FINAL DRAFT

ENCU-LED INTERAGENCY WORKING GROUP

Rapid Health, Nutrition and Food Security Assessment Tools

Addis Ababa - 6th October 2003

CONTENTS

ABBREVIATIONS

ARI	Acute Respiratory Infection
BoA	Bureau of Agriculture
DPPB	Disaster Prevention and Preparedness Bureau
DPPC	Disaster Prevention and Preparedness Committee
DPT3	Diptheria, Pertusis, Tetanus
ENCU	Emergency Nutrition Coordination Unit
EPI	Expanded Programme on Immunisation
EW	Early Warning
EWU	Early Warning Unit
FGD	Focus Group Discussion
GRP	General Ration Programme
MoH	Ministry of Health
MUAC	Mid Upper Arm Circumference
NGO	Non-Governmental Organisation
PA	Peasant Association
UN	United Nations
RA	Rapid Assessment
SFP	Supplementary Food Programme
STI	Sexually Transmitted Illness
TB	Tuberculosis
TFP	Therapeutic Feeding Programme

1. BACKGROUND

The idea and practice of Rapid Assessment (RA) is not new to Ethiopia as governmental and non-governmental organizations (NGOs), including the Disaster Preparedness and Prevention Committee (DPPC), have been using it for quite some time. RA is a useful tool when the nutrition situation is critical and requires immediate attention and does not allow for enough time to conduct a standard health and nutrition survey. RA could be undertaken as part of an initial assessment, including Mid Upper Arm Circumference (MUAC) and other qualitative and secondary data, to obtain an overview of the nutritional situation, and determine areas and population groups affected by an emergency. It is also reasonable to recommend and implement nutrition interventions temporarily on the basis of the RA results. The RA should not be taken as a substitute for the standard nutrition survey and it should be used only to "buy time" until standard nutrition survey data is made available. Therefore nutrition interventions implemented based on RA results should be temporary and decisions on continuation of the interventions must be on the basis of standard nutrition survey data.

In order to standardize the methodology for Rapid Health and Nutrition Assessment and to recommend appropriate, temporary health and nutrition interventions based on RAs, the Emergency Nutrition Coordination Unit (ENCU) /DPPC has prepared the current tool. It must be noted that although this tool has been designed for emergency situations in drought and food insecurity affected areas, it can be adapted to different emergency situations (natural or man-made emergencies/disasters).

2. OBJECTIVE

A rapid health, nutrition and food security assessment is undertaken as part of the initial assessment to obtain an overview of the health, nutrition and food security situation, in previously determined areas and population groups affected by an emergency. An RA should be conducted in areas where a nutritional situation is critical, based on Early Warning (EW) data from the DPPC, complemented by information from United Nations (UN) agencies and NGOs, where time does not allow for a standard health and nutrition survey to take place. On the basis of the RA, temporary interventions deemed most appropriate for the area will be recommended for implementation and should follow all relevant protocols and procedures. In the case of nutrition interventions, decision on continuation of these interventions must be on the basis of standard health and nutrition survey data.

3. IMPLEMENTING STRATEGY FOR RAPID ASSESSMENT

3.1 Criteria

- Early Warning data from the DPPC at the Woreda, Zone or Region level showing an unusual increase in Mortality, Malnutrition, Disease outbreak and/or Displacement of people.
- Additional information complementing the EW data provided by the local authorities, UN agencies, NGOs and donors.

3.2 Team

The team undertaking a rapid assessment will ideally be interagency and interdepartmental.

3.3 Activities included in the Rapid Assessment

The RA includes MUAC measurements for all children 12 – 59 months of age coupled with key informant interviews, focus group discussions and a transect walk.

3.4 Reporting and Decision Making

Data collected during the RA must be summarized throughout the field visit. Upon completion of the RA, preliminary data will be presented at an oral debriefing session with the EW committee at the Woreda level. Initial

results/preliminary data are to be presented during the debriefing, while recommendations are to be finalized at a later stage, following discussions with Regional authorities. Results must be presented in a written format to the ENCU/DPPC and should be shared with the EW department at Zonal and Regional levels. [see recommended report format in section 6.2]. If during the debriefing session it is mutually decided that the results exceed the capacity at the Woreda level, external assistance may be required.

