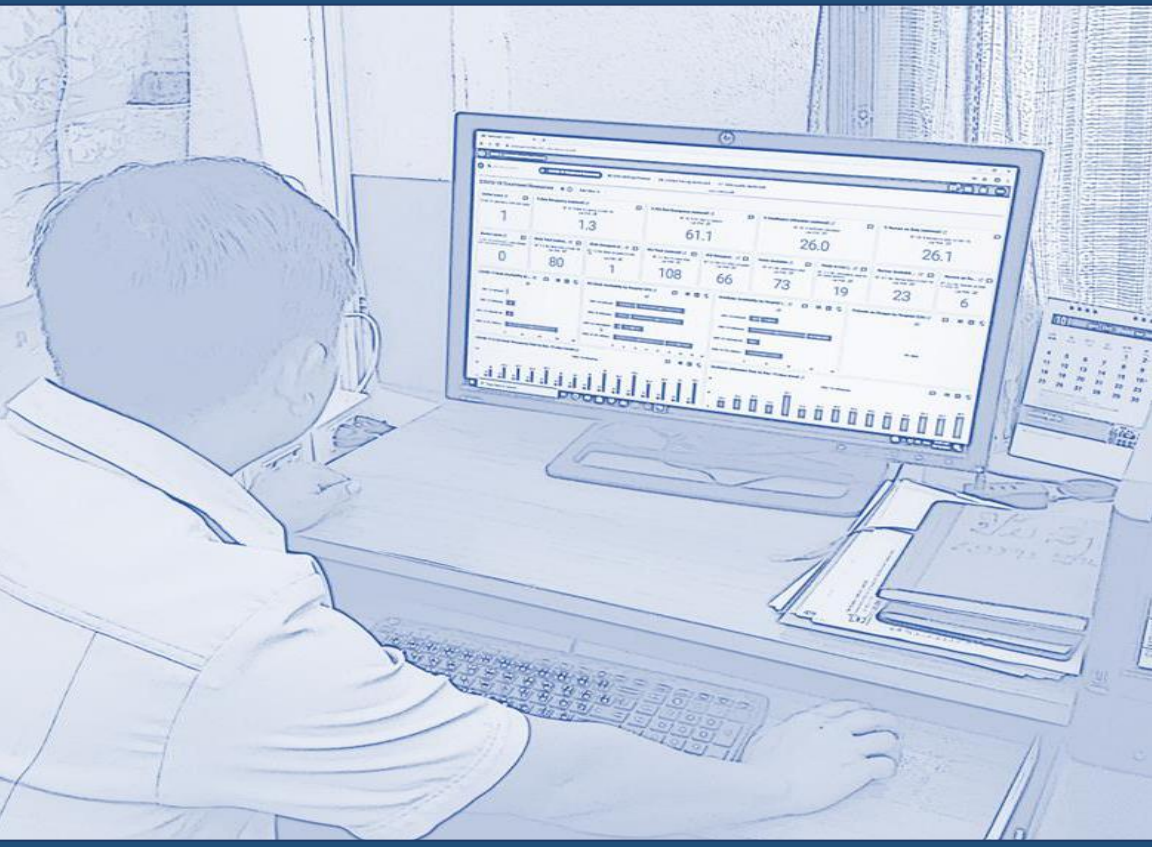
STANDARD OPERATING PROCEDURES FOR ROUTINE NUTRITION MONITORING



Strengthening National Nutrition Information Systems in Lao PDR

STANDARD OPERATING PROCEDURES FOR ROUTINE NUTRITION MONITORING

Centre of Nutrition

Department of Hygiene and Health Promotion

Department of Planning and Finance

Ministry of Health, Lao PDR

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FOREWORD

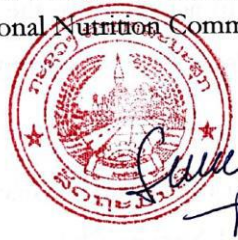
The Health Sector Reform Strategy (2013-2030) of the Ministry of Health, Lao PDR, introduced new methods for routine data collection, which have proven to be cost-effective and allow the country to monitor its health indicators more frequently. This enables better planning of health interventions that are tailored to the country's current challenges.

