 2023 HNO and extract brief scope of analysis information (WHO ARE AFFECTED AND WHERE) - <a href="https://analysis.jiaf.info/">https://analysis.jiaf.info/</a>





Q&A



## MODULE II / STEP 2 : SECTORAL PEOPLE IN NEED ESTIMATE

2.1

**Step 2.1:** Complete Workspace 2A (Contextualisation and Alignment of PIN Definition with IASC and Global Cluster definitions).

2.2

**Step 2.2:** Design and implement sector PiN estimation.

2.3

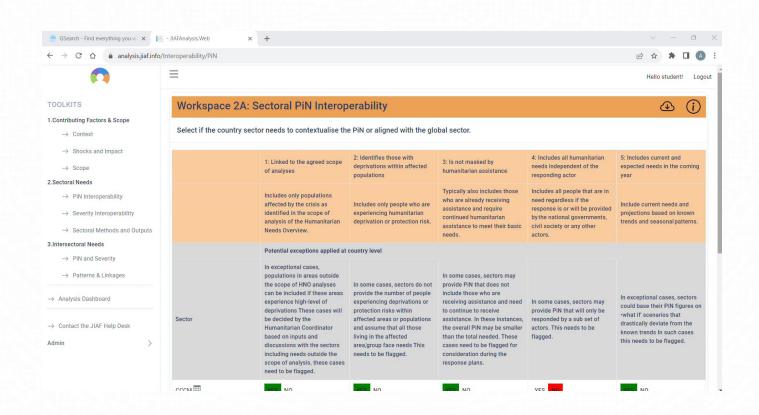
**Step 2.3:** Submit sectoral findings and documentation on methods.

## STEP 2.1: COMPLETE WORKSPACE 2A (CONTEXTUALISATION AND ALIGNMENT OF PIN DEFINITION WITH IASC AND GLOBAL CLUSTER DEFINITIONS).

### Exercise: Which of the following meet the IASC PIN definition(choose all that apply)?

- Populations affected by the crisis as identified in the scope of analysis of the humanitarian needs overview.
- People below the poverty line, not affected by the crisis as identified in the scope of analysis of the humanitarian needs overview.
- People whose physical security, basic rights, dignity, living conditions or livelihoods are threatened or have been disrupted.
- People whose current level of access to basic services, goods and social protection is inadequate to re-establish normal living conditions with their accustomed means in a timely manner without additional assistance.
- People who are already receiving assistance and require continued humanitarian assistance to meet their basic needs.
- Includes all people that are in need regardless if the response is or will be provided by the national governments,
   civil society or any other actors.
- Include current needs and projections based on known trends and seasonal patterns.

## STEP 2.1: COMPLETE WORKSPACE 2A (CONTEXTUALISATION AND ALIGNMENT OF PIN DEFINITION WITH IASC AND GLOBAL CLUSTER DEFINITIONS).





## STEP 2.1: COMPLETE WORKSPACE 2A (CONTEXTUALISATION AND ALIGNMENT OF PIN DEFINITION WITH IASC AND GLOBAL CLUSTER DEFINITIONS).

## Exercise: Which of the following meet The Nutrition in Emergency PiN definition (choose all that applies)?

- Children 0 to 59 months, Pregnant and Lactating Women, and other highly vulnerable groups who are acutely malnourished or at risk of becoming acutely malnourished who live in areas affected by humanitarian crisis as defined by the scope of analysis
- All acutely malnourished children and PLW across all parts of the country regardless of whether the area is affected by crisis or not.
- Children 0 to 59 months, Pregnant and Lactating Women, and other highly
  vulnerable groups who are acutely malnourished or at risk of becoming acutely
  malnourished who live in areas where acute malnutrition rate is above emergency
  level outside areas affected by the crisis as defined by the scope of analysis