The decision making authority on the choice and implementation of appropriate interventions vary from situation to situation and from place to place. Decision normally can be made at Federal, or Regional and to a lesser extent, at Woreda level. However, as interventions involve allocation of resources and resources are usually allocated at Federal level, the Federal DPPC or Federal MoH, depending on the type of interventions, may be the appropriate decision makers on the need for intervention and the type of intervention. However, this should not exclude the Regional and/or Woreda offices from the decision making process or mandate. In conclusion, it is necessary that the decision on the need for intervention as well as the types of interventions to be implemented, be handled on a case –by-case basis.

3.5 Rapid Response Strategies

As part of the initial debriefing, joint agreements must be made when life saving interventions are deemed necessary based on the results of the RA and the overall evaluation of the area assessed. The following points must be considered in the determination of the appropriate intervention:

- If the capacity (staff, expertise to follow National guidelines, facilities, supplies, etc.) of the local facilities is overwhelmed by the high prevalence of acute malnutrition, capacity building of existing facilities or interventions by non-governmental agencies will be required for implementation.

- Consideration of other aggravating factors in the assessed area (i.e. Health, Food Security, Socio-Economic Status, Water and Sanitation, etc.)

NOTE: Once an appropriate intervention has been identified, immediately a full 30 x 30 cluster health and nutrition survey should be conducted simultaneously with the implementation of the intervention provided there are no serious limitations that cannot be overcome.

4. GENERAL RAPID ASSESSMENT STRATEGY

4.1 Determination of the Area to be Assessed

The process of selecting a Woreda for a rapid assessment is undertaken in conjunction with the Regional, Zonal and Woreda authorities, and the *worst affected* Kebeles are targeted for the assessment. Typically, Kebeles have been categorized by the Woreda Administration into three crisis categories: *worst affected*, *close monitoring* and *normal*. The rapid assessment team will randomly select two Kebeles from those categorized as the *worst affected*. This purposive selection process allows for the team to assess a subset of Kebeles deemed most affected by the current crisis.

Note: Due to the fact that the criteria for categorizing the various Kebeles as worst affected may vary by Woredas, it is important to determine the criteria used by the DPPC and to include it in the report.

4.2 Assessment Implementation

The RA will include an overall team of six people to be divided into two teams of three, carrying out the RA in a simultaneous manner in the two selected Kebeles. The following is a suggestion for the implementation of the RA assessment:

Day One:

- Meet Woreda officials
- Request for designation of volunteers to assist in translation and with other RA activities
- Carry out Key Informant interviews with Woreda officials

- Randomly select two Kebeles
- Carry out key Informant Interviews with Kebele officials
- Request sensitisation for MUAC for following day by officials
- Carry out two homogenous Focus groups (by sex)
- Cary out transect walk

Day Two:

- All team members with assistance of Woreda volunteers will carry out MUAC screening at one designated site in the Kebele.

5. METHODOLOGY AND ACTIVITIES FOR RAPID ASSESSMENT

5.1 Key Informant Interviews

Key Informant interviews should be carried out with as many of the following persons as possible: Heads of Woreda Administration, Woreda Health Bureau, Rural Development/Agriculture, Water Bureau, DPPB and the Kebele chairperson, representative staff from health facility (if exists). These officials will be able to provide specific information used in forming an overview and establishing a background of the situation in the Kebele. It may be appropriate to undertake other interviews with elders, church leaders, officials (education, health) or other members of the community that can give specific information that is relevant to the assessment.

5.2 Focus Groups

A community must be randomly selected in order to carry out the Focus group discussions (FGD) to gather qualitative information reflecting community perception and perspective of the overall health and nutritional situation in the area. Each of the two groups typically consists of 8-12 homogenous (by sex) participants selected from the village. When in the village, you should request volunteers to participate in the focus group, generally people are happy to volunteer. The facilitator should introduce the focus group and assure participants that they can speak freely on any number of issues that they may be facing.

