# **Nutrition in Emergencies Checklist for the Nutrition Cluster**

# **Part III: Nutrition Information System (NIS)**

The nutrition cluster checklists are organized by nutrition in emergency themes. The six main themes are Part I. Infant and Young Child Feeding in Emergencies, Part II. Acute Malnutrition Management, Part III. Nutrition Information Systems (NIS), Part IV. Micronutrient Supplementation, Part V. Nutrition Coordination and Part VI. Information Management. Under each theme, a set of questions are asked in the left column to prompt reflection, elements of the answer and examples from other countries are under the right-hand column. The questions under each theme span the humanitarian program cycle.

This NIS checklist is a tool designed to help each nutrition country cluster or sectorial coordination mechanism review and reflect on the collection and interpretation of nutrition-related data before, during and/or after a humanitarian crisis. The checklist is to be used at least once a year by the Nutrition Cluster/Sector coordination team – or any in-country nutrition in emergency mechanism- to self-assess the quality of the information systems about the nutritional status of populations.

An NIS is an integrated and centrally coordinated set of processes to continuously collect, analyze and interpret nutrition-related data, transform it into information and disseminate it for making timely and effective decisions to improve the nutritional health of the population. Data can be nutrition-specific (i.e., anthropometric, or infant and young child feeding practices) in nature, or nutrition-sensitive (i.e., risk factors): food security; WASH (water, sanitation and hygiene); or health-related factors to name a few. Common sources of data include population representative surveys: [SMART methodology](https://smartmethodology.org/) (Standardized Monitoring and Assessment in Relief and Transitions) and [Rapid SMART](https://smartmethodology.org/survey-planning-tools/smart-methodology/rapid-smart-methodology/) surveys, UNHCR’s [SENS](http://sens.unhcr.org/) (Standardized Expanded Nutrition Surveys), National Nutrition Surveys, [UNICEF MICS (Multiple Indicator Cluster Survey)](https://mics.unicef.org/surveys), [DHS (Demographic and Health Survey)](https://www.dhsprogram.com/Data/); coverage surveys like [SQUEAC (semi-quantitative evaluation of access and coverage), SLEAC (simplified lot quality assurance sampling evaluation of access and coverage)](https://www.spring-nutrition.org/publications/tool-summaries/semi-quantitative-evaluation-access-and-coverage-squeacsimplified-lot) or nutrition surveillance (sentinel sites, administrative data). Nutrition surveillance refers to a continuous longitudinal process of collecting information at specific time intervals which then feeds into the wider NIS[[1]](#footnote-1). Nutrition mass screening campaigns or community screening campaigns (e.g. [MUAC data collection tool](https://smartmethodology.org/survey-planning-tools/updated-muac-tool/)).

This NIS checklist is organized by the three core components of an NIS: A) **data prioritization and planning**, B) **data generation and supply** and C) **data use- analysis, dissemination, and communication**. In addition, the checklist also includes D) an **enabling environment** component that addresses efficient leadership and coordination, continuous capacity building and adequate resources. The core components are subdivided into the following sections:

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| **A. Data Prioritization and Planning** | **B. Data Generation** | **C. Data Use- Analysis, Dissemination and Communication** | **D. Enabling Environment** |
| **A.1. Guidelines and operational processes****A.2 Assessment plans****A.3 Contingency plan****A.4 Strategic planning** | **B.1 Data****B.2 Interface with other sectors** | **C.1. Data use and analyses****C.2 Dissemination and communication** | **D.1. Leadership and coordination****D.2 Capacity building****D.3 Resource mobilisation** |

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| **Nutrition Information Systems Checklist** |
| 1. **Data Prioritization and Planning**
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| **A.1 Guidelines and operational processes** | **DESCRIPTION** |
| * A.1.1 Are there clear national guidelines on NIS adopted by the country?
 | NIS need to be carefully thought through and customized to meet the needs and demands for a country’s national monitoring system. NIS vary significantly depending on the context, type of humanitarian situation (i.e., rapid onset emergency or protracted crisis), type of information needed, frequency of reporting, capacity of staff and other resources available. Therefore, an NIS must be linked and represented in the national nutrition strategy, policy or action plan that aims to inform programming across the country. Although there is no ‘blueprint’ for NIS and countries are developing their own unique approaches, most countries find it useful to establish a national framework to collate information from multiple sources. This is useful to track progress and prioritize responses to improve the nutritional status of its people. National guidelines should reflect the context of the country, and often include these common elements:* Clear objectives that define nutrition-related data needs: to track global targets, to inform the monitoring and evaluation of the Nutrition Plan of Action, to monitor the changes of the nutrition situation to name a few examples;
* Recommended sources and data collection methods (the most common ones already mentioned above);
* Indicator registry with specific variables, population groups (i.e. those most vulnerable), analysis plans, and thresholds for interpretation (i.e. emergency thresholds);
* Roles and responsibilities for nutrition data, often divided among different ministries or institutions; however during humanitarian crises, it is generally taken over by the Nutrition Cluster-led NIS Technical Working Group (TWG) or equivalent (details provided below);
* Data-driven processes to inform the implementation of actions, as well as response and targeting strategies.