### Reference Table 2A: Sectoral PiN Interoperability

Cluster	Operational guidance for JIAF 2.0 People in Need
	Children 0 to 59 months, Pregnant and Lactating Women, and other highly vulnerable groups <sup>1</sup> who are acutely malnourished or at risk <sup>2</sup> of becoming acutely malnourished who are:
	1. in areas affected by the crisis <sup>i</sup> OR
	2. in areas where acute malnutrition rate is above emergency level <sup>3</sup> outside areas affected by the crisis as defined by the scope of analysis
Nutrition	
	1 - Highly vulnerable groups are exceptionally considered and can include: people in high HIV prevalence context or also in contexts where there is extensive family where adults and elderly may also be affected.
	2 - People at heightened risk of acute malnutrition includes 1) all those in camps or camp like settings, IDPs, vulnerable migrants and refugees 2) a subset of population who experience poor Infant and Child Feeding Practices, micronutrient deficiency, high morbidity, who are not covered through regular nutrition programs (Bi-Annual Vitamin A supplementation,
	3 - Emergency level typically reflects GAM >=15% or GAM >=10% with aggravating factors

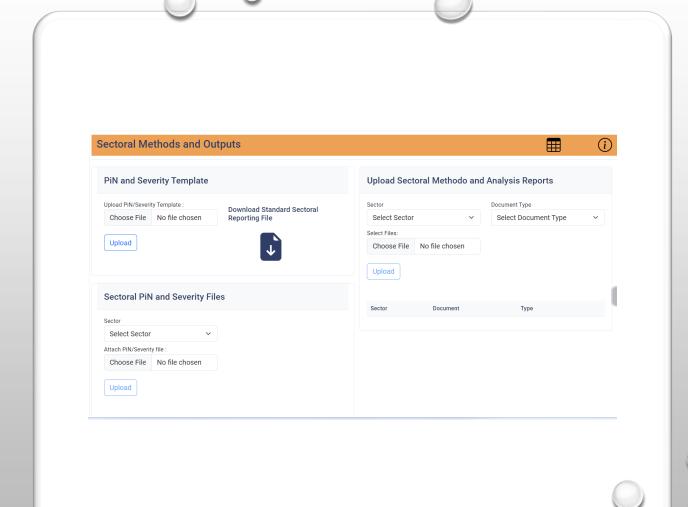
The GNC PIN DEFINITION /INCLUSION CRITERIA

### STEP 2.2: DESIGN AND IMPLEMENT SECTOR PIN ESTIMATION. USE GNC PIN CALCULATOR.

NC Nutrition Humanitarian Needs Analysis Calculator [En,Fr,Sp] V20230220.xlsm (live.com)

### Population Figures UNDER FIVE (

4	Admin 2 for "Affected" areas of interest	Admin 2 for "Affected" areas of interest	Admin 2 for "Affected" areas of interest	Admin 2 for "Affected" areas of interest	Population Figures	children 0-59 months as percentage of total population, %	Girls 0-59 months as percentage of total population, %	Boys 0-59 months as percentage of total population, %	Children 0-5 months as percentage of total population, %	Girls 0-5 months as percentage of total population, %	Boys 0-5 months as percentage of total population, %
*	ise lower level of administrative areas (generall Admin 2) which reliable evidence is available	Use lower level of administrative areas (generall Admin 2) which renable evidence is available	Use lower level of administrative areas (generall Admin 2) which reliable evidence is available	Use lower level of administrative areas (generall Admin 2) which reliable evidence is available	Provided by OCHA and/or government at country-level	Provided by OCHA and/or government at country- level	If available, provided by OCHA and/or government at country-level	If available, provided by OCHA and/or government at country-level	Provided by OCHA and/or government at country- level	If available, provided by OCHA and/or government at country-level	If available, provided by OCHA and/or government at country-level
				Badakhshan	2,958,374	16%	8%	8%	1.8%	1.0%	0.8%
				Badghis	1,542,806	15%			1.8%		
				Baghlan	2,836,525	16%			1.8%		
				Balkh	4,142,096	16%			1.8%		
				Bamyan	1,391,177	16%			1.8%		
				Dykundi	1,432,625	16%			1.8%		



STEP 2.3 : SUBMIT SECTORAL FINDINGS AND DOCUMENTATION ON METHODS.

