

Chapter D2

Formulating recommendations and using the information

By now you should have information on the following:

- the severity of the situation, including an understanding of the major causes of malnutrition resulting from the emergency and whether the situation is going to get better or worse. The severity of the situation dictates the urgency of the required response (see section A5.2)
- the subgroups of the population which are at greatest nutritional risk (see subsection A2.1.5)
- the chronic causes of malnutrition that need to be addressed (see section A3.1)
- the community's recommendations and understanding of their existing levels of capacity (see subsection A4.5.7)
- the feasibility of possible responses (you are unlikely to have a full understanding of this) (see subsection A4.5.8).

This information is all essential for the development of recommendations. Detailed description of emergency nutrition interventions is beyond the scope of this manual, but can be found in WHO, 2000 and 1998).

D2.1 Ten things to remember when developing recommendations

Basing recommendations on needs and rights

1. Recommendations need to be proportionate to need and should prioritise life-saving interventions. This means you need to make it clear which are the major acute causes of malnutrition and that these should be addressed as a priority before the chronic causes are addressed.
2. Recommendations need to be directly linked to your analysis of the causes of malnutrition and your judgement of the severity of the situation. You should consider recommendations which address all levels of causes (immediate, underlying and basic). It is not acceptable to recommend responses which you thought before the assessment you wanted to implement even though the assessment findings do not support this type of response.
3. Recommendations should ensure that the needs of the most affected subgroups of the population are addressed, although this does not mean that

recommendations should necessarily include targeted interventions.

4. Recommendations should be cross-checked with the Sphere minimum standards. The Sphere standards express the rights of disaster-affected people. You should not be making recommendations which are insufficient for these rights to be achieved. For example, if rates of severe malnutrition are very high and urgent treatment is required, it would not be appropriate to recommend opening a unit in the centre of the district when you know there is no way a single unit could achieve 50% coverage, which is what is acceptable in rural areas to achieve the minimum standards (The Sphere Project, 2004).

Making recommendations time specific

5. Recommendations should include an indication of when they should be implemented to maximise their effectiveness and minimise the detrimental effect of the emergency on lives and livelihoods. They should therefore take into account the population's future needs, including immediate food prospects, potential disease outbreaks and potential changes in caring practices. Some interventions may be useless if they come at the wrong time (eg, seeds), others may cause significant hardship, malnutrition or mortality if they are late (eg, food, medical treatment).

Making recommendations feasible and building on existing capacity

6. Recommendations should always aim to build on the existing capacity within the affected population to cope with and ameliorate the effects of the crisis. This includes taking into account their recommendations for how the emergency should be dealt with.
7. Recommendations should take into account the possible harm caused by humanitarian assistance, particularly in times of conflict
8. Recommendations should be feasible. There is no point making recommendations which are impossible to implement.
9. Recommendations should be clear, where possible, about who should take responsibility for implementation.
10. Recommendations should promote the co-ordination of humanitarian agencies. In your analysis of the causes of malnutrition, you have taken into account the interventions already in place and focused on the gaps. Where possible you should take into account any interventions which you know are planned. Do not waste precious resources by making recommendations which duplicate existing or planned programmes.

D2.2 Examples of developing recommendations

Example D2.1: Nutrition assessment conducted in Binga District in Zimbabwe, March 2004: economic crisis and drought

Information required for developing recommendations	Assessment findings
Severity of the situation	Not very serious
Prevalence of global acute malnutrition <-2 z-score Prevalence of severe acute malnutrition <-3 z-score Crude mortality rate (CMR) Under-five mortality rate (U5MR) Major acute causes Prospects	2.5% (1.7–3.7) 0.2 (0.0–0.8) 0.64/10,000/day 0.64/10,000/day Majority of poor people not able to meet their food needs due to drought, poor availability of food on the market and very high prices of available food (inflation at 600%). However, most have been receiving adequate quantities of food aid. The poor and middle wealth groups have been dependent on 75% ration for 9 months (since April 2003). High price of agricultural inputs affecting levels of production although this year 10–15% extra land has been planted. High rates of HIV and reduced capacity to pursue normal coping strategies. Prospects are reasonable as long as the food aid continues and the targeting of eligible groups remains accurate: 92% of children in the survey area had access to blanket supplementary feeding.
When is response needed?	No urgent response required additional to the current response.
Who is worst affected?	Poor people and social welfare cases (eg, disabled).
Long-term causes of malnutrition	Poor access to clean water and sanitation. Sporadic cases of cholera: 83% of respondents in the mortality survey did not have any form of sanitation facility.
Community recommendations and capacity	Food aid distributions should continue.
Feasibility	Programmes to address clean water and sanitation are feasible but would require funding and technical expertise.