Reliable monitoring of progress, evaluation of nutrition-related outcomes and demonstration of results are also core functions for countries participating in the SUN Movement, where many countries have recently revised their national goals and are establishing robust nutrition information systems to measure their progress towards the [WHA agreed targets](https://www.who.int/nutrition/publications/CIP_document/en/), in addition to contributing information towards [Sustainable Development Goal 2](https://sustainabledevelopment.un.org/sdg2).  |
| * A.1.2 Are there pre-agreed upon interim national guidelines that can be adapted and adopted when facing ***an infectious disease outbreak*** such as COVID-19 or Ebola?
 | The threat of infectious diseases is real and recurrent. It requires the cluster and/or sector to stand ready to adapt the collection of primary nutrition information according to public health measures to reduce any risk of transmission. After the COVID19 pandemic was declared in 2020, a number of global [technical briefs](https://www.nutritioncluster.net/resource_NISandCOVID19) have been issued to encourage countries to explore alternative data collection methods beyond face-to-face population-based surveys, including the use of remote or phone-based surveys. [Interim guidance on how to safely resume face-to-face population-based surveys using the SMART methodology](https://www.nutritioncluster.net/node/19936) provides key considerations on whether this type of primary data collection would be feasible and necessary. |
| * A.1.3 Are there clear operational processes for NIS (i.e. step-by-step instructions for all parts of the system)?
 | Operational processes to inform nutrition policies and actions aim to accurately measure the impact of the NIS efforts by understanding the extent, magnitude, location, determinants (i.e. underlying causes) of malnutrition and its vulnerable groups. Consequently, these processes often follow similar step-by-step instructions for conducting quality nutrition surveys:1. **Planning and prioritization**: define priorities and standard indicators (i.e. weight-for-height), their frequency of collection and at what administrative level of representativeness;
2. **Collection and collation**: generate and align with high quality national and subnational data through household, coverage or facility surveys, as well as administrative data from facilities or sentinel sites;
3. **Curation and analysis**: aggregate, structure, synthesize and report field data through analytical tools and frameworks to derive insight and information;
4. **Translation and dissemination**: translate into knowledge for program and policy recommendations, as well as for general communication purposes;

**Decision-making**: make evidence-based decisions across all sub-national and national-levels based on a clearly defined framework that states which information is needed for what decisions. |
| **A.2 Assessment Plans** | **DESCRIPTION** |
| * A.2.1 Is there a routine nutrition data collection or annual assessment plan for different areas in the country? If yes, is this a multi-year plan? Does the plan include both quantitative and qualitative data collection?
 | An NIS is an integrated and centrally coordinated set of processes to continuously collect, analyze and interpret nutrition-related data, transform it into tangible information and disseminate it for making timely and effective decisions to improve the nutritional health of a population. In order to inform appropriate response strategies, the development and regular maintenance of an annual nutrition assessment plan ensures up-to-date and quality data are used for nutrition situation (or trend) analyses, to help target areas or vulnerable populations that are at increased risk or in heightened need of nutritional assistance. When the IASC Cluster system has been activated, this plan should be directly linked to the Humanitarian Programme Cycle, taking into account seasonal considerations and input from decision-makers as they play an important role in defining units of analysis, geographical coverage and subsequent preparation of Humanitarian Needs Overview and Response Plans. Further details are provided in the [Nutrition Humanitarian Needs Analysis Guidance](https://www.nutritioncluster.net/resource_NutHumanitarianAnalysis). The main methods to include in a routine nutrition data collection or annual assessment plan consist of: large-scale national surveys (National Nutrition Surveys, DHS or MICS, usually not used in emergency settings), small-scale surveys (SMART, Rapid SMART), rapid screenings, coverage assessments (SQUEAC, SLEAC), clinic-based monitoring or sentinel site surveillance.  |
| * A.2.2 Are the 4 Ws mapped in the annual nutrition assessment plan?
 | The **annual nutrition assessment** plan should be broken down by the 4W:* *Who*: donor, funding through UN agencies (e.g., UNICEF), agency implementing the survey, other agencies/authorities involved, name of focal point for the survey, email of the focal point and their supervisor;
* *Where:* geographical area(s), areas or villages excluded from geographical areas, number of Clusters planned, number of HHs planned, number of survey subjects (e.g., children) to be measured, comments;
* *When:* expected/actual start date and end date, season, status of the survey;

