

HNO Quality Assessment Criteria checklist Nutrition Cluster/sector August 2021

Contextual factors:

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

	CATEGORY	INDICATOR/ASSESSMENT QUESTION	SOURCE OF INFORMATION (sections and sub-sections of the HNO where the indicator may be applicable)
1	Nutrition Situation Analysis: Document clearly describes which sub-groups of the population present the most severe humanitarian consequences and needs	 General contextual analysis of the nutrition situation over time or before the emergency indicating any trends, seasonal and/or long term, in the prevalence of malnutrition 	2.2_HPC_2022_HNO-Template: Summary Part 1: 1.1 Part 2: 2.1, 2.2 Part 3: Nutrition section
		 Clear analysis of key contributing/contextual factors, including WASH, Health, and food security situation, as well as gender aspects 	2.2_HPC_2022_HNO-Template: Summary Part 1: 1.2, 1.4 Part 3: Nutrition section
		 Assess the effectiveness of the HNO to address the following questions: How severe? When and Where are the worst affected areas? How many? Why? Who? What are the key characteristics of the situation? Reliability of evidence used included as per IPC Acute Malnutrition scoring (see Point 11 below) 	2.2_HPC_2022_HNO-Template: Summary Part 1: 1.1, 1.2, 1.3, 1.4 Part 3: Nutrition section

		 Assess whether specific needs are described by various NiE components (IYCF, SAM, MAM, BSFP, micronutrient etc.) 	2.2_HPC_2022_HNO-Template: Part 1: 1.4 Part 3: Nutrition section
2	Accountability to Affected Populations (AAP) reflected in HNO. HNO reports which humanitarian needs affected people and/or their representatives consider a priority	 Assess whether communities were engaged, and their voices reflected in the analysis. Have the perspectives and knowledge of affected populations been taken into consideration when establishing the nutrition cluster's situation analysis and quantification of needs? 	2.2_HPC_2022_HNO-Template: Part 1: 1.4
3	Gender analysis	 Clear and comprehensive gender analysis that reflects different dimensions of the crisis faced by women, men, girls, and boys from various age groups (young children, adolescents, adults, older people), their coping mechanisms, and underlying factors which affect vulnerability. At a minimum, analysis of sex-disaggregated data should be considered Information on older people nutritional vulnerability and how many may need support. Information on barriers to accessing nutrition services Information on safety (including Gender-Based Violence - GBV) risks of women and girls when accessing services Contextual information available on gender which could help shape the design of the nutrition response including GBV concerns 	2.2_HPC_2022_HNO-Template: Part 1: 1.3, 1.5
4	Document reflects centrality of protection	 Child protection concerns are reflected in the HNO Outline of main protection risks, problems and resulting needs 	2.2_HPC_2022_HNO-Template: Summary Part 1: 1.2, 1.3, 1.4, 1.5

5	Disability inclusion	 Assess existence of data and information on persons with disabilities and depth of analysis undertaken. Data and information on the needs of and/or barriers faced by persons with disabilities in accessing services and consuming nutritional treatments, in each context. People in need (PiN) figure is disaggregated to reflect persons with disabilities. Where reliable data is not available, the global estimate of 15% of the population is applied. Analysis explains how the crisis differentially impacts persons with disabilities, their existing capacities and coping mechanisms, the factors contributing to heightened risk and their priority needs. 	2.2_HPC_2022_HNO-Template: Part 1: 1.3, 1.4, 1.5
6	HIV/AIDS	 Information on whether cases of acute malnutrition are compounded by existing high HIV/AIDS rates and what percentage of acute malnutrition cases this represents. Specific infant feeding concerns (e.g. if ART supply for breastfeeding women is disrupted by a crisis) should also be highlighted and needs relating to it determined 	2.2_HPC_2022_HNO-Template: Part 1: 1.3, 1.4
7	Cash and Vouche Assistance (CVA)	 Assess to what extent the lack of purchasing power impacts households' abilities to access and prepare nutritious foods, access health services, safe water, improve hygiene conditions Assess whether there is a safe and reliable way to deliver cash or vouchers to nutrition targeted recipients Assess the preferences of the targeted groups on assistance modality (cash, voucher, in-kind), on delivery modality, as well as whether there are protection and safety concerns related to CVA Consider also CVA delivered by other sectors or multipurpose cash, when relevant 	2.2_HPC_2022_HNO-Template: Part 1: 1.3
8	Inter-sector analysis	 Check if there is a joint inter sectoral chapter in the HNO and whether nutrition is adequately reflected. Assess if the inter sectoral data in the HNO has considered joint needs assessments, joint needs analysis, and joint gap analysis with Nutrition and other clusters, especially WASH, Health, and Food Security. 	2.2_HPC_2022_HNO-Template: Part 1: 1.2, 1.3, 1.4, 1.5

