

Nutrition Humanitarian Needs Analysis Guidance for Piloting

Thursday, June 11th 2020



Overview of today's presentation



1. Process for its development
2. Purpose and steps of this guidance
3. List of indicators
4. Nutrition Situation Analysis
5. PiN Calculations
6. Questions and answers
7. Next steps

Development Process



- Taskforce under the Nutrition Information Systems Global Thematic Working Group established in October 2019
- Work started in January till end of May 2020
- **Consultative** process based on recommendations for needs analysis and preparation of the HNOs

Purpose of the Guidance



This guidance does not

- Include (yet) Joint-Intersectoral Analysis Framework considerations – an *addendum* will be prepared once the JIAF methodology is ready.
- Aim to be **comprehensive/prescriptive** with its three scenarios nor lists of core indicators, particularly given the COVID-19 pandemic

This guidance aims to

- Provide a step-by-step guidance to guide discussions and **consensus-building** on situation analysis and nutritional needs analysis
- Be **iterative** as subsequent versions will be prepared once it is piloted or any new guidelines are released
- Ensure an evidence-based and results-oriented **collective** response

Steps of the guidance

Develop an annual
nutrition
assessment plan



Conduct a
Nutrition Situation
Analysis



Prepare key figures
for the HNO and
subsequent HRP

- Led by the in-country NIS TWG or equivalent
- Key considerations (e.g. seasonality) and reliability of data collection

Scenario-based approach:

1. Situations where an IPC Acute Malnutrition analysis can be conducted or utilized;
2. Situations where an IPC Acute Malnutrition cannot be conducted and GAM for children U5 is of primary concern (i.e. prevalence $\geq 5\%$)
3. Situations where GAM for children is $< 5\%$

Recommended « core » list of indicators



- For phase characteristics and thresholds of international standards for GAM and its contributing factors
- Meant to **streamline** this analysis process, not to override the extensive list of indicators that can be used for programming/monitoring purposes

Category	Alignment with IPC AMN framework	Core Nutrition Indicators to guide response planning	Humanitarian Consequence		Severity Scale based on IPC/OCHA phases					Sources used for the thresholds	
			US GAM ≥5% (Scenarios 1 and 2)	US 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		
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%	IPC Global Partners (2019) Integrated Food Security Phase Classification Technical Manual Version 3.0	
		Prevalence of GAM based on MUAC ^a <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 (2016) 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 0-5	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	

Overview of « core » indicators

Also includes indicators of:

- WASH
- Immunization
- Health Status
- Availability of and access to health services
- Food Consumption

Category	Alignment with IPC AMN framework	Outcome Indicator Name/label
Primary Outcomes	Acute and chronic malnutrition	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)
		Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC) <125mm and/or bilateral pitting oedema among children 6-59 months
		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
		Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 0-59 months
Contextual Factors*	Other causes	Prevalence of overweight based on weight for height Z-score (WHZ)>2 among children 0-59 months
	Acute malnutrition	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)<210mm among Older People
*optional depending on the humanitarian situation		Micronutrient deficiencies
	Prevalence of anemia Hb <11g/dl in children 6-59 months	
	Mortality indicators	Prevalence of anemia Hb <11g/dl in pregnant women
		Crude Death/Mortality Rate (deaths/ 10,000 persons/ day)
Key Contributing Factors	Immediate causes (Food consumption)	Under-five Death/Mortality Rate (deaths/ 10,000 children U5/ day)
		Minimum Dietary Diversity in children 6 to 23 months
	Underlying causes (Caring and feeding practices)	Minimum Acceptable Diet in children 6 to 23 months*
		*Requires Minimum Meal Frequency in children 6-23 months to be derived
		Exclusive breastfeeding for infants 0-5 months
		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
		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

Conduct a Nutrition Situation Analysis



Prevalence of U5 GAM $\geq 5\%$

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
 - If not available, then PLW GAM based on MUAC
- Qualitative analysis of contributing factors

Prevalence of U5 GAM $< 5\%$

- **Severity classification** uses a proposed *scoring system* based on 10 indicators that takes into account both vulnerability of the target groups and indicators' reliability
- Qualitative analysis of contributing factors

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	No data
Acceptable/ Minimal	Alert/ Stress	Serious/ Severe	Critical/ Extreme	Extremely Critical/ Catastrophic	
No contributing factor	Minor contributing factor	Major contributing factor	Critical contributing factor		

Prepare key nutrition figures for the HNO

Identification of the **number of People in Need (PiN)** for each specific nutritional need in each geographical area based on the situation analysis of data/information.