*What:* type of nutrition assessment, methodology used (e.g., SMART/Rapid SMART), indicators to be included, status of data analysis, status of data validation, dissemination activities.  |
| * A.2.3 Have the different ways nutrition and WASH/Food Security/Health sectors can support and collaborate in terms of data and needs analyses been mapped out?
 | When developing **an annual assessment plan**, the NIS TWG should discuss which indicators for the **key contributing factors** are available, missing and needed. This consensus should then be liaised with other Clusters/Sectors on which nutrition-sensitive indicators will be included in their own assessment methodologies to avoid any duplication of efforts. |
| **A.3 Contingency Plan** | **DESCRIPTION** |
| * A.3.1 Is there a contingency plan in place (prior to a crisis) that includes a plan for initial multisector assessments and subsequent nutrition surveys if and when a crisis occurs?
 | Wherever possible, especially in high risk contexts, contingency plans should include identifying in advance the nutrition assessment tools to be used, the standard indicators and the human and financial resources to use so that the assessments can be quickly done if a crisis occurs. It saves lives to plan and pre-agree on how to respond to the different emergency scenarios that are likely to occur in your country ahead of time. Consequently, the timeliness and quality of initial multi-sector assessments support needs-based planning for an effective response during a humanitarian situation. It saves lives to plan and pre-agree on how to respond to the different emergency scenarios that are likely to occur in your country ahead of time. A [contingency plan](https://www.nutritioncluster.net/resource_GNC_preparedness_guidelines) that looks and addresses how the emergency will impact nutrition information and its availability for response planning is an important preparedness measure. Delineating the different likely scenarios will also help plan differently for an outbreak within a displacement context versus an earthquake for example.In most countries, an initial, joint, multi-sectoral, rapid assessment tool (like [MIRA](https://www.humanitarianresponse.info/en/programme-cycle/space/document/multi-sector-initial-rapid-assessment-guidance-revision-july-2015) -Multi-sector Initial Rapid Assessment, usually done within two-four weeks) and methodology is agreed to at the country level. [Coordinated joint assessments](https://interagencystandingcommittee.org/needs-assessment/documents-public/iasc-operational-guidance-coordinated-assessments-humanitarian) often include qualitative information only, collected through key informant interviews or focus groups to assess immediate needs and evaluate the possible immediate changes directly caused by the crisis/shock. For example, nutrition-sensitive IYCF-E ([Infant and Young child Feeding in emergencies](https://resourcecentre.savethechildren.net/library/iycf-e-toolkit-chapter-two-assessing-need) assessments) questions should be part of this initial assessment. These initial needs assessments often collect information on the current situation using key informant interviews, focus groups or **secondary/existing** historical nutrition data and likely evolution and enables a basic understanding of the nutritional vulnerability in the affected area and will inform initial decisions for the response in the first hours and days of a crisis, before more detailed information becomes available. The goal of these initial assessments is to identify the priority problems, risks, and anticipated gaps in service provision.Where results of a joint initial assessment indicate that more information on the nutritional status of the affected population is required, a specific Rapid Nutrition Assessment including anthropometric measurements is warranted. Rapid nutrition assessments must be well designed and executed to obtain accurate information on the nutrition situation to inform immediate programming needs. With input from Cluster Coordinators, careful consideration should be given to ensuring the rapid assessment has clear objectives and will meet the information needs of the sector. Nutrition focal points at local government and institution-levels, including Nutrition Cluster Coordinators (NCC), Information Management Officers (IMO), and Cluster partners should be part of these discussions to ensure that the nutrition-related data are analysed, interpreted and reported correctly.MUAC Screening campaigns: In 2021, a [MUAC screening toolkit](https://smartmethodology.org/survey-planning-tools/updated-muac-tool/) was developed by the CDC and SMART Initiative to facilitate the ability of nutrition partners to rapidly find and refer eligible children for nutrition treatment and as well use screening data to better understand the nutrition situation in an emergency affected area. This tool is easy to administer and is instrumental in ensuring that the nutrition cluster is able to rapidly collect critical data in the first few weeks of an emergency.In 2014, the [Rapid SMART methodology](https://smartmethodology.org/survey-planning-tools/smart-methodology/rapid-smart-methodology/) was launched, aiming at collecting key anthropometric information for small areas or populations in minimal time by smaller teams. Full-fledged malnutrition assessments generally follow the standard [SMART methodology](https://smartmethodology.org/) and may integrate indicators for IYCF, food security, health, or WASH according to the context and reported issues. As part of the contingency plan, the Nutrition Cluster partners may reach an agreement on nutrition assessments such as: when and how the SMART Surveys are conducted, essential indicators based on the situation, validation and invalidation criteria, resource sharing, training of staff, etc. The credibility and accuracy of these nutrition assessment results are the basis for needs-based planning and can have long-lasting effects on everything from the quality of interagency coordination, to donor funding levels and relationships with national governments, local non-governmental organizations (NGOs) and disaster-affected populations to support an effective humanitarian response.In many countries prone to humanitarian crises, nutrition surveillance ([food security and nutrition early warning](https://fews.net/), [IPC](http://www.ipcinfo.org/), [early Warning, Alert and Response System](http://ewars-project.org/) website, etc.) are in place and constitute an excellent source of information for preparedness and response planning purposes. When relevant, the inclusion of nutrition indicators into national early warning systems should be advocated for. In some instances, nutrition program data (e.g., admission to nutrition centres, anthropometric data of children under 5 at health consultation, growth monitoring, etc.) are collected through the health information system and could be retrieved and analysed in light of the ongoing risks.  |
| **A.4 Strategic Planning** | **DESCRIPTION** |
| * A.4.1 Does the Humanitarian Needs Overview (HNO) identify and detail the nutritional needs for the relevant population groups?
 | The [Nutrition Humanitarian Needs Analysis Guidance](https://www.nutritioncluster.net/resource_NutHumanitarianAnalysis) provides a step-by-step guidance on how to classify the severity and estimate the magnitude of nutritional needs, including a list of “core” indicators relating to the key drivers/determinants of malnutrition and their interpretation for response planning. This should be used with the latest [HNO templates](https://www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-tools-guidance) from OCHA. |
| * A.4.2 Does the Humanitarian Response Plan (HRP) and the nutrition cluster strategic plan address the nutritional needs raised in the HNO?
 | Based on the understanding of the magnitude of nutritional needs and its key drivers from the previous Nutrition Situation Analysis and people in need (PIN) calculations per intervention following the [Nutrition Humanitarian Needs Analysis Guidance](https://www.nutritioncluster.net/resource_NutHumanitarianAnalysis), priority response objectives guide the development of HRP to determine the specific interventions and activities that are best suited to address malnutrition in each area of interest. |
| * A.4.3 Does the Humanitarian Response Plan (HRP) and the nutrition cluster strategic plan cover aspects on planned interventions broken down per relevant target group? Does it include considerations on whether the population is static or on the move?
 | The prioritisation of people in need and geographical areas in the HRP should be based on severity, magnitude (estimated numbers of people in need), underlying causes, people’s own priorities and the analysis of the most likely evolution of the situation while time-criticality informs the layering and sequencing of interventions within the HRP. Developed by the GNC, [tips on nutrition interventions for the HRP](http://nutritioncluster.net/resources/hrp-tips/) provides key considerations 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. It addresses the key response areas, cluster coordination, accountability to affected population, nutrition survey, nutrition surveillance, and programme coverage evaluation. |
| * A.4.4 Are different community groups and members views taken into consideration as the plan is put together?
 | In the same way that the HNO needs to involve the communities affected by the emergency, the HRP needs to also take into consideration the views of those in need of a nutrition intervention. Cluster partners can through focus group discussions and key informant interviews explain and gather feedback on the nutrition cluster plan as it is being discussed. |
| * A.4.5 Has the HRP and the nutrition cluster strategic plan been converted into an operational yearly workplan?
 | To monitor the nutritional needs identified, the cluster would need to develop a monitoring plan and assessment plan with clear indicators and entity responsible for each. |
| **A.5 Supplies** | **DESCRIPTION** |
| * A.5.1 Are pathways to purchase supplies such as weight scales, height board and MUAC tapes clear?
 | Anthropometric measurements require top quality measuring equipment:* Digital Scales (for weighing both mothers and children) with precision to 100g or preferably 50g. Spring type hanging scales (Salter) should not be used in nutrition surveys. Supply Catalog Details: *S0141020* Scale, electronic, mother/child,150kgx100g and Electronic scale for weighing adults and infants, 150 kg x 100 g. Two scales can be prepositioned per team (one spare scale), along a flat piece of wood about 40x40cm to use as a base to stabilize the scale for measures on uneven ground or sand. A standard weight of at least 5 kg (or car jack) to test the scale during field work is required, and a sufficient quantity of batteries is also required.
* Height Boards SHORR (3 stage for measuring women and children). Supply Catalog Details: *S0114540* Baby/infant/ and Adult L-hgt mea.system/SET-2 for Shorr boards. Two height boards per team (one spare height board), along with a small towel for measuring child length on height board. In hot temperatures, sweating children can stick to the board making measurement more difficult.
* MUAC Strips 25 cm of length for measuring children. Supply Catalog Details: *S0145620* MUAC, Child 11.5 Red/PAC-50