9	Nutrition Situation and Needs Monitoring	 Assess whether the HNO is effective at presenting the needs from an inter sectoral perspective as opposed to sectoral focus. Focus on identification of measurable nutrition indicators, that reflect the identified priority groups, locations and needs, as well as other factors that may change needs for people and locations that currently were not identified as priorities 	2.2_HPC_2022_HNO-Template: Part 2: 2.2
10	HNO risk analysis. Document describes how needs (related to physical and mental wellbeing, living standards and resilience) are likely to evolve during the projection period.	 Does the nutrition cluster's situation analysis take into consideration risks that could worsen the nutrition situation in the coming months/year? Document describe how needs are likely to evolve during the project period, explains why these changes may occur, and information is coherent with the monitoring indicators in Section 9 	2.2_HPC_2022_HNO-Template: Part 2: 2.1, 2.2
11	Data and Information Content based evidence from various sources and assessments	 The analysis on which the HNO is based is intended to draw upon a mix of data sources and information as no single source can provide the depth and breadth of information required. (How to assess/measure whether the sources of data used was sufficiently comprehensive?) Assessment registry reporting the sources of information used and their reliability Repository and reliability of nutrition-related evidence used (Review Evidence Repository, Reliability worksheet); Demographic data used/provided by OCHA/national government and any adjustments (e.g. population growth rate used); Analysis Team Composition (review Analysis Team Composition worksheet) 	2.2_HPC_2022_HNO-Template: Part 3 Annexe 4.1 data Sources

12	HNO is transparent about the methods used for calculating people in need (PiN) figures	 Assess whether document is clear and transparent about how PiN was calculated. Review the PiN calculation formulas in the Nutrition Cluster HNO Calculation Tool used/PiN work sheets 	2.2_HPC_2022_HNO-Template: Part 1: 1.5 Part 3: Nutrition section		
13	HNO is transparent about limitations and information gaps.	 Information gaps and mitigation measures in place for collection of these data for the next Nutrition Humanitarian Needs Analysis. 	2.2_HPC_2022_HNO-Template: Annexe 4.3 Information gaps and limitations		
14	Citations (nutrition data)	Credibility through proper referencing and sourcing.	2.2_HPC_2022_HNO-Template: Annexe 4.1 Data Sources		
15	Data and Information People in need figures disaggregated by status (i.e. sex, age, disability) to subnational level	 PiNs per population group disaggregated by sex, age and disability for Physical and Mental Well-being and conclusions from the severity classification; PiNs per population group disaggregated by sex, age and disability for Living Standards and key contributing factors based on the results from the Nutrition Situation Analysis; If any population movements and accessibility issues, PiNs facing humanitarian access constraints; Nutrition PiNs discussed with Health, WASH, and FS sectors/cluster for inclusion as part of their PiNs where appropriate 	2.2_HPC_2022_HNO-Template: Part 1: 1.5 Part 3: Nutrition section		
16	Overall content leaves reader with an understanding of the most critical needs for specific population groups/sub- groups and geographic areas, and their causes	Assess whether the document leaves the reader with a clear understanding of these fundamental elements.			