Central to the facilitator's role is the ability to passively guide the discussion and foster a dialogue. He/she should be able to facilitate the discussion from a neutral position while the translator should also be someone with no vested interest in the results of the focus group discussion.

With these Guidelines in mind, the checklist is prepared to assist in facilitating the focus group discussion, and should not be used as a series of questions asked to the group. The list is prepared in a question format, and a question may occasionally be used to stimulate further discussion, but should not be systematically worked through, as this would undermine the nature of the discussion.

5.3 Transect Walk

In the same randomly selected village, the Transect Walk must be carried out. This involves visual observation of the prevailing conditions in the village and households. It is imperative that the team ask permission to enter randomly selected households while walking from one end of the village to the other. Time must be taken at the end of the day one to complete the summary form - one form completed per Kebele visited- (Use Form No 3).

5.4 MUAC Measurements for Nutritional Screening

Mid Upper Arm Circumference (MUAC) is a useful tool for rapid screening of large numbers of children to find the most at-risk of mortality due to malnutrition.

Team members who will be taking MUAC measurements must be thoroughly trained and standardized in both MUAC measurement techniques and testing for Oedema in children. This training should be carried out prior to each assessment.

MUAC will be taken on all children aged 12-59 months and/or height between 75 cm to 110cm living in each Kebele randomly selected for the RA (See MUAC Screening Form 4 for all information to be collected during the screening).

Children to be measured will be gathered at a central location in the Kebele. Both adequate shelter and clean water supply must be available.

Table 1: Classification of Malnutrition Using MUAC cut-off points and/or presence of Oedema

Indicators	**Age Group**	**Moderate Malnutrition**	**Severe Malnutrition**
MUAC	Children aged 12-59 months and/or height between 75cm – 110cm	110 – 125 mm	< 110 mm
Oedema	Children	No	Yes (Bilateral)

6. REPORTING

6.1 Report Structure

1. Summary Table

Key indictors and Recommendations/priority actions

2. Background Woreda/Kebele

Overall goal of the assessment, Historical information - pre-famine conditions
Kebeles/Peasant Associations (PAs), Woredas, Zone, and the Region
Population, population density, land holding size
Highland, mid-land, or lowland (Dega, Woina Dega, Kola)

3. Health

Mortality & morbidity, Health surveys - significant findings to date

4. Nutrition

MUAC and vaccination status, Nutrition surveys to date - significant findings

5. Food security

General food ration/supplementary feeding/TFC – amounts, occurrences, etc.
Distribution of seeds, implements, fertilizer, Subsistence and livestock

6. Water and sanitation

Safe drinking water
Latrine availability/use, open-air defecation

7. Recommendations and conclusions

8. List of contacts

People and organizations spoken to, contact number (if available)

6.2 Report Summary Table

Team	

Objective	

WOREDA (Population)	**KEBELE (Population)**	**ASSESSMENT DATE**	**MAIN ACTIVITIES**

Kebeles		**Average size family**	

MUAC (cm)	Nutritional status	N=
≥ 125mm to <135mm	At risk of malnutrition	
≥ 110mm to < 125mm	moderate malnutrition	
< 110 mm	Severe malnutrition	
Oedema		

Health	

Water	

Crops/Livestock:	**Status**:	**Issues**:

NGOs	

Beneficiary number	Drought affected:	Close monitoring:
Food aid	General ration Ration size:	Targeting:

Main Problems identified

-

Recommendations

-

Form No. 1

KEY INFORMANT INTERVIEWS

Date _____ **Woreda** _____ **Kebele** _____

Name of Interviewee	Position	Contact details

1. Introduction

1 What is your perception of the current situation (cause and outlook) in this Woreda?

_____

_____

_____

2 What are the pre-emergency conditions in the affected area?

_____

_____

_____

2. Geographical characteristics of the RA site:

Provide brief description of the geographical, ecological and demographic characteristic of the Woreda with the following information:

2.1 Location in the Zone _____
2.2 Number of Kebele _____
2.3 Number of villages _____
2.4 Agro-ecological area _____
2.5 Topographic characteristics_____
2.6 Population density _____
2.7 Population of Woreda _____
2.8 Population of Kebele _____