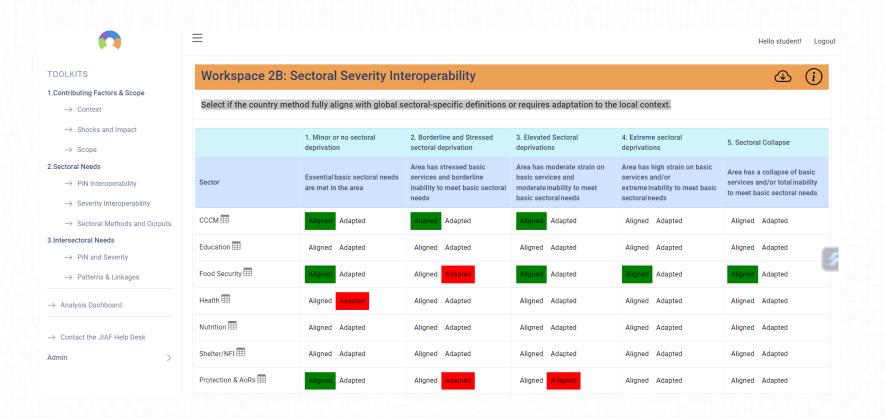


## Q&A

## MODULE II / STEP 2 : SECTORAL SEVERITY ANALYSIS



## If the IASC and GNC reference indicators/thresholds does not apply to your context, provide an explanation by filling in Workspace 2B



Check if the country-level severity indicators and thresholds align with the GNC severity classification reference table. Contextualise if required in consultation with partners.

## USE IPC ANALYSIS SEVERITY CLASSIFICATION IF THE IPC ANALYSIS IS UP TO DATE.

	I	Reference Table 2B: Sectora	l Severity Interoperabili	ty	
				_	
Phases for area-based classification	Minor or no sectoral     deprivation	2. Borderline and Stressed sectoral deprivation	3. Elevated Sectoral deprivations	4. Extreme sectoral deprivations	5. Sectoral Collapse
General description	Essential basic sectoral needs are met in the area	Area has stressed basic services and borderline inability to meet basic sectoral needs	Area has moderate strain on basic services and moderate inability to meet basic sectoral needs	Area has high strain on basic services and/or extreme inability to meet basic sectoral needs	Area has a collapse of basic services and/or total inability to meet basic sectoral needs
	Minimal level acute malnutrition among children under five (< 5 % of children are acutely malnourished),	Poor level of acute malnutrition among children under five(5-9.9 % children are acutely malnourished),	Severe level of acute malnutrition among children under five (10-14.9 % of children are acutely malnourished),	Critical level acute malnutrition among children under five (15-29.9 % children are acutely malnourished), Above emergency level child mortality(2-3.9 child deaths/10000),	Extremely Critical level of acute malnutrition among children under five (30% or more children are acutely malnourished),
		Minimal risk of mortality (<1 child death/10000),	Worsening child mortality(1-1.9 child deaths/10000,		Extremely critical risk of mortality(>4 child deaths/10000),
	Minimal risk of mortality(<1 child deaths/10000), and /or			AND /OR	
		AND/OR	AND /OR	Poor infant and child feeding practices among children 0-23	AND/OR
Nutrition Cluster	Optimal level infant and child feeding practices among children 0- 23 months	Suboptimal level infant and child feeding practices among children 0-23 months.	Worsening Sub-optimal level infant and child feeding practices among children 0-23 months	months 11-30% of infants 0-5 months are exclusively breastfed.	Extremely poor infant and child feeding practices among children 0- 23 months
		50-70% of infants 0-5 months are exclusively breastfed.	30-50% of infants 0-5 months are exclusively breastfed.	10-19% Minimum Dietary Diversity in children 6 to 23 months.	<11% of infants 0-5 months are exclusively breastfed.
	≥70% of infants 0-5 months	40-70% Minimum Dietary Diversity in children 6 to 23 months.	20-39% Minimum Dietary Diversity in children 6 to 23 months.		<10% Minimum Dietary Diversity in children 6 to 23 months.
	Are exclusively breastfed.				
	≥70% Minimum Dietary Diversity in children 6 to 23 months.				

