GUIDANCE NOTE FOR IMPLEMENTATION OF NUTRITION ASSESSMENTS IN NORTHERN ETHIOPIA

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Introduction

Context

Since the start of the conflict in the Tigray region, there have been challenges getting timely and quality nutrition data from the Northern parts of Ethiopia. There are concerns over undernutrition among children aged 6-59 months and pregnant and lactating women in the Northern regions of Tigray, Amhara and Afar. Lack of dependable information on the nutrition situation in the Northern part of Ethiopia has been a critical challenge in response planning and advocacy. Due to the safety concerns for humanitarian workers, there has been reported movement of humanitarian workers to safer areas further hindering the collection of quality and objective nutrition data.

Only 2 SMART surveys have been conducted in Northern Ethiopia since March 2020 in Afar region (Amibara Woreda) in January 2021 and in Amhara region (Ziquala Woreda) in April 2021. There are no nutrition assessments conducted in Tigray region since the start of the conflict. There has been a challenge getting reliable data to inform on the nutrition situation in the conflict affected regions of northern Ethiopia which has made response planning and advocacy difficult.

However, screening for malnutrition using MUAC has been ongoing both at the health facilities, IDP camps and at some identified Kebeles. Data on the Ethiopia nutrition cluster dashboard shows that 76,363 children have been screened in 2021 in Tigray Region with proxy GAM and SAM prevalence of 25.7% and 2.7% respectively. Also, a total of 8,758 PLW have been screened. The MUAC data from northern Ethiopia has however been of questionable quality, with concerns of possible data manipulation. The capacity of screening and case finding persons is also poor hence low reliability of MUAC data from Tigray region.

To inform emergency response and advocacy in northern Ethiopia, there is an urgent need to conduct nutrition assessments which are transparent, credible, and technically sound. With much of the Northern Ethiopia being a conflict zone, the assessments need to adhere to the humanitarian principles of humanity, neutrality, impartiality, and independence. This document gives guidance on how to ensure nutrition assessments are conducted while meeting the above-mentioned criteria.

Assessment guiding principles

All the nutrition assessments conducted in Ethiopia are guided by the humanitarian principles. These principles provide the foundation for conducting the nutrition assessments where the aim is to enhance humanitarian access to all the affected people whether in a natural disaster or a complex emergency, such as armed conflict.

Humanity: Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.

Neutrality: Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious, or ideological nature.

Impartiality: Humanitarian action must be carried out based on need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.

Independence: Humanitarian action must be autonomous from the political, economic, military, or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

Nutrition assessments in Ethiopia

The Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology has been widely used in Ethiopia over the years to provide decision-makers with reliable and accurate nutrition and mortality data, both in humanitarian and development contexts. Capacity building around the same has been done to key nutrition staff working with the MOH, NDRMC, UN agencies and NGO staff. As of July 2021, there were a total of 38 SMART survey managers trained in Ethiopia. The SMART methodology has evolved to include Rapid SMART methods used when reliable nutrition information is required in a crisis where the full SMART methodology cannot be applicable. Further, the CDC in liaison with the global SMART team has developed a MUAC screening tool which can be used to improve the usability of MUAC data by improving on the analysis component and promoting quality in the data collection component.

Since the resumption of field surveys after the Covid-19 outbreak, 8 surveys have been conducted in different regions using the SMART methodology. Two SMART surveys have been conducted in Northern Ethiopia in Afar region (Amibara Woreda) in January 2021 and Amhara region (Ziquala Woreda) in April 2021 with resulting GAM prevalence of 11.6% (9.0-14.8 95% CI) and 9.6% (7.0-13.1 95% CI) in Amibara and Ziquala Woredas respectively.

Choice of methodology and Geographical coverage of Nutrition surveys

Administratively, SMART surveys in Ethiopia have been conducted covering a woreda. According to the SMART guidelines a SMART survey should be conducted in an area where the population is expected to have a similar nutritional and mortality situation. Therefore, a survey can maintain representativeness while covering more than 1 Woreda

provided they meet the criteria above. Where the area to be assessed has two or more very different agro-ecological zones, the results will not give an appropriate perspective of either zone. Therefore, such heterogeneity can be resolved by doing separate assessments. Regarding the population type, urban and rural areas, refugee/IDP, and resident populations should be assessed separately.

A full SMART survey is recommended in areas where there is no recent reliable data and access to the area is relatively good. It is recommended that the SMART survey will be conducted covering an area more than a woreda in consideration of the heterogeneity of the population. The SMART survey can therefore cover a livelihood zone or zone administratively where the heterogeneity is low. This will ensure nutrition data is collected with fewer resources (one survey over a large area) while also ensuring representativeness and reduce the data collection time. The survey planning will follow the SMART guidance on the design effect to use to adjust for the possible heterogeneity. Where woredas are in very different agro-ecological zones, the SMART surveys will be done at Woreda level to ensure representative results.

