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Addendum: Nutrition Sectoral Analysis Considerations and Inputs to JIAF for HPC 2021

Overview of Addendum

The purpose of this guidance is to outline key considerations for the nutrition sectoral analysis and subsequent inputs to inform, support and guide the development of a joint inter-sectoral needs analysis in support of the Humanitarian Programme Cycle (HPC). It outlines an analytical framework for such an analysis – the Joint Inter-sectoral Analysis Framework (JIAF) – to assist country teams with the identification of inter-linkages between various drivers, underlying and contributing factors, sectors and humanitarian conditions for consideration. This addendum serves as an additional resource for country teams and does not supersede the newly released [Nutrition Humanitarian Needs Analysis guidance](#) for piloting this year.

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Limitations

The JIAF is still evolving, and this addendum derived from the current guidance represents an early attempt at formalization. Given the complexity of the framework and its innovative nature, it is essential to learn from its first implementation in 2020-2021 and make the necessary changes and adjustments for the next iteration. The JIAF relies on a combination of primary and secondary data which are often collected through various methodologies, all subject to limitations inherent to humanitarian contexts, e.g. access, safety considerations, etc. COVID-19 puts further limitations on how data can be collected. Furthermore, the JIAF has not yet undergone formal testing and peer review. Specifically, not all indicators and severity thresholds suggested in JIAF reference tables have been fully tested in the context of inter-sectoral aggregation. Risk-based analysis (particularly relevant for COVID-19 situation and impacts) have only recently been integrated in the framework, particularly when it comes to its linkages to severity analysis and PiN calculations. Linkages with other risk analysis frameworks are not assured and will have to be established in future. Linkages between inter-sectoral vs. sectoral severity and PiN calculations also require a more thorough discussion and clarity. The structure and concepts of the JIAF will continue to evolve with learning.

Abbreviations

AMN – Acute Malnutrition	LW – Lactating Women
BMS – Breastmilk Substitute	MAM – Moderate Acute Malnutrition
ENA – Emergency Nutrition Assessment (software)	MICS– Multiple Indicator Cluster Survey
cGAM – combined Global Acute Malnutrition (aggregate indicator by combining GAM based on WHZ and GAM based on MUAC)	MUAC – Mid Upper Arm Circumference
GAM – Global Acute Malnutrition	NCC – Nutrition Cluster Coordinator
GNC – Global Nutrition Cluster	NiE – Nutrition in Emergencies
GNC-CT – Global Nutrition Cluster Core Team	NIS – Nutrition Information System
GSU – Global Support Unit	NIS TWG – Nutrition Information System Technical Working Group
GTAM – Global Technical Assistance Mechanism for Nutrition	OCHA – (United Nations) Office for the Coordination of Humanitarian Affairs
HAZ – Height-for-Age Z-score	PiN – People in Need
HNO – Humanitarian Needs Overview	PLW – Pregnant and Lactating Women
IASC – Inter-Agency Standing Committee	SADD – Sex-and Age-Disaggregated Data
IFE Core Group – an expert advocacy and resource group on IYCF-E.	cSAM – combined Severe Acute Malnutrition (aggregate indicator that combines SAM based on WHZ and SAM based on MUAC)
IDP – Internally Displaced Persons	SAM – Severe Acute Malnutrition
IMO – Information Management Officer	SMART – Standardized Monitoring and Assessment of Relief and Transitions
IPC – Integrated Food Security Phase Classification	U2 – (Children aged) Under Two
IPC AMN – Integrated Food Security Phase Classification for Acute Malnutrition	U5 – (Children aged) Under Five
IYCF – Infant and Young Child Nutrition	UNICEF – United Nations Children’s Fund
IYCF-E – Infant and Young Child Nutrition in Emergencies	WHO – World Health Organization
JIAF – Joint Inter-sectoral Analysis Framework	WFP – World Food Programme
	WHZ – Weight-for-Height Z-score

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Purpose, audience and scope

The purpose of this addendum is to provide those involved in nutrition coordination with relevant tools, information and resources for contributing to a Joint Inter-sectoral Needs Analysis. This addendum should serve as a **guide for inputs stemming from nutritional needs analysis in crisis situations** based on the *JIAF Guidance for 2021 HNOs*.

Among others involved in nutrition coordination in humanitarian situations, **this operational addendum is primarily aimed at the focal point for Nutrition at country-level, being generally the Nutrition Cluster Coordinators (NCCs)** with inputs from Information Management Officers (IMOs), Nutrition Cluster partners and staff within the Cluster Lead Agency having relevant links to nutrition outcomes, who are responsible for the consolidation and situation analysis of nutrition-related needs of affected populations. The outputs stemming from this guidance are relevant to all humanitarian actors, including but not limited to decision-makers, humanitarian coordinators, Humanitarian Coordination Teams (HCTs), humanitarian organizations contributing to coordinated assessments, policy-makers, donors, national and local authorities during both inter-agency preparedness and response phases in humanitarian situations.

This addendum is organized based on the following breakdown which does not follow a particular chronological order:

- What is the Joint Inter-sectoral Analysis Framework?
- Overview of the JIAF (and its Conceptual Framework in *Annex 1*)
- Considerations for Nutrition Sectoral Analysis and subsequent contributions to the JIAF Situation Analysis
- Aggregated Nutrition Sectoral PiN Estimations for JIAF
- Forecast future conditions
- Final Validation of Inter-sectoral Needs

Furthermore, this addendum should be used in conjunction with the [Nutrition Humanitarian Needs Analysis Guidance](#) that will be piloted this year.

1) What is the Joint Inter-sectoral Analysis Framework?

The main objective of the JIAF is to provide the country teams and humanitarian partners (International and national Non-Governmental Organizations, Government, Donors, UN agencies, experts, clusters/sectors, ICCG, etc.) with a common framework, tools and methods to conduct inter-sectoral analysis, and to lay a foundation for regular joint needs analysis, to inform strategic decisions, response analysis and subsequent strategic response planning and monitoring. The JIAF offers a methodological approach and a structured sense-making process to support regular joint needs analysis through:

- Supporting the collation, analysis and storage of data by identifying key analytical outputs and products step-by-step;
- Providing a way to organize what data to collect and how to analyse it;
- Guiding a joint analysis process involving multiple stakeholders;
- Serving as a driver for collaboration between humanitarian actors and a reference throughout the entire joint analysis process;
- Underpinning response analysis and strategic decision making through support of, but not exclusively, production of the Humanitarian Needs Overview (HNO) and the subsequent Humanitarian Response Plan (HRP).