MUAC Strips 40 cm of length for measuring women. Supply Catalog Details: *S0145630* MUAC, Adult without color code/PAC-50. A PVC pipe of 20cm of diameter is required to test the accuracy of the MUAC strip. MUAC strips become creased and inaccurate after repeated use and therefore a large quantity off MUAC strips should be available on a daily basis. * Tablets if paper-based questionnaires are not being used (recommended)
* Laptops (with one plug for normal electric sockets and one plug for use in the car) if paper questionnaires are being used to enter data at village level.

Specialized equipment and staff are required for the collection of any clinical and biochemical indicators; local Health colleagues may provide useful information on which equipment is commonly used at health facilities in-country. |
| * A.5.2 Are supplies such as weight scales, height board and MUAC tapes prepositioned?
 | The amount and location of the supplies available should be known by all actors working in nutrition in emergencies in country. Due to turn-over, this information is often missed. It is important to set up a regular information bulletin to inform all partners and have a regularly updated website where partners can go to for information.  |
| 1. **Data Generation**
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| **B.1 Data for ongoing nutrition surveillance** | **DESCRIPTION** |
| * B.1.1 Is data from different areas of the country available?
 | In nutrition surveillance systems, it is critical to have information from all affected parts of the country. Information should be collected both on the nutritional status of the population and on the underlying causes of malnutrition. Accurate **anthropometric indicators** (bilateral pitting oedema, wasting, stunting, (underweight), MUAC, BMI, low birthweight) are critical to provide reliable information to policy makers, programme managers, researchers and advocates, especially in the nutrition field. The quality of anthropometric data is also important in assessing how health and nutrition interventions are implemented and in guiding subsequent planning. In population representative surveys, anthropometric data are collected to provide a clear understanding of the magnitude and distribution of malnutrition problems in a country, and to design and monitor interventions to improve the nutritional status of the populations concerned. There are also **clinical and biochemical indicators of micronutrient deficiencies** (iron-deficiency anaemia, Vitamin A, iodine, vitamin C, thiamine and niacin deficiencies). A list of “core” indicators and their interpretation for response planning is provided in Table 1 of [Nutrition Humanitarian Needs Analysis Guidance](https://www.nutritioncluster.net/resource_NutHumanitarianAnalysis). When selecting indicators, it is important to keep in mind the following: * **Validity:** the indicator that offers a true and as direct as possible measurement of the phenomenon considered
* **Ease and rapidity of measurement:** the qualities that are relevant to both the measurers and the individuals being measured
* **Reproducibility:** the degree to which the measurement is likely to be influenced by the person or instrument measuring the data, so that the value obtained will be the same, irrespective of the measurer, the place or the measurement instrument
* **Strength of association**: the indicator should be as closely related to changes in nutritional status, from documented evidence if possible, if not it must be at least part of the causal framework used.

