

HEALTH AND NUTRITION TRACKING SERVICE (HNTS)

Priorities 2009 (May) - 2011 (April)

Last version, 06 May 2009

The purpose of this document is to provide HNTS Steering Committee members, Donors and Partners relevant and up-to-date information about HNTS 2009 and 2011 priorities. It takes into consideration the objectives of the initial HNTS 2008-2009 Work-Plan (Project Map), and is built on achievements, constraints and ways forward of the last activity progress report January 2008 - March 2009.

HNTS Key documents

- IASC July 2006 paper about Health and Nutrition Tracking Service <http://tinyurl.com/IASC-HNTS>;
- HNTS Bulletin October - December 2008;
- Minutes and decisions endorsed by the HNTS Steering Committee (SC), 14th January 2009
- Minutes and main recommendations of the HNTS Expert Reference Group (ERG), 17th and 18th February 2009
- HNTS Activity Progress Report January 2008 - March 2009.

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Summary of 2009 - 2011 PRIORITIES - Moving Forward

For 2009 - 2011, the main priorities are:

1. Improving collection, compilation, analysis and synthesis of health and nutrition data in crises

- ⇒ Implementing the HNTS in 3 on going humanitarian and specific technical and programmatic support to 5 countries in crises
 - The Democratic Republic of Congo (DRC) will be a new country targeted for HNTS implementation, with possible ad hoc technical support to 3 countries (Uganda, CAR/CHAD/Sudan region)
 - A HNTS field epidemiologist will start working in Goma in June 2009.
 - By October 2009, after consultation of the HNTS Steering Committee members, the HNTS Technical Secretariat will propose a second targeted country/region for HNTS implementation and field presence, with technical support to 5 countries
 - New HNTS field positions should be created in the future; the budget 2009 - 2011 proposes different scenarios with 1, 2 or 3 field positions
 - Objectives: development of technical support to the health and nutrition clusters (and partners; information collected and analysed; best practices developed; policy decision of donors and relief organizations strengthened; advocacy and dissemination about the humanitarian consequences of the targeted crises
 - Reacting to new emergencies / crises must be a principle guiding HNTS work and development (depending on UN and donors requests and additional financial support)
 - A surge capacity for temporary deployment could be developed in the future
- ⇒ Developing of cooperation and synergy with national health authorities and relief actors (NGOs and International Agencies) in targeted countries for HNTS implementation and at central level
- ⇒ Developing the HNTS help desk with the capacity to perform the following functions
 - Supporting HNTS partners in targeted crises to design and implement data collection and analysis tools
 - **Developing technical support to already existing data collection or/and analytical systems** such as the IPC/FAO, SPHERE...
 - Coordinating fast expert review of data generated at crisis level, especially for high profile data collection exercises
 - Adapting and developing new tools if needed

2. Elaborating methodological norms

- ⇒ Developing activities of the expert technical/reference panel/group for laying the normative foundation for the Health and Nutrition Tracking Service (HNTS), for instance
 - Endorsing a core set of mortality and nutrition indicators (+additional key indicators)
 - Developing quality checks to estimate quality of surveys from reports and raw data
 - Developing surveillance in crisis
 - Developing real time monitoring of the food and nutrition situation in vulnerable communities
 - Determining needs for nutrition programming
- ⇒ Conducting technical consultancies to identify gaps and needs
- ⇒ Developing the HNTS peer review function

3. Developing communication tools and documents

- ⇒ Strengthening visibility of HNTS
- ⇒ Organizing a public symposium in 2010

4. Developing and implementing training materials and activities

- ⇒ Mapping of existing training materials
- ⇒ Supporting training sessions in DRC and, in the future, in other countries targeted for HNTS implementation
- ⇒ Developing partnerships to provide an initial pool of experts for field deployment and developing a training project and curriculum

5. Strengthening administration and management

- ⇒ Stabilizing HNTS team / HR
- ⇒ Strengthening WHO administrative support
- ⇒ Clarifying HNTS governance
- ⇒ Consolidation financial donors support

1. What is the HNTS?

The Health and Nutrition Tracking Service (HNTS), an interagency initiative hosted by WHO, was created in response to a request made by the United Nations Emergency Relief Coordinator as part of the Humanitarian Reform process. The HNTS was established in late 2007 by the Inter-Agency Standing Committee (IASC) to support the Health and Nutrition Clusters.

The Health and Nutrition Tracking Service (HNTS) aims to provide impartial, credible and timely information on mortality and nutrition rates in populations affected by crises and emergencies¹, especially the least funded and publicized ones², using standardized data collection and analysis methods wherever possible. The information gathered will help improve humanitarian operations by (1) rapidly detecting excess mortality and malnutrition in crises using key indicators, (2) promoting mutual accountability between the humanitarian community and beneficiaries, and (3) ensuring evidence-based information on health and nutrition needs in crises is available to high-level decision-makers.

The HNTS has two main functions.

It offers *operational* support to humanitarian staff in the field by peer-reviewing guidelines and other documents, participating in assessment missions, advising on the design of surveys, and providing technical advice to various agencies.

Its *normative* functions include developing standards for data collection and measurement through its Expert Reference Group, collecting, analysing and disseminating data, and providing independent technical advice on various issues related to method development and validation studies.

In January 2009, the HNTS SC confirmed that the HNTS shall have a strong normative and global function, with a strong emphasis on operations and tracking activities at country level.

This involves:

- Strengthening the field-based technical capacity of humanitarian agencies and national health system(s) in order to improve monitoring/tracking of service delivery and inform planning and evaluation;
- Informing decision makers and relief agencies, and guiding donors' policy decisions on funding allocations by obtaining early estimates of crude mortality and nutrition status in crises;
- Supporting advocacy and strengthening mortality and nutrition documentation.

