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Global Nutrition Cluster Webinar on 2022 HNO process

August 10th 2021

OVERVIEW OF THE SESSION

1. Welcome and Introduction – (2') Faith (GNC-CT)
2. Briefing on the 2022 HPC process (20') – Marcus (OCHA)
3. Nutrition Humanitarian Needs Guidance (25') – Núria (GNC-CT)
4. Mainstreaming cross-cutting issues in needs analysis and intersectoral collaboration – (15') Caroline (GNC-CT)
5. Roles and responsibilities, GNC-CT support to countries – (5') Faith (GNC-CT)
6. Q&A

OBJECTIVES OF THE SESSION

By the end of this session, participants will be able to:

1.Outline key considerations regarding the upcoming 2022 HNO process based on the *Nutrition Humanitarian Need Analysis, Global 2022 HPC, and JIAF guidance.*

2.Identify the activities and roles of the coordination team and partners across the analysis.

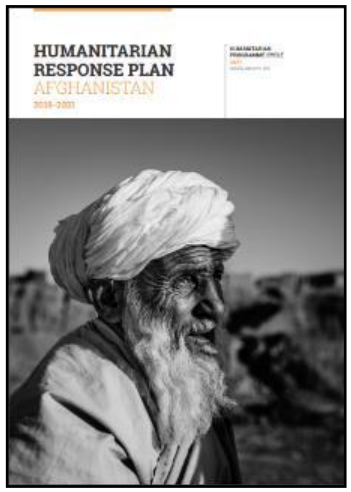
Humanitarian Programme Cycle (HPC)

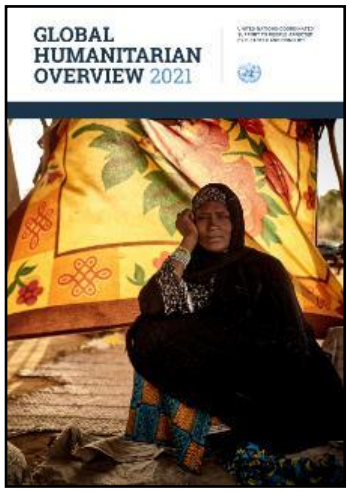
Overview of

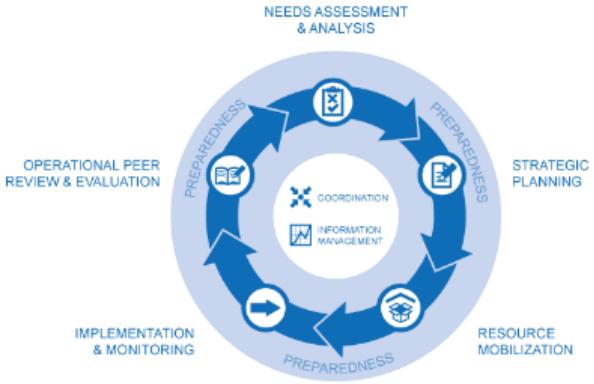
Humanitarian Needs Overview (HNO) &
Humanitarian Response Plan Process (HRP)

Humanitarian Programme Cycle 2022

THE HUMANITARIAN PROGRAMME CYCLE





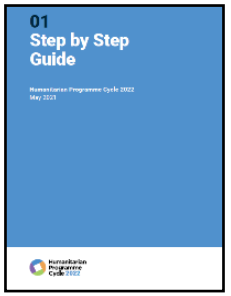


Comprehensive ● *Forward-looking* ● *Prioritized* ● *Authoritative*

HNO & HRP Process

Humanitarian Programme Cycle 2022

HNO & HRP Process



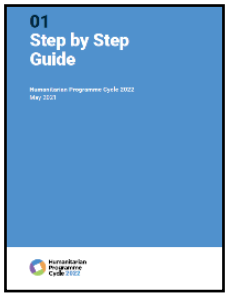
10 Step process

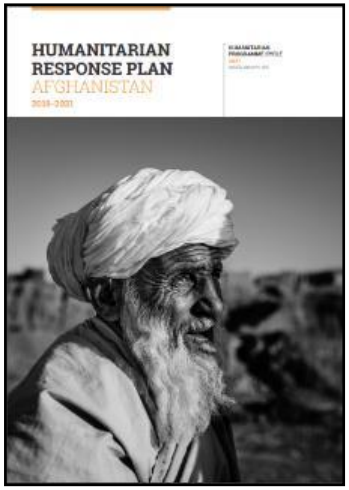
1/3

		JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Step 1	**Agree on scope of the analysis and costing approach** 1.1 Set the scope of the HNO analysis based on crisis context and develop an analysis plan that will answer the key questions needed to inform planning and decision-making 1.2 Decide on most appropriate costing methodology for 2022 1.3 Present analysis framework and costing plan to Humanitarian Country Team for endorsement									
Step 2	**Undertake secondary data review: Analyse trends, identify opportunities for joint analysis with development/peace actors, and identify data gaps** 2.1 Compile the evidence base (collect and collate) 2.2 Undertake secondary data review 2.3 Identify and determine how to bridge critical information gaps			HNO						
Step 3	**Plan and collect primary data (as appropriate)**									
Step 4	**Conduct joint intersectoral needs analysis** 4.1 Conduct preliminary intersectoral needs and severity analysis, and draft narrative 4.2 Calculate initial PiN and severity estimates 4.3 Analyze risk and arrive at projections, identify indicators to monitor situation and needs 4.4 Finalize intersectoral needs analysis, PiN and severity estimates 4.5 Write up analysis results 4.6 Present and seek endorsement and validation from the HCT (and government counterparts, where appropriate) on the analysis results and monitoring requirements									