A rapid SMART methodology is recommended where a full SMART survey is not feasible. A Rapid SMART should be conducted in a delimited zone (e.g., group of villages, IDP/Refugee camps or settlements, urban slums, and neighborhoods) who share similar characteristics (equally affected by crisis, having equal access to services, similar cultural practices, same livelihood zone, etc.). The sample is predetermined[1] to ensure data collection and reporting are done in a short time[2]. In view of the above, a Rapid SMART can be conducted at Woreda level administratively, or in an individual IDP/Refugee camp or settlement. The population should be largely homogeneous, otherwise a SMART methodology should be preferred. To ensure data is collected rapidly, only anthropometric indicators should be collected with no mortality and other additional indicators unless deemed necessary and validated at protocol review and validation stage[3].

Mass MUAC screening using the CDC MUAC tool helps cover significantly more children and a larger geographical area in a short period of time. In this case, timely and reliable nutrition information can be availed with limited resources. Monthly basis screening where partners have program involvement in highly recommended. In instances where a more

[1] Rapid SMART methodology, Developed by ACF – International, SMART Initiative at ACF – Canada and CDC Atlanta.
Version 1, September 2014
[2] If not possible to complete a Rapid SMART in 7 days, the SMART methodology should be considered.
[3] The sample size is determined for precise GAM estimates, determination of mortality rates will require a higher sample size.

robust methodology cannot be used to access constraints, quality MUAC data will be useful to inform on the nutrition situation and guide appropriate response.

Survey planning and coordination

Nutrition partners and agencies intending to conduct nutrition assessments in northern Ethiopia and any other part of Ethiopia are required to share their protocols in good time to facilitate a smooth review and validation process. In an emergency, the survey protocols shared are reviewed within two weeks after submission after which they are validated if they meet the set standards. The survey manager in liaison with the host organization focal person should coordinate with the NIWG to ensure the protocol submitted meets the minimum standards. All protocols validated at the federal level can be presented to the regional representatives where necessary. The overall validation is however the responsibility of the NIWG chaired by the ENCU and NDRMC. A survey can only be implemented once there is full validation in writing from the ENCU and NDRMC.

Survey implementation and quality control

The survey manager will take overall management of the field activities. This involves ensuring the ideal number of survey team members (data collectors, team leaders, supervisors, and data entry clerks). He/she is responsible for adequately training the teams, managing the survey quality, and sharing survey data with the NIWG as needed in different stages of the survey implementation. The survey manager should ensure adherence to all Covid-19 protocols in place in all stages of the survey implementation.

To enhance the quality of survey data in Northern Ethiopia, every organization intending to conduct a SMART survey will seek clearance from the NIWG secretariat who will recommend qualified managers validated to conduct SMART surveys in Northern Ethiopia. The survey manager will be required to engage supervisors for each team who are certified survey managers and who are not based in the area the survey is being conducted. Each supervisor will oversee one team with not more than 6 teams engaged for a single survey. The survey manager will be required to share the standardization test data for review prior to the field test and beginning data of collection. Survey data will also be shared at the mid-point of data collection and after the end of the field data collection for quick review and feedback sharing by the NIWG review team identified by the chair. The NIWG will explore collection of data using different mobile data applications to enhance credibility and quality.

All survey data will must not be shared outside the NIWG until the survey has been fully validated and authority given to share data to the relevant users. Violation of data sharing

will lead to automatic nullification of the survey. All data must meet the required threshold for data quality as prescribed in the SMART methodology plausibility check.

Dissemination of survey results and reporting

Where a SMART survey is conducted, the preliminary report with the major findings will be submitted for validation not more than one week after the end of data collection. The NIWG task force will review the preliminary report and give comments within two weeks. The final report incorporating the comments from review will be shared within 5 working days. The entire duration for conducting a rapid SMART survey will not be more than 7 days from training to end of data collection. A report on the rapid SMART will be required not more than 3 days after the end of data collection. All MUAC screening data should be shared using the CDC MUAC screening tool. Dissemination of results may be done virtually where face to face meetings is not possible. All final reports should be shared electronically with the NIWG chair who can therefore share widely with the other NIWG members.

Assumptions and Risks:

The security situation in northern Ethiopia remains fluid. Despite access improving especially in Tigray, there remains threats to humanitarian activities and humanitarian workers which may hamper delivery of humanitarian assistance and activities such as nutrition surveys. This document takes the following assumptions and risks.

1. There will be improved access in the regions in northern Ethiopia to facilitate survey implementation using a robust methodology
2. The survey will be implemented by survey teams well trained and credible enough to collect data objectively.
3. The population movements and displacements have not increased heterogeneity in most of the areas and that surveys can be done per livelihood or zonal levels.

The table below will offer guidance to organizations intending to conduct nutrition assessments in Northern Ethiopia.