¹ Some *definitions*: (1) Humanitarian crises may be defined by mortality in excess of the norm. Such deaths are essentially the consequence of direct violence and of increased disease transmission, greater individual susceptibility (due to decreased immunity or coverage of preventive interventions such as vaccination), and poor access to timely, effective treatment/relief assistance; extremely overcrowding increases the transmission rate of most infection diseases, including the most common causes of childhood illness, with the exception of malaria.

(2) Complex emergency as defined by the IASC is a humanitarian crisis in a country, region or society where there is a total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single and/or ongoing UN country programme (Oxford Pocket Dictionary, 1992).

(3) Complex political emergency is a situation with complex social, political, and economic origins which involves the breakdown of state structures, the disputed legitimacy of host authorities, abuse of human rights and possibly armed conflict that creates humanitarian needs. The term is generally used to differentiate humanitarian needs arising from conflict and instability from those that arise from natural disasters (ALNAP).

(4) A crisis is a situation that is perceived as difficult. Its greatest value is that it implies the possibility of an insidious process that cannot be defined in time, and that event spatially can recognize different layers/levels of intensity. A crisis may not be evident and it demands analysis to be recognized. Conceptually, it can cover both preparedness and response ("crisis management"). A crisis is also the time of danger or greater difficulty, decisive turning point (Oxford Pocket Dictionary, 1992).

(5) Emergency is a term describing a state. It is a managerial term, demanding decision and follow-up in terms of extra-ordinary measures (Oxford Pocket Dictionary).

A state of emergency demands to be declared or to be imposed by somebody in authority who at a certain moment will also lift it. Thus, it is usually defined in time and space, it requires threshold values to compare, and it implies rules of engagement and an exit strategy. Conceptually, it relates best to Response.

² "Unfortunately, the humanitarian community generates data in a very fragmented, uncoordinated way. During the past years, conflicting numbers on mortality rates, as well as on nutrition status have generated non-productive debates and sub-optimal targeting in the allocation of funding to humanitarian interventions (Uganda 2006, Darfur 2004, Iraq 2004-2006, Asia Tsunami 2005)"; IASC document 5-7 July 2006.

Expected inter-connected outputs

- Independent evaluation of mortality and nutrition survey protocols, raw data if available and reports, occasional participation in data collection if requested;
- Country-based tracking arrangements for specific crises;
- Standards and technical guidelines for the collection, analysis and interpretation of data on mortality, nutrition, and coverage of key health and nutrition services, using existing materials wherever possible and if adequate;
- Best practice methods and adaptation/development of simple tools for emergency mortality and nutrition surveillance implementation and analysis;
- Compilation, analysis and dissemination of information for humanitarian policy makers and programme managers.

Intended benefit

- Information for action;
- Greater transparency and accountability;
- Sharing of information (coordination);
- Better readability (trends);
- Better quality (best practices and quality of data collection / surveys);

Intended impact

- More timely and appropriate levels of assistance for *populations affected by humanitarian crises*, with greater equity across different crises and different population groups within the same crisis;
- *Humanitarian managers* enabled to direct, focus, coordinate and prioritize their assistance and protection efforts;
- Greater synergy efforts, with potential efficiency gains for experts and institutions involved in humanitarian assessment and monitoring;
- *Humanitarian policy makers and funding bodies* having sounder evidence base for making resource allocation decisions;
- Benefit in terms of help desk support, peer review, guidelines and training at country and central levels for NGOs, other agencies and national authorities;
- Implementation of surveys and surveillance/monitoring systems, and sharing of information, among relief actors;
- Improvement and expansion of national capacity to conduct quality assessment and monitoring.

Risks and pitfalls

- Timing to build trust and synergy between HNTS and field partners;
- Complexity of the project because of technical aspects and no easy agreement between partners / donors;
- "Political factors" could constrain the HNTS roll-out in certain cases;
- Suspicion of motives around data collection in crises;
- Tracking work could be delayed by access problems due to insecurity;
- Poor coordination; failure to share data;
- Absence of data, unreliable and/or untimely data, difficulties in interpretation;
- Improvements less likely to be measured;
- "Numbers game", risk of "death inflation", inappropriate extrapolation of data, sharing data versus their political misuse, wrong focus on "dead" instead of "saving lives", etc;
- The commitment to humanitarian system reform remains fragile and will influence the extent to which cooperation at global and country levels is maintained to put the HNTS into practice;
- Financial support to HNTS must be strengthened and donors group enlarged;
- HNTS team turn over as well as turn over of staff in relief organizations and partners.

Assumptions

- Mortality, health and nutritional status are valid indicators of the scale of humanitarian crises;
- Coverage of key health services can help interpret the context surrounding these outcomes;
- Donors will increase their commitments to Good Donorship and other harmonization and simplification principles. They will be guided in making resource allocation decisions by assessments of crisis severity and priorities.

2. Time frame

2.1. Initial time frame

The initial time frame was **three years from October 2007**, with full implementation in six target countries affected by acute or chronic crises (two countries in the first year, and another four countries in years two and three). The HNTS was also expected to provide ad hoc technical support for up to 10 additional countries, including new acute emergencies, by the end of 2010.

HNTS is **one year behind implementation**, mainly due to delays in identifying and recruiting appropriate staff and a relatively slow development of activities (see: Risks and pitfalls).

*The HNTS Steering Committee (SC), during the meeting held in Geneva on 14 January 2009, endorsed several decisions to move HNTS forward with **more realistic objectives for 2009 and 2010.***

2.2. Time frame 2009 - 2011

For the period May 2009 - April 2010, the objective is to implement the HNTS in two on going humanitarian crises, and to provide specific technical and programmatic support to 3 other countries;

The HNTS SC agreed to select DRC as a new target country for HNTS implementation and to establish a permanent field presence, both to support HNTS work in DRC in the region and to ensure that HNTS had an opportunity to enhance its credibility among field relief organizations by providing them any technical support they might request.