Nutrition programmes have been implemented in Lao PDR for several decades. However, planning and budgeting heavily relied on periodic surveys like the Lao Social Indicator Surveys (LSIS) conducted every five years. This affects the availability of regular data for informed decision making. To address this information gap and to ensure the availability of data for informed decision-making in the health sector, UNICEF and WHO have been supporting the Ministry of Health in strengthening routine nutrition information as part of the overall system strengthening agenda in the country. This effort includes support through a global European Union funded initiative called *"Strengthening National Nutrition Information Systems"* (SNNIS), which aims to enhance nutrition routine data availability and use for improved service delivery through the health sector. It is implemented in five countries, including Lao PDR, as the only country in the Southeast Asian Region.

The nutrition indicators are part of the RMNCAH module that is embedded in the DHIS2 platform and are aligned with National Plan of Action on Nutrition (NPAN 2021-2025). In 2022, the country's nutrition indicator framework was reviewed and as a result of these changes, this Standard Operating Procedure (SOP) for routine nutrition monitoring was prepared to provide guidance and serve as a reference document for subnational staff in the country.

I would like to express my sincere gratitude to the staff of the Centre of Nutrition, the Department of Planning and Finance (DPF), the Department of Hygiene and Health Promotion (DHHP) and the Technical Working Group (TWG) for their invaluable contributions to the review process and the development of this SOP. I would like to specifically thank the EU, UNICEF and WHO for their technical expertise and financial support. The successful implementation of this routine nutrition monitoring system is essential for the accelerated, efficient, and sustainable implementation of our nutrition programme. Therefore, I would like to call for active and continued engagement from provincial health offices and all sub-national government entities to ensure the successful implementation of the SOP.

Vientiane Capital,
Vice-Minister of Health, LAO P.D.R
National Nutrition Committee Secretariat



Dr.Snong THONGS

ACKNOWLEDGEMENT

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- Department of Hygiene and Health Promotion (DHHP)
- Department of Planning and Finance (DPF)
- Mother and Child Health Center (MCHC)
- Department of Healthcare and Rehabilitation (DHR)
- Centre of Nutrition (CN)
- Centre of Health Statistics and Information (CHSI)

We would like to acknowledge the active participation and contribution of Save the Children, Care International and SNV during the consultation meetings.

We would like to also extend our sincere appreciation to the European Union (EU), the United Nations Children's Fund (UNICEF), and World Health Organization (WHO) for their financial and technical support in improving the routine information system.

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RATIONALE AND PURPOSE OF THE SOP

In May 2012, the 65th World Health Assembly (WHA) endorsed a *Comprehensive implementation plan on maternal, infant and young child nutrition* that included six global targets for 2025. The six global nutrition targets are

- ✓ 40 percent global reduction in the number of stunted children under five
- ✓ 50 percent reduction of anemia in women of reproductive age
- ✓ 30 percent reduction of low birth weight
- ✓ No increase in childhood overweight
- ✓ Increased rate of exclusive breastfeeding in the first six months to at least 50 percent
- ✓ Reduced childhood wasting to less than 5 percent

In 2020, WHO and UNICEF member states approved the Global Nutrition Monitoring Framework (GNMF) on maternal, infant and young child nutrition and the six core outcome indicators to track progress against the six global nutrition targets. The GNMF included additional fourteen core indicators to the framework under four types (primary outcome, intermediate outcome, process and policy environment and capacity) of indicators to monitor pathways towards the global nutrition targets.

In 2014, Lao PDR adopted DHIS2 as the platform for its Health Management Information System (HMIS). In 2016, few nutrition data were integrated into the HMIS, allowing for comprehensive data collection and analysis. However, an assessment by the National Information Platforms highlighted that the country is highly dependent on the nutrition surveys that are conducted periodically. Therefore, it is crucial to harmonize and strengthen the Nutrition Information System (NIS) to facilitate routine data collection to effectively monitor the implementation of nutrition interventions.

