

NUTRITION INITIAL NEEDS ASSESSMENT (NINA) FORM										
Note: Conducted within 24-72 hours after the onset of emergency or disaster										
Geographic Information					Assessment Team Information					
Name of Evacuation Center (If applicable)					Date of Assessment					
Barangay					Name and Signature of Team Leader					
City/ Municipality					Designation and Agency					
Province					Contact Number(s)					
Region					Number of Team Members					
Respondents' Profile										
Name of Person(s) Interviewed					Designation			Contact Number		
PART 1 (Note: Part 1 should be collected prior to visiting the area or evacuation center)										
Demographic Data										
Population Groups		Male	Female	Total	Population Groups		Number			
All Age Groups					Pregnant Women (Total)					
Less than 6 months					• 1 <sup>st</sup> and 2 <sup>nd</sup> trimester					
6 to less than 24 months					• 3 <sup>rd</sup> trimester (should be referred to the nearest hospital)					
24 to 59 months										
60 years old and Above										
Persons with Disabilities (PWDs)					Lactating Mothers					
List of health and nutrition workers with relevant training										
Complete Name		Designation		Tick (✓) trainings attended						
				CGS	IYCF	MN	NiEm	MAM	SAM	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❶ CGS: Child Growth Standards ❷ IYCF: Infant and Young Child Feeding ❸ MN: Micronutrient Supplementation ❹ NiEm: Nutrition in Emergencies ❺ MAM: Management of Acute Malnutrition (Training) ❻ SAM: Severe Acute Malnutrition (Training)										
Note: Use separate sheets, as necessary										
Anthropometrics (Pre-emergency/disaster phase)										
Latest Operation Timbang Plus ( Year: _____ )					MUAC Assessment (Mo.Yr.) _____			<input type="checkbox"/> No data		
Children 0-59 months	Male	Female	Total	%	Children 6-59 months	Male	Female	Total	%	
Normal					Normal					
Wasted					11.5 to <12.5 cm (MAM)					
Severely Wasted					<11.5 cm (SAM)					
Number and prevalence of wasted and severely wasted children based on OPT+					Number and Prevalence of GAM (MAM and SAM)					
				Children with bilateral edema/SAM:						
				0-5 months						
				6-59 months						
❶ GAM: Global Acute Malnutrition ❷ MAM: Moderate Acute Malnutrition ❸ SAM: Severe Acute Malnutrition										
Infant and Young Child Feeding Practices										
Estimated exclusively breastfed children <6 months ( _____ out of _____ )										
Estimated continuously breastfed children 6-23 months ( _____ out of _____ )										
Estimated mixed-fed children				< 6 mos	( _____ / _____ )					
				6-23 mos	( _____ / _____ )					
Estimated children using formula and other milk substitute				< 6 mos	( _____ / _____ )					
				6-23 mos	( _____ / _____ )					
Treatment for children with Moderate Acute Malnutrition and Severe Acute Malnutrition										
Name of Facility/Service		Location		Tick (✓) all that apply						
				Supplementary Feeding Program (SFP) for MAM		Outpatient Therapeutic Care (OTC) for SAM		Inpatient Therapeutic Care (ITC) for SAM		
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Note: Use separate sheets, as necessary										

PART 2						
Demographic Data of Affected Population						
Population Groups	Male	Female	Total	Population Groups	Number affected	
All Age Groups				Pregnant Women (Total)		
Less than 6 months				• 1 <sup>st</sup> and 2 <sup>nd</sup> trimester		
6 to less than 24 months				• 3 <sup>rd</sup> trimester (should be referred to the nearest hospital)		
24 to 59 months						
60 years old and Above						
Persons with Disabilities (PWDs)				Lactating Mothers		
Services/Facilities						
Put a check in the appropriate box					Yes	No
Are there clearly identified IYCF/breastfeeding areas/spaces? If yes, how many:					<input type="checkbox"/>	<input type="checkbox"/>
Have infant milk products and/or baby bottles/ teats been distributed since the onset of the emergency/disaster? If yes, by whom:					<input type="checkbox"/>	<input type="checkbox"/>
Is there an available human milk bank in the area?					<input type="checkbox"/>	<input type="checkbox"/>
Are there IYCF support group deployed in the area? If yes, how many in the area and how many members per group?					<input type="checkbox"/>	<input type="checkbox"/>
Number of children 0-59 months experiencing diarrhea (3 or more watery stools in the past 24 hours):						
Micronutrient Stocks as of Visit						
Vitamin A capsules: 100,000 IU					capsules	
Vitamin A capsules: 200,000 IU					capsules	
Multiple Micronutrient Powder					sachets	
Iron drops: 15 mg iron/0.6 ml					bottles	
Iron 60 mg with Folic Acid 400 IU					tablets	
Iron 60 mg with Folic Acid 2.8 mg					tablets	
Zinc syrup/tablets					bottles	
Oral Rehydration Salts (ORS)					sachets	
Deworming tablets					tablets	
Others						
Nutrition Equipment and Supplies						
Assessment Tools			Community Management of Acute Malnutrition			
MUAC Tape for children	pcs		RUSF - Plumpy'Doz™		tubs	
MUAC Tape for adults	pcs		RUSF - Plumpy'Sup™		sachets	
Weighing Scales	pcs		RUSF-Others: _____		sachets	
Height Board/Stadiometer/Microtoise	pcs		RUTF - Plumpy'Nut®		sachets	
Weight for Length/Height Table	pcs		RUTF - eeZeePaste™		sachets	
Infant and Young Child Feeding			RUTF-Others: _____		sachets	
IYCF Counselling Cards	pcs		Therapeutic Milk F-75		sachets	
Breastfeeding Flip Charts	pcs		Therapeutic Milk F-100		sachets	
EO 51 (Milk Code) Posters	pcs		ORS for SAM - ReSoMal		sachets	
Others: _____	pcs		High Energy Biscuits (HEB)		sachets	
<b>➊ RUSF: Ready to Use Supplementary Food   ➋ RUTF: Ready to Use Therapeutic Food   ➌ ReSoMal: Rehydration Solution for Malnutrition</b>						
Ongoing Relief Efforts/Assistance						
In general, has reduction in food quantity and/or quality been observed?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	Has the community received any of the following assistance?	Encircle appropriate answer	Estimated quantity provided	Name of organization(s) providing assistance		
	Cooking Utensils	Yes   No				
	Food	Yes   No				
	Safe Water	Yes   No				
	Toilet/Portalet/Latrine	Yes   No				
	Hygiene Kit	Yes   No				
	Clothing	Yes   No				
Shelter	Yes   No					
Overall Assessment/Notes:						