An inter-sectoral analysis approach is critical to ensure that the broader humanitarian system is able to respond effectively to affected communities and individuals with limited resources targeted for delivery with maximum impact. While an understanding of sectoral needs and severity is important, so too is recognizing the interlinkages and compounding effects across the sectors. This is particularly true when some needs will not be solved unless others are addressed in the best sequence (for example, food requires water, covering basic needs with a cash modality requires functioning markets, resumption of cultivation or attendance to schools requires security of access etc.).

An inter-sectoral approach should ensure the centrality of protection and integrate cross-cutting issues, e.g., gender, age and disability, and foster integrated response approaches across sectors. Concrete steps should be taken to ensure mainstreaming efforts are included, integrated or well aligned.

Three of the most immediate specific benefits stemming from this approach will be enhanced quality of Humanitarian Needs Overviews (HNOs), more informed, strategic, prioritized and better coordinated Humanitarian Response Plans (HRPs), and improved response monitoring and results frameworks.

2) Overview of the JIAF

The Joint Intersectoral Analysis Framework is a set of protocols, methods and tools to classify the severity of humanitarian conditions (including humanitarian needs) resulting from a shock/event or ongoing conditions, identify their main drivers and underlying factors, and provide actionable insights for decision making – see *Annex 1* for JIAF's Conceptual Framework. It entails a systematic set of procedures undertaken for the purposes of setting priorities and making decisions about strategy, programmes, system improvement and allocation of resources. Applying JIAF allows to answer the following key questions:

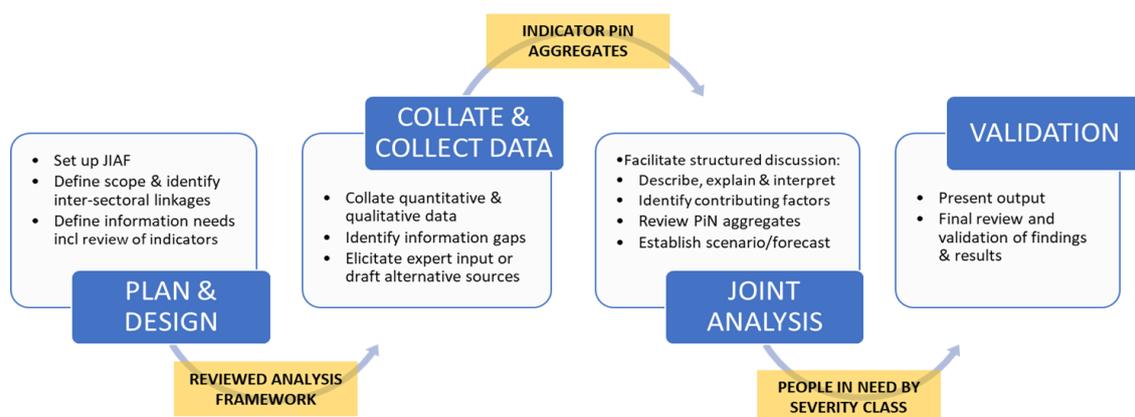
- Which geographical areas and population groups are most affected or at-risk by the crisis and shocks?
- Who and how many people will face severe, critical and catastrophic needs over the time period the HNO covers?
- Where are these people located?
- What are their survival and livelihood problems, and how are they coping?
- Why are these problems occurring (at immediate and underlying/structural levels)?
- How are the needs expected to evolve in the future, based on ongoing and planned responses and other potential events?

The JIAF's overall narrative on humanitarian conditions also contributes to the comprehensive understanding of the coexistence of and interlinkages between unmet needs, and how they change over time, as well as how sectoral needs and factors correlate with and compound each other. JIAF is primarily a data driven process including technical consensus derived from evidence and joint analysis. This section gives a general overview of the main steps required to conduct a joint inter-sectoral needs analysis. Greater detail on individual steps can be found in the annexes that follow it.

JIAF is a participatory and inclusive process. To generate buy-in, the collaboration and effective participation of all relevant stakeholders¹ should be sought, documented and

¹ Country Clusters/Sectors, Inter Cluster Coordination Group (ICCG), Inter Sector Working Groups (ISWG), Cash Working Groups (CWG), Cluster Lead Agencies (CLAs), Cluster partners, NGOs, Academic institutions, Civil Society Organizations (CSOs), Organizations of Persons with Disabilities (OPDs), UN agencies, HC/HCT, National Government, Donors, Private Sector, Technical Agencies, etc.

facilitated. Led by a JIAF team that will conduct and coordinate the analysis on behalf of the humanitarian stakeholders, under the strategic leadership of the HCT, the JIAF is organized around the following process steps:



Based on an in-depth review of available secondary data, the scope and parameters for the JIAF are set based on identified and agreed geographical areas, population groups (including groups with specific needs), and cross-sector thematic issues to ensure an inter-sectoral approach. The analysis of the crisis context, key shocks/events and impacts is based on available knowledge of the humanitarian situation and builds upon previous analyses.

3) Key Considerations when undertaking a Nutrition Sectoral Analysis

Led by in-country Nutrition Cluster Coordinator and co-lead by national government representatives in partnership with the Cluster partners such as civil society institutions/organizations, resource partners, UN agencies, members of the NIS TWG (Technical Working Group) or equivalent², the following steps according to scenario aims to outline a number of **key considerations** when preparing the Nutrition Sectoral analysis:

1. Discuss with members of the NIS TWG which scenario described in the [Nutrition Humanitarian Needs Analysis guidance](#) would be most relevant for your context;
2. Identify and consolidate what nutrition outcome data and contributing factors (i.e. causes/drivers of malnutrition) are available, missing and needed, based on defined scope of the Nutrition Sectoral Analysis (often defined by OCHA colleagues at country-level). Depending on the scenario and drawing from *Table 1* below, this includes:

Scenario 1- situations with a recent IPC AMN analysis: Take the indicators used for the IPC AMN analysis, with GAM for U5 girls and boys being at the forefront.

Scenario 2 – situations where U5 GAM ≥5% and no recent IPC AMN analysis: Focus on recent prevalence GAM data for U5 girls and boys, and for PW/PLW if available for the severity classification. A qualitative analysis of key contributing factors will accompany this analysis.