Possible scenarios and description		Methodology considerations	Survey area (coverage)	Coordination of survey	Survey logistics	Likelihood of scenario occurring
Scenario 1	• The entire region is accessible • There is a working logistics (vehicles, fuel, cash, survey equipment) • There is adequate capacity to conduct nutrition surveys • Adequate funding for nutrition assessment	SMART survey methodology Indicators - Anthropometry - Mortality - Additional indicators as needed	Livelihood based survey or zonal based	• Implementing organization to recruit a qualified and experienced survey manager • Validation of protocol and survey data to be done by the NIWG • Survey manager to assume overall responsibility for the survey including recruitment and management of survey teams. • 5-days training including a standardization test and field test • 5-7 days of field data collection	• 6-7 teams for the entire survey • 6-7 team leaders • Minimum 12 height boards • Minimum 12 digital weighing scales	Low
Scenario 2	• The entire region is accessible • There are adequate and working logistics (vehicles, fuel, cash, equipment) • There is minimal or no capacity to conduct nutrition surveys in the region. • There is adequate funding for nutrition assessments.	SMART survey methodology Indicators - Anthropometry Mortality - Additional indicators as needed	Livelihood based survey or zonal based survey	• NIWG supports the Implementing organization to recruit a qualified and experienced survey manager • Validation of protocol and survey data to be done by the NIWG • Survey manager to assume overall responsibility for the survey • 5-days training including a standardization test and field test • 5-7 days of field data collection	• 6-7 teams for the entire survey • 6-7 team leaders • Minimum 12 height boards • Minimum 12 digital weighing scales	Low-medium

Scenario 3	• The region is partially accessible • There are adequate and working logistics • There is adequate capacity to conduct nutrition assessments. • There is adequate funding for nutrition assessments.	SMART survey methodology Indicators - Anthropometry - Mortality - Additional indicators as needed	Livelihood based survey Exclude inaccessible areas and indicate in the report Design effect to factor for heterogeneity	• Implementing organization to recruit a qualified and experienced survey manager • Validation of protocol and survey data to be done by the NIWG • Survey manager to assume overall responsibility for the survey • 5-days training including a standardization test and field test • 5-7 days of field data collection	• 6-7 teams for the entire survey • 6-7 team leaders • Minimum 12 height boards • Minimum 12 digital weighing scales	Medium-High
Scenario 4	• The region is partially accessible • There are no adequate or working logistics • There is no survey capacity to conduct nutrition assessments within the region. • There is adequate funding for nutrition assessments	SMART survey methodology or Rapid SMART methodology Indicators - Anthropometry - Mortality (if needed)	Woreda based survey	• NIWG supports the Implementing organization to recruit a qualified and experienced survey manager • Validation of protocol and survey data to be done by the NIWG • Survey manager to assume overall responsibility for the survey • 5-days training for a SMART survey and max 3 days training for a Rapid SMART (including a standardization test and field test) • 5-7 days of field data collection for SMART and 3 days for Rapid SMART.	• 5-7 teams for SMART survey and 4-5 teams for Rapid SMART • 1 team leader/team • Minimum 12 height boards • Minimum 12 digital weighing scales	High

Scenario 5	• The region not accessible • There is adequate logistics and a working logistics system • There is sufficient capacity to conduct nutrition assessments. • There is adequate funding for nutrition assessments	Rapid SMART methodology Or MUAC screening using the CDC guidance and tool Indicators (Rapid SMART) - Anthropometry - No mortality - No additional variables	Woreda based survey	• Implementing organization to recruit a qualified and experienced survey manager • Validation of protocol and survey data to be done by the NIWG. • Data to be shared after standardization test, mid and end of data collection. • Survey manager to assume overall responsibility for the survey • 3-days training for Rapid SMART (including a standardization test and field test) • Regular orientation of the program staff on the CDC MUAC screening tool. • 3 days of field data collection for Rapid SMART	• 4-5 teams for Rapid SMART • Max 3 days for data collection • 1 team leader/team • Minimum 10 height boards • Minimum 10 digital weighing scales	High

Scenario 6	• The region not accessible • There is no adequate logistics or a working logistics system • There is survey capacity (teams and survey managers) • There is adequate funding for nutrition assessments	Rapid SMART methodology Or MUAC screening using the CDC guidance and tool Indicators (Rapid SMART) - Anthropometry - No mortality - No additional variables	Woreda based survey	• Implementing organization to recruit a qualified and experienced survey manager • Validation of protocol and survey data to be done by the NIWG • Survey manager to assume overall responsibility for the survey • 3-days training for Rapid SMART (including a standardization test and field test) • Regular orientation of the program staff on the CDC MUAC screening tool. • 3 days of field data collection for Rapid SMART	• 4-5 teams for Rapid SMART • Max 3 days for data collection • 1 team leader/team • Minimum 10 height boards • Minimum 10 digital weighing scales	Medium -high
Scenario 7	• The region not accessible • There is no adequate logistics or a working logistics system • There is no survey capacity (teams and survey managers) • No funding for nutrition assessments	MUAC screening using the CDC guidance and tool	Screening at sentinel sites or treatment centers.	• Implementing organization to recruit community-based case finding persons for door-to-door MUAC screening. • 1-day training of community-based case finding persons on how to use the MUAC screening tool. • Regula review and sharing of MUAC data with NIWG • Regular capacity building on the CDC MUAC screening tool.	• Field based staff to regularly monitor the MUAC screening process. • Regular replacement of the worn out and folded MUAC tapes.	Medium-low