UNICEF and WHO, with funding support from the European Commission, are collaborating to provide technical assistance and guidance to enhance national nutrition information systems. This initiative aims to improve the generation of timely and high-quality nutrition data, ultimately leading to better informed policy and program development, implementation, and monitoring. The overarching goal is to increase the utilization of nutrition information for effective decision-making and improve overall knowledge in the field of nutrition.

The SOP serves as a guide for guide nutrition stakeholders, providing detailed information on indicator definitions, calculation methods, disaggregation, data source, common challenges and recommended actions to enhance data quality and utilization at all levels. It aims to strengthen national nutrition information systems and improve the capacity of the Government to monitor nutrition programs.

Target users:

The SOP is designed for policy makers and program managers at the Ministry of Health. Specifically, the Department of Planning and Finance, Department of Hygiene and Health Promotion, Mother and Child Health Center, Center of Nutrition and Department of Healthcare and Rehabilitation, relevant Development Partners, Donors and Civil Society Organizations. At the subnational level, the SOP will be utilized by provincial, district, and facility staff to facilitate the collection, monitoring, and reporting of nutrition indicators.

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Abbreviations

ANC	Antenatal Care
CN	Center of Nutrition
CSC	Country steering committee
DHHP	Department of Hygiene and Health Promotion
DHIS2	District Health Information Software Version 2
DHO	District Health Officer
DHR	Department of Healthcare and Rehabilitation
DPF	Department of Planning and Finance
EC	European Commission
EU	European Union
GMP	Growth Monitoring and Promotion
GNMF	Global Nutrition Monitoring Framework
HMIS	Health Management Information System
ICN2	Second International Conference on Nutrition
IFA	Iron Folic Acid
IPD	In Patient Department
IMAM	Integrated Management of Acute Malnutrition
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCHC	Mother and Child Health Centre
MOH	Ministry of Health
N4G	Nutrition for Growth
NIPN	National Information Platforms for Nutrition
NIS	Nutrition information system
NPAN	National Plan of Action for Nutrition
OPD	Outpatient Department
ORS	Oral Rehydration Solution
PHO	Provincial Health Office
PIN	Partnership for Improved Nutrition
PIP	Project Implementation Plan
PNC	Postnatal care
PSC	Project Steering Committee
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SAM	Severe Acute Malnutrition
SD	Standard Deviation
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
TEAM	Technical Expert Advisory group on nutrition Monitoring
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

CATEGORY1 : GROWTH MONITORING AND PROMOTION

Proper nutrition during the first 1,000 days of life is vital for children's growth and development. Regular growth monitoring enables early identification of growth faltering and facilitates prompt intervention.

INDICATOR 1: ACCESS TO GROWTH MONITORING AND PROMOTION AMONG CHILDREN UNDER FIVE YEARS OF AGE

Growth monitoring refers to the process of tracking child growth by regularly measuring the child and comparing his or her growth (i.e., height or weight) to the WHO child growth standards. Assessing child growth and linking with tailored counselling and referral has greater benefits for children. These actions support children's optimal growth through increased caregiver awareness of child growth trends, improved caring practices, and increased use of other services. These contacts also provide an important opportunity for health workers to deliver other essential nutrition, child health, and development services.

Definition	Numerator	Denominator
Percentage of children aged 0–59 months who received growth assessment.	Number of children aged 0–59 months who received growth assessment.	Total number of children aged 0–59 months.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach

Key actions to consider:

A healthy child who is growing well should gain weight every month. If a child is not gaining weight or is losing weight, it indicates a problem and immediate attention should be sought at the nearest health facility.

During growth monitoring sessions, parents/caregivers can ask questions about their child's growth, health, and nutrition.

For the health workers, it is essential to promptly identify any signs of weight loss, severe thinness or swelling in children and refer for appropriate and timely treatment and follow-up actions.

If the coverage of growth assessment is poor, then implementing actions such as community mobilization, reminders, follow-ups to increase children's access to growth monitoring services could be explored.