The HNTS SC recommended that HNTS's work in DRC be well-established before opening a second HNTS field base in the second half of 2009 or the beginning of 2010.

For the period May 2010 - April 2011, the objective is to implement the HNTS in 3 on going humanitarian crises, and to provide specific technical and programmatic support to 5 other countries;

In the future, and depending on UN and Donors requests and additional financial support, **a surge capacity could be put in place** to support and to reinforce timely collection and consolidation of data, their analysis and interpretation in new emergencies / disasters, or specific forgotten and sensitive crises. HNTS might also support the development of needs analysis. If reactivity is a guiding principle of HNTS, it could be a way to develop its field presence, with temporary and focused mission.

In the future, HNTS could then become a tool for supporting and strengthening the Flash appeals elaboration, and the CAP cycles supporting Global Health Cluster and Global Nutrition Cluster, especially when developing Needs Assessment Framework (NAF).

3. Thematic priorities 2009 - 2010

The **overall objective** is to improve the quality of humanitarian response by improving quality, availability and timeliness of reliable information on humanitarian conditions.

The **specific objective** is to collect, generate, and compile information and to synthesize and communicate the results of these analyses.

The next sections highlight priorities, based on the following specific **outputs/expected results**:

1. Improved collection, compilation, analysis and synthesis of humanitarian data;
2. Methodological norms elaborated;
3. Communication tools developed;
4. Training materials developed and activities implemented;
5. Administration and management strengthened

DRAFT / HNTS PRIORITIES 2009 - 2011

3.1. Improved collection, compilation, analysis and synthesis of humanitarian data

3.1.1. Activities

- Identify countries in which to work and new emergencies to support;
- Establish working relationships at central and field levels with potential partners to collect existing information and improve information on health and nutrition;
- Identify and elicit commitments of key partners for achieving HNTS goals;
- Promulgate the use of several key indicators among partners and standardize their data collection, interpretation and reporting.

3.1.2. Countries targeted for HNTS implementation

a) Democratic Republic of Congo, a priority country in 2009 - 2011

The development of HNTS activities in **DRC is a priority for 2009 and 2011.**

Although it presents many challenges, the HNTS Technical Secretariat intends to engage HNTS for the long-term in DRC and not just focus on sudden emergencies.

The HNTS project director and the epidemiologist visited DRC in March 2009 to assess the situation on the ground and set up the HNTS field presence and activities.

A **HNTS field epidemiologist** (see, Job description) should start working in the region by June 2009 (firstly in Goma for several months).

This position would be integrated / seconded to an international NGO (discussions about practical collaboration between HNTS and the IRC and/or Merlin, UNOCHA too, are ongoing and should be finalized in May 2009). However, it should be based in the office of UNOCHA to support data collection, analysis and interpretation by national authorities, the nutrition and health clusters and relief organizations.

The HNTS health and nutrition epidemiologists based in Geneva will regularly visit DRC in the coming months to develop HNTS field support activities.

b) Others countries targeted for HNTS implementation

In January 2009, the HNTS SC recommended that HNTS's work in DRC be well-established before opening a second HNTS field base in the second half of 2009 or the beginning of 2010.

This **second base** could be set up in a country such as the Central African Republic, Chad and Sudan or in another region (Central Asia). Options will be explored if possible for October 2009 (and the next HNTS Steering Committee).

In 2009, **possible ad-hoc technical support** will be developed for 3 countries: **Uganda** (especially about the nutritional situation in the Karamoja region) and certainly the CAR/Chad/Sudan region. Contacts will be developed by the HNTS Technical Secretariat in the coming months with UNOCHA and other relief organizations in these countries to confirm this intention.

In the future, depending on new emergencies and possible requests from donors or relief organizations/partners (and financial support), HNTS will need to adapt its activities and develop its field presence depending of on new emergencies and disasters.

3.1.3. Establishing working relations with potential partners

Developing networks and establishing working relations with potential partners at central and field levels is an important activity for the HNTS team.

a) Global - central level

i) HNTS/WHO-HAC relations

HNTS is hosted by WHO - Health Action in Crisis (HAC) Cluster, from which it receives daily administrative and practical support.

The HNTS project director has access to the weekly meetings of HAC directors, and interacts with HAC staff (including the office of the Assistant Director-General) on a daily basis.

The Health and Nutrition Tracking Service (HNTS) is an independent interagency initiative hosted by WHO

In the future, the HNTS project director will continue to participate in such strategic meetings within WHO-HAC, including HAC retreats, and Donors/WHO-HAC meetings.

The HNTS team will also continue to meet regularly with different technical areas/units in WHO that are responsible for data collection and surveillance in crises, including the Disease Control in Humanitarian Emergencies unit, the Nutrition unit and the Vulnerability and Risk Analysis & Mapping project.

The HNTS team also works closely with the Global Health Cluster focal point based in HAC.

ii) External representation

In 2008, the HNTS team attended several external meetings in order to present its work and foster collaboration with relief organizations.

Since then, the HNTS Technical Secretariat has planned/organized meetings with IASC representatives, OCHA (ACE project), CRED, Epicentre, ALNAP, heads of the SPHERE project, the SMART initiative, UNICEF (i.e. rapid assessment tool and the methodologies underpinning UNICEF/MICS), WFP (VAM), FAO (FSAU)... These meetings allow the HNTS Technical Secretariat to explore possible collaborations.

In 2009 and 2011, HNTS will strengthen its participation to the Global Health and Nutrition Clusters meetings and could attend some other specific interesting symposiums for developments of HNTS activities / technical support (CDC, Epicentre, WHO...).