**Will initiate a response in their own right:** data collection is expensive and therefore data collected must be useable and should be part of defining a response. |
| * B1.2 Are key indicators from different nutrition themes such as IYCF-E indicators collected and analyzed?
 | Routinely collecting data on key IYCF indicators will allow monitoring of feeding practices and have a baseline to compare changes during and after an emergency. A country or an area with a low to very low percentage exclusive breastfeeding for infants below 6 months is a warning sign that those infants are at a greater risk when an emergency occurs, and steps need to be taken in the cluster to ensure non breastfed infants are protected. In addition, it may be useful to be collecting data that can affect IYCF practices and/or beliefs– such as trends in education levels, socioeconomics or cultural customs to better understand the context.NCCs should use the indicators from the [Humanitarian Indicator Registry](http://nutritioncluster.net/resources/indicators-registry-nutrition-cluster/) while consulting those present in Table 1 of [Nutrition Humanitarian Needs Analysis Guidance](https://www.nutritioncluster.net/resource_NutHumanitarianAnalysis). WHO has published in 2008 the document called [Indicators for assessing IYCF practices](https://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/). UNHCR has also a [specific module for assessing IYCF practices](http://sens.unhcr.org/introduction/module-3-iycf/) as part of its SENS survey. |
| * B1.3 Are key indicators from different nutrition themes such as Sphere performance indicators, micronutrient supplementation indicators collected and analyzed?
 | A list of “core” indicators relating to the key drivers/determinants of malnutrition and their interpretation for response planning is provided in Table 1 of [Nutrition Humanitarian Needs Analysis Guidance](https://www.nutritioncluster.net/resource_NutHumanitarianAnalysis). This list is meant to **streamline the response analysis process and is not intended to override the extensive list of nutrition indicators that can be used for** [**programming performance or monitoring purposes**](http://nutritioncluster.net/resources/indicators-registry-nutrition-cluster/) |
| * B1.4 Do nutrition indicators collect data from different groups namely PLW, U5 girls and boys, the chronically ill, older people, adolescent girls and boys, persons with disabilities, and adult men and women?
 | When reviewing primary data needs, it is important to keep in mind the importance of sex, age, disability, vulnerabilities of certain population groups (i.e., PLW) and other diversity characteristics when reviewing or discussion the availability of nutrition outcome data. For example, there may be gender-based barriers and gender norms that may negatively impact on nutrition outcomes - women may not have a decision-making power at home about what they eat or how they use money, or there could be dietary taboos or cultural feeding practices related to food consumption that can disadvantage young girls. Nuanced information may also be needed to inform the need for action to scale up malnutrition treatment and prevention for these different population groups based on the following: * What is the prevalence of different forms of malnutrition (e.g., acute and chronic malnutrition outcomes, micronutrient deficiencies) in the geographical areas of interest? Are there important differences by age group (e.g., infants, chronically ill adults, older people) or by sex to consider (e.g., are U5 girls more likely to suffer from malnutrition)?
* Are certain geographical areas more affected than others by malnutrition accompanied by high or increasing levels of its drivers (e.g.., individual food consumption gaps)?
* Are certain livelihoods, socio-economic, age or gender groups (e.g., adolescent PLW) more affected by malnutrition than others? What factors make them vulnerable to malnutrition (e.g., social norms related to diets)?
* Are there any trends, seasonal and/or long term, in the prevalence of malnutrition?