Recommendations

- A large proportion of the population remain dependent on food aid to meet their food needs. Food aid should continue but quantities should be revised in light of the increased amount of land planted and potential alternatives to food aid. This revision should be based on a thorough food security assessment.
- Water, and especially sanitation, should be improved. This could be initiated by government authorities in collaboration with relevant NGOs and donors.

Example D2.2: Eastern Democratic Republic of Congo, Musienene health zone, May 2002: insecurity and displacement

Information required for developing recommendations	Assessment findings
Severity of the situation	Quite serious
Prevalence of global acute malnutrition <-2 z-score Prevalence of severe acute malnutrition <-3 z-score CMR U5MR Major acute causes Prospects	8.9% (7.2–10.9) 4.3% (3.0% oedema) Not investigated. Poor quality diet for poor people. Poor access to health care. Prospects depend on the security situation. If the situation improves then malnutrition rates could decline, but kwashiorkor is likely to remain a problem, particularly seasonally.
When is response needed?	Immediately, to reduce the risk of death among people with kwashiorkor.
Who is worst affected?	Poor people and those who have been recently displaced.
Long-term causes of malnutrition	Poor access to clean water and sanitation.
Community recommendations and capacity	Any assistance needs to take into account the security situation. For example, restocking could promote looting and a deterioration in the security situation.
Feasibility	It is not feasible to put therapeutic feeding in place in areas which are inaccessible due to insecurity.

Recommendations

- Therapeutic feeding, which can be set up and closed down quickly in response to the changing security environment, should be established to treat severe malnutrition. NGOs with competence in this area of response should support this in collaboration with local authorities. General ration should not be implemented as this could destabilise the security situation.
- Feasible and appropriate food security interventions which can be targeted at poor people should be investigated to promote improved dietary quality. The Food and Agriculture Organization (FAO) and relevant NGOs should investigate options through feasibility studies.
- Supplementary feeding should not be implemented, as rates of moderate malnutrition are low.
- Ensure that drugs are available in health facilities and user fees waived for the poorest people in the community.

Example D2.3: Bangladesh, September 1998. Floods affected 75% of the country

Information required for developing recommendations	Assessment findings
Severity of the situation	SERIOUS
Prevalence of global acute malnutrition <-2 z-score Prevalence of severe acute malnutrition <-3 z-score CMR U5MR Major acute causes Prospects	18.5% (16–20) 2% (1.5–2.5) also, 5% of children reported night blindness. Not investigated. Flood resulting in reduced employment opportunities, access to cash and, therefore, reduced purchasing power for food. Infection, especially diarrhoea, resulting from disruption of sanitation facilities and remaining in wet clothes and water for long periods. The situation will only improve when the waters recede.
When is response needed?	Immediately for relief and in the medium term for reconstruction.
Who is worst affected?	Poor people who are having to sell assets including livestock and also borrow from money lenders at high interest rates. Female- and disabled-headed households have particular difficulties in coping as their mobility is restricted.

Information required for developing recommendations	Assessment findings
Long-term causes of malnutrition	Poor access to land, limited employment opportunities.
Community recommendations and capacity	Recommended that the local representatives (eg, Chairman) should not be used as a conduit for response as they could not guarantee that the response got through. The community recommends that local NGOs, in consultation with the community and local government, implement the response.
Feasibility	Response needs to take into account limited access due to flood waters.