HNTS is also considering organizing visits in 2009 to Nairobi (Kenya) to meet with specific partners based in the region.

iii) Development of specific collaborations

In January 2009, the HNTS SC decided to support the development of collaboration with agencies such as CDC, EPICENTRE and CRED on data tracking and analysis, and requested HNTS Technical Secretariat to explore possible support to existing initiatives such as IPC/FAO, SMART, SPHERE, GHC/GNC, etc.

HNTS is today a member of the following working groups dealing with tools development, data collection and peer-review activities... etc. Its technical involvement will continue in 2009 - 2010.

Initiatives	Led by	Specific WG	Name
IASC Global Health Cluster	WHO	Guidance and Tools	Xavier de Radiguès
IASC Global Nutrition Cluster	UNICEF	Assessment	Claudine Prudhon
SCN Task Force on Assessment, Monitoring and Evaluation	FAO		Claudine Prudhon
SMART	ACF-Canada	Review Committee	Claudine Prudhon
Standard reporting for Supplementary Feeding Centres	SC-ENN		Claudine Prudhon
Assessment and Classification in Emergencies (ACE)	OCHA	Dashboard prototype	Xavier de Radiguès
SPHERE standards revision	SC-UK	Nutrition	Claudine Prudhon
SPHERE standards revision	World Vision	Health	Xavier de Radiguès
Nutrition and Pastoralists	ACF-France	Peer-review group	Claudine Prudhon

b) Field level

In January 2009, the HNTS SC supported a pragmatic approach at field level, with strong collaboration when possible with all relief organizations and national authorities including the Humanitarian Coordinator/Clusters.

During a recent visit to DRC, the HNTS project director and the health epidemiologist met with several contacts to assess the feasibility of HNTS presence and activities in DRC.

The annex 1 attached gives a better idea of discussions content and conclusions, and possible working relations with potential partners.

The main conclusions of this assessment visit are:

- Important need at central and field levels for a normative and operational support from HNTS to improve collection, consolidation and quality of information; clear requests to support the Health and Nutrition Clusters dynamic, developing sharing of information among field actors; specific requests for HNTS to explore data collection methods and to develop nutrition and mortality prospective surveillance if feasible; request to develop best practices about mortality and nutrition surveys especially through HNTS help desk and peer review function (with partners such as UNICEF, ACF and COOPI, PRONANUT, and others); request to support national health authorities, to strengthen data collection, consolidation and analysis...
- Necessity to work in close collaboration with UNOCHA and to offer a service to all partners, in - and out - the clusters dynamic;
- Positioning a HNTS epidemiologist in Goma as a start for providing support through the clusters to the national authorities and other relief organizations willing to develop partnership with HNTS (such as Merlin, IRC, Save the Children and World Vision); in the future, positioning a second HNTS staff in Kinshasa at central level could be needed;
- Developing a surge capacity to support field organizations in case of new emergencies;
- If North Kivu is a priority target area for HNTS implementation because of violence and massive displacements and their human consequences, we should not forget to assess possible HNTS support to relief organizations and national authorities in other regions affected by poverty, disruption of the health system, with high mortality and poor nutrition status among the population.

3.1.4. Strengthening the Help desk capacity

The HNTS epidemiologists began supporting field activities in 2008 and will continue to do so in 2009 and 2010.

a) Composition and function

Who?

- HNTS experts/staff in Geneva, and in the field (DRC first), and also, if possible, network of experts from agencies supporting the HNTS or members of the HNTS SC or ERG. A dynamic and open network needs to be built in the coming months/years.
- Contact address of the HNTS TS for technical and operational requests: hnts@who.int

What?

- Answer methodological queries from agencies (i.e. selecting mortality and nutrition indicators for specific circumstances, designing surveys/studies, solving practical field problems, reviewing methods and results of population surveys/studies, interpreting results, indentifying technical documentation, guidelines and resources, reconciling multiple sources of data on mortality and nutrition, as well as linking with additional relevant experts);
- Review survey protocols, if needed with the support of specific peer review panel(s);
- Develop and support tracking activities in countries targeted for HNTS implementation;
- Develop collaboration with field actors and other tracking initiatives.

b) Priorities

In the course of 2008, the help desk capacity provided **technical support on demand to several countries and field projects** (see the activity progress report January 2008 - March 2009).

The two Geneva based epidemiologists will have to focus on DRC in 2009 and 2011, in order to support tracking activities of field relief organizations and national authorities in the region. They will support the HNTS field epidemiologist working in Goma, DRC.

All other requests received by the HNTS TS for ad-hoc support will be treated on a case by case basis. However, punctual ad hoc technical support to Uganda and other countries is currently under consideration. However, the HNTS TS must be able to adapt to new demands received from other countries or crises.

HNTS will also continue **to support tools and information system developments** such as the initial rapid assessment tool (technical support for the design and development of this Global Health, Nutrition and WASH Clusters' tool), the HeRAMS (Health Resources Availability Mapping System), the SPHERE project (revision 2010).

Discussions are ongoing with FAO and the Integrated Food Security Phase Classification (IPC) on the possibility for HNTS to support the IPC data analysis system development. FAO is piloting the IPC in Burundi, DRC, Kenya, Tanzania and Uganda. The IPC uses mortality and disease indicators, among others, as key reference outcomes to support the phase classification. However, difficulties in health data collection and interpretation remain, as confirmed during previous training and analytical sessions organized by FAO in eastern and central Africa. HNTS can help strengthen the health and nutrition component of IPC activities.

A specific **backup support will be developed for partners using the HINTS**, an early warning surveillance tool, developed by HNTS in 2008 and currently used in DRC.

In the future, HNTS could also **support the development of mortality / nutrition prospective surveillance** in DRC with specific field partners.