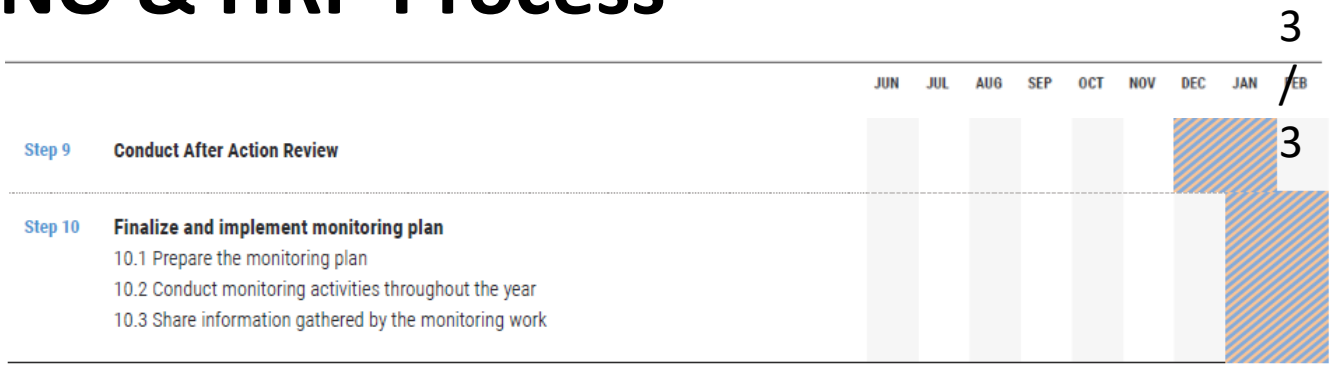
HNO & HRP Process

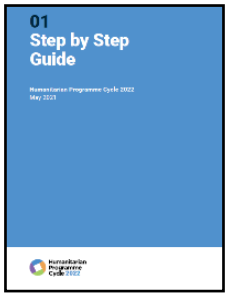
		JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Step 5	**Define the scope of the HRP and formulate initial objectives** 5.1 Determine the scope of the HRP based on the results of the analysis of needs and risks 5.2 Draft preliminary (intersectoral) strategic and specific objectives				HRP					
Step 6	**Conduct response analysis** 6.1 Review appropriateness, relevance, and feasibility of different responses 6.2 Articulate intersectoral and multi-sectoral response approaches based on the results from the response analysis (based on severity, time-criticality, and complementarities/ synergies) 6.3 Estimate target population number									
Step 7	**Finalize strategic and specific objectives and indicators** 7.1 Finalize formulation of strategic and specific objectives 7.2 Identify indicators to monitor specific objectives 7.3 Cluster/sectors develop response plans and define cluster objectives 7.4 Sub-national and/or government consultation/review draft HRP response parameters 7.5 Present and seek endorsement by the HCT of the strategic objective and approach, number of people targeted, and response monitoring framework									
Step 8	**Formulate projects/activities and estimate cost of the response plan** 8.1 Initiate drafting of HRP 8.2 Project development, vetting and upload 8.3 Estimate the cost of the response 8.4 Secure HC/HCT endorsement 8.5 Finalize and draft response plan									





HNO & HRP Process





ASSESSMENT, ANALYSIS, PLANNING & MONITORING
KNOWLEDGE MANAGEMENT PLATFORM

HPC 2022 Facilitation Package

https://kmp.hpc.tools/

1.	A Step by Step guide to develop the HNO and HRP	Guidance EN
2.1.	2022 HNO Guidance	Guidance EN
2.2.	(a) 2022 HNO template and annotations	Annotated template EN FR SP AR
	(b) 2022 HNO InDesign template	InDesign template EN FR SP AR
3.1.	2022 HRP Guidance	Guidance EN
3.2.	(a) 2022 HRP Template and Instructions	Annotated template EN FR SP AR
	(b) 2022 HRP InDesign template	InDesign template EN FR SP AR
4.	2022 JIAF Guidance (1.1)	Guidance EN

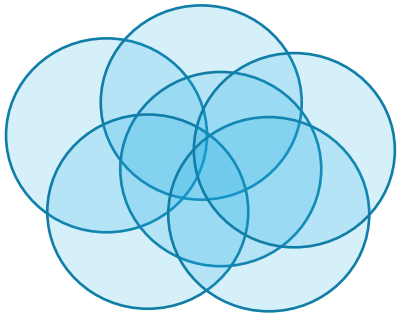
5.	Complementary guidance on Response Analysis, Objectives and Targeting for the HRP	Guidance EN
6.	Multi-Year Humanitarian Planning (MYP) Tip Sheet for OCHA Country/Regional Offices (2018)	Tip sheet EN
7.	Analyzing risks and determining the most likely evolution of the humanitarian situation	Guidance EN
8.	In the absence of one monitoring guidance, this page offers a series of partial guidance and template	Guidance and Template EN-FR
9.	HNO Quality Criteria Worksheet	checklist/worksheet EN
10.	HRP Quality Criteria Worksheet	checklist/worksheet EN