3. Socio economic status:

3.1. What are the main livelihoods of population in woreda, give-estimated percentage of families engaged in each of the following livelihood category:

Agriculture: _____ Livestock: _____
Petty trade: _____ Skilled labour: _____
Unemployment: _____ Gov.job: _____

4. Health facilities:

4.1. Outline the health facilities in the Woreda (ie hospital, clinic, health post etc): numbers, services provided, number of beds, number of doctors/nurses, electricity, refrigeration etc;

_____

_____

_____

_____

Type of health facility	Number	Kebele	Remarks
Hospital			
Health Centre			
Health Station/Clinic			
Pharmacy			
Drug shops			
EPI centers			
Others			

4.2. Are traditional practitioners available in your Woreda:
TBA T Healers Bonesetter

4.3. What is the distance between the peripheral parts of Woreda and the health facility? (hours walking) _____

4.4. List the top 5 diseases at this time, and this time last year (<5 years & >5 years) (Malaria, ARI, Diarrhoea, Kwashiorkor, Marasmus, Measles, Dysentery, Meningitis, STI, TB etc);

No	Disease	This Year		Last Year	
		<5	>5	<5	>5
1					
2					
3					
4					
5					
Total					

4.5. What are the main diseases/epidemics in the last three months?

4.6. What is the DPT3 coverage for the last year? _____

- Has there been a measles /vitamin A campaign recently? Yes No
- When did it take place? _____
- What was the coverage? _____

5. Water and sanitation:

5.1. What is the main source of drinking water in Woreda and in Kebele?

1.
2.
3.

5.2. What is the approximate percentage of population with easy access to safe drinking water in your Woreda/ Kebele: _____ % of population?

5.3. Explain the water drainage system of your Woreda/Kebele? Is there stagnant water? _____

6. Food, food safety and food security:

6.1. What is the staple food of the area?
1 _____ 2 _____ 3 _____ 4 _____

6.2. Is the staple food available all the time?_____

6.3. Food distributions in the Woreda/Kebele

	General Ration	SFP	TFP
Start date			
Current beneficiary numbers			
Number of Kebeles targeted			
Ration size & composition			
Implementing agency			

7. Emergency indicators:

7.1. Are there any unusual deaths due to the current drought emergency? If Yes, can you estimate the numbers of death? Which age group is the most affected?

7.2. Is there any unusual migration due to the recent crisis? If yes, where have they migrated to?

7.3. Are the Kebeles categorized by the level of crisis (worst affected, close monitoring, normal). If yes, what are the criteria for categorization, who defines the categories?

_____

_____

_____

7.4. Is there any kind of intervention carried out by government or agencies to decrease the impact of the present crises?

Form No. 2
Checklist for Focus Group Discussion

INTRODUCTION

- What is your perception of the event (the cause and the outlook)?
- How is life in the community?
- Discuss types of problems currently faced?
- Outline the pre-emergency conditions in the affected area (for example determine when the last good year in the community was and ask about conditions then)?
- In the current situation what is the adequacy of security and prevalence of violence/theft?
- What are the priority needs of the affected population (ie: shelter, etc.) at the moment?
- What is the average household size?

HEALTH

- What are common health problems people face – certain groups/water related?
- Who are the most vulnerable people in the community (orphans, female headed households, sick and or elderly)?
- Outline the current access to food, water (quality) and shelter
- Outline the adequacy and limitations of sanitation/number of latrines in the community?
- What health facilities are available to the community (adequacy of services, distance to, free of charge etc)?
- Have there been any epidemics in the community in the last 3 months?
- What is the overall opinion of the health services for the community?
- Are there local remedies for health problems, and are they widely use?
- Is there any unusual increase in mortality in the last 3 months? Give details

NUTRITION

- What was the main food consumed in the household in the past four weeks?
- What type of food did you prepare for your family yesterday?
- How many meals a day are you and your family eating?
- What it the typical diet at this time of year (ie in a good year)?
- What are the child feeding practices (exclusive BF, weaning practices)?