Scenario 3 – situations where U5 GAM <5%: Review the availability of recent prevalence data for Chronic malnutrition, relevant contextual factors and IYCF indicators from *Table 1* for U5 girls and boys, and for PW/PLW.

² Further details on the roles and responsibilities of the NIS TWG can be found [here](#).

Table 1. List of Core Nutrition Indicators for the Nutrition Sectoral and JIAF Analyses

Category	Core Nutrition Indicators to guide response planning	Humanitarian Consequence		Severity Scale based on IPC/OCHA phases					Sources used for the thresholds
		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	
Nutrition outcomes	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<125mm and/or bilateral pitting oedema among children 6-59 months	Physical and Mental Well-being		<5%					Preliminary thresholds suggested by IPC Global Partners (2019) Integrated Food Security Phase Classification Technical Manual Version 3.0.
				5%-9.9%					
				10%-14.9%					
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	
(Contextual factors)	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-Age Z-Score<2 among Adolescents ⁴	Physical and Mental Well-being		<2.5%	2.5-4.9%	5-9.9%	10-14.9%	≥15%	Preliminary thresholds suggested by Taskforce and NISWG members
	Prevalence of GAM based MUAC<210mm among Older People	Physical and Mental Well-being		<5%	5-9.9%	10-14.9% or 5-9.9% ⁵	≥15% or 10%-14.9% ^{lbid}		HelpAge (2013) Nutrition Interventions for Older People in Emergencies
	Prevalence of anemia (Hb <11g/dL) in pregnant women	Physical and Mental Well-being		<5%	5-19.9%	20-39.9%	≥40%		WHO (2011) Haemoglobin concentrations for the diagnosis of anaemia and assessment of severity
	Prevalence of anemia (Hb <11g/dL) in children 6-59 months	Physical and Mental Well-being		<5%	5-19.9%	20-39.9%	≥40%		
	Crude Death/Mortality Rate (deaths/ 10,000 persons/ day)	Physical and Mental Well-being		<0.5		0.5-0.9	1-1.9	≥2	IPC Global Partners (2019) Integrated Food Security Phase Classification Technical Manual Version 3.0.
	Under-five Death/Mortality Rate (deaths/ 10,000 children U5/ day)	Physical and Mental Well-being		<1		1-1.9	2-3.9	≥4	
Key contributing factors	Minimum Dietary Diversity in children 6 to 23 months	Living Standards		>70%	40-70%	20-39.9%	10-19.9%	<10%	Preliminary thresholds suggested by IFE Core Group
	Minimum Acceptable Diet in children 6 to 23 months	Living Standards		>70%	40-70%	20-39.9%	10-19.9%	<10%	Preliminary thresholds suggested by IFE Core Group
	Exclusive breastfeeding for infants 0-5 months	Living Standards		>70%	50-70%	30-49.9%	11-29.9%	<11%	Adapted from UNICEF Breastfeeding Score Card
	Infants 0-5 months that are not breastfed who have access to Breast Milk Substitutes supplies and support in line with the Code and the IFE Operational Guidance 's standards and recommendations	Living Standards		>60%	40-60%	20-39.9%	10-19.9%	<10%	Preliminary thresholds suggested by IFE Core Group
	Infants 6-11 months that are not breastfed who have access to Breast Milk Substitutes supplies and support in line with the Code and the IFE Operational Guidance 's standards and recommendations	Living Standards		>60%	40-60%	20-39.9%	10-19.9%	<10%	Preliminary thresholds suggested by IFE Core Group

*Requires *Minimum Meal Frequency in children 6-23 months* to derive along with *Minimum Dietary Diversity in children 6-23 months*.

³ See *Box E* above.

⁴ Generally include individuals aged 10-19 years. Further details on BMI-for-Age charts for boys and girls based on 2007 WHO Growth Reference can be found on [p.94 of GUIDE TO ANTHROPOMETRY A practical tool for Program Planners, Managers and Implementers.](#)

⁵ If presence of aggravating factors which include: a general food ration below 2,100kcal per person per day; a disease outbreak (i.e cholera or malaria); inadequate safe water supplies and sanitation; inadequate shelter; war and conflict, civil strife, migration and displacement.

3. Consolidate raw data per identified nutrition indicator above (to be disaggregated by gender, age groups and disability if available) of the *affected*⁶ geographical areas. A number of key considerations and potential adaptations (see *Table 2* below) when using the available and reliable⁷ evidence may be required prior to achieving consensus for the Nutrition Situation Analysis.

The outputs from the Nutrition Sectoral analysis will serve as a key input for the JIAF analysis which will be done in parallel. The scope of JIAF’s intersectoral analysis should align with the HNO’s sectoral analyses; if not, please review points outlined in *Table 2*.

Table 2. List of considerations and adaptations when undertaking the Nutrition Sectoral Analysis

Unit of Analysis	Key Considerations and Potential Adaptations to Available Nutrition Data
<p>Affected geographical area (Provinces, districts, sub-districts, municipalities, villages, settlements, etc.)</p>	<p>Based on available nutrition outcome data collected by reliable population-based surveys, ideally representative for a given affected geographical area.</p> <p>For Scenarios 1 & 2, GAM based on WHZ⁸ data from surveys designed to be representative at a higher administrative level than the unit of analysis, under some specific circumstances (see below), can be re-analysed to obtain <u>estimates for lower administrative units</u> and used in the analysis. The main deciding factor in the case of disaggregated survey data is the design effect⁹:</p> <ul style="list-style-type: none"> • If the design effect of the GAM based on WHZ from the higher administrative-level survey is <1.3, this higher administrative-level estimate can be used for all lower administrative levels without disaggregating the data. • If the design effect of the GAM based on WHZ obtained at the higher administrative level is between 1.3 and 1.7, the data should be disaggregated for lower administrative levels with ≥5 clusters and ≥100 observations, and the disaggregated estimates can be used based on the design effect: <ul style="list-style-type: none"> ○ If design effect ≤1.7: use the point estimate. ○ If the design effect >1.7, use the lower bound of 95% confidence interval as the minimum phase (Note that minimum phase refers to the phase that an area would be classified as being in based on the lower bound of the Confidence Interval – i.e. the area would be at least in this phase). This is only an indicative phase. The final phase for the area should be decided by taking into account this indicative phase as well as the phases based on the point estimate and the upper Confidence Interval and with convergence of evidence with the contributing factors. • If the design effect of the GAM based on WHZ obtained at the higher administrative level is >1.7, these survey data should not be disaggregated for lower administrative levels. <p>For Scenarios 2 and 3 ONLY, if there is a gap in recent population-based survey data, consider using historical data to determine the severity classification based on the 5-phases per relevant indicator (see <i>Table 1</i>). Alternatively, consider using existing survey data from comparable areas to identify which phase classification of severity would be relevant for the <i>affected</i> geographical area in question.</p> <p>For Scenario 3, similar considerations can be done for Chronic Malnutrition (<i>Prevalence of stunting based on HAZ<-2</i>) and relevant Micronutrient Deficiencies data (and only when applicable, Overnutrition can be taken into account) among children U5 and vulnerable groups based on the reliability of the data in terms of time relevance and soundness of method (see <i>Figure 1 below</i>).</p>
<p>Affected groups (IDPs, host communities, refugees, non-displaced affected populations, etc)</p>	<p>Based on available nutrition outcome data collected by reliable population-based surveys, ideally representative for a given affected geographical area.</p> <p>For all Scenarios, if the survey objectives did not disaggregate results by affected population group, then one cannot assume differences between affected groups and the results are representative across all affected groups present in the surveyed areas unless other reliable data shows otherwise. Therefore, the prevalence data can be repeated for each affected group present within a given geographical area.</p>