INDICATOR 2: UNDERWEIGHT AMONG CHILDREN UNDER FIVE YEARS OF AGE (WEIGHT FOR AGE)

Underweight is a composite indicator which combines chronic and acute growth faltering. It can reflect wasting (i.e., low weight-for-height), indicating acute weight loss or stunting, or both. Thus, underweight is a composite indicator that may be difficult to interpret and applied meaningfully.

Definition	Numerator	Denominator
Percentage of children aged 0-59 months who are underweight.	Number of children aged 0–59 months with weight-for-age less than -2 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Percentage of children aged 0-59 months who are moderate underweight.	Number of children aged 0–59 months with weight-for-age less than -2 SD to -3 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Percentage of children aged 0-59 months who are severely underweight.	Number of children aged 0–59 months with weight-for-age less than -3 SD.	Total number of children aged 0–59 months who were weighed (total registrants).

Growth monitoring based on WHO Child Growth Standard Deviation (SD) scores.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach

Limitation: This indicator serves as the basis for counselling of mothers on the growth of their children. However, it should not be used as an estimation for the population as it is not representative and limited to those who attend growth monitoring sessions.

INDICATOR 3: WASTING AMONG CHILDREN UNDER FIVE YEARS OF AGE (WEIGHT FOR HEIGHT)

Child wasting refers to a child who is too thin for his or her height and is the result of recent rapid weight loss or the failure to gain weight. Wasting is caused by acute food shortages and/or disease and is strongly associated with under-5 mortality. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible. Child wasting is one of the World Health Assembly nutrition target indicators.

Definition	Numerator	Denominator
Percentage of children aged 0-59 months who are wasted.	Number of children aged 0–59 months with weight-for-height less than -2 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Percentage of children aged 0-59 months who are moderate wasted (MAM).	Number of children aged 0–59 months with weight-for-height less than -2 SD to -3 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Percentage of children aged 0-59 months who are severely wasted (SAM).	Number of children aged 0–59 months with weight-for-height less than -3 SD.	Total number of children aged 0–59 months who were weighed (total registrants).

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach

Limitation: This indicator serves as the basis for counselling of mothers on the growth of their children. However. it should not be used as an estimation for the population as it is not representative and limited to those who attend growth monitoring sessions.

INDICATOR 4: STUNTING AMONG CHILDREN UNDER FIVE YEARS OF AGE (HEIGHT FOR AGE)

Child stunting refers to a child who is too short for his or her age and results from chronic or recurrent malnutrition. Stunting is a risk factor to child mortality and a marker of inequalities in human development. Stunted children fail to reach their physical and cognitive potential. Child stunting is one of the World Health Assembly nutrition target indicators.

Definition	Numerator	Denominator
Percentage of children aged 0-59 months who are stunted.	Number of children aged 0–59 months with height-for-age less than -2 SD.	Total number of children aged 0–59 months whose height was measured (total registrants).
Percentage of children aged 0-59 months who are moderate stunted.	Number of children aged 0–59 months with height-for-age less than -2 SD to -3 SD.	Total number of children aged 0–59 months whose height was measured (total registrants).
Percentage of children aged 0-59 months who are severely stunted.	Number of children aged 0–59 months with height-for-age less than -3 SD.	Total number of children aged 0–59 months whose height was measured (total registrants).

Growth monitoring based on WHO Child Growth Standard Deviation (SD) scores.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach

Limitation: This indicator serves as the basis for counselling of mothers on the growth of their children. However, it should not be used as an estimation for the population as it is not representative and limited to those who attend growth monitoring sessions.

INDICATOR 5: OVERWEIGHT AMONG CHILDREN UNDER FIVE YEARS OF AGE (WEIGHT FOR HEIGHT)

In recent years the number of young children who are overweight has risen dramatically throughout the world due to changes in dietary consumption and more sedentary lifestyles. Overweight and obese children are likely to remain overweight and obese as adults. They are at an increased risk of developing non-communicable diseases such as diabetes, cardiovascular disease, and high blood pressure in their adulthood. Their quality of life may be negatively affected. Preventing and addressing overweight and obesity in young children requires educating families on the importance of providing a healthy diet based on unprocessed foods with high nutritional content and encouraging lots of physical activity. Children who eat healthily early in life are more likely to continue these habits into adulthood.