3.2. Methodological norms elaborated

3.2.1. Activities

- Identify methodological gaps, elaborate strategies to address them and execute the projects to address topical priority area for ERG action;
- Mobilize and convene the ERG via regular major meetings and technical panel work;
- Develop, test and further elaborate standards / best practices for data collection and analysis;
- Give guidance about data collection, surveillance and surveys and develop a peer review function.

3.2.2. Expert Reference Group (ERG)

a) Composition and function

Who?

- Leading technical experts in the field of mortality, health and nutrition data collection and analysis, including a core group of members complemented by expert task forces with flexible membership;
- Members of the HNTS ERG are selected and involved based only on their technical merit;
- Majority of members currently from Europe and North America; the group composition should be more inclusive; the setting up of the ERG is Key to the HNTS strategy.
- Leadership and working groups need to be organized.

What?

- To provide expert opinion in case of potential differences about tools/methods - study validity;
- To review and if needed endorse all methodological aspects relevant to the HNTS, including the list of minimum indicators for coverage and performance of key health services, benchmarks and triggers; to concentrate on mortality and nutrition for the time being;
- To provide technical guidance on data collection and analysis to support emergency response, focusing on acceptable tools for data collection and a checklist of standards for surveys;
- To promote the use of best practices in this area and implement them where required, with guidelines on strategic and technical issues and the ethical aspects of studies/surveys;
- To promote the harmonization of a training curriculum focusing on relevant aspects of HNTS project implementation;
- To identify a research agenda (and supervise the work of temporary consultants) on topics such as:
 - Comparing various approaches to mortality estimation, and conducting studies to establish the relative validity of various methods (including samplings and questionnaire designs);
 - Exploring new methods for remote data collection (including remote surveys and satellite data analysis) and mortality prediction (including mathematical modeling), snowball sampling, cell phone sentinel site;
 - Designing methods to systematically review and meta-analyse data from multiple sources so as to generate crisis-wide estimates for the key indicators in questions, particularly malnutrition and mortality;
 - Determining the validity of nutrition surveillance through health centers and sentinel sites in the community, for detecting changes in the nutritional situation;
- To establish task forces to deal with specific outstanding technical issues.

b) HNTS ERG Meetings

The first ERG meeting was organized 17th and 18th of February 2009 (see minutes and main conclusions).

The following issues related to ERG governance were discussed and approved, and will need to be implemented in the coming months:

- Reporting flow from ERG to TS and then to SC;
- Designation of a Chair for three years. It was agreed it would be of added value if the ERG chair could attend SC meetings;
- Better gender and regional representation in the ERG;
- ERG member possible roll-over every three years;
- Occasional participation of humanitarian actors in ERG meetings, depending on needs;
- Creation of working groups;
- Peer-review panel function supported;
- Twice yearly ERG meetings;
- Circulation of ERG TOR to ERG members for comments.

A second ERG meeting should be organized at the end of 2009 or beginning of 2010.

3.2.3. Nutrition and mortality

Priorities currently discussed with the members of the HNTS Steering Committee are:

i) Survey methodologies and validation of surveys

There have been numerous reports of problems regarding nutrition/mortality surveys, including methodology, analysis and interpretation of data. Several projects could help resolve some of these issues.

Improving small-scale surveys

- Development of a guidance note/fact sheet on small-scale nutrition/mortality surveys which would include when/where/what for and what not for.

Potential partners: Tulane University - Timing: 2009

- Continuation of reviews of survey methodologies, use of information produced by surveys, and recommendations.

Consultations for HNTS (such as for reviews on DRC and Darfur) - Timing: 2009-2010

Validation of surveys from reports

- Development of a scoring system for nutrition/mortality surveys, drawing from Francesco Checchi's paper on scoring system for mortality and from Prudhon & Spiegel's paper on review of nutrition surveys.

Potential partners: WHO, CRED, Bandim Health Project at Statens Serum Institute, Copenhagen - Timing: 2009-2010

Improving second stage sampling of cluster surveys

There is a call for several years to move out from the "spin the pen/bottle" second stage sampling methodology to a second stage sampling which would decrease selection problems linked to this method. However, it has proved difficult to implement other methods in the field. More research needs to be conducted about which method could be used depending on the context, such as villages, towns, and scattered populations.

Field studies might be implemented to respond to the needs in DRC.

Potential partners: Epicentre, CDC and interested NGOs - Timing: depending on the needs in DRC

Development of a new survey methodology

Current methodologies for assessing prevalence of severe acute malnutrition are not precise enough to enable calculation of the number of children that could be expected in nutrition programme. Moreover, they give an overall estimation of the prevalence of acute malnutrition in the survey area but do not permit to spot areas of higher prevalence.

Development of a methodology for assessing Severe Acute Malnutrition (SAM) with sufficient precision, for a better planning of nutrition programmes (see 3) is therefore needed. A method which will permit the assessment of both global acute malnutrition and SAM with sufficient precision would be ideal.

Potential partners: WHO, Epicentre, Institute of Ophthalmology at University College London, and interested NGOs - Timing: 2009-2010

ii) Surveillance

Little is known about the validity of data of surveillance systems and their ability to accurately show trends and deterioration in the nutrition/mortality situation. However, surveillance might play a key role in nutrition information systems. This issue was discussed during a CDC meeting in March 2009 and several gaps were identified. HNTS could collaborate with partners on moving forward to answer some of these questions. For example, a background paper reviewing publications about validity and accuracy of surveillance systems could be developed, and field studies implemented to respond to the needs in DRC.