⁶ Using as reference the 2016 IASC Humanitarian Profile Support Guidance.

⁷ Reliability of the nutrition outcome data in terms of time relevance and soundness of method described in *Figure 1* below.

⁸ Similarly to [IPC AMN’s parameters for analysis](#), a preference for GAM based on WHZ is put forward. GAM based on MUAC may only be used in the absence of GAM based on WHZ. In exceptional cases where GAM based on MUAC portrays a much more severe situation than GAM based on WHZ (i.e. two or more phases higher), GAM based on MUAC should also be taken into account along with a critical analysis of the contributing factors before a final phase is determined.

⁹ Based on the [IPC AMN guidance](#). If ever these considerations based on the design effect cannot be undertaken, access the raw data and re-run the analysis to obtain the design effect. Based on the obtained design effect, apply the key considerations listed above.

Unit of Analysis	Key Considerations and Potential Adaptations to Available Nutrition Data
	If data is available per different affected group (i.e. host communities and refugees), disaggregate raw data accordingly per affected geographical area. Ensure that the subsequent steps follow the same disaggregation since evidence is available to support findings.
<p>Demographic groups (Sex, age disaggregated by relevant year intervals)</p>	<p>Based on available nutrition outcome data collected by reliable population-based surveys, ideally representative for a given affected geographical area and disaggregated by sex and age groups (automatically available in SMART survey reports).</p> <p>If not readily available, access to the raw survey data can facilitate these changes by uploading the data into ENA for SMART software and running the reports again. Otherwise, the country-level percentage of boys vs. girls under-five (OCHA generally has this information) can be applied to the results based on the total U5 population to obtain sex-disaggregated results.</p> <p>For age disaggregated data, having U5-specific data and results should be sufficient for JIAF purposes. For further disaggregation, rough estimates should be available at country-level for 0-5 months, 6-23 months and 24-59 months; this breakdown is generally generated automatically in the SMART survey reports.</p>
<p>Groups with specific needs (PLW, Older People, disability, etc.)</p>	<p>Based on available nutrition outcome data collected by reliable population-based surveys. For Nutrition, PLW and in certain contexts, Older People, are common, nutritionally vulnerable target groups and therefore to ensure that their nutritional needs have been accounted for when providing inputs to the JIAF analysis.</p> <p>For disability-disaggregated data, rough estimates should be available at country-level by the Protection Cluster; otherwise one can assume 15% of the total population. Therefore, 15% can be applied to the overall results for the total target group population to obtain disability-disaggregated results.</p>
<p>Specific contextual or vulnerability categories (Rural/urban, specific ethnic/minority groups, etc.)</p>	<p>Based on available nutrition outcome data collected by reliable population-based surveys. For each of these vulnerabilities, rough estimates should be available at country-level by the <i>Protection Cluster</i>. These estimates can be applied to the overall results per population target group to obtain disaggregated results.</p>

Recommended “core” nutrition indicators for response planning

In alignment with those prepared by the GNC HNO Taskforce and NISWG members for phase characteristics and thresholds of international standards for GAM and its key contributing factors, *Table 2* is meant to **streamline this analysis process and is not intended to override the extensive list of nutrition indicators that can be used for programming or monitoring purposes**¹⁰. It includes: primary nutrition outcomes, optional contextual factors focusing on common vulnerable groups that can be considered to help guide decisions around what types of interventions may be better suited for a given humanitarian situation, key nutrition-specific contributing factors selected by the Taskforce, associated humanitarian consequence relevant for nutrition “*Physical and Mental Well-being*”¹¹ and “*Living Standards*”¹², thresholds (severity phases) and their sources.

¹⁰See the [Global Nutrition Cluster indicators registry](#) with needs assessment and performance monitoring indicators.

¹¹The *Physical and Mental Well-being* sub pillar refers exclusively to information and indicators about the physical and mental health of the affected population. Measures and observations include morbidity and mortality data, malnutrition outcomes, psychosocial or physical impairment, etc.

¹²The *Living Standards* sub pillar refers to the ability of the affected population to meet their basic needs. This is generally measured using indicators of population’s access to essential goods and services, e.g. healthcare, food, education, rule of law, shelter, etc.

4) Nutrition contributions to the JIAF Situation Analysis

Led by in-country Nutrition Cluster Coordinator and co-lead by national government representatives in partnership with the Cluster partners such as civil society institutions/organizations, resource partners, UN agencies, members of the NIS TWG (Technical Working Group) or equivalent¹³, the following steps according to scenario aims to provide a **common approach** to contribute to the Joint Inter-Sectoral Needs Analysis :

1. Determine the main point of contact¹⁴ from the NIS TWG for the JIAF Analysis – this person will act as the focal point for any nutrition-specific technical knowledge, sharing of nutrition information and follow-up queries;
2. Discuss bilaterally with other sectoral colleagues in-country their approach, evidence and key considerations that they will be putting forth for the JIAF analysis to ensure alignment, avoid duplication and support the forecasting exercise in terms of the evolution of contributing factors;
3. Consolidate the outputs of the Nutrition Situation Analysis led by the NIS TWG which includes raw data per identified nutrition indicator from *Table 2* (to be disaggregated by gender, age groups and disability if available) of the *affected*¹⁵ groups and their associated reliability (*Figure 1*) as per JIAF’s scope of Analysis;
4. Flag if any nutrition outcome data (i.e. acute malnutrition) has a severity level from 3 to 5 (potentially equating to ‘imminent death’) as these may be deemed as **critical indicators**¹⁶ for the JIAF analysis. Consult with GNC-CT if needs be;
5. Maintain regular communication with the JIAF analysis team in case any queries arise.