Intersectoral Focus

Humanitarian Programme Cycle 2022

ENHANCED HPC

Multi sectoral vs Intersectoral

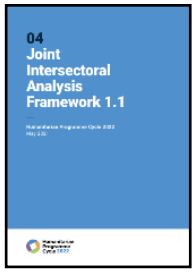


Provide a single, comprehensive, cross-sectoral, methodologically sound and impartial overall assessment of needs

Joint Intersectoral Analysis Framework

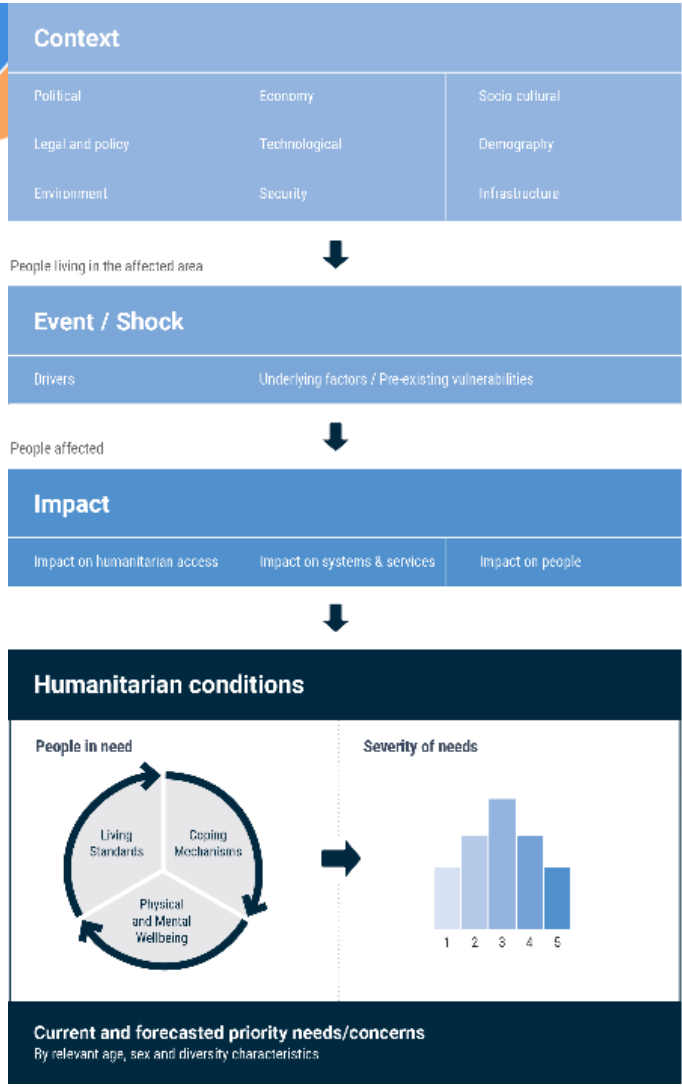
An inter-sectoral analysis of context, shocks and humanitarian conditions

that aims to show the severity and magnitude of needs.

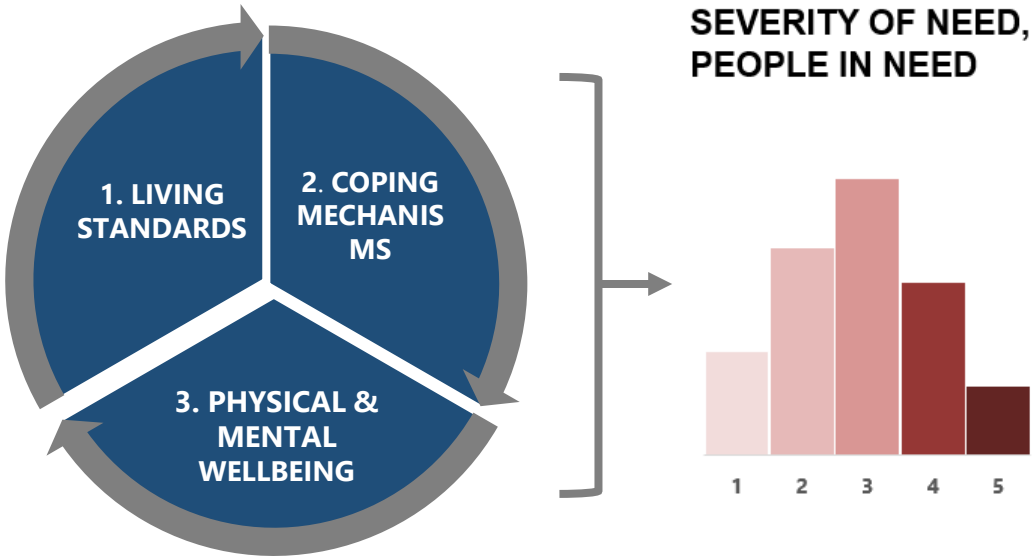


JIAF 1.1 High Level Trainings
JIAF 1.1 In-Depth Trainings

https://www.jiaf.info/



SEVERITY OF NEED



JIAF SEVERITY SCALE REFERENCE TABLE

SEVERITY PHASE		KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1	None / Minimal	Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework. Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets). No or minimal/low risk of impact on Physical and Mental Wellbeing.	Building Resilience Supporting Disaster Risk Reduction
2	Stress	Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms. Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations).	Supporting Disaster Risk Reduction Protecting Livelihoods
3	Severe	Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms. Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.	Protecting Livelihoods Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions
4	Extreme	Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality	Saving Lives and Livelihoods
5	Catastrophic	Total collapse of Living Standards Near/Full exhaustion of coping options. Last resort Coping Mechanisms/exhausted. Widespread mortality (CDR, USDR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. Widespread grave violations of human rights.	Reverting/Preventing Widespread death and/or Total collapse of livelihoods

