Brief guidance on the Nutrition PIN estimation for the RMRP 2023

Focus of the R4V Nutrition Sector: Specific vulnerable groups

The R4V Nutrition sector has a **differentiated approach** as it focuses its response on **population groups with a higher risk of malnutrition**, not on the general population.

The following table shows vulnerable groups targeted by the R4V Nutrition sector and the respective nutrition services they need. Vulnerable groups were categorized in two priority groups for the response based on their vulnerability: the primary focus of the response being on children under five and pregnant and lactating women. For a complete introduction of the sector, including risks relation to malnutrition of specific vulnerable groups, please refer to the document "Introduction to the R4V Nutrition Sector".

Table 1: Vulnerable groups targeted by the R4V Nutrition sector and the respective nutrition services needed[1]

Vulnerable group by age or condition	Nutrition services needed
Priority 1	
Pregnant and lactating women	Nutrition counselling and micronutrient supplementation to support their increased nutrient needs due to their condition and prevent anemia and/or other forms of malnutrition.
Children 0-6 months Children in this age group need to be fed exclusively with breastmilk or replacement milk when children cannot be breastfed.	Counseling targeting caregivers focusing on breastfeeding and support to children who cannot be breastfed
Children 6-59 months	**Children 6-24 months**: Counseling targeting caregivers of children under 2 on infant and young child feeding to support breastfeeding and guide caregiver's food choices and feeding practices (feeding young children solids). **Children 6-59 months**: Micronutrient supplementation to fortify children's food with vitamins and minerals and prevent micronutrient deficiencies. Energy-protein supplementation to prevent malnutrition in children in transit. Screening, identification, and treatment of acute malnutrition cases

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[1] Older people are also a vulnerable group, however, the R4V Nutrition sector that prioritizes boys and girls under 5 years of age, pregnant and lactating women, and adolescents in its response taking into account the response capacity available at the country level. This does not mean that older people cannot be included in the future but, for this to happen, it will be important to ensure that necessary capacities and funds are in place.

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Vulnerable group by age or condition	Nutrition services needed
Priority 2	
Children 5-9 years (middle childhood)	Nutrition counselling and micronutrient supplementation to support their increased nutrient needs due to their condition and prevent anemia and/or other forms of malnutrition.
Children 10-19 years (adolescents)	Nutrition counselling and micronutrient supplementation to support their increased nutrient needs due to their condition and prevent anemia and/or other forms of malnutrition.

Recommended indicators for needs analysis and estimation of the Nutrition PIN

The following table shows potential indicators to be used for the Nutrition PIN estimation.

Table 2: Indicators proposed by the Global Nutrition Cluster for the Nutrition PIN estimation

Category	Alignment with IPC AMN framework	Outcome Indicator Name/label
Primary Outcomes	**Acute and chronic malnutrition**	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-2 and/or bilateral pitting oedema among children 0-59 months (if no data, use 6-59 months)
		Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC) <125mm and/or bilateral pitting oedema among children 6-59 months
		Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)<210-230 (depending on the contexts) and/or bilateral pitting oedema among PLW
		Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 0-59 months
Contextual Factors*	**Other causes**	Prevalence of overweight based on weight for height Z-score (WHZ)>2 among children 0-59 months
*optional depending on the humanitarian situation	**Acute malnutrition**	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)<210mm among Older People
		Prevalence of Global Acute Malnutrition (GAM) based on BMI-for-Age Z-Score<-2 among Adolescents
	Micronutrient deficiencies	Prevalence of anemia Hb <11g/dl in children 6-59 months
		Prevalence of anemia Hb <11g/dl in pregnant women
	Mortality indicators	Crude Death/Mortality Rate (deaths/ 10,000 persons/ day)
		Under-five Death/Mortality Rate (deaths/ 10,000 children U5/ day)
Key Contributing Factors	**Immediate causes (Food consumption)**	Minimum Dietary Diversity in children 6 to 23 months
		Minimum Acceptable Diet in children 6 to 23 months*
		*Requires Minimum Meal Frequency in children 6-23 months to be derived
		Exclusive breastfeeding for infants 0-5 months
	Underlying causes (Caring and feeding practices)	Infants 0-5 months that are not breastfed who have access to Breast Milk Substitutes (BMS) supplies and support in line with the Code and the IFE OG standards and recommendations
		Infants 6-11 months that are not breastfed who have access to Breast Milk Substitutes (BMS) supplies and support in line with the Code and the IFE OG standards and recommendations

Selecting country level Nutrition data for the Nutrition PIN estimation

Each country will have to make an assessment of the Nutrition data available, i.e. a repository of nutrition data available. Representative data from surveys is preferred but it is other data sources can be used such as health information systems or programmatic data (e.g. children identified with acute malnutrition from children screened by nutrition partners). As it is difficult to obtain the perfect data, it is important to acknowledge that the PIN estimation is done with the best data available, including with limitations, and therefore it is an estimate.