Definition	Numerator	Denominator
Percentage of children aged 0-59 months who are overweight.	Number of children aged 0–59 months with weight-for-height over +2 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Percentage of children aged 0-59 months who are severely overweight or obese.	Number of children aged 0–59 months with weight-for-height over +3 SD.	Total number of children aged 0–59 months who were weighed (total registrants).

Growth monitoring based on WHO Child Growth Standard Deviation (SD) scores.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach

Limitation: This indicator serves as the basis for counselling of mothers on the growth of their children. However, it should not be used as an estimation for the population as it is not representative and limited to those who attend growth monitoring sessions.

CATEGORY2 : MATERNAL, INFANT AND YOUNG CHILD NUTRITION

INDICATOR 6: PREGNANT WOMEN IDENTIFIED AS HAVING ANEMIA

Among pregnant women, iron deficiency anemia is associated with adverse reproductive outcomes such as preterm delivery, low-birth-weight infants, and even death. Iron deficiency is considered the most common cause of anemia, but there are other nutritional and non-nutritional causes. Testing for anemia during ANC visits is an indicator of the quality of ANC services and the detection of important risks associated with preventable mortality.

Definition	Numerator	Denominator
Percentage of pregnant women who are identified as having anemia (Hb<11 g/dl).	Number of pregnant women who had taken blood test during ANC visit and are identified as having anemia (Hb<11 g/dl).	Total number of pregnant women who had taken blood test during ANC visit.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility

INDICATOR 7: PREGNANT WOMEN WHO RECEIVED IFA TABLETS DURING ANTENATAL CARE VISIT

Pregnant women received iron-folic acid tablets is an indicator of quality of ANC services.

Definition	Numerator	Denominator
Percentage of pregnant women who received at least 90 IFA tablets during ANC.	Number of pregnant women who received at least 90 IFA tablets during ANC.	Total number of pregnant women who received ANC.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach

INDICATOR 8: MOTHERS RECEIVED IFA TABLETS DURING POSTNATAL CARE

Postpartum women who received iron-folic acid tablets is an indicator of the quality of PNC services. It prevents iron deficiency anemia and improves maternal and perinatal health.

Definition	Numerator	Denominator
Percentage of postpartum women received at least 90 IFA tablets during PNC.	Number of postpartum women received at least 90 IFA tablets during PNC.	Total number of postpartum women received PNC.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach

INDICATOR 9 :LOW BIRTH WEIGHT

At the population level, the proportion of babies with a low birth weight serves as an indicator of a multifaceted public health problem that includes long-term maternal malnutrition, ill health, and poor health care during pregnancy. On an individual level, low birth weight is a significant predictor of newborn health and survival. Low birthweight is usually a result of preterm birth (prior to 37 weeks of gestation) or fetal (intrauterine) growth restriction but can also be affected by the mother's health at conception. Apart from higher risk of death, low birthweight is associated with a higher likelihood of impaired growth, cognitive delays, and chronic diseases later in life, such as Type 2 diabetes and cardiovascular disease.

Definition	Numerator	Denominator
Percentage of live births under 2500 g.	Number of births assisted by a skilled attendant for which weight was taken and recorded within 1 hour after birth with value less than 2500 g.	Total number of live births attended by skilled birth attendant.

WHO defines low birth weight as less than 2500 g

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach

INDICATOR 10: EARLY INITIATION OF BREASTFEEDING

Skin-to-skin contact between mother and baby shortly after birth is recommended by WHO as an effective practice that helps to initiate early breastfeeding and increases the likelihood of exclusive breastfeeding. Breastfeeding in the first 90 minutes (globally, it is 60mins, but Laos has adopted 90mins) helps to establish breastfeeding. Early initiation of breastfeeding protects the newborn from acquiring infection and reduces newborn mortality. It facilitates the emotional bonding of the mother and the baby and has a positive impact on the duration of exclusive breastfeeding. When a mother initiate breastfeeding immediately after the birth of her baby, the production of breast milk is stimulated. The yellow or golden first milk produced in the first days, also called colostrum, is an important source of nutrition and immune protection for the newborn.