Potential partners: Interested stakeholders involved in surveillance such as UNICEF, WHO, FSNAU, IPC, IRD, Epicentre and CDC as well as NGO partners in DRC - Timing: 2009-2010

iii) Determination of needs for nutrition programming

The calculation of the number of malnourished children which might be expected in a nutrition programme is difficult. Most of the time, only prevalence of acute malnutrition from nutrition surveys is available, while incidence would be needed. A paper which gives an estimation of a conversion factor to estimate incidence of malnutrition from prevalence has recently been published. This paper used data of wasted children in Senegal and DRC. More research on this issue is needed with other data sets, and in particular datasets including oedema. *Valid International* seems to have data including oedema from Malawi, and is willing to further explore this issue. Epicentre/MSF has also a huge dataset from Niger which could be used for this purpose. Other data might exist among NGOs and UN agencies. The best conversion factor will further need to be validated prospectively by calculating the number of children in need of treatment of malnutrition and evaluating the numbers really admitted.

The HNTS could design a project to coordinate the different studies, put together the results and develop a consensus on the best way to calculate incidence from prevalence and therefore the number of children that can be expected in a nutrition programme, and validate it a prospective way.

Potential partners: WHO, UNICEF, Epicentre, Valid International as well as interested NGOs, especially in DRC - Timing: 2010

iv) Real-time monitoring of the food and nutrition situation in vulnerable communities

Food prices spiked in 2008, and remain higher than average internationally and in many developing countries. The global economic downturn, triggered by the financial crisis is now a further threat to the livelihoods of the poor. Estimates of the impact of both on the numbers of hungry and malnourished people abound. These estimates are limited by 1- the absence of regularly collected data – DHS, MICS and household budget surveys usually happen every 3-5 years and are unable to pick up the impact of shocks in a timely manner and often exclude the most vulnerable populations (e.g. those affected by conflict); 2- estimates of numbers of hungry people in the world being based on food balance sheets which cannot take into account food access.

The inability of the international system to be able to get a snap shot of the impact of the food price hike (and now global recession) on the poor has been noted as a major gap by the UN's High Level Task Force on the food crisis, the 2009 Food Security Summit in Madrid, groups discussing the review of the nutrition architecture and most recently during discussions in the run up to G20 to develop a Global Vulnerability Alert.

To contribute to an improvement of the quantity and quality of data available on the food and nutrition impact of the global economic crisis, SC-UK and ACF have developed a project which will include piloting and refining a method for surveillance of a minimum set of food security and nutrition indicators; and applying the method in a variety of contexts – 10 vulnerable communities including pastoralist and urban communities.

HNTS could have a support role in the design of the methodology, the analysis and the review of findings.

Partnership between ACF, SC-UK and FANTA, with a peer review group including relevant representatives of the HNTS, HLTF, GPAFSN and Global Vulnerability Alert.

Timing: 2009-10

v) Relative interest of different methods for assessing nutrition and mortality situations and triangulation of information

Ranking of the methods (such as surveillance systems, surveys) that provide the best data in emergencies, by quality of the information obtained, but as well by purpose -if the survey objective is, for example, to help management of programmes, calculate needs, obtain an estimation to assess impact, or lobby for media attention or resources. Timeliness of surveys should be included and cost of the different types of surveys and surveillance systems should be taken into account.

This might be difficult to do before we have more information and practical experience about surveillance.

There is also a need for more guidance on how to triangulate information in order to get a clear picture of a situation.

Potential partners: Interested stakeholders involved in surveys and surveillance such as UNICEF, WHO, FSNAU, IPC, and CDC.

Timing: 2010

3.2.4. Consultancies to identify gaps

In 2008, the HNTS TS commissioned several studies which gave several recommendations that need to be implemented in 2009 - 2010. New consultancies will be conducted in 2009 - 2011 under request of the HNTS Technical Secretariat.

a) Priority indicators in complex emergencies

A first document - *Priority Indicators in Complex Emergencies: Summary* (by Les Roberts) - was produced in 2008³.

In January 2009, the HNTS SC agreed on the need for a core set of nutrition and mortality indicators, with the possibility of adding others as and when needed. The HNTS SC agreed that other indicators could be integrated according to context while keeping in mind the core set.

In February 2009, the ERG supported the recommendations of Mr Les Roberts' document, particularly concerning the main indicators to be tracked in crises:

- mortality: CMR and U5MR, if possible gender-specific rates;
- malnutrition: GAM and SAM, with weight for height and MUAC;
- other additional indicators could be used depending on the specific crisis context, such as indicators of humanitarian and health coverage (e.g. litres of safe drinking water per person per day, vaccination and nutritional programme coverage, OPD attendance, beneficiaries reached by food aid and assistance), and contextual indicators.

The ERG agreed there was a need to stay flexible and to adapt tracking of indicators to the crisis context. The ERG supported the need for different priority indicators depending on the type of emergency situation (acute versus protracted, natural disaster versus conflict, developing country versus developed). Malnutrition and mortality should be at the top and then one or two major indicators that correspond to each of the major underlying causes of these outcomes could be added (e.g. indicators on access to health services, environment/water/sanitation, caring practices and food security).

The ERG also confirmed the need to try to reduce key indicators to one or two easily measurable ones per sector, in both HNTS activities and the revised SPHERE standards. They should be based on some evidence indicating they are related to human health. The ERG also supported the need for the HNTS to participate in the revision of the SPHERE indicators.

³ It is a summary of efforts to advise HNTS regarding a very short priority list of health indicators to be promoted for use in all health crisis settings. The report has five components: (1) a review of policies of selected organizations with regard to essential measures expected in the emergency situations where they work; (2) interviews with 11 NGOs in four countries about what they presently collect vs. acquire from other organizations; (3) a brief review of the evidence base for the SPHERE Indicators as they are central to many INGO indicator collection policies; (4) past publications

Since then, the HNTS TS defined a list of core and additional indicators on mortality, nutrition and contextual information in various situations. The list is currently circulated to ERG members for their comments and will be submitted to the SC in the course of May 2009. Once finalized, the list will be the reference list for HNTS.

b) Mortality estimates in crisis-affected populations - inference from multiple sources

A second document - Mortality Estimates in Crisis-Affected Populations: Inference from Multiple Sources (by Francesco Checchi) - was produced in 2008⁴.