Unpacking the HNO

Humanitarian Programme Cycle 2022

Structure

Summary of Humanitarian Needs and Key Findings

Part 1: Impact of the Crisis and Humanitarian Conditions

1.1 Context of the Crisis

1.2 Shocks and Impact of the Crisis

1.3 Scope of Analysis

1.4 Humanitarian Conditions and Severity of Needs

1.5 Number of People in Need

Part 2: Risk Analysis and Monitoring of Situation and Needs

2.1 Risk Analysis

2.2 Monitoring of Situation and Needs

Part 3: Sectoral analysis

Part 4: Annexes

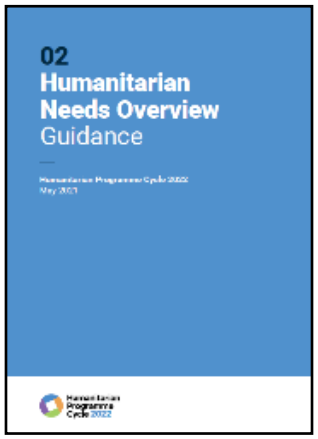
4.1 Data Sources

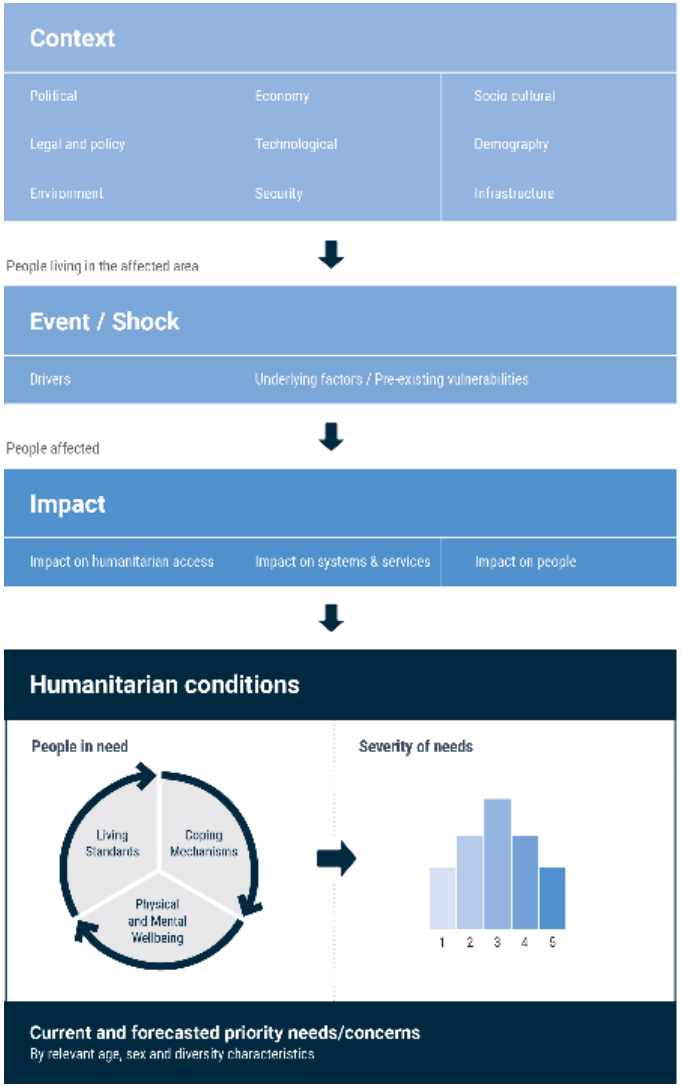
4.2 Methodology

4.3 Information Gaps and Limitations

4.4 Acronyms

4.5 End Notes





HNO at a glance

Current figures

PEOPLE IN NEED	TREND (2016-2020)	WOMEN *	CHILDREN	WITH DISABILITY
4.1M		28%	44%	15%

Context, Shocks/Events and Impact of the Crisis

Three years after the end of formal military operations against the Islamic State of Iraq and the Levant (ISIL), the humanitarian context in Iraq remains fragile, characterized by protracted internal displacement, eroded national social cohesion; extensive explosive ordnance threatening internally displaced persons (IDPs), returnees and communities; and incomplete rehabilitation of housing, basic services and livelihoods opportunities. Although significant reconstruction has been completed in the five governorates most severely affected by military operations against ISIL, durable solutions have not yet been secured for about 40 per cent of the 6.1 million Iraqis displaced from 2014-2017. More than one million Iraqis remain internally displaced; spontaneous returns remain slow in most areas and are often unsustainable due to unresolved barriers in areas of origin. Two out of five Iraqis who have returned home still do not have adequate housing, economic self-sufficiency, or access to basic services or other conditions essential to durable solutions.