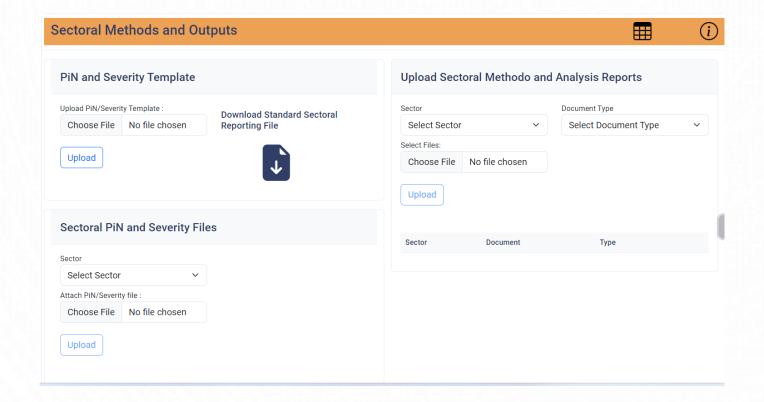


Classif	ication Thre	Severity Scale based on IPC/OCHA phases						
~	-	▼	Phase 1 🕶	Phase 2	Phase 3 🕶	Phase 4 🕶	Phase 5	
Category	Alignment with IPC AMN framework	Outcome Indicator Name/label	Acceptable/ Minimal	Alert/ Stress	Serious/ Severe	Critical/ Extreme	Extremely Criticall Catastrophic	Sources
		Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-2 and/or bilateral pitting oedema among children 0-59 months (if no data, use 6-59 months)	<5%	5-9.9%	10-14.9%	15-29.9%	≥30%	Based on IPC AM Malnutrition Version 3 Guidance
		Developed of Clobal Asida Malaudatina (OAM) has add as Mid	<5	5%				
		Prevalence of Global Acute Malnutrition (GAM) based on Mid- Upper Arm Circumference (MUAC) <125mm and/or bilateral		5-9	.9%			Preliminary thresholds suggested by IPC Acute Malnutrition Version 3 guidance
D-1 Out	Acute and chronic	pitting oedema among children 6-59 months			10-1	4.9%		
Primary Outcomes	malnutrition						≥15%	
		Prevalence of Global Acute Malnutrition (GAM) based on Mid- Upper Arm Circumference (MUAC)<210-230 (depending on the contexts) and/or bilateral pitting oedema among PLW	<12.5%	12.6%-19.9%	20-24.9%	25-34.9%	≥35%	Preliminary thresholds based on Somalia's Food Security and Nutrition Analys
		Prevalence of stunting based on height-for-age Z-score (HAZ)<- 2 among children 0-59 months	<10%	10-19.9%	20-29.9%		≥30%	De Onis et al (2018) Prevalence thresholds for wasting, overweight, and stuntii
Contextual	Other causes	Prevalence of overweight based on weight for height Z-score (WHZ)>2 among children 0-59 months	<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
Factors*	Acute malnutrition	Prevalence of Global Acute Malnutrition (GAM) based on Mid- Upper Arm Circumference (MUAC)<210mm among Older People	<5%	5-9.9%	10-14.9% OR 5-9.9%*	≥15% OR 10-14.9%*		Based on HelpAge's Nutrition Interventions for Older People in Emergencies
*optional		Prevalence of Global Acute Malnutrition (GAM) based on BMI- for-Age Z-Score<-2 among Adolescents	<2.5%	2.5-4.9%	5-9.9%	10-14.9%	≥15%	Preliminary thresholds suggested by Taskforce and NISWG
depending on the	Micronutrient	Prevalence of anemia Hb <11g/dl in children 6-59 months	<5%	5-19.9%	20-39.9%	≥40%		WHO (2011) Haemoglobin concentrations for the diagnosis of anaemia and as
humanitarian	deficiencies	Prevalence of anemia Hb <11g/dl in pregnant women	<5%	5-19.9%	20-39.9%		≥40%	WHO (2011) Haemoglobin concentrations for the diagnosis of anaemia and as