To support HNTS activities, the ERG suggested establishing sub-working groups on several important subjects including the quality scoring of surveys/quality control of data collected, use of surveillance data in crises, and estimation of mortality and nutrition trends in crises.

As first next steps, the HNTS TS has decided to apply the proposed quality scoring to about 30 survey reports, in order to see how it fits and how to adjust it. The HNTS Nutrition Epidemiologist will also try to develop the same type of scoring for nutrition (for measurement and calculation, as for selection it would be about the same as that for mortality) and to apply it to survey reports. After adjustments of the scoring according to what will be found when applying it to the survey reports, the HNTS TS will see how to further refine/validate it with the support of HNTS experts.

c) Review of surveys for 2007 and 2008 in Eastern DRC

In early 2009, the HNTS TS requested Epicentre to conduct a review of surveys for 2007 and 2008 in North Kivu. The findings were presented during the first ERG meeting from 17 to 18 February 2009.

A final report with recommendations was sent to the HNTS TS in April and shared with SC and ERG members. Conclusions and recommendations⁵ show the need for the HNTS to develop its technical support to relief organizations and other partners conducting surveys in the region (but not only).

Although this survey review looked at only 4 surveys and in only one area of humanitarian action, the recommendations that follow apply to other contexts.

That is the reason why the HNTS should give guidance about when, where and how to do surveys and develop a peer review function for methodology and analysis of survey results to support field actors. Although surveillance systems and data tracking are not easy to implement in crises, HNTS TS with the support of its ERG should try to develop surveillance systems using for example a sentinel site approach in Eastern DRC. It should be a priority objective in 2009 - 2011.

A specific Experts working group coordinated by the TS should be put in place to support HNTS field activities in this area.

⁴ It considers the problem of combining different sources of information on mortality into one single estimate of the death toll attributable to crises. The document explores quality scoring of sources, and metadata collection and re-analysis of important datasets if needed. It also proposes a survey ranking system and suggests possible uses of surveillance and body count data. Outstanding issues, limitations and possible next steps are also discussed.

⁵ First, many surveys are conducted by experienced field epidemiologists, but **there is not a formal mechanism for NGOs to present their survey protocols for methodological review**. Ethical committee approval may ensure that participants are respected, but methodological questions and the specificity of the conduct of mortality and nutritional surveys still lacks sufficient forums for discussion. The recently formed Expert Review Group of the HNTS, or another similar body such as the Technical Advisory Committee of SMART, could provide a mechanism for peer-review of these protocols before implementation. This would ideally help prevent serious methodological pit-falls, and improve the overall quality of the information collected. First, NGOs may have internal assurance that if their protocols are adhered to, their results will be informative for their stated objectives. Second, official review of surveys meant principally for advocacy purposes, whether this is stated clearly or not, can help ensure that they will be met with less criticism if publicized or submitted for peer-reviewed publications. Third, the act of presenting a protocol would ensure that a protocol is actually written, discussed before implementation and the objectives and expected results clarified.

Second, there is **a clear and perpetual need to look beyond retrospective mortality surveys and punctual nutritional assessments**. In some cases, organizations are present in an area for an extended period and the implementation of a prospective surveillance system, however rudimentary, is possible. Surveillance systems may not always be possible in a context of ongoing violence, but should be investigated. Third, initiatives such as SMART have emerged to ensure standardization of planning, training, analysis and minimum reporting requirements. The initiative aims to revise guidance on a continual basis taking into account feedback from field epidemiologists. The SMART initiative also provides user-friendly software for the conduct of mortality and nutritional assessments. However, use of the software alone is insufficient to ensure the appropriate conduct of surveys. The guidelines that accompany the software are just as essential. Nevertheless, through initiatives like SMART, some degree of standardization could be assured allowing for results to be compared, shared and to ensure that new interventions can be planned and existing interventions adapted.

d) Demographic approaches to estimate mortality and their possible applications in various crisis contexts

In February 2009, the ERG organized a working session on demographic approaches to estimate mortality and their possible applications in various crisis contexts, and introduced the topic of recent controversies about excess mortality in DRC and Iraq. The ERG agreed it was important to try to come to some agreement between epidemiologists and demographers in general on the most valid methods to estimate mortality rates and excess mortality in humanitarian settings.

A specific ERG sub-working group will be established to explore areas of collaboration and subjects, and a concept note will be drafted to see the pro and cons of both approaches when speaking about mortality and nutrition in crises.

Following the current controversy on mortality estimates in DRC, the ERG commended the IRC initiative requesting the ERG to conduct a peer-review of their surveys and of the Lambert and Lohle-Tart study. The ERG agreed to review the IRC and Lambert and Lohle-Tart studies and give comments to IRC.

This peer review is now available, was sent to IRC and will be soon published.

e) Conducting new consultancies in 2009 - 2010

In January 2009, the HNTS SC proposed that a consultancy be conducted to review nutrition and mortality data/surveys in Darfur, Sudan.

Terms of reference were developed by the HNTS TS in collaboration with the SC (see term of references).

With the Sudanese government's decision of 4 March 2009 to expel 16 NGOs from Darfur, this review is an even greater priority.

Timing: June 2009.

New consultancies will be decided by the HNTS TS in close coordination with the members of the HNTS SC, with the objective to realize at least 4 consultancies every year.