Against this backdrop, the COVID-19 pandemic and drop in oil prices in early 2020 increased socioeconomic vulnerabilities across the country, including among IDPs and returnees. Unemployment rose, while the average expenditure for food increased, likely due to a combination of price fluctuations and loss of jobs and income. Protection issues were amplified, while access to legal and community-based support was curtailed by movement restrictions, disruption of public services and other measures to mitigate the spread of COVID-19. As a result, reliance on negative coping mechanisms and psychological trauma, stress and anxiety have increased.

Basic services in displacement and return locations – including health care, education, water and sanitation, and legal services – were already inadequate prior to the pandemic, the consequence of decades of conflict and turmoil. Closures of schools and public offices, and increased demands for health and sanitation services due to COVID-19, stretched these services further in 2020. The arrival of IDPs affected by camp closures, which the Government of Iraq (GoI) resumed in October 2020, also increased the pressure on scarce services in out-of-camp and return locations.

The closure of most IDP camps in areas under GoI administrative control in the fall of 2020 led to increased population movements, including forced evictions, premature returns and secondary displacement. In many areas of origin, conditions were not conducive to sustainable returns. At the time of writing, population movements resulting from the closures were ongoing.

Scope of Analysis

The 2021 Humanitarian Needs Overview (HNO) focuses on the humanitarian needs of the people displaced by ISIL attacks and the military operations to defeat them. The impact of the COVID-19 pandemic on the broader Iraqi population was assessed and analyzed in the process of developing the 2021 HNO, however, was not found to have crossed emergency thresholds at the time of writing. Humanitarian organizations will continue to monitor COVID-19 impacts in 2021.

Public health measures to mitigate the spread of COVID-19 challenged primary data collection from IDPs and returnees in 2020. To ensure the representativeness, quality and depth of data, assessment partners relied on remote household-level data collection and key informant interviews to ensure data was collected safely and in line with established protocols. An extensive secondary data review complemented these assessments.

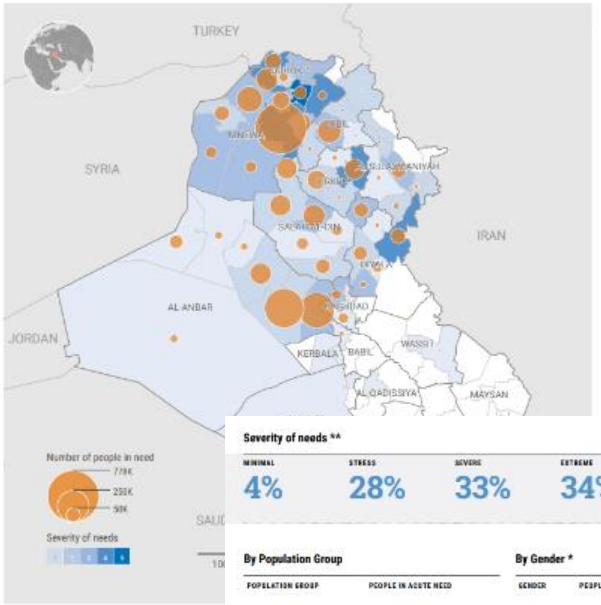
Humanitarian Conditions, Severity and People in Need

Of the 6 million people displaced during the conflict, 4.7 million have returned to areas of origin, while 1.3 million people remain displaced. Across the country, 4.1 million IDPs and returnees continue to have humanitarian needs related to their physical and mental well-being, living standards and coping capacities.

The overall number of people affected by the ISIL crisis has not changed substantially since 2017, however, the number of IDPs and returnees in acute need has increased significantly over the past year. Needs and vulnerabilities have deepened, specifically for out-of-camp IDPs and returnees. Some 2.4 million people are now in acute need, compared to 1.8 million people in 2020. The proportion of out-of-camp IDPs in acute need increased from 36 per cent to 45 per cent year-on-year, while the proportion of returnees with acute needs increased from 28 per cent to 38 per cent. Loss of employment, accrual of debt and increased expenditure on food are the main drivers of this increase.

RISK	PROBABILITY	IMPACT	AREAS/POPULATION GROUPS AT MOST RISK
Re-escalation of conflict	↓↓	SEVERE	• All areas/population groups
Outbreak of hostilities	↓↓	SEVERE	• Siri (most immediate but all areas) • All population groups
Insecurity and criminality	↓↑	MODERATE	• Southern region • Migrants and refugees
Political fragmentation/ functionality	↓↑	HIGH	• All areas • Women and girls • Minority groups • Migrants and refugees
COVID-19	↑↑	HIGH	• All areas • Elderly and people with pre-existing conditions • People living in crowded conditions (e.g. IDPs, migrants, refugees)
Socio-economic situation	↑↑	HIGH	• Low-income families • People engaged in temporary/daily labour
Decline in service delivery	↑↑	MODERATE	• All areas • People without documentation (e.g. IDPs, returnees, migrants, refugees) • Women (due to addition movement restrictions)

Severity of humanitarian conditions and number of people in need by district



Severity of needs **

MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
4%	28%	33%	34%	2%

By Population Group

POPULATION GROUP	PEOPLE IN ACUTE NEED
In-Camp IDPs	151K
Out-of-Camp IDPs	410K
Returnees	1.8M
Total	2.4M

By Gender *

GENDER	PEOPLE IN ACUTE NEED	% PIN
Boys	553K	22%
Girls	533K	22%
Men	693K	28%
Women	693K	28%

By Age

AGE	PEOPLE IN ACUTE NEED	% PIN
Children (0-17)	1.1M	44%
Adults (18-59)	1.3M	52%
Older persons (60+)	0.1	4%