FOOD SECURITY

- What are the main sources of food at the moment? Rank the following
    - Own production
    - Own stock/ store from previous harvest
    - Purchase from the market
    - Borrowing from friends/ relatives/ neighbours
    - Food Aid
    - Others (specify)
- Is there Food Aid in the Kebele? Give details of food distribution (type and ration distributed per household; how often; when was the last distribution; is it easy to collect the food; how far is the distribution site?) and outline the future food needs of the community?
- What is the condition of livestock health? Are there are any outbreaks of animal disease? Is there adequate access to pasture /forage? Is there adequate water for livestock and what is the distance to it?
- If livestock is being sold, what prices are obtained now and prices in a normal year? (this information needs to be crosschecked with Woreda Officials / or verified by visiting a market)
- What are the crops grown? What is the condition of these crops?
- What farming implements do people have? Do they have seeds and fertilizers for the next planting season? Outline the future seeds needs of the community, types of seeds required and when they are required.
- What are the causes of food insecurity in this area?
- What are the coping mechanisms used (ie migration, sale of assets, reduction of number of meals per day, wild food consumption etc)?
- What other activities are used as sources of income (ie handcrafts, remittances etc)?

Form No. 3
Checklist Transect Walk

Date _____ **Woreda** _____ **Kebele** _____

Environmental health

WATER

- Type of water sources,

Water Sources	All Year Round				Quality
Spring (protected)	Y		N		
Spring (unprotected)	Y		N		
Pond	Y		N		
River	Y		N		
Shallow Well	Y		N		
Bore Hole	Y		N		
Water Harvesting	Y		N		
Other					

- Water storage/use re-use Y ☐ N ☐
  - distribution points Y ☐ N ☐
  - washing areas Y ☐ N ☐
- Distance from water sources to settlements/villages _____

SANITATION

- Latrines facilities: availability Y ☐ N ☐ Estimate coverage:_____
- Evidence of garbage Y ☐ N ☐

VECTOR CONTROL

- Do you observe any of the following;

Vector breeding sites				Stagnant Water				Uncovered pit latrines				Uncovered water containers			
Y		N		Y		N		Y		N		Y		N	

- Do you observe an obvious problem with:

Insects/Pests	Y	N	Insects/Pests	Y	N	Insects/Pests	Y	N
Flies			Mosquitoes			Rodents		
Fleas			Lice			Cockroaches		
Bedbugs								

- State of housing Good ☐ Average ☐ Poor ☐

Food security

- Are any of the following foodstuffs seen in households

Foodstuff[1]	Y	N	Foodstuff	Y	N	Foodstuff	Y	N
Cereals			Roots/Tubers			Dark Green Leaf		
Vegetables			Fruit			Pulses / Nuts		
Meat / Fish			Egg / Dairy			Oil / Fat		
Sugar			Wild Foods			Food Aid		

[1] Cereals (teff, wheat, barley, rice), Roots/Tubers (sweet potatoes), Dark Green Leaf (spinach, wild green vegetables), Vegetables (tomato, onion, carrot), Fruit (orange, papaya, mango), Pulses/Nuts (beans, lentils, chick peas), Meat, Dairy products (Milk/yogurt), Egg, Fat/Oil, Sugar and others (coffee, tea)

Others (list) _____

- Household food stock Y N

- Agricultural situation:

Crops Observed	Condition of crop	Comments

- Kitchen gardens;

Plants Observed	Condition of Plants	Comments

- Livestock condition;

Livestock Observed	Condition of Livestock	Comments

- Quality of pasture / forage Good Average Poor
- Availability of water for livestock Good Average Poor

- If you observed a market, comment;

Produce Available	Abundance / Price	Comments
Grains		
Vegetables		
Livestock		

COMMENTS:_____

_____

_____

_____

_____

_____

Form No. 4: **MUAC Measurements on children 12 – 59 months (75cm – 110cm)**

Date _____ **Woreda** _____ **Kebele** _____

No:	Sex (F/M)	MUAC (cm)	Oedema (Y/N)	Remark
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2.				
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