situation		Crude Death/Mortality Rate (deaths/ 10,000 persons/ day)	<0	),5	0.5-0.9	1-1.9	≥2	Based on IPC AM Malnutrition Version 3 Guidance
	Mortality indicators	Under-five Death/Mortality Rate (deaths/ 10,000 children U5/ day)	<	1			≥4	Based on IPC AM Malnutrition Version 3 Guidance
		Minimum Dietary Diversity in children 6 to 23 months	≥70%	40-70%	20-40%	10-20%	<10%	Preliminary thresholds suggested by IFE Core Group
	Immediate causes (Food consumption)	Minimum Acceptable Diet in children 6 to 23 months*  *Requires Minimum Meal Frequency in children 6-23 months to be derived	≥70%	40-70%	20-40%	10-20%	<10%	Preliminary thresholds suggested by IFE Core Group
		Exclusive breastfeeding for infants 0-5 months	≥70%	50-70%	30 -50%	11-30%	<11%	Thresholds adapted from UNICEF Breastfeeding score cards
	Underlying causes	Infants 0-5 months that are not breastfed who have access to Breast Milk Substitutes (BMS) supplies and support in line with the Code and the IFE OG standards and recommendations	≥60%	40-60%	20-40%	10-20%	<10%	Preliminary thresholds suggested by IFE Core Group
	(Caring and feeding practices)	Infants 6-11 months that are not breastfed who have access to Breast Milk Substitutes (BMS) supplies and support in line with the Code and the IFE OG standards and recommendations	≥60%	40-60%	20-40%	10-20%	<10%	Preliminary thresholds suggested by IFE Core Group

STEP 2.2 : DESIGN AND IMPLEMENT SECTOR PIN ESTIMATION. USE GNC SEVERITY ANALYSIS TOOL.

■NC Nutrition Humanitarian Needs Analysis Calculator [En,Fr,Sp] V20230220.xlsm (live.com)







# Q&A





## MODULE III/STEP 3: INTERSECTORAL PIN ESTIMATE





## MODULE III/STEP 3: INTERSECTORAL PIN ESTIMATE-FLAGS

Reference Table 3B1: Flags for Inconsistency of Prelim	ninary Severity
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Flag Number	Flag Description	Recommended Threshold
1	# Sectors with missing or zero PiN	1 or 2
2	% difference between 1st and 2nd highest PiN	30%
3	% difference between 1st and 3rd highest PiN	50%
4	Highest sector PIN targets sub-population group(s)	50%
5	PiN greater than 90% of total affected population	90%
6	Change from last year	100%
7	Manual Flag	Explaination to be provided at country level

						1
Admin Units	WASH	FSL	Education	Nutrition	Protection	FLAG
Demsa	250	32000	11000	0	0	1
Fufore	200	5000	10000	5000	12000	2 &3
Ganye	200	000 22000	10000	8000	12000	
Girei	110	000 13000	9000	6000	12000	