By Condition & Gender

CONDITION	BY GENDER (FEMALE/MALE)
Internally Displaced Persons	50 / 50
Returnees	48 / 52
Persons with disabilities	49 / 51

Unpacking the HRP

Humanitarian Programme Cycle 2022

Structure

Part 1: Strategic Response Priorities

1.1 Humanitarian Conditions and Underlying Factors Targeted for Response

1.2 Strategic Objectives, Specific Objectives, and Response Approach

1.3 Costing Methodology

1.4 Planning Assumptions, Operational Capacity and Access

1.5 Protection from Sexual Exploitation and Abuse & Accountability to Affected Populations (AAP)

1.6 Consolidated Overview on the Use of Multi-purpose Cash (optional)

Part 2: Response Monitoring

2.1 Monitoring Approach

2.2 Strategic and Specific Objectives: Indicators and Targets

Part 3: Sectoral Objectives and Response

Part 4: Refugee Response Plan

Part 5: Annexes

5.1 Response Analysis

5.2 Participating Organizations

5.3 Planning Figures

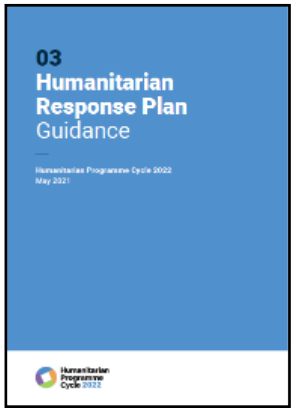
5.4 Monitoring Framework

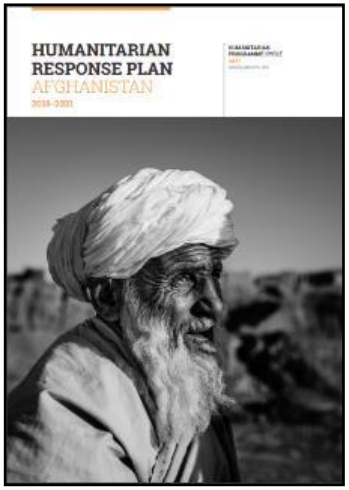
5.5 What if we Fail to Respond?

5.6 How to Contribute

5.7 Acronyms

5.8 End notes





HRP at a glance

Strategic Objective 1

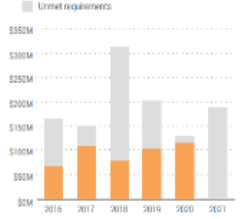
Prevent disease, reduce risks to physical and mental wellbeing, and strengthen the protection of civilians in accordance with international humanitarian law, human rights law and other international legal frameworks.

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
451k	22%	37%	15%

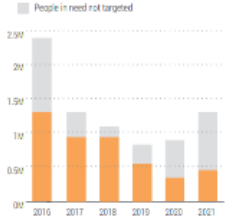
Specific objective 1.1: Increase access to life-saving and life-sustaining humanitarian health assistance for 451,000 people, with an emphasis on the most vulnerable and on improving the early detection of and response to disease outbreaks.

Groups targeted:	IDPs, returnees, non-displaced, migrants, and refugees
People targeted:	451,000 people

FINANCIAL REQUIREMENTS (US$)



NUMBER OF PEOPLE IN NEED VS TARGETED



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	FUNDING RECEIVED	% FUNDED
2016	2.4 M	1.3 M	166 M	67 M	39%
2017	1.3 M	941 k	151 M	108 M	71%
2018	1.1 M	940 k	313 M	78 M	25%
2019	823 k	552 k	202 M	103 M	51%
2020	903 k	345 k	130 M	116 M	89%
2021	1.3 M	451 k	189 M	-	-

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	OPERATIONAL PARTNERS
1.3M	451k	$189M	33

Humanitarian response by targeted groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED / TARGET
Internally displaced people	173 k	98 k	
Returnees	228 k	61 k	
Non-displaced	502 k	143 k	
Migrants	304 k	105 k	
Refugees	44 k	44 k	

Humanitarian response by gender

GENDER	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED / TARGET	% TARGETED
Boys	239 k	86 k		36%
Girls	229 k	81 k		35%
Men	510 k	186 k		36%
Women	273 k	98 k		36%

Humanitarian response by age

AGE	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED / TARGET	% TARGETED
Children (<18)	468 k	167 k		36%
Adults (18 - 59)	738 k	268 k		36%
Elders (>59)	45 k	16 k		36%

Humanitarian response for persons with disability

	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED / TARGET	% TARGETED
Persons with disabilities	188 k	28 k		15%

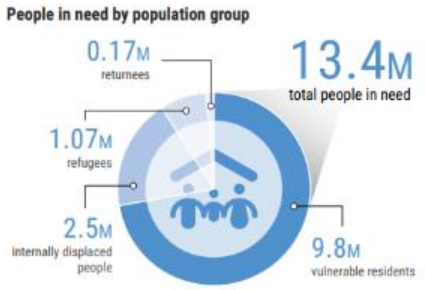
Financial requirements by sector

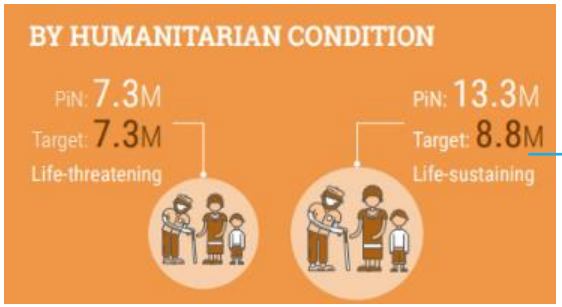
SECTOR	FINANCIAL REQUIREMENTS (US$)
Education	$8M
ETS	$0.8M
Food Security	$25M
Health	$41M
Protection	$33M
Child Protection	$8M
GBV	$8M
Mine Action	$11M
Shelter/NFI	$13M
WASH	$13M
MPCA	$13M
CCS	$14M