Recommendations

- In the immediate term, cash distribution should take place in areas where food could be purchased on the market; otherwise, food distribution with a balanced and complete household ration.
- Special effort should be made to target female- and disabled-headed households. This relief should continue until the waters recede.
- Vitamin A distribution should be initiated by the health services immediately to reduce vulnerability to infection and vitamin A deficiency.
- After the waters have receded, cash for work (and for those unable to work, cash grants) should be set up to rehabilitate the infrastructure and promote access to employment.
- Seeds should be distributed in time for the next planting, as seeds were destroyed during the flooding.
- Purification of tube-wells should be undertaken by local authorities to reduce diarrhoeal infection

Example D2.4: IDP camps in Hartishek, Ethiopia, March 2002

Information required for developing recommendations	Assessment findings
Severity of the situation	SERIOUS
Prevalence of global acute malnutrition <-2 z-score Prevalence of severe acute malnutrition <-3 z-score CMR U5MR	26.6% (November 2001 was 22.0%) 2.2% (November 2001 was 0.7%) 0.15/10,000/day

Information required for developing recommendations	Assessment findings
Major acute causes	The last general food distribution (GFD) was in October 2001. Food distributions were not done according to the recommended 12.5kg per household. Some households received 50kg and others none. The local administration received food for IDPs in 2002. However, the administration wants the IDP population to share the food with the local population. Until the dispute is settled, the food remains undistributed. However, TFC is operational. Water and sanitation are very poor. There is no free water delivery and no toilet facilities in the camp.
Prospects	Likely to remain the same until the general ration problems are resolved. There could be a measles outbreak in the future as there has been no measles vaccination in the last three months.
When is response needed?	Immediately
Who is worst affected?	There are no obvious groups facing nutritional risk, although there are a lot of elderly and pregnant and lactating women in the population.
Long-term causes of malnutrition	Poor access to antenatal care. Being an IDP and dependent on food aid.
Community recommendations and capacity	The IDPs have asked the government to resolve the conflict over food aid.
Feasibility	Efforts to improve water and sanitation are restricted by the absence of ground water.

Recommendations

- *General rations must be reinstated immediately.*
- *In the absence of a general distribution, a blanket supplementary food distribution should be initiated targeting all children under five, for three months or until the general ration is provided regularly again. The blanket distribution could also target pregnant/lactating women.*
- *The TFC should be maintained until the situation improves.*
- *Safe water and improved sanitation should be provided immediately.*
- *All children under five should be vaccinated and provided with a vitamin A supplement.*

- *In the medium term, antenatal services should be provided to pregnant IDPs, and the IDPs should be supported to return home.*

D2.3 What to do with the nutrition assessment report

As discussed in Chapter D1, it is extremely important that all agencies undertaking nutrition assessments in a given country share their reports with the government department responsible for emergency nutrition interventions and/or with other agencies working in nutrition and related areas. This will enable everyone to build up a picture of the nutritional situation in the area.

Ideally, the department in the central government responsible for emergency nutrition interventions, or (in a refugee camp) the UN agency, will keep a database of nutrition reports, which can be used by any agency working in nutrition in the country. It is in the interests of all agencies to keep such a database up to date.

Survey reports should be sent to:

- the government department responsible for emergency nutrition interventions at the federal/regional/district level
- MoH at the regional/district and, where appropriate, the village level
- MoA at the regional/district and, where appropriate, the village level
- planning at the regional/district level
- administration at the regional/district and village level
- NGOs working in the survey area.

If possible, inter-agency meetings should be held with the authorities and other interested agencies in the different regions, to discuss the findings of nutrition surveys, particularly the recommendations. If necessary, additions can be made to reports after these meetings.

D2.3.1 Presenting the results to the community

Finally, the results of an emergency nutrition assessment should always be presented back to the survey population. Normally this involves a trip to the district authorities.

Summary

- There is no fixed blueprint for interventions to nutrition emergencies. To try to make responses fair and effective you need to consider:
 - the severity of the situation (including an understanding of malnutrition, mortality and the major acute causes of malnutrition and whether the situation is going to get better or worse). The severity of the situation dictates the urgency of the required response
 - the sub-groups of the population which are at greatest nutritional risk
 - the chronic causes of malnutrition that need to be addressed
 - the community's recommendations and understanding of their existing levels of capacity
 - the feasibility of possible responses.
- Recommendations need to:
 - be based on need and prioritised
 - be linked to assessment findings
 - be based on Sphere standards
 - be time specific
 - be feasible
 - be built on existing capacity and community recommendations
 - promote co-ordination
 - minimise harm.
- All agencies undertaking nutrition surveys must send their results to the government, or UN agency responsible for emergency nutrition interventions, so that they can build up a central database of information on the prevalence of acute malnutrition in different parts of the country.