## MODULE III/STEP 3: INTERSECTORAL PIN ESTIMATE

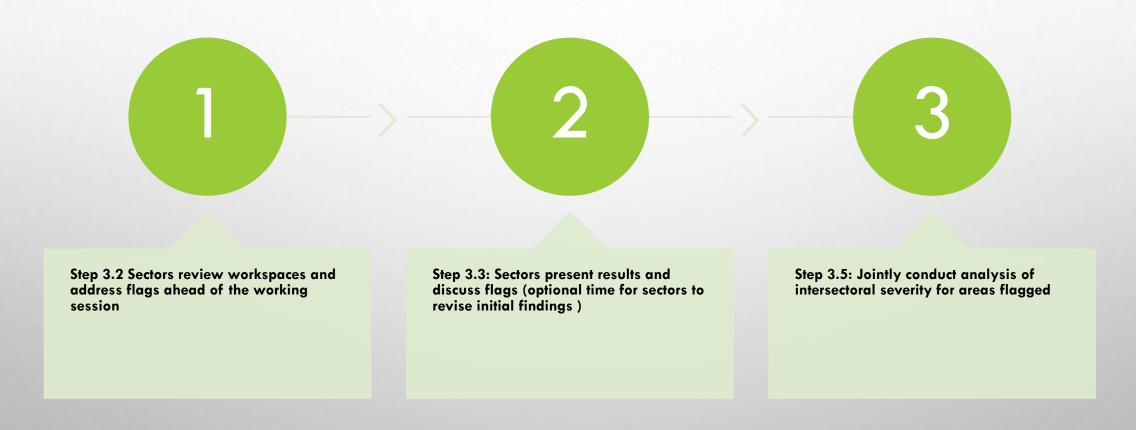
JOINT PIN ESTIMATION FOR AREAS OF FLAG

Admin						
Units	WASH	FSL	Education	Nutrition	Protection	INTERSECTORAL PIN
Demsa	25000	32000	11000	8000	11000	
Fufore	20000	50000	10000	5000	12000	
Ganye	20000	22000	10000	8000	12000	
Girei	11000	13000	9000	6000	12000	





## MODULE III/STEP 3: INTERSECTORAL SEVERITY ANALYSIS





## MODULE III/STEP 3: INTERSECTORAL SEVERITY

	Reference Table 3B2: Intersectoral Severity Classification										
	Severity Scale	1 - Minimal	2 - Stressed	3 - Severe	4 - Extreme	5 - Catastrophic					
			Area has:	Area has:	Area has:	Area has:					
tion		People are able to meet	Deterioration of physical or mental wellbeing		Elevated mortality or risk of death, AND	Widespread mortality or risk of death, AND					
General Description	Area Level Description	essential basic needs for survival, protection and dignity without engaging in atypical and unsustainable livelihood strategies.	Sporadict threats to human fights and/or use of stress coping strategy	and/or accelerated erosion of	Widespread violations of human rights and/or unsustainable reliance on negative coping strategy, AND	Widespread and systemic violation of human rights and/or exhaustior of coping options and mechanism AND					
			Stressed basic services and borderline inability to meet basic sectoral needs	services and moderate inability to meet basic needs for survival,	High strain on basic services and/or extreme inability to meet basic needs for survival, protection, and dignity.	Collapse of basic services and/or total inability to meet basic needs for survival, protection, and dignity					
Condition	Life-threatening conditions (actual or risk of death)	Death or Imminent Risk of Death:	Death or Imminent Risk of Death	Death or Imminent Risk of Death	Death or Imminent Risk of Death	Death or Imminent Risk of Death					
-		1) Crude Death Rate <sup>1</sup> : <0.5/10,000/day <b>OR</b>	1) Crude Death Rate: <0.5/10,000/day OR		Crude Death Rate: 1.0- 1.99/10.000/day	Crude Death Rate: ≥2/10,000/day					
		2) Under-Five Death Rate: <1/10,000/day <u>OR</u>	2) Under-Five Death Rate: <1/10,000/day	OR Under-Five Death Rate: 1-	Under-Five Death Rate: 2- 3.99/10,000/day	Under-Five Death Rate: ≥4/10,000/day					
		3) Civilian casualty, injury, abduction or disappearance from conflict, violence or natural hazards: <0.5/10,000/day	3) Civilian casualty, injury, abduction or disappearance from conflict, violence or natural hazards: <0.5/10,000/day	from conflict, violence or	Civilian casualty, injury, abduction or disappearance from conflict, violence or natural hazards: 1.0- 1.99/10,000/day	Civilian casualty, injury, abduction or disappearance from conflict, violence or natural hazards: >2/10,000/day					
				OR any rate > than usual	OR any rate > 2x rate	OR any rate much greater than doubling of baseline					
		Global Acute Malnutrition:	Global Acute Malnutrition	Global Acute Malnutrition	Global Acute Malnutrition	Global Acute Malnutrition					
		Weight for heigh z-score (WHZ) <5%	WHZ: 5-9.9%	WHZ: 10-14.9%	WHZ: 15-29.9%	WHZ: 30% or higher					
		OR Middle Upper Arm	OR MUAC: 45%	OR MUNC:5 15%	OR MUAC: ~10%	OR MUAC: >15%					