Definition	Numerator	Denominator
Percentage of newborns who received immediate and sustained skin-to-skin contact for at least 90 minutes and breastfed within 90 minutes.	Number of newborns received immediate and sustained skin-to-skin contact for at least 90 minutes and breastfed within 90 minutes.	Total number of live births at health facilities.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility

INDICATOR 11: EXCLUSIVE BREASTFEEDING OF NEW-BORNS FROM BIRTH UNTIL DISCHARGE

Breast milk is nature's perfect food for infants. It contains all the nutrition babies need for the first six months of life. Exclusive breastfeeding is defined as breastfeeding with no other food or drink, not even water. Babies should be exclusively breastfed for the first six months of life for optimal health, growth, and development. If medically indicated, infants can receive oral rehydration therapy, drops and syrups (vitamins, minerals and medicines).

Definition	Numerator	Denominator
Percentage of newborns who received exclusive breastfeeding at health facilities from birth until discharge.	Number of newborns received exclusive breastfeeding from birth until discharge.	Total number of live births at health facilities.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility

CATEGORY3 : MICRONUTRIENT SUPPLEMENTATION FOR CHILDREN

INDICATOR 12 :VITAMIN-A SUPPLEMENTATION FOR CHILDREN AGED 6-59 MONTHS

Vitamin A deficiency (VAD) is the leading cause of preventable blindness in children and increases the risk of disease and death from severe infections. Oral supplementation is recommended for both the treatment and prevention of vitamin A deficiency. A long-term approach involves the regular consumption of Vitamin A-rich foods.

Definition	Numerator	Denominator
Percentage of children aged 6-59 months who received age-appropriate Vitamin-A supplementation.	Number of children aged 6-59 months received age-appropriate Vitamin-A supplementation.	Total number of children aged 6-59 months.
Percentage of children aged 6-11 months who received age-appropriate Vitamin-A supplementation.	Number of children aged 6-11 months received age-appropriate Vitamin-A supplementation.	Total number of children aged 6-11 months.
Percentage of children aged 12-59 months who received age-appropriate Vitamin-A supplementation.	Number of children aged 12-59 months received age-appropriate Vitamin-A supplementation.	Total number of children aged 12-59 months.

Children 6-11 months old are given 100,000IU of Vitamin A
Children 12-59 months old are given 200,000IU of Vitamin A

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach Age group 6-11 months and 12-59 months

INDICATOR 13 :DEWORMING FOR CHILDREN AGED 12-59 MONTHS

Worm infections can impair nutrition status by interfering with nutrient uptake; can lead to anemia, and malnutrition. Therefore, deworming can improve the nutritional status of children. Deworming is strongly recommended by the WHO as a public health measure for children in endemic areas.

Definition	Numerator	Denominator
Percentage of children aged 12 -59 months who received deworming tablets.	Number of children aged 12-59 months who received deworming tablets.	Total number of children aged 12-59 months.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach

INDICATOR 14-15 :CHILDREN WITH DIARRHOEA TREATED WITH ORS OR (TREATED WITH ORS AND ZINC SULPHATE 20 MG)

Diarrheal diseases remain one of the major causes of mortality among children under-five years old. Use of oral rehydration therapy (ORT) or ORT combined with Zinc Sulphate 20 mg has proved to be effective in the management of diarrheal diseases. Therefore, monitoring the coverage of this very cost-effective intervention is crucial for the progress toward child survival-related Sustainable Development Goals and related strategies.

Definition	Numerator	Denominator
Percentage of children under 5 years of age with diarrhoea who received ORS.	Number of children under 5 years of age with diarrhoea treated with ORS.	Total number of children under 5 years of age with diarrhoea.