Figure 1. IPC Acute Malnutrition Reliability Score Table for nutritional need evidence

		Time Relevance (T)	
		Good (T ₂)	Limited (T ₁)
Soundness of method (M)	Good (M ₂)	R ₂	R ₁ -
	Limited (M ₁)	R ₁ +	X
Part B: General Guidance for Evaluation of M and T			
Soundness of method (M)	Good (M ₂)	GAM based on WHZ¹⁴ from surveys representative at the unit of analysis with adequate precision and validated by an authority in the country. <ul style="list-style-type: none"> Cluster surveys with ≥25 clusters. Simple or systematic surveys with ≥150 observations. 	
	Limited (M ₁)	GAM based on WHZ that partially meets representativeness and quality standards or GAM based on MUAC¹⁵ from minimally acceptable methods. <ul style="list-style-type: none"> Surveys representative at the unit of analysis. <ul style="list-style-type: none"> Estimates validated with caution (for GAM based on WHZ only). Estimates of GAM based on MUAC from surveys rated good method. GAM based on WHZ from disaggregated surveys representative at a higher administrative unit. <ul style="list-style-type: none"> ≥ 5 clusters and ≥100 observations. GAM based on WHZ/MUAC from Sentinel sites. <ul style="list-style-type: none"> ≥5 sites per unit of analysis with ≥200 total observations (if the area is pastoral, ≥5 sites with 100 observations is acceptable). GAM based on MUAC from Screening. <ul style="list-style-type: none"> Exhaustive screening (door to door) carried out at the unit of analysis (>80% coverage) or Screening from ≥ 3 sites (selected either randomly or purposively, for variability reasons) from the unit of analysis and ≥ 200 observations selected randomly or exhaustively (>80% coverage) from each site and with convergence of estimates from these sites. Surveys from similar areas. <ul style="list-style-type: none"> GAM based on WHZ from a survey with Good Method from a similar area. 	
Time relevance (T)	Good (T ₂)	Evidence reflecting current conditions. <ul style="list-style-type: none"> Evidence collected during the same season of analysis, when there is seasonality. Evidence collected anytime during the previous 12 months when there is no seasonality or significant shock to acute malnutrition contributing factors. 	
	Limited (T ₁)	Evidence inferred to reflect current conditions. <ul style="list-style-type: none"> Inferred estimates of evidence collected within the last 6 months but not from the same acute malnutrition season (12 months for areas with no seasonality). Historical evidence collected during the same acute malnutrition season from at least 2 similar years in the last 5 years – only to be used in the absence of any unusual shocks. 	

¹³ Further details on the roles and responsibilities of the NIS TWG can be found [here](#).

¹⁴ This focal point should have strong technical knowledge of nutrition and willing to be readily available to communicate and vocalize any key nutrition points with the JIAF analysis colleagues. It may require going beyond the NIS TWG members in certain circumstances; a Terms of Reference to identify this individual at country-level may be thus required.

¹⁵ Using as reference the 2016 IASC Humanitarian Profile Support Guidance.

¹⁶ The chief example of this is the Integrated Phase Classification (IPC) and Cadre Harmonise (CH) whose severity classifications should always be treated as critical indicators.

5) Aggregated Nutrition PiN Estimations for JIAF

Understanding the magnitude of the situation at different levels of severity supports the response planning by identifying the number of People in Need (PiN), conducted per sector and inter-sectorally (to be led by the JIAF analysis team). For the Nutrition Cluster, PiN is a sum of the number of persons in nutritional need, by humanitarian consequence, in each geographical area based on the situation analysis of data/information.

1. Using [Tables 3A, 3B, and 3C and the accompanying Nutrition Humanitarian Needs Analysis Spreadsheet tool](#), calculate the PiN for each specific nutritional need and expressed as such. If cGAM¹⁷ is available at country level, cGAM (along with its derivatives of cMAM and cSAM) will be preferred for Nutrition PiN calculations, done automatically by [ENA for SMART software \(Version 2020\)](#) in *Tables 3.7 and 3.8* in its survey report;
2. Document the reliability per evidence used for these calculations as per *Figure 1* above;
3. Review all PiNs¹⁸ per nutritional need (Acute and Chronic Malnutrition, IYCF Practices, Micronutrient Deficiencies,) calculated using the accompanying spreadsheet tool for each *affected* geographical area estimated based on the results from the Nutrition Situation Analysis, disaggregated by sex and specific needs (i.e. PLW, disability) if available.

Using this spreadsheet tool should help avoid any double counting. Double counting inflates the people in need of assistance and is therefore misrepresentative, particularly in instances where double counting is more likely to occur (i.e. when certain target populations, services, or providers may overlap). For example, if in the same geographical area there are 5,000 children < 5 years in need for SAM treatment, 10,000 <5 years in need for MAM treatment and 1,000 children <2 years are in need for IYCF support, the 1,000 children < 2 years might fall under those in need for AM or MAM treatment, or be a completely separate group.

4. Identify highest PiNs for girls U5, boys U5, PW/PLW and disability if available– for example:

Nutrition Sector PiN: 1,635,912 U5 Girls; 1,510,073 U5 Boys; 559,286 PW/PLW

5. Provide this Nutrition Sector PiN to the JIAF analysis team to support their inter-sectoral estimation of PiN. It is important to remember that **for Nutrition, this Sectoral PiN does not feed into our HRP, rather each PiN per nutritional need.**

As different methodologies are used to calculate sectoral PIN and the intersectoral PIN produced through the JIAF analysis, it is quite likely that circumstances will arise where sectoral PIN differs unexpectedly compared to intersectoral figures. Specifically, as intersectoral PIN covers all sectors, it could be expected that the figures may be higher than the individual sector level PIN figures. For Nutrition, this may be due to differences in the scope of analysis where some nutritionally vulnerable zones and its affected population groups may be excluded from the JIAF's scope. These differences should still be captured in the Nutrition HRP's *Targeting* and eventual *Reached* estimations -see *Box A* below.