3.3. Communication tools developed

3.3.1. Activities

- Develop HNTS webpage and strengthen HNTS visibility;
- Promulgate results of SC and ERG meetings and panel deliberations;
- Elaborate public communication materials on HNTS and its roles;
- Develop informational templates for HNTS country reports;
- Consult to assess utility of actual and potential information tools;
- Elaborate templates for data entry, reporting and display.

3.3.2. Priorities

a) Strengthening visibility of HNTS

At its meeting in January 2009, the HNTS SC agreed on the need to increase HNTS's visibility, and supported proposals made by the TS in this regard, including the development of a new simplified brochure on HNTS activities and principles of functioning, the publication of quarterly news bulletins, and the establishment of an independent website.

Logistics and practical aspects are currently being explored by the HNTS TS.

b) Organizing a public symposium early 2010

The HNTS SC supported also the possible organization by the TS of a public symposium to share field experience and normative achievements among NGOs and UN agencies.

"Realistic" timing: 2010.

3.4. Training materials developed and activities implemented

3.4.1. Activities

- Elaborate partnerships with related organizations for mapping current work, and developing teaching and training;
- Develop information documents and tools;
- Use these documents and tools at central level and in-country with local and international partners.

3.4.2. Priorities

a) Mapping of existing training materials

The HNTS Technical Secretariat has established contacts with CDC, Epicentre, the DCE unit in WHO and others to assess needs (mapping of existing training materials) and explore possible collaboration. It needs to be further explored in 2009.

b) Supporting surveillance in crisis training sessions in Democratic Republic of Congo

The HNTS TS is also assessing the possibility of organizing several training sessions in DRC in 2009 (at least one in Kinshasa and one in Goma) about mortality and nutrition surveillance in crises (in collaboration with the Ministry of Health, relief organizations and Epicentre).

Strengthening local capacities is a priority for 2009.

c) Providing an initial pool of experts for field deployment

In the course of 2009, the HNTS Technical Secretariat will assess the possibilities and conditions of developing partnerships with other organizations and centres to provide an initial pool of experts for field deployment.

d) Developing a training project and curriculum.

To be further explored - *Timing: 2010*

3.5. Administration and management strengthened

3.5.1. Activities

- Arrange with legal, computing and HR departments in WHO to establish and operate a partnership, including data use issues, website management, and public communications, maintaining the appearance and substance of technical independence;
- Manage the HNTS team;
- Develop partnerships with other organizations on the sharing of data / indicators, and use of intellectual tools;
- Carry out partners/donors meetings to create continued funding base;
- Organize Steering Committee and ERG.

3.5.2. Priorities

a) Stabilizing HNTS team

The HNTS team is now composed of an interim project director, a health epidemiologist, a nutrition epidemiologist and an administrative assistant. It needs to be stabilized to avoid rapid turn over of its members and to allow continuity in the activities currently under development.

The interim *Project Director (D1)* is Mr Pierre Salignon, who began to work on 1 October 2008. He replaced Richard Garfield, who began working with HNTS in October 2007 and left in August 2008. This post was advertised on 2 December 2008 as a two-year contract. Mr Salignon is being extended on successive short-term contracts until such time as the fixed-term position is filled (end of June 2009). This position is based in Geneva but involves extensive travel. The recruitment process is currently under way and managed by WHO HAC.

The *Health Epidemiologist (P4)* position is currently filled by Dr Xavier de Radiguès, who began working with HNTS in June 2008 under a short-term contract. He received a one-year contract at the end of January 2009. This position is based in Geneva but involves extensive field visits to fill gaps and respond to requests for technical support.

The *Nutritional Epidemiologist (P4)*, Ms Claudine Prudhon, began work with the HNTS on 1 November 2008 under a nine-month contract ending 8th of July 2009. After one month of break (for administrative reasons), Claudine will receive a one year contract starting august 2009. This position is based in Geneva but involves extensive field visits to fill gaps and respond to requests for technical support.

The *Administrative assistant (G5)*, Mrs Chiara Doninelli, began working in December 2008 with a one-year contract.

The recruitment of an *HNTS field epidemiologist* to be based in DRC Goma is under discussion with IRC and Merlin (see job profile), with one-year contract starting in the course of May 2009 or beginning of June 2009.

c) Strengthening WHO administrative support to HNTS

WHO provides the following assistance to the HNTS:

- Administrative, HR and financial services;
- Availability of a bilingual staff member on an ad hoc basis to help with editing, proofreading and general communications;
- Communication, media and IT assistance for public communication if needed and for the development of an Internet platform.

In the future, and on depending on HNTS project's development, this WHO HAC support may have to be strengthened to allow reactivity and adaptability to field realities and new emergencies or new requests received by the HNTS Technical Secretariat.

d) Clarifying HNTS Governance

Two HNTS SC meetings were organized in 2008 and a third was organized in early January 2009. At least two HNTS SC meetings should be organized in 2009. The next one should be end of October 2009.

During the last HNTS SC meeting on 14 January 2009, participants stressed that HNTS was an independent interagency partnership currently hosted by WHO/HAC. This arrangement could be re-evaluated in the future if constraints developed. While the importance of WHO/HAC's support in moving forward the HNTS was recognized, the HNTS SC asked the Project Director to keep it informed of any issues that might arise regarding the hosting arrangement (e.g. difficulties releasing data or any other matters that might impinge on the quick development of HNTS). It was suggested that transparent, open rules of engagement between HNTS and other field organizations be defined to facilitate the development of constructive partnerships.

The HNTS SC requested the HNTS TS and its Project Director to proactively engage with SC members, and, if needed, consult the two co-chairs and the Health Cluster focal point on urgent matters.

The HNTS SC requested the HNTS TS to explore the possibility of rotation of SC members.

e) Consolidating financial HNTS donors support to HNTS

HNTS needs to strengthen its financial support base.

HNTS's long-term goal is to secure un-earmarked long-term funding from a broad spectrum of public and private donors.