Nutrition Needs Assessment
Guidance for nutrition partners and R4V platforms

NUTRITION SECTOR | R4V Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela

1. What is this guidance about?

The present document aims to provide guidance to R4V nutrition partners and R4V platforms to conduct a needs assessment focused on Nutrition, especially during the Joint Needs Assessment (JNA) exercises. It is meant to be adapted and translated according to the needs of the country and the context.

It contains guidance to obtain nutrition data from:

- secondary data collection
- primary data collection
    - household survey data
    - focus group discussions

This guidance should be considered a "living tool" that aims to be updated, further developed, and overall improved with comments and suggestions of their users. Please do not hesitate to contact the Regional R4V Nutrition Sector to provide feedback and for questions: yfautsch@unicef.org

Important note:

The assessment described in this guidance does not include anthropometric assessments/surveys to identify malnutrition (acute malnutrition/wasting, stunting, anaemia. Such surveys demand a significant time and resource commitment. This type of in-depth nutrition assessments generally use the SMART methodology approach and quality standards or other. For more information and guidance to conduct this kind of surveys, you can contact the Global Nutrition Cluster Technical Alliance: https://ta.nutritioncluster.net/

2. What are the objectives of a Nutrition Needs Assessment?

Emergencies, including migration, impact on a range of factors including access to food, safe drinking water, and health services and often create unhygienic environments for the affected population to live in. This overall leads to reduced dietary intake and increased risk of infections, overall leading to malnutrition, and an increased risk of death, especially amongst the most vulnerable[1].

A Nutrition Needs Assessment (NNA) aims to:

[1] For more information on how migration impacts nutrition and how to approach it, please refer to the document Introduction to the R4V Nutrition Sector: https://www.r4v.info/en/document/introduction-r4v-nutrition-sector

- identify groups vulnerable to malnutrition affected by an emergency, target population, geography, type of problem, scale of problem, number of individuals affected, indication for further needs assessment;
- obtain nutrition-specific and multisectoral relevant data and evidence on the determinants and drivers of maternal and child malnutrition and of the groups most at risk;
- guide timely decision-making and emergency nutrition response, strategies, and advocacy, e.g. budget, equipment, skills and staff needs;
- support monitoring of the nutrition situation.

Important note: NNAs are an important part of emergency nutrition responses, which aim to identify vulnerable groups and provide them with the right nutrition services to prevent the deterioration of their nutritional status and therefore malnutrition. **Without access to timely nutrition interventions to prevent, identify and treat malnutrition, these vulnerable groups face high risks of malnutrition, infection, and death, especially the younger ones.**

3. What population groups are targeted in a Nutrition Needs Assessment?

Infants, young children, and **pregnant and lactating women**, including **adolescents**, represent population groups particularly vulnerable to the deterioration of their health and nutrition status during crisis times due to their inherently heightened nutrition needs. Indeed, the first 1,000 days of life - the time from conception to a child's second birthday - is a unique period of opportunity when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established. At the same time, other population groups are also at heightened risk of malnutrition and need to be identified and supported: **children 5-19 years old** and **elderly** (women and men older than 65 years old).

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. To know more about the nutrition vulnerability of these population groups and interventions to address it, please refer to the document Introduction to the R4V Nutrition Sector: https://www.r4v.info/en/document/introduction-r4v-nutrition-sector

Priority 1

Children under 5:
Undernutrition in this age groups in impairs a child's immunity, which can lead to recurrent infections, and impaired physical and cognitive development.

- micronutrient deficiencies can develop or be exacerbated during emergencies if already present in a population.
- Young children suffering from micronutrient deficiencies have an increased risk of death due to infectious diseases and impaired physical and mental development.

- Once young children have developed acute malnutrition from inadequate dietary intake and/or recurrent infections, in particular the severe form, these can be up to nine times more likely to die than well-nourished children.

Children 0 to 24 months (0-2 years of age) are even more vulnerable:

- They have very specific nutritional needs and are born with an under-developed immune system.
- Infections (such as diarrhea or pneumonia) can be fatal: in resource poor contexts non-breastfed children are more likely to die from pneumonia and diarrhea than breastfed children.
- Of particular concern, is when unsolicited donations of breast-milk substitutes are permitted and distributed, as this often promotes abandonment of breastfeeding, which result in a rapid increase in acute undernutrition and exacerbates pre-existing nutritional deficits. In combination with infections such as diarrhea and respiratory infections, a compromised nutritional status also kills more rapidly in emergencies.
- In humanitarian contexts, this population group can account for a large percentage of death. Published total mortality rates for children younger than one year in emergencies are as high as 53%.

Pregnant and lactating women

- During pregnancy, women have additional nutrient requirements, which support changes in maternal tissues and metabolism and support fetal and infant growth and development. Compared with pre-pregnancy, energy requirements increase by an average of 300 kcal/day during pregnancy
- Undernutrition during pregnancy can lead to higher risk of premature birth, miscarriage, stillbirth, maternal death.
- Breastfeeding women have increased nutrient requirements of 640 kcal/day during the first six months post-partum among women exclusively breastfeeding.
- Overall, women suffering from micronutrient deficiencies have a greater risk of dying during childbirth, giving birth to an underweight or mentally impaired baby, and poor health and development of breastfed infants.