Nevertheless, the JIAF analysis team will review the sectoral and intersectoral PIN figures, documenting the explanations for discrepancies and identifying the most accurate possible

¹⁷ cGAM: aggregate indicator by combining GAM based on WHZ and GAM based on MUAC). The GNC recognizes and advocates for the treatment of all forms of acute malnutrition, including all children with low MUAC, low WHZ or bilateral pitting oedema.

¹⁸ When calculating affected population and population in need: aggregate only for mutually exclusive categories (e.g. children and adults) and geographic locations; when categories and geographic locations overlap, use the largest single category as a proxy (if available, use survey data on correlations to add different categories while adjusting for % overlap); and when aggregating needs for multiple categories, aggregate first at the lowest unit of measurement (e.g. admin level) for the most accurate maximum total (e.g. accounting for higher needs among displaced populations).

HNO PiN. This includes gaining further understanding people's humanitarian conditions and causes is essential to ensure the relevance and validity of the severity analysis and PiN estimation. Conversely, the severity analysis and PiN contribute to finalise the description of people's humanitarian needs and causes of these needs.

In the case that *Nutrition Sector PiN* are higher than the JIAF estimate (consolidation of all sectoral indicators for PiN estimation), discuss with JIAF analysis team on what could be possible explanations for this, including checking how PiN was accounted for in Nutrition.

6) Forecast future conditions

A projection of how the situation may evolve based on a thorough review of risk analyses and affect a **forecasted percentage increase** reflecting the expected evolution in the impact and humanitarian conditions, disaggregated by severity class and unit of analysis. The JIAF team will discuss the most likely scenario determined for the evolution of consequences in a given country, along the justification for the severity classification, evidence analysis, area classification, time period of the projection, as well as **key risk factors¹⁹ to monitor** against assumed projection.

- ✓ Nutrition estimates already include a projection dimension; the Nutrition PiN calculations use the estimated incidence or prevalence of people in nutritional need.

Therefore, provide the **same Nutrition Sectoral PiN** for the JIAF's forecasting exercise.

7) Prepare key figures for the HRP

On the basis of the above and results of the HNO, Nutrition inputs for the HRP should focus on the identified population sub-groups (disaggregated by sex, age, and disability when available) based on **geographical prioritization to deliver the full package of nutrition interventions**. All people in need identified in the HNO should be considered when starting the planning process given their needs are 'humanitarian' by definition and their severity has been determined through the analysis in the HNO²⁰. The initial scope of the HRP is thus derived from the population groups and sub-groups in need, based on the principle of humanity, impartiality, neutrality and independence.

To determine the scope of the HRP based on the analysis of nutritional needs:

1. Review the type and severity each nutritional need identified for the *affected* population groups and geographic areas at sectoral level and decide on the scope of the HRP;
2. Consider the following:
 - Magnitude (PiN) based on the number of people facing different humanitarian conditions and nutritional needs, their severity, and location;
 - Past nutrition intervention data to support the identification of targets – see *Box A*;
 - [Tips](#) for nutrition clusters and its partners to facilitate the planning of a collective response and the development of NiE interventions once the specific sectoral objectives and type of emergency interventions have been agreed upon;
 - Extent to which humanitarian conditions and needs overlap and potentially compound each other - particularly where some needs will not be solved unless others are addressed in the best sequence;

¹⁹ See [Annex 1](#) for main causes/drivers of malnutrition.

²⁰ [HPC 2021 Step-by-step guide](#).

- Most likely evolution of the situation, risks and forecasted PiN of effects on the population groups;
- Immediate, underlying and root causes of the various humanitarian consequences, including overarching protection risks/impacts. Causes that are not directly related to the crisis may indicate that the problems are structural or outside the scope of a humanitarian response.

Box A. Considerations for Targeting

To improve Equity, Coverage and Quality in humanitarian programming based on humanitarian principles, the SDG commitment to leave nobody behind and Results Based Management, the following considerations should be accounted for when preparing these figures – see [Annex 2](#) for key definitions.

1) All PIN is to be considered at the onset of the HRP process

2) In conducting the response analysis, where feasibility is discussed, it is first and foremost to consider what response modalities can help overcome some of the constraints identified (access, partner capacity, etc). These constraints are not to automatically translate into reduction of the targets. Limited partner capacity (with the exception of the time factor whereby capacity cannot be built within the plan's life) and access constraints are not acceptable reasons for excluding people that have been identified as being in need. All efforts are to be made to come up with a plan that can offer them assistance.

3) Issues of access and funding are considered operational constraints to be dealt with in the modalities of implementation, rather than barriers to the planning stage.

Nutrition **Targets** should be disaggregated by sex, age category and specific needs across all *affected geographical areas*. These targets differ significantly from those *Reached* - Number of people admitted/enrolled/having received some form of nutrition intervention/programme (to avoid double counting), i.e. whose nutrition needs are met.

Final Validation of Inter-sectoral Needs

Once geographic, population groups and issues most essential to address (due to their severity, time-criticality etc.) have been derived from **the** JIAF results, a final validation workshop should take place to validate the main conclusions. **It is important that the identified lead for Nutrition attends this workshop to ensure Nutrition Inputs are well captured and integrated.**

This addendum and accompanying [Nutrition Humanitarian Needs Analysis Guidance](#) will be adjusted based on its piloting and lessons learned gathered on a yearly basis to feed into subsequent versions.