Reference	Table 3B1: Flags for Preliminary Intersec	toral Sev
Flag Number	Flag Description	
1	Preliminary Intersectoral Severity is Phase 5*	
2	Preliminary Intersectoral Severity is in disalignment with outcome indicators on life threatning and irreversible harm**	
3	Manual Flag (description to be provided at country level)	
	rsectoral Severity is based on the overlap of severity of sectoral needs as 3B2. For Phase 5 at least 2 sector in Phase 5 and at least other 2 sectors in Phase 4 ssary.	
indicator of life th	ween preliminary severity and outcomes indicators occurs when the more severe reatning and the more severe indicator of irreversible harm are both at least one an preliminary classification	

MODULE III/STEP 3 : INTERSECTORAL SEVERITY



## MODULE III/STEP 3: INTERSECTORAL SEVERITY

Admin Units	WASH	FSL	Education	Health	Nutrition		INTERSECTORAL SEVERITY
Demsa	3	3	3	5	4	2	5
Fufore	3	5	3	3	3	3	5
Ganye	4	4	4	4	4	4	3



### MODULE III/STEP 3 : PATTERNS, OVERLAPS, AND LINKAGES

### IDENTIFY TRENDS, PATTERNS, LINKAGES WITH OPERATIONAL IMPLICATION



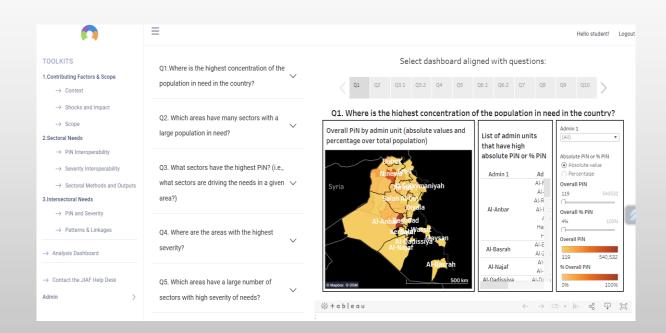


## MODULE III/STEP 3: INTERSECTORAL OVERLAP, LINKAGES.

ANALYSIS TEAM USES THE FOLLOWING QUESTIONS TO IDENTIFY PATTERNS AND INTERPRET OBSERVATIONS:

- Where Are Areas Of Highest Needs?
- Which Sectors Have Highest Needs In Certain Area?
- Where Is Highest/Lowest Overlap Of Sector Pins And Severity?
- Which Areas Have High Severity And High Pin?