HNO informing HRP

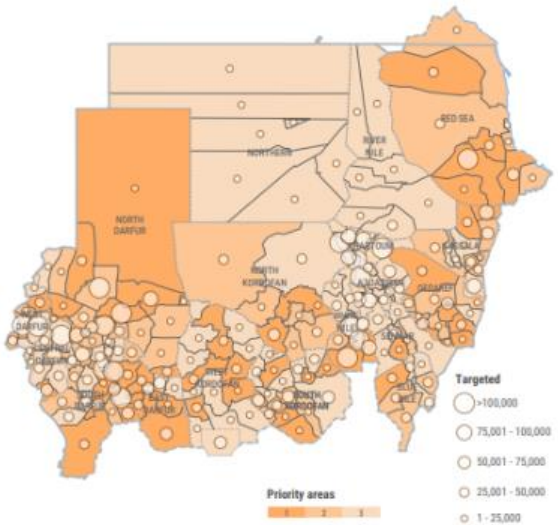
Humanitarian Programme Cycle 2022

Sudan Example 2021





HRP Prioritization and Targeting



Life-threatening conditions (critical physical & mental well-being issue)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS
7.3M	7.3M	880M

Life-threatening conditions are those that can cause, unless managed, a direct loss of life, physical and psychological harm or threats to a population and their dignity. Excess morbidity or mortality, malnutrition, psychosocial trauma, grave human rights violations such as maiming and rape are considered to drive life-threatening conditions.

Under this category, needs arising from sudden shocks such as conflict, floods, or natural disasters are also considered. Refugees living in Sudan continue to depend on humanitarian assistance with limited income opportunities and reliance on food assistance. Protection gaps persist while refugees continue to face discrimination which undermines their physical and mental well-being.

Questions / Commentaires

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Humanitarian Programme Cycle 2022

NUTRITION HUMANITARIAN NEEDS ANALYSIS GUIDANCE

1. Steps of the Guidance
2. List of indicators
3. Nutrition Situation Analysis
4. PiN Calculations
5. Addendum: Considerations for the JIAF
6. Changes regarding 2020 guidance and calculation tool

This publication was made possible through support provided by the U.S. Agency for International Development under the terms of Award No 720FDZ20IO00019. The opinions expressed in this publication are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

Global Nutrition Cluster Webinar
on 2022 HNO process
Date: 10.08.21

• RELEVANT STEPS OF THE GUIDANCE

2. Conduct a Nutrition Situation Analysis

3. Prepare key figures for the HNO and subsequent HRP

- Define/classify the severity of a given humanitarian situation
- To build **consensus**

Scenario-based approach:

Scenario 1: Situations where an IPC Acute Malnutrition analysis can be conducted or utilized and GAM is ≥ 5%

Scenario 2: Situations where an IPC Acute Malnutrition cannot be conducted and GAM for children U5 is of primary concern (i.e. prevalence ≥5%)

Scenario 3: Situations where GAM for children is <5%

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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
- Indicators aligned with JIAF intersectoral analyses

		Humanitarian Consequence		Severity Scale based on IPC/OCHA phases					
Alignment with *IPC AMN Analytical framework*	**Core Nutrition Indicators to guide response planning**	**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**	**Sources used for the thresholds**
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 <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 (2019) 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 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

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CONDUCT A NUTRITION SITUATION ANALYSIS

Prevalence of U5 GAM ≥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 (optional 11th indicator)

- 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		

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• 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 disaggregated by **age, gender and disability**.

PIN calculations for particular population groups for a **minimum sub-set** of key nutrition-specific interventions:

- Acute and chronic undernutrition, overnutrition
- Infant and Young Child Feeding Practices
- Micronutrient Deficiencies

ACCOMPANYING SPREADSHEET CALCULATION TOOL

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 **disability, sex and age group**
- PiN Speadsheets with **automatic calculation**

ADDENDUM: CONSIDERATIONS FOR THE JIAF

1. Discuss bilaterally with other sectoral colleagues (alignment, avoid duplication, evolution of contributing factors)
2. Outputs of the Nutrition Situation Analysis which includes raw data per nutrition indicator and their reliability
3. Flag if any nutrition outcome data has a severity level from 3 to 5 as these may be deemed as **critical indicators** for the JIAF analysis
4. Aggregated Nutrition PiN Estimations for JIAF

CHANGES IN THE GUIDANCE V2 AND CALCULATION TOOL V2

1. Further inclusion of cross-cutting issues - disability and GB
2. How to decide between scenarios for countries that hover around 5% (only 1 scenario for the entire country)
3. Use of recent data vs. outdated data
4. Integration of an 11th optional indicator for Scenario 3
5. Added a new sheet Pin Total to facilitate HRP and JIAF inputs, along with disability-disaggregated PiN

CAPPING OF HUMANITARIAN PROGRAMME CYCLE ESTIMATIONS

- The PiN should reflect needs based on analysis and evidence, without restrictions.
- Any time a cap is set it should be clearly detailed in the HNO with rational for the cap and any steps taken to ensure the cap was not exceeded
- When PiN is pre-set, the initial calculated PiN should be identified in the HNO/HRP to ensure a better and more transparent understanding of the degree to which the PiN has been limited.