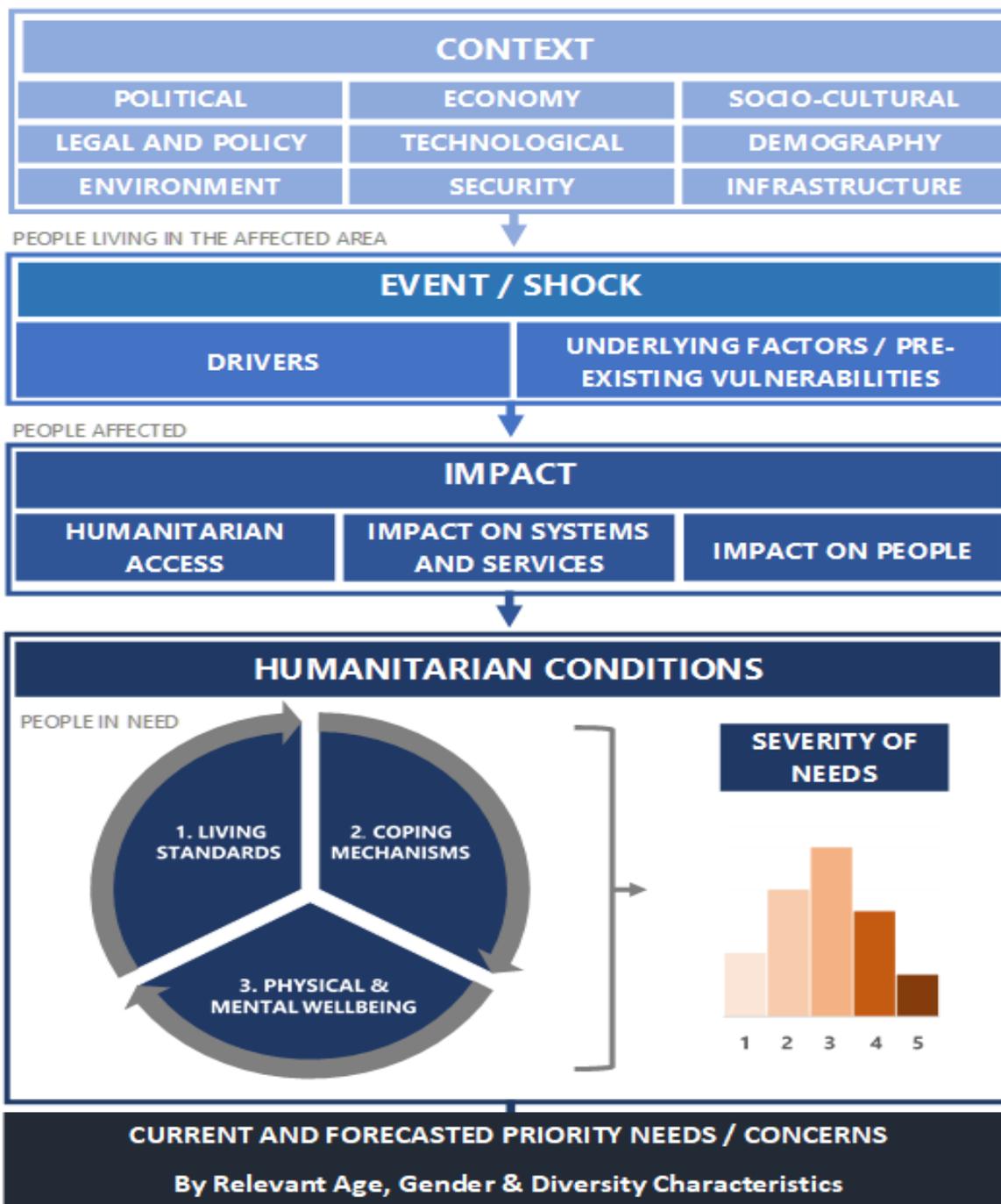
References

- Cashin, K. & Oot, L. (2018) [GUIDE TO ANTHROPOMETRY A practical tool for Program Planners, Managers and Implementers.](#)
- FANTA. (2018). [Training Guide for Community-Based Management of Acute Malnutrition \(CMAM\).](#)
- Global Nutrition Cluster (2013) [GNC Handbook - Final](#)
- Global Nutrition Cluster (2016) [TIPS ON NUTRITION INTERVENTIONS for the Humanitarian Response Plan](#)
- Global Nutrition Cluster (2019) [PREPAREDNESS GUIDELINES FOR NUTRITION IN EMERGENCIES COORDINATION](#)
- HelpAge International, NutritionWorks, Global Nutrition Cluster (2013) [The Harmonised Training Package \(HTP\): Resource Material for Training on Nutrition in Emergencies, Module 23, Version 1 \(2013\) Nutrition of older people in emergencies](#)
- IASC (2012) [Operational guidance on coordinated assessments in humanitarian crises](#)
- IASC (2015) [Reference module for the implementation of the humanitarian programme cycle 2015 - Version 2](#)
- IASC (2016) [Humanitarian Profile Support Guidance](#)
- IPC Global Partners (2019) [Integrated Food Security Phase Classification Technical Manual Version 3.0. Evidence and Standards for Better Food Security and Nutrition Decisions.](#)
- OCHA (2019) [Step-by-step Practical Guide for Humanitarian Needs Overviews, Humanitarian Response Plans and Updates](#)
- Olofin I, McDonald CM, Ezzati M, Flaxman S, Black RE, et al. (2013) [Associations of Suboptimal Growth with All-Cause and Cause-Specific Mortality in Children under Five Years: A Pooled Analysis of Ten Prospective Studies.](#)
- Sphere Association (2018) [The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response – Chapter 6: Food Security and Nutrition, fourth edition](#)
- Sphere (2019) [Sphere Glossary](#)
- The Lancet (2013) [Executive Summary of The Lancet Maternal and Child Nutrition Series](#)
- UNICEF (2013) [Global SAM Management Update -Summary of findings](#)
- World Health Organization (1999) [Rapid health assessment protocols for emergencies](#)
- World Health Organization (2000) [The management of nutrition in major emergencies – Annex 1: Energy requirements for emergency-affected populations](#)
- World Health Organization (2016) [Obesity and Overweight. Fact Sheet](#)
- World Health Organization (2019) [Essential nutrition actions: mainstreaming nutrition through the life-course](#)

Annex 1: Key components of the JIAF Conceptual Framework

The JIAF is built around five main pillars, each of which contains different sub-pillars. The main purpose of pillars and sub-pillars is to help organise information, visualize relationships and bring a consistent structure to the analysis. Put simply, the JIAF should help tell the story about how a population has been affected by a shock or stress in a consistent and comprehensive manner. A visual representation of the JIAF is seen below:

JOINT INTERSECTORAL ANALYSIS FRAMEWORK (JIAF)



The JIAF Pillars are described below:

Context: Context refers to the relevant characteristics of the environment in which affected populations live. It includes, however is not limited to, general characteristics of the political, socio-cultural, attitudinal, economic, legal and policy, technological, demographic, security, public infrastructure (i.e. schools, hospitals, water treatment facilities, etc), service delivery and environmental profile. The context pillar should clearly indicate the total number of people in the considered geographical areas, as well as key demographic characteristics, e.g. gender and age distribution, average family size, etc. as defined in the [2016 IASC Humanitarian Profile Support Guidance](#).