These considerations would provide information on who is impacted differently for decision-making and planning purposes. Qualitative methods (i.e., [consultations](https://gbvguidelines.org/wp/wp-content/uploads/2020/03/2.1-Consultations-Tip-Sheet.pdf) or focus group discussions) can also be used to obtain voices and opinions from the community to better understand why differences may be occurring.  |
| * B1.5 Are sampling methods and their use clearly defined?
 | The level and degree of representativeness of nutrition information depends on its sampling methods. It is important to keep this in mind for data interpretation and comparability purposes. In population-based surveys, the standard sampling approach used is the two-stage cluster sampling, which applies simple or systematic random sampling at village (i.e., cluster) level. Wherever this is applied, the results are comparable between populations and over time. It may be difficult to apply cluster sampling to some populations such as pastoralist or mobile populations. Purposive sampling is generally used in sentinel site surveillance, where specific sites are selected based on particular vulnerabilities. The results are not therefore representative of the larger population but trends over time can be detected. Although there are no agreed guidelines, current practice suggests that 50 to 120 children per site are enough to monitor nutritional changes in a population. For rapid assessments, there are two main types of rapid assessments; rapid assessment where qualitative data is collected, and rapid screening assessments based on MUAC. For both types of rapid assessments, the sampling approach is not designed to ensure a representative sample of the community and can be referred to as convenience sampling. Results should therefore always be interpreted with caution.  |
| **B.2 Interface with other sectors** | **DESCRIPTION** |
| * B.2.1 Are key indicators from different sectors, namely WASH, FSL, and Health collected?
 | A large list of **key drivers/determinants** contribute to malnutrition: care practices (infant and young child feeding, home health, hygiene practices, food preparation and storage); health status (morbidity, vaccination status and coverage), water and sanitation, other indicators (such as population displacement, shelter conditions, mortality, HIV and AIDS, etc.); food security (access to food, availability of food, utilisation of food, copying strategies). A list of “core” indicators relating to the key drivers/determinants of malnutrition and their interpretation for response planning is provided in Table 1 of [Nutrition Humanitarian Needs Analysis Guidance](https://www.nutritioncluster.net/resource_NutHumanitarianAnalysis). It is important to review which indicators for the key contributing factors are available, missing and needed, and then agree with other Clusters/Sectors on which nutrition-sensitive indicators will be included in their assessment methodologies and the rationale for their collection and use. This would avoid any duplication of efforts. Generally, the other relevant sectors will lead their data collection unless a population-based representative survey like a MICS or DHS has been recently conducted which would contain all information from across sectors. There are also [coordinated assessments](https://interagencystandingcommittee.org/needs-assessment/documents-public/iasc-operational-guidance-coordinated-assessments-humanitarian) (also considered as Joint or Multi-sectoral); these occur when assessments are planned and carried out in partnership with other humanitarian actors, with the results shared for the benefit of the broader humanitarian community to identify the needs of the affected population of a humanitarian situation. As part of the humanitarian programme cycle, additional guidance on more [general needs assessments](https://www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-overview) beyond nutrition may include indicators from different sectors, in addition to those provided in the [Sphere guidelines](https://www.developmentbookshelf.com/doi/full/10.3362/9781908176707.006). Given the quality and training requirements for anthropometric surveys, these types of assessments are generally not used for nutrition indicators.  |
| **B.3 Need assessment and analysis**: At the onset of and during an emergency response | **DESCRIPTION** |
| * B3.1 Is a quick secondary data review done?
 | To better understand the context prior to the emergency, it is important to review the available nutrition data prior to the emergency, in addition to the impact on contributing factors. Trend analysis based on secondary data from past emergencies (if similar in nature) is useful for response planning and appeals serving as the baselines for monitoring and evaluating the response.  |
| * B3.2 Is there a plan for an initial rapid assessment that includes nutrition indicators in the first weeks and months following an emergency?
 | Once life-saving activities have started their uptake following a rapid-onset emergency, the NIS TWG can explore the need to up-to-date nutrition information to guide decision-making and the response, generally around 2-3 months after the onset. The [Rapid SMART methodology](https://smartmethodology.org/survey-planning-tools/smart-methodology/rapid-smart-methodology/) would be one option to collecting key anthropometric information for small areas or populations in minimal time by smaller teams, yet it is only limited to anthropometry and in some instances, mortality as well. If information is required on IYCF-E practices (or using [an IYCF-E rapid assessment](https://sites.google.com/site/stcehn/documents/iycf-e-toolkit-v3/related-annexes#assessingtheneed)) and contributing factors, then a survey following the standard [SMART methodology](https://smartmethodology.org/) would be more appropriate. The NIS TWG should liaise with the Nutrition Cluster partners and the local government to determine the survey timeline, resources, and priority areas. This consensus should be discussed shared with other Clusters/Sectors in case key nutrition-sensitive indicators can also be included in this assessment. This would avoid any duplication of efforts.  |
| * B3.3 Are communities consulted and involved in the assessment of needs?
 | It is important to consider [consultations](https://gbvguidelines.org/wp/wp-content/uploads/2020/03/2.1-Consultations-Tip-Sheet.pdf) and other qualitative methods, such as focus group discussions, to obtain voices and opinions from the community, providing information on who is impacted differently and why. When reviewing primary data needs, the importance of sex, age, and disability disaggregated data also provides information on potential gender-based barriers and gender norms that may negatively impact on nutrition outcomes.  |
| 1. **Data Use, Analysis, Dissemination, and Communication**
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| **C.1 Data use and analysis** |
| * C.1.1 Has the relationship between weight-for-height and MUAC been analyzed for the context?
 | Wasting can be independently diagnosed using weight-for-height, MUAC, and/or bilateral pitting edema. Although routine nutrition data may collect some or all these indicators, the relationship between weight-for-height and MUAC can vary significantly by context and have implications for nutrition programming, strategic planning, and the interpretation of assessment results. It is therefore recommended to analyze country-level wasting data to understand what proportion of children are wasted by weight-for-height-only, by MUAC-only, and by both criteria simultaneously. |
| * C.1.1 Are qualitative indicators being used to monitor programming or are only output indicators used?
 | It is recommended to consult the extensive list of nutrition indicators that can be used for [programming performance or monitoring purposes](http://nutritioncluster.net/resources/indicators-registry-nutrition-cluster/) and ensure both quantitative and qualitative indicators are being considered for regular monitoring. |
| **C.2 Dissemination and communication** | **DESCRIPTION** |
| * C.2.1 Is reporting timely? Is the database/repository updated regularly?
 | For reporting, the [Humanitarian Response Website](https://www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-tools-guidance) is an aid to self reflect on how timely the collective reporting is and whether the current reporting. |
| * C.2.2 Is nutrition data consolidated into a centralized repository and does it inform early warning systems and program orientations?
 | The centralization of nutrition data at country-level coming from nutrition assessments and surveillance systems is critical to ensure effective utilization for decision-making and planning. It is a good practice to extract information from survey reports to a database/repository in order to have a quick access to information immediately after the reports were validated – see example of an [assessment database template](http://nutritioncluster.net/resources/surveys-database/). It is important to recognize that rarely an entirely new nutrition information system with an embedded data repository is necessary, rather to work with the elements that are already established – for example, linking this database/repository with HMIS and related systems. Issues, such as where the database/repository should be located and how it links with existing early warning systems or health information systems, also need to be considered in terms of who ultimately makes the decisions about the analysis of the information and who determines the appropriate response. The data currently being collected may not be “perfect” for all the nutrition information needs identified but it is important to assess whether it is still useful and “good enough” for meeting information needs that were prioritized. The challenge for many nutrition information systems is that they rely on a range of information sources that cut across several government ministries including health, agriculture and education while the Bureau of Statistics may have the mandate to deal with data collection in the country. The continuation of adequate financial resourcing and skilled, committed staff is pivotal to ensure the nutrition database/repository proves to be effective and sensitive to monitoring trends and change over time given contextual factors, such a seasonality or the nature of a given shock. Certain indicators, such as wasting, can change quickly over time in a rapid-onset emergency while others, such as stunting or contributing factors, may take many months to change significantly. However, indicators may also be affected by a further shock, such as a new wave of displacement, so updated information may be necessary to fully understand the altered context and the risk factors. Information provided by the nutrition database/repository needs to be easily translated into action and reports provide clear indication of where the nutritional problems lie, the scale of the problem and focus the attention of implementing partners on where the greatest needs are. |
| * C.2.3 Is the nutrition database/repository led by government?
 | The engagement and commitment of national government is key to the success and sustainability of the nutrition database/repository. Appropriate integration into government needs to be established and adequate funding acquired from the outset. This includes capacity building, resource planning, and policy support so that the nutrition information can continuously be translated into action and reports provide clear indication of where the nutritional problems lie, the scale of the problem and focus the attention of implementing partners on where the greatest needs are. If strong ownership or a technical centre cannot be established, over time a system may well be abandoned. |
| * C.2.4 Is there a communication plan to alert communities/ enumeration areas of any nutrition assessment plans?
 | A communication plan to alert communities/ enumeration areas is vital to have ready whenever primary data collection is required. It consists of widely disseminating the planned dates of data collection (generally 2-3 weeks at sub-national level, and 1-2 months at national-level) and request that households with target groups for the nutrition assessment be available for interview. Surveys during planting or harvest season may have very low response rates as few persons are at home. By communicating with the communities” leaders of the selected enumeration areas before the date of data collection, it is possible to ensure high response rates.  |
| * C.2.5 Is there a press release template on nutrition assessments’ planning and results dissemination?
 | Lack of clear information on the methodology and results of nutrition assessments may exacerbate delays or confusion during an emergency response. Preparing defined templates for planning protocols and 2-page preliminary survey results, as well as a press release for any upcoming assessments through the media (television, radio or written media) would facilitate the collaboration and awareness of all relevant stakeholders. A meeting between the government and health authorities on the national and regional level, all staff of UNICEF and collaborating partners to discuss the presentation of any results and key messages would be useful as there are a variety of ways to present nutrition information depending on the method used. Key considerations include: * comparability with past data and trends. Numbers in isolation mean very little and in some cases the magnitude of change of the levels of acute malnutrition is more relevant than the actual prevalence;
* seasonal interpretation, particularly given its effects on wasting at different times of year;
* underlying causes to help describe the situation and recommend appropriate responses.