A **minimum sub-set** of key nutrition-specific interventions:

Acute and chronic
undernutrition, overnutrition

Infant and Young Child
Feeding Practices

Micronutrient Deficiencies

Nutritional need (Essential Nutrition Actions)	Alignment with a <u>subset of High Impact Nutrition Interventions</u>	Potential population groups to include	<u>(Core)</u> Indicators and key considerations	PiN Calculation formulas
Acute Malnutrition (AMN) (Management of Wasting)	Nutrition Screening and referral	<ul style="list-style-type: none"> -All children U5 -PLW -Adolescents -Older people²⁰ 	<ul style="list-style-type: none"> • Number of U5 children to be screened for malnutrition • Number of PLW to be screened for malnutrition • Number of Adolescents to be screened for malnutrition • Number of Older People to be screened for malnutrition <p>100% of the estimated children should be targeted for screening.</p> <p>Where a nutrition program already <u>exists</u> and data is available from last year to define the proportion of population for each group in the area of intervention</p>	<p>Number of children to be screened for malnutrition (disaggregated by sex and disability when available) = <i>Population figures from "Affected" areas x % of children U5</i></p> <p>Number of PLW to be screened for malnutrition = <i>Population figures from "Affected" areas x % of PLW</i></p> <p>Number of Adolescents to be screened for malnutrition (disaggregated by sex and disability when available) = <i>Population figures from "Affected" areas x % of Adolescents</i></p> <p>Number of Older People to be screened for malnutrition (disaggregated by sex and disability when available) = <i>Population figures from "Affected" areas x % of Older People</i></p>
	Inpatient management of SAM (Stabilization centres -SC)	<ul style="list-style-type: none"> -All infants below 6 months of age with SAM -At high risk mother/infant pairs -Girls and boys between 6 and 59 months of age who have severe bilateral pitting oedema (+++) or severe acute malnutrition with medical complications -PLW with SAM and medical complications <p><i>If relevant:</i></p> <ul style="list-style-type: none"> -Older women and men with SAM -Adolescent girls and boys with SAM and medical complications <p><i>For behaviour changes activities: Caretaker benefiting from communication for development (behaviour changes) activities at facility level should be included. Estimates of one caretaker per child (the child admitted for SAM treatment either as inpatient SC or CMAM)</i></p>	<ul style="list-style-type: none"> • <u>Prevalence of cSAM in U5 children (if not available, then use 6-59 months)</u> • <u>Prevalence of SAM in children 0-59 months based on WHZ and/or bilateral pitting oedema (if not available, then use 6-59 months)</u> • <u>Prevalence of SAM in children 6-59 months based on MUAC and/or bilateral pitting oedema</u> • Prevalence of SAM in Older People based on MUAC • Prevalence of SAM in Adolescents based on BMI-for-Age <p>If the GAM rate is known but the SAM prevalence is not known, consider using on average an estimate of 20% of GAM patients are suffering from SAM.</p> <p>On average, a 5-20% of children with SAM are expected to be referred to inpatient treatment. This proportion will depend on the status of the CMAM program.</p>	<p>Number of SAM U5 children in need²¹ (disaggregated by sex and disability when available) = <u>cSAM prevalence x population of U5 x k (SAM incident factor)</u></p> <p>Number of SAM U5 in need of Inpatient Treatment^{ibid} (disaggregated by sex and disability when available) = <u>Number of SAM cases (based on cSAM by default) x Expected proportion of SAM cases for Inpatient treatment</u></p> <p>Number of Older People in nutritional need (disaggregated by sex and disability when available) = <u>SAM prevalence based on MUAC x population of Older People</u></p> <p>Number of Adolescents in nutritional need (disaggregated by sex and disability when available) = <u>SAM prevalence based on BMI-for-Age x population of Adolescents</u></p>



Develop an annual nutrition assessment plan

- Indicator Registry
- Classification Thresholds



Conduct a Nutrition Situation Analysis

- Evidence Repository, Reliability
- Analysis team composition
- Scenario 2 Nutrition Analysis + contributing factors
- Scenario 3 Nutrition Analysis + contributing factors



Prepare key figures for the HNO and subsequent HRP

- Population Figures disaggregated by sex and age group
- PiN Spreadsheets with **automatic calculation**

Questions and answers



Next steps of the guidance

Preferred way forward based on poll results.

Any questions or queries, please contact me at:

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