Shock/Event: Shock/event refers to a sudden or on-going event that *seriously* disrupts the functioning of a community or society. JIAF seeks to identify characteristics and the immediate causes of the shock, including type, location, intensity, etc. The shock/event (drought, cyclone, floods, conflict, disease outbreaks etc.) and areas of exposure should be localized geographically.

Impact: The primary effects (positive and/or negative) of the event/shock on the population, systems/services and humanitarian access in the affected area.

- *Impact on people* includes issues related to displacement, losses and damages to private property/non-food items, tensions within the community, etc. Positive examples could include favourable agricultural conditions, easing of community tensions, etc.
- *Impact on systems and services* may encompass damages to critical public infrastructures (healthcare facilities, schools, communication towers, water systems, etc.), disruption of social cohesion, support networks, markets, prices, attacks on critical infrastructures, etc. All issues related to the availability, functionality, performance or coverage of basic services should be reported under this sub pillar²¹²²²³. Positive examples might include resuming markets, increased service coverage, etc.
- *Impact on humanitarian access* refers to the ability to deliver effective humanitarian assistance without restrictions or limitations. It entails an understanding of the following obstacles or challenges:

²¹ In order to understand existing capacities, it is recommended to capture the main service providers, e.g. government or local authorities, organizations of persons with disabilities, communities, faith-based organizations, private entities, RCRC, national NGOs, international NGOs, etc.

²² To be noted that all indicators or information directly related to the existence, functioning, quality or coverage of a service should be placed under this subpillar, e.g. number/percentage of education facility destroyed, number/percentage of schools opened/closed, levels of health care and type of health services available, functional police stations and justice court, number/percentage of food markets functioning, availability of essential items on existing markets, etc. Measures of people's access to those services should be considered under the Humanitarian Conditions/Living Standard subpillar.

²³ Following global Clusters' requests, some indicators normally belonging to the "impact on services" pillar were moved to the "Humanitarian Conditions" pillar as they are considered key to calculate the number of People in Need. In the Indicator Reference Table, those indicators are tagged with the letter E under column S. Eventually, what matters is to understand how potential damage or impairment of the functioning of essential services, and access to these, is affecting people's survival and ability to meet their basic livelihood and protection needs.

- Obstacles impeding people affected to access services: attitudinal or institutional barriers that lead to exclusion; impediments to entry into country (bureaucratic and administrative); restriction of movement (impediments to freedom of movement and/or administrative restrictions); interference into implementation of humanitarian activities; violence against personnel, facilities and assets;
- Obstacles/barriers impeding relief actors to access people affected: denial of existence of humanitarian needs or entitlements to assistance; restriction and obstruction of access to services and assistance; restrictions due to explosive ordnance contamination;
- Other physical and security constraints: ongoing insecurity/hostilities affecting humanitarian assistance; presence of explosive ordnance; physical constraints in the environment (obstacles related to terrain, climate, lack of infrastructure, etc.)

A joint analysis and understanding of the context, shocks and impacts allows to identify affected areas and estimate the number of people affected by the humanitarian crisis, as defined in the [2016 IASC Humanitarian profile Support Guidance](#). It also enables to account for the total number of people affected by humanitarian access restrictions. Such analysis provides the baseline for more geographically and population targeted analysis of the severity of humanitarian consequences and PiN calculations, linking the different pillars of the framework.

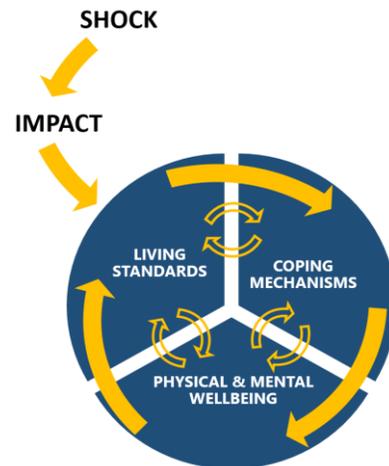
Humanitarian conditions: The Humanitarian Conditions Pillar is where the *consequences* of the shock/event's impact on people are identified in terms of magnitude and analyzed in terms of severity. The severity of Humanitarian Conditions is estimated by taking into account three humanitarian consequences:

- **Living Standards:** This sub pillar refers to the ability of the affected population to meet their *basic needs*. This is generally measured using indicators of population's access to essential goods and services, e.g. healthcare, food, education, rule of law, shelter, water and sanitation facilities, etc. The exact list of basic needs may vary from one context to the other and should be **contextually defined**²⁴.
- **Coping mechanisms:** This sub pillar is used to understand and assess the degree to which individuals, households, communities and systems are coping or facing challenges with impact recovery, and understand the severity of the coping strategies they are relying on to cope with Living Standards or Physical and mental Well Being issues. Coping mechanisms can be positive or negative (e.g. borrowing

²⁴ It is important to agree at country level on the exact list of basic needs. A good starting point is the list of items included in the country Minimum Expenditure Basket. Based on context, additional important elements can be added, such as information / risk education, transport services, access to income generating land and resources, etc.

money to purchase food items), sustainable or unsustainable (e.g. reliance on humanitarian aid).

- **Physical and Mental Wellbeing:** This sub pillar refers exclusively to information and indicators about the physical and mental health of the affected population. Measures and observations include morbidity and mortality data, malnutrition outcomes, psychosocial or physical impairment, injuries and trauma, fear, etc. In addition and when data is available, grave human rights violations such as killing, maiming, rape, arbitrary detention and disappearances can also be considered under this category.



Note that the Humanitarian Conditions sub-pillars are all interrelated and the progression of humanitarian consequences does not always follow a linear sequence from the inability to access basic goods or services to the adoption of negative coping mechanisms and finally the impact of the previous on physical and mental well being.

Feedback loops exist between the three sub pillars and each can contribute to negative outcomes in the other, e.g. disabilities or malnutrition can in turn lead to challenges in accessing basic goods and services, etc. Since it is difficult to understand what exactly precedes and contributes to what, attempts to understand causality effects between the humanitarian conditions sub pillars are not recommended.

The severity in one sub-pillar taken individually or in isolation of other sub pillars is also not recommended for use, as it provides only a partial picture of people's humanitarian conditions. For instance, a population group can present a good level of access to basic goods or services (living standards sub-pillar), but only because they started to engage in negative and irreversible coping strategies (coping mechanisms sub-pillar). Taken individually, the living standards severity score can also be easily misinterpreted. Only the three sub pillars taken together and aggregated into a final Humanitarian Condition narrative and score can reflect on the overall humanitarian conditions and their severity.