Where possible, attempt to predict change, e.g., consider the risk factors and whether these are likely to result in further deterioration of the nutrition situation (epidemic, continuing displacement, food insecurity, etc.) or mitigating factors for improvement (predicted good harvest, increasing interventions, etc.). In many surveillance systems predictions on the evolution of the nutritional situation is not based on statistical calculations but lies with the experience of those interpreting the trends produced by the data collection system. Although this is not inappropriate the strength of the analysis will lie with the experience of the analyst but will be greatly assisted if there are good historical records on the trends of the nutritional situation. This greatly helps when making predictions and on the types of responses required to mitigate or stabilize increases in acute malnutrition. In terms of the aesthetics of data presentation in national systems, or consolidated reporting of small-scale surveys, mapping provides a very powerful advocacy tool as well as assisting in the analysis of data. Given the importance placed on nutrition indicators in highlighting the severity of a crisis, the **timely dissemination** of information is essential to provoke an appropriate response. In some situations political pressure and bureaucratic processes may delay the release of up to date data. Furthermore, in emergencies the nutrition situation can change quite quickly. While reporting nutrition information that is older than the current season is very useful for trend analysis, the window of opportunity to address needs effectively can be missed. There are several means of disseminating information. The most common way is through nutrition clusters or sectors, where key stakeholders in the nutrition sector are present. Regular bulletins with nutrition data analysis are often produced. |
| 1. **Enabling Environment**
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| **D.1 Leadership and Coordination** | **DESCRIPTION** |
| * D.1.1 Is there a NIS TWG established prior to the emergency?
 | The NIS TWG, which can be established on a temporary or long-term basis, is often chaired by government counterparts and the NCC. Ideally, the Ministry of Health (MoH) would need to be onboard and leading or co-leading the creation of this working group. The engagement and commitment of national government is key to the success of any NIS that are currently still active. Participation should also be open to all Nutrition Cluster partners, as well as other relevant actors depending on the situation. In general, the TWG is responsible for: * designing, planning and, when required, managing the multi-cluster/sector initial rapid assessments and nutrition surveys;
* supporting the coordination of the collection and use of nutrition data across clusters/sectors;
* promoting the harmonization of data sources including through the use of standard indicators;
* ensuring quality review and assurance tools are in place and implemented accordingly;
* sharing results from completed nutrition assessments as well as information on current and planned assessments;
* promoting partnerships with national authorities around nutrition information;
* improving the transition of the NIS prior, during and after a humanitarian crisis;