Table 3 presents a template that could be used to document indicators selected per vulnerable group and related data sources. Per vulnerable group, depending on the data available per indicator, it is suggested to select the indicator that covers to highest number of individuals.

> e.g. In children 6-59 months, data is available for two indicators: acute malnutrition and anemia. showing the following figures:
> - Acute malnutrition: 1000 children
> - Anemia: 25 000 children
>
> The anemia indicator would be used for the PIN estimation for children 6-59 months.

Table 3: Template to document nutrition indicators used for the PIN estimation and related data sources*.

Population group	Age/condition	Gender	Potential indicator to obtain the maximum PIN by age/condition group	Data sources
Destination	Pregnant and lactating women	women		
	Children 0-6 months	boys, girls		
	Children 6-59 months	boys, girls		
	Children 5 to 9 years	boys, girls		
	Adolescents 10-19 years	boys, girls		
In transit	Pregnant and lactating women	women		
	Children 0-6 months	boys, girls		
	Children 6-59 months	boys, girls		
	Children 5 to 9 years	boys, girls		
	Adolescents 10-19 years	boys, girls		
Host community	Pregnant and lactating women	women		
	Children 0-6 months	boys, girls		
	Children 6-59 months	boys, girls		
	Children 5 to 9 years	boys, girls		
	Adolescents 10-19 years	boys, girls		

The nutrition indicators selected per vulnerable group should be applied to population projections per vulnerable group, not to the general or total population of refugees and migrants. Relevant vulnerable groups should be summed or included into the relevant RMRP disaggregation.

For the Nutrition sector, population projection data is needed for at least vulnerable groups under priority 1: Children 5, children under 2 (under Girls and Boys in the RMRP Category) and pregnant and lactating women (Women in the RMRP disaggregation). Here below is an excerpt from the Planning instructions for the RMRP 2023-2024.

DISAGGREGATION LEVELS SUBJECT TO THIS RMRP

For this bi-annual RMRP, disaggregation level requirements will be different for Year ONE (2023) and Year TWO (2024).

Year one (2023)

For year one (2023), population projection data, PiNs and target figures need to be disaggregated at the following levels:

Type	Mandatory	Optional
Population Groups	Refugees and migrants in Destination + Refugees and migrants in Transit + Host Communities	Pendulars + Colombian returnees
Age and Gender	Women + Men + Girls (below 18) + Boys (below 18) + Other (under 18) + Other (above 18)	Under 5 + Under 2 + PLW (Pregnant and lactating women) + persons with specific needs + LGBTQI+ + indigenous
Administrative Level	Admin 1 level*	Admin 2 level
Sector Level	Regional Sector Structure**	

Important notes:
- The primary focus of the analysis is refugee and migrant population + affected host population wherever applicable, which means is that the nutrition sector needs analysis input should focus primarily on refugees and migrants.
- Vulnerable groups are composed by children and women, in that sense the PIN should only be composed by children and women, and target should only include children and women.

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Alternative to Nutrition PIN estimation

In countries with a low number of refugees and migrants and/or very limited data, an alternative could be to estimate the proportion of vulnerable groups (e.g. pregnant and lactating women and children under 5 among refuges and migrants) and include these as PiN. This would be based on a worst-case scenario assumption that refugee and migrant children under five and pregnant and lactating women are at heightened risk of malnutrition and could be regarded as people in need of nutrition services. This approach is used in a number of other countries globally.

Documentation of the Nutrition PIN estimation

It is mandatory to document how the Nutrition PIN was estimated: methodology, indicators, and population projection data used like any sectors part of the RMRP.

Also, given that the methodology and potentially the indicators used from one year to the other will be different, it is suggested to write include a very brief foot note (maximum 2 lines) on the indicators used as part of the RMRP 2023-2024. This is a good practice as this will explain important changes in PIN from one year to the other.

Support available for the Nutrition PIN estimation

Please do not hesitate to reach out for help in the PIN estimation:

Yvette Fautsch, R4V Regional Nutrition Sector Coordinator: yfautsch@unicef.org

It is strongly suggested that R4V platforms send the data/estimation to the R4V Regional Nutrition sector for review. A call could also be set up, tailored support will be available for countries in need of support for Nutrition PIN estimation.

Disclaimer: This brief guidance documents outlines the approach to nutrition needs analysis in the context of refugee and migrant crisis. For the more detailed methodology of Nutrition Humanitarian Needs Analysis developed by the Global Nutrition Cluster, please refer to the following link: Nutrition Humanitarian Needs Analysis Guidance - ENG/FR/ES | Global Nutrition Cluster**.**

(in general terms, Scenario 3 is the most suitable one for the context of migrations flows from Venezuela).

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