Definition	Numerator	Denominator
Percentage of children under 5 years of age with diarrhoea who received ORS and Zinc Sulphate 20mg.	Number of children under 5 years of age with diarrhoea treated with ORS and Zinc Sulphate 20mg.	Total number of children under 5 years of age with diarrhoea.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility, Outreach

This indicator measures the percentage of children with diarrhea who are treated with oral rehydration solution (ORS) and Zinc sulphate 20mg, either purchased in a packet or created (the ORS) at home according to the advice of local health workers (typically, mix 6 teaspoons of sugar and 1/2 teaspoon of salt in 1 liter of drinking water) along with 1 tablet of zinc (Zinc sulphate 20mg) per day.

CATEGORY4 : MANAGEMENT OF ACUTE MALNUTRITION (IMAM)

A child is considered severely wasted if he/she meet any of the following criteria:

- Weight for height Z-score < -3SD or
- Presence of bilateral pitting oedema or
- MUAC measurement of <11.5 cm

INDICATOR 16 :NUMBER OF NEW ADMISSIONS FOR SEVERE ACUTE MALNUTRITION (SAM)/SEVERE WASTING

It is very important to see the trend in new admissions every month. Any sudden increase in the number of new cases should be carefully studied to understand the causal factors as it can be influenced by season, food insecurity, infections etc.

Definition	Numerator	Denominator
Number of children under 5 years of age with SAM admitted as new cases at OPD and IPD.	Number of children under 5 years of age with SAM admitted as new cases at OPD and IPD.	1 (one)

Unit of measure	Reporting frequency	Disaggregation
Number	Monthly, Quarterly, Annually	Health facility OPD, IPD

INDICATOR 17 :CURE RATE FOR SAM CHILDREN

Cure rate is one of the four core performance indicators of SAM treatment programs. It represents the proportion of all children discharged from the treatment program who reached the "recovery" criteria defined for the program (i.e., were successfully discharged as cured of acute malnutrition). According to the Sphere Standards, a recovery rate of more than 75% is considered as "acceptable".

Definition	Numerator	Denominator
Percentage of children under 5 years discharged as "cured" from SAM at OPD.	Number of children under 5 years discharged as "Cured" at OPD.	Number of children under 5 years discharged at OPD.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility

Note: Discharge = Cured + Defaulted + Died + Non-Responded

INDICATOR 18 :DEFAULT RATE FOR SAM CHILDREN

The default rate is one of the four core performance indicators of malnutrition treatment programs. It represents the proportion of children discharged from the program who were absent for two consecutive weighing (i.e., so-called "defaulters"). According to the Sphere Standards, a default rate of less than 15% is perceived as "acceptable".

Definition	Numerator	Denominator
Percentage of children under 5 years who were absent for two consecutive SAM visits at OPD.	Number of children under 5 years who were defaulted at OPD.	Number of children under 5 years discharged at OPD.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility

Note: Discharge = Cured + Defaulted + Died + Non-Responded

INDICATOR 19 :NON-RESPONSE RATE FOR SAM CHILDREN

Non-response rate is one of the four core performance indicators of malnutrition treatment programs. A SAM case is classified as non-response after spending the maximum time on treatment at OPD without success.

Indicator	Numerator	Denominator
Percentage of children under 5 years discharged as non-response at OPD.	Number of children under 5 years discharged as medical referrals and as "Non-Responded" at OPD.	Number of children under 5 years discharged at OPD.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility

Note: Discharge = Cured + Defaulted + Died + Non-Responded

INDICATOR 20 :DEATH RATE FOR SAM CHILDREN

The death rate is one of the four core performance indicators of malnutrition treatment programs. It represents the proportion of children who died from any cause while registered in the program. According to the Sphere Standards, in the case of severe acute malnutrition (SAM), a death rate of less than 10% is perceived as "acceptable".

Definition	Numerator	Denominator
Percentage of children under 5 years died from any cause while registered in treatment program at OPD.	Number of children under 5 years who died while registered in the treatment program at OPD.	Number of children under 5 years discharged at OPD.