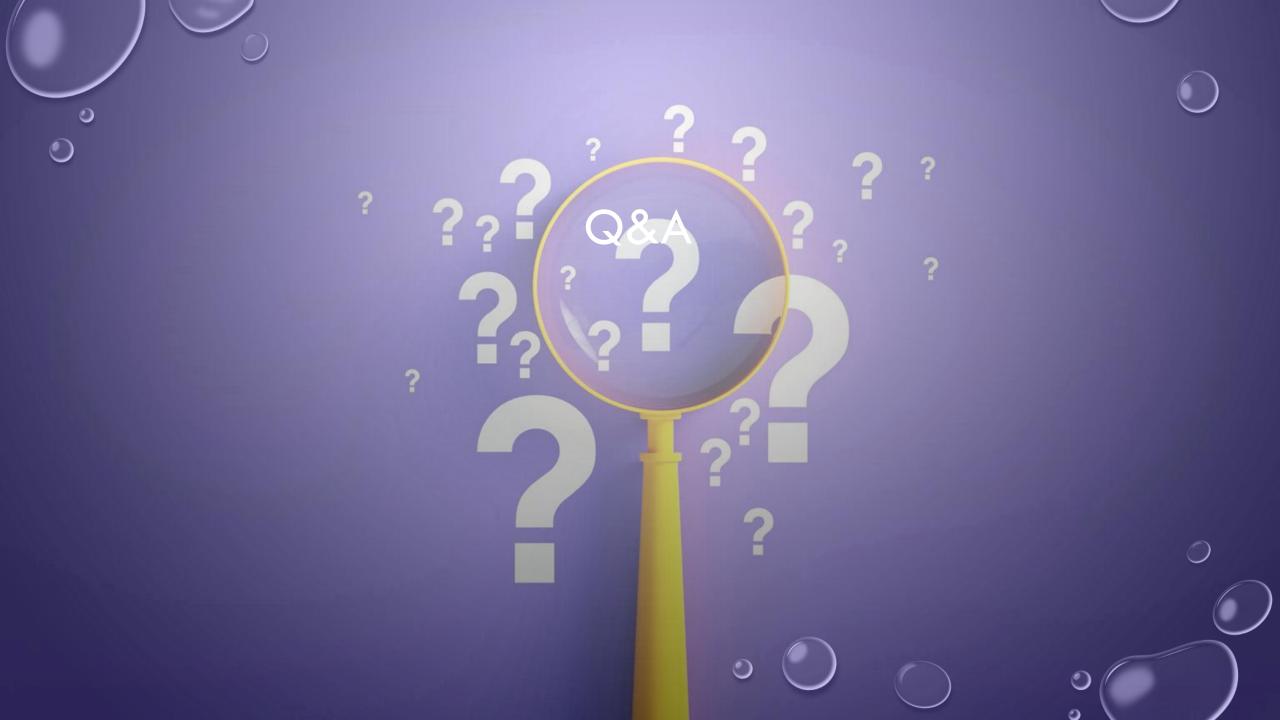
ANY OTHER RELEVANT QUESTION WITH A POTENTIAL FOR INFORMING DECISION MAKING













## GNC SUPPORT

### CONTACT FOR ONE-ON-ONE SUPPORT

ANTENEH DOBAMO: adobamo@unicef.org

FAITH NZIOKA: <a href="mailto:fnzioka@unicef.org">fnzioka@unicef.org</a>

GERALDINE BELLOCQ: <a href="mailto:gbellocq@unicef.org">gbellocq@unicef.org</a>

SHABIB AL-QOBATI: salqobati@unicef.org

### FILL REQUEST FORM

CREATE REQUEST FORM | GLOBAL NUTRITION CLUSTER: TECHNICAL ALLIANCE

### **RESOURCES:**

- NUTRITION HUMANTERIAN NEEDS ANALYSIS GUIDANCE
- GNC CROSS\_CUTTING CHECKLIST
- HPC 2024 FACILITATION PACKAGE FACILITATION PACKAGE HUMANITARIAN PROGRAMME CYCLE (HPC.TOOLS)
- JIAF 2.0 MANUAL