Priority 2

Middle childhood (5-9 years of age) and adolescence (10 and 19 years of age) are periods of also rapid growth and development where children are at heightened risk of malnutrition, especially in emergencies:

- Children 5-9 years of age have high nutritional needs due to growth and development, particularly when they experience growth spurts.
- Adolescents have very high nutrient requirements due to accelerated growth. It is a key time for brain development.
- Crises and emergencies exacerbate vulnerabilities to abuse, exploitation, sexual and gender-based violence, potentially leading to unwanted pregnancies. Pregnancy in adolescence can lead to early cessation of growth and increased risk for newborn

Older people (women and men over 60 years) are another group vulnerable to malnutrition in emergencies. Older people are predisposed to nutrient deficiency due to a decline in total and resting energy requirements (physical inactivity, loss of lean muscle mass and increased adiposity) that gradually reduces food intake while vitamin and mineral needs remain unchanged or increased

4. What a Nutrition Needs Assessment should focus on?

The nutrition situation of children, adolescents, and women is determined by:

- their **diets** (e.g. breastfeeding and age-appropriate nutrient-rich foods, with safe drinking water and household food security at all times)
- the **quality of the nutrition services** they benefit from (e.g. services that protect, promote and support good nutrition) and;
- their **nutrition practices** (e.g. age-appropriate feeding, dietary and hygiene practices).[2]

The following **research questions** have been formulated to obtain a clear understanding of what data is recommended to be collected through the NNA to have an overall picture of the nutrition situation.

- Groups vulnerable to malnutrition
  How many individuals from population groups most vulnerable to emergencies have been affected by the crisis?
- Access to nutrient-rich foods
  Do population groups most at risk of malnutrition have access to nutrient-rich food appropriate to cover high nutrient needs according to age and condition (e.g. pregnancy and lactation)?
- Access to services
  Do population groups most at risk of malnutrition have access to nutrition-specific, health, WASH and social protection services?
- Feeding practices of children
  What are the feeding practices of caregivers of children especially in terms of breastfeeding (including exclusivity), feeding formula or other liquids, dietary diversity, meal frequency and consumption of unhealthy foods?
- Eating practices of practices of pregnant and lactating women and elderly
  What are the eating practices of pregnant and lactating women and old people in terms of dietary diversity, meal frequency and consumption of unhealthy foods?

[2] UNICEF CCCs: https://www.unicef.org/emergencies/core-commitments-children

- Other factors affecting nutrition
  What other factors affect nutrition (e.g. feeding difficulties, access to support-givers, untargeted distribution of infant formula, access to unhealthy foods, disease)?

5. What data collection methods can be used?

Data to assess the nutrition situation can be assessed through:

- secondary data collection
- primary data collection
  - household survey data
  - focus group discussions

5.1. Secondary data collection

A document summarizing the nutrition situation of vulnerable groups building on secondary data is the first step of the assessment.

Data to be included in the document should include[3]:

- Pre-crisis **background information** (secondary data) to develop a nutrition situation profile to inform early decision-making and immediate action. Pre-crisis **information sources** include existing government, NGO and UN country programmes; Multiple Indicator Cluster Surveys (MICS) and Demographic Health Surveys (DHS); sub-national surveys; national institutions (ministries, local offices for emergency preparedness, drugs and food standards authorities); Knowledge, Attitudes and Practices (KAP) studies; WHO and UNICEF databases etc.
- **Policy environment**, including relevant national guidance and preparedness plans; legal status of *the Code*; policies and protocols on HIV and infant feeding and other public health emergencies
- Pre-emergency **child nutritional status** including prevalence of acute malnutrition, stunting and anaemia; and maternal nutritional status, including anaemia prevalence.
- Population security and **access** difficulties, such as in conflict-affected areas.
- Estimated caseloads of **children under two years of age and PLW**.
- Prevalence/reports of **higher risk** infants, young children and mothers
- Household **food security**, including access to appropriate complementary foods
- **WASH environment**, including access to safe water and sanitation
- **Health environment**, including support offered by providers of antenatal, delivery and postnatal services etc.
- Capacity and availability of **potential support** givers, such as breastfeeding mothers, trained health workers, trained counsellors, experienced women from the community, community outreach worker networks, translators and interpreters.

[3] IFE, 2017, Operational guidance for infant and young child feeding in emergencies Version 3.0: https://www.ennonline.net/operationalguidance-v3-2017

- **Pre-emergency feeding practices**, including prevalence of: breastfeeding initiation in newborns; early and exclusive breastfeeding in infants under six months; non-breastfed infants under six months; BMS use, including infant formula, etc.
- Population **knowledge and attitudes** regarding IYCF.
- **Relactation, wet nursing**, use of donor human milk
- **Reports of feeding difficulties** or requests for feeding support (including requests for BMS) from mothers, families, communities and/or in the media.
- Requests or reports of **untargeted distribution or donations** of BMS, complementary foods, or feeding equipment.

5.2. Primary data collection

The second step of the NNA consists in collecting primary data from household surveys or qualitative methods (focus group discussions, individual interviews) to fill in the gaps identified in the secondary data analysis. Primary data collection aims to identify the risks faced by vulnerable groups and their needs through more in-depth sector-specific assessments collecting primary data through interviews at the household and individual levels to get the perspective of affected vulnerable groups on infant and young child feeding, diets, practices and access to nutrition-specific services and services from other sectors that will impact nutrition (WASH, Health, Food Security, Social Protection).

The data collected can be of quantitative or qualitative nature.

- **Quantitative - Questions to be used for household surveys** – available here (only available in English for the moment)

- **Qualitative - Questions to be used in focus group discussions or individual interiews –** available here (only available in Spanish for the moment)

IMPORTANT NOTE: The questions included in the resources cited should be reviewed and adapted based on the NNA specific objectives, country and context. The final questionnaire should be pretested to ensure it is understood by respondents.

6. How to use the results of the NNA?

Before conducting the NNA, it will be crucial to decide how the results will be presented and how they will be connected to action and advocacy to support the nutrition response to refugees and migrants from Venezuela.

For comments, questions or additional guidance, please contact the R4V Regional Nutrition Cluster Coordinator: Yvette Fautsch: yfautsch@unicef.org