ASSESSMENTS/ANALYSIS & AAP

- ALWAYS opportunities to engage with affected communities in the assessment/needs analysis process, regardless of the crisis type. This can be done during assessment or during need analysis stage through consultation with key informants and focus group discussions.

- Consider the diversity of the affected population and specific vulnerabilities, needs, and views of different groups – e.g girls, boys, women, people with disabilities, displaced people, refugees.

- Also consider ways to check and validate the results of assessments and needs analysis – do they match the expressed needs and priorities of different groups of the population?

- Use joint approaches to needs assessment and analysis validation whenever possible to avoid burdens on communities

GBV RISK ANALYSIS NUTRITION

Purpose of GBV risk mitigation:

Nutrition services are ethical, safe and accessible/usable to all affected population i.e. women, girls and other at risk groups such as persons with disabilities.

What we need to know?

- Identify GBV-related safety risks specific to Nutrition services in consultation with women and girls and other at-risk groups
- Identify barriers to access and use Nutrition services of different population group. (AAAQ framework.)
- Coping mechanism of women and girls

Required Information	Information sources
Women and girls' GBV risks related to nutrition services	• Safety audit data • MSNA – protection, health • GBV sub-clusters SDR • GBVIMS data Gender analysis
Capacity of nutirtion frontline workers – Gender balance, Code of Conduct, GBV referral	• Record of Code of Conducts • Record of GBV referral training
Coping mechanism	• MSNA-Food security, protection

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BARRIER ANALYSIS TO NUTRITION SERVICES

AAAQ framework

Required information for barrier analysis

• Required data	• Information sources
• Data related to access to nutrition services	• Add a question related to access/barriers in Multi-Sectoral Needs Assessmnet (MSNA) is possible. • Data from health cluster. • MSNA - health, protection • Safety audit data • Gender analysis repport
• Data related quality of nutrition services.	• Nutrition monitoring data
• Data related to availalbity of nutrition services	• 3/4 Ws of nutirtion and/or health clusters

If none of these data are available, at least consult with local women's organizations and organizations of persons with disabilities – specific barriers to nutrition services.

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DISABILITY INCLUSION IN THE HNO

What do we need to know?	*How can we get this information?*
•How do persons with disabilities experience humanitarian consequences differently?	•Needs assessment data disaggregated by disability, age and gender
•What are the factors contributing to heightened risk for persons with disabilities?	•Focus group discussions and key informant interviews with persons with disabilities
•What are the barriers and facilitators to persons with disabilities accessing assistance?	•Barriers and facilitators assessments
•What are the views and perceptions of persons with disabilities?	•Accessible AAP mechanisms

• CASH AND VOUCHER ASSISTANCE

What do we need to know?	*How can we get this information?*
Who and where are the most economically vulnerable?	Community Assessments; nutrition/WASH/ Health program information
What is the market capacity and functionality to provide diverse and nutritious foods?	Market assessments and surveys (FS cluster, NGO partners)
What is the needed amount of cash transfer that will cover the cost of an adequate and nutritious diet	Calculate the cost of an adequate and nutritious diet using foods available on the market (information source: nutrition cluster and CVA)
What assistance modality (cash, voucher, in-kind) do the targeted groups prefer?	Community discussions. Available data from partners
What delivery modality works best for the targeted groups keeping in mind any protection and safety concerns related to CVA	

INTER SECTORAL COLLABORATION AND PROGRAMMING: ASSESSMENTS/ANALYSIS

- With WASH, Health, and Food Security, plan and conduct : Joint needs **assessments**, Joint needs **analysis**, Joint **gap analysis**

- With WASH, Health, and Food Security, prioritize intervention areas and affected groups

- Included critical indicators from the other sectors in your assessment if a multi-sectoral assessment is not possible

- Jointly collect information that is disaggregated by different sectoral needs and map out overall and overlap needs

- Demonstrate linkages with development players

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• ROLES AND RESPONSIBILITIES

Cluster Partners

-Collect and share secondary nutrition-related data
-Review quality of data and carry out a joint analysis and interpretation
-Ensure affected people's views are collected as part of assessments
-Ensure cross-cutting issues are included in analysis
-Contribute to MIRA and HNO processes
-Regularly review and update situational and needs analysis

NCC (and IM) should:

-Coordinate and facilitate the role of partners in assessments
-Consolidate assessment data and present analysis through IM tools
-Share and integrate nutritional assessment results with partners, OCHA and CLA
-Contribute NC inputs into PDNA, MIRA, HNO, etc.
-Facilitate discussions around results and intervention strategies

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CONTACT DETAILS AND RESOURCES

Remote support in both HNO and HRP:

- One-on-one call based on needs
- Review of draft HNO and HRP document

HNO	Inter-sectorial (HNO and HRP)	
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Reference tools and guidance

https://www.nutritioncluster.net/Coordination_Toolkit

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THANK YOU

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