serving as a forum for nutrition data-driven decision-making, particularly during a humanitarian situation[[2]](#endnote-1). |
| * D.1.2 Does the NIS TWG have a ToR and designated chairs?
 | Work on the NIS guidelines, operational processes and contingency plans delineated above can be supported/led by the NIS TWG. Establishing a TWG is a first step to starting to streamline the work of NIS, particularly in response to a given humanitarian situation. A generic, customizable Terms of References is provided [here.](https://www.nutritioncluster.net/node/4869) After determining the key actors and convening for a meeting to create or update a NIS TWG, an important agenda point during that first meeting would be to review and validate the ToR of the group. In an ideal scenario, the NIS TWG group has two co-chairs chosen on rotational basis for a year, each chair is responsible for leading the group for 6 months. Every 6 months, the chairs will rotate in order to keep the group active. The chairs are chosen upon an interview with the Nutrition Cluster Coordinator whereby the technical knowledge, leadership skills and the time commitment to the NIS TWG needs to be assessed.  |
| * D.1.3 Does the TWG monitor its progress against set targets in a workplan once every 3 months?
 | A workplan will allow the TWG to evaluate their own performance against the set workplan deliverables. It is recommended that the group evaluates their performance as per the set targets in the workplan every 3 months. A yearly workplan is put together collectively for the NIS TWG to address the prioritized nutrition information needs; it is important that this is done with impartiality, humanity, neutrality and independence. The workplan can span over 6 months at a time or two years depending on what is suitable given the context. |
| * D.1.4 Do the TWG members meet every month?
 | Although a NIS TWG can be functional on a temporary or long-term basis, keeping the momentum and the continued effectiveness of the NIS is an important task of this group. By not meeting on a regular/monthly basis, there are many examples of NIS that have ‘withered’ away as donor interest has waned or a given humanitarian situation has improved. Committed staff to adequately support the NIS workplan and its activities is essential to ensuring the longer-term success of the NIS, even if there is high turnover of its members. If strong ownership of the TWG cannot be established, over time the NIS may well be abandoned. |
| * D.1.5 After the emergency, is the established NIS TWG led and chaired by the government?
 | The government co-chairing the NIS TWG is one way to ensure the sustainability of the system in place. |
| **D.2 Capacity building** | **DESCRIPTION** |
| * D.2.1 Has there been any discussion on the minimum capacity required for nutrition assessments and capacity mapping?
 | It is essential to identify reliable staff to collect data. Ideally, experienced staff should be used; an updated list of trained SMART/Rapid SMART survey team enumerators is often maintained by the Nutrition Cluster and/or national NIS TWG. A list of trained survey managers in these methodologies can also be requested from the [Global SMART Convener at Action Against Hunger Canada](https://smartmethodology.org/contact-us/). UNHCR colleagues would have this information relating to SENS. Additional support for any type of nutrition assessments could also be provided by the [Technical Alliance Technical Support Team](https://ta.nutritioncluster.net/request-support). |
| * D.2.2 Does the sector have a capacity building strategy for nutrition assessments and analyses, and if yes, is this being implemented?
 | The capacity building strategy need to address the gaps in the capacity mapping in nutrition assessments and analyses. The strategy would need to then be integrated into an operational plan with person responsible and timeline. A follow up on the plan would need to take place frequently to ensure that the targets are reached within the timeline set. |
| * D.2.3 Is there a pool of trained personnel in different nutrition survey methodologies in-country?
 | It is essential to identify reliable staff to collect data. Ideally, experienced staff should be used; an updated list of trained SMART/Rapid SMART survey team enumerators is often maintained by the Nutrition Cluster and/or national NIS TWG. A list of trained survey managers in these methodologies can also be requested from the [Global SMART Convener at Action Against Hunger Canada](https://smartmethodology.org/contact-us/). UNHCR colleagues would have this information relating to SENS. Additional support for any type of nutrition assessments could also be provided by the [Technical Alliance Technical Support Team](https://ta.nutritioncluster.net/request-support). |
| * D.2.4 Are there pre-determined trainers on the different types of nutrition surveys?
 | Training a pool of health and nutrition personnel as trainers in population representative surveys will facilitate the roll out of trainings and subsequent quality data collection in-country. If this measure is planned and implemented during non-emergency times, this pool of trainers can support the roll out of trainings to specific personnel of areas hit by a humanitarian crisis.  |
| * D.2.5 Has there been a **mapping of the capacity** of local partners to assess the nutrition situation during a crisis?
 | Mapping the capacity of partners to collect and use nutrition information is the first step to a relevant capacity building plan. This allows the country to understand how much the cluster/sector should rely on in-country capacities and how much on external support such as regional capacity, the Global Nutrition Cluster and/or the GNC Technical Alliance.  |
| * D.2.6 Is there a focal organization that partners can rely on or go to for expert nutrition information system advice?
 | In line with the point above, an expert agency in-country can be requested to train and/or orient other partners nutrition assessments and utilization of its results for key interventions. |
| * D.2.7 Is there an in-country repository for NIS guidelines, operational processes, and key tools in local language(s)?
 | Each country should have an up-to-date, centralized repository of the aforementioned national guidelines and operational processes for its NIS, including a contingency plan in case of a humanitarian crisis. This would in turn facilitate their use and the partner’s adherence to the various documents. It is important that these documents are contextualized, practical and well-articulated in local language(s) as much as possible. During non-crisis times, it is important to advocate to the Nutrition Cluster and/or national NIS TWG for this work to be initiated and completed. A national repository of all these components ensures a streamlined approach to nutrition information for decision-making before, during or after a humanitarian crisis whether online via <https://www.humanitarianresponse.info/>, or if connection is available or through other storage options if not (USB key for example)-so that all partners have access to the guidance, tools and templates they need for the response. |
| * D.2.8 Are there training materials in NIS recommend survey methodologies ready in the local language(s)?
 | Translating agreed-upon survey methodologies into training material in the local language for the survey team personnel will facilitate the dissemination and uptake. Based on the common sources of nutrition-related data, a number of existing training materials already exist: [SMART capacity building toolbox methodology](https://smartmethodology.org/survey-planning-tools/) (same training materials can be used for Rapid SMART surveys) that is available in Arabic, English, French, and Spanish at both survey manager and survey team/enumerator levels; UNHCR’s [SENS](http://sens.unhcr.org/training-material-sens-field-training/) available in English and French for survey teams/enumerators; coverage surveys like [SQUEAC capacity building materials](https://www.coverage-monitoring.org/capacity-building-materials/) available in English at both survey manager and survey team/enumerator levels. Additional training materials may be also available through Nutrition Cluster partners.  |
| **D.3 Resource Mobilization** | **DESCRIPTION** |
| * D.3.1 Are resources available to implement all activities within the nutrition information system?
 | During the planning processes, countries should cost NIS activities and advocate for appropriate resource allocation to meet NIS needs. Countries should ensure that funding for assessments are timely align with survey objectives (seasonality, population movements etc.)Ensure diversification of funding sources with different donors/partners |

1. A number of key points have drawn from the upcoming National NIS guide from UNICEF as well as: Recommendations for data collection, analysis and reporting on anthropometric indicators in children under 5 years old. Geneva: World Health Organization and the United Nations Children’s Fund (UNICEF), 2019. Licence: CC BY-NC-SA 3.0 IGO. Cataloguing-in-Publication (CIP) [↑](#footnote-ref-1)
2. [↑](#endnote-ref-1)