Unit of measure	Reporting frequency	Disaggregation
Percent	Monthly, Quarterly, Annually	Health facility

Note: Discharge = Cured + Defaulted + Died + Non-Responded

ANNEX

SUMMARY OF NUTRITION INDICATORS

Indicator	Definition	Numerator	Denominator
Access to growth monitoring and promotion	Percentage of children aged 0-59 months who received growth assessment.	Number of children aged 0–59 months who received growth assessment.	Total number of children aged 0–59 months.
Underweight	Percentage of children aged 0-59 months who are underweight.	Number of children aged 0–59 months with weight-for-age less than -2 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Moderate Underweight	Percentage of children aged 0-59 months who are moderate underweight.	Number of children aged 0–59 months with weight-for-age less than -2 SD to -3 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Severe Underweight	Percentage of children aged 0-59 months who are severely underweight.	Number of children aged 0–59 months with weight-for-age less than -3 SD	Total number of children aged 0–59 months who were weighed (total registrants)

Indicator	Definition	Numerator	Denominator
Wasting	Percentage of children aged 0-59 months who are wasted.	Number of children aged 0–59 months with weight-for-height less than -2 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Moderate Wasting **(MAM)**	Percentage of children aged 0-59 months who are moderate wasted (MAM).	Number of children aged 0–59 months with weight-for-height less than -2 SD to -3 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Severe Wasting **(SAM)**	Percentage of children aged 0-59 months who are severely wasted (SAM).	Number of children aged 0–59 months with weight-for-height less than -3 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Stunting	Percentage of children aged 0-59 months who are stunted.	Number of children aged 0–59 months with height-for-age less than -2 SD.	Total number of children aged 0–59 months whose height was measured (total registrants).

Indicator	Definition	Numerator	Denominator
Moderate Stunting	Percentage of children aged 0-59 months who are moderate stunted.	Number of children aged 0–59 months with height-for-age less than -2 SD to -3 SD.	Total number of children aged 0–59 months whose height was measured (total registrants).
Severe Stunting	Percentage of children aged 0-59 months who are severely stunted.	Number of children aged 0–59 months with height-for-age less than -3 SD.	Total number of children aged 0–59 months whose height was measured (total registrants).
Overweight	Percentage of children aged 0-59 months who are overweight.	Number of children aged 0–59 months with weight-for-height over +2 SD.	Total number of children aged 0–59 months who were weighed (total registrants).
Obesity	Percentage of children aged 0-59 months who are obese.	Number of children aged 0–59 months with weight-for-height over +3 SD.	Total number of children aged 0–59 months who were weighed (total registrants).

Indicator	Definition	Numerator	Denominator
Anemia among pregnant women	Percentage of pregnant women who are identified as having anemia (Hb<11 g/dl)	Number of pregnant women who received ANC and are identified as having anemia (Hb<11 g/dl)	Total number of pregnant women who had taken blood test during ANC visit.
Pregnant women who received IFA tablets during ANC	Percentage of pregnant women who received at least 90 IFA tablets during ANC visit.	Number of pregnant women who received at least 90 IFA tablets during ANC visit.	Total number of pregnant women who received ANC.
Pregnant women who received IFA tablets during PNC	Percentage of pregnant women who received at least 90 IFA tablets during PNC visit.	Number of pregnant women who received at least 90 IFA tablets during PNC visit.	Total number of pregnant women who received PNC.
Low birth weight (< 2500 g)	Percentage of live births under 2500 g.	Number of births assisted by a skilled attendant for which weight was taken and recorded within 1 hour after birth with value less than 2500 g.	Total number of live births attended by skilled birth attendant.

Indicator	Definition	Numerator	Denominator
Early initiation of breastfeeding	Percentage of newborns who received immediate and sustained skin-to-skin contact for at least 90 minutes and breastfed within 90 minutes	Number of newborns received immediate and sustained skin-to-skin contact for at least 90 minutes and breastfed within 90 minutes	Total number of live births at health facilities.
Exclusive breastfeeding of newborns from birth until discharge	Percentage of newborns who received exclusive breastfeeding at health facilities from birth until discharge.	Number of newborns received exclusive breastfeeding from birth until discharge.	Total number of live births at health facilities.
Vitamin-A supplementation for children aged 6-59 months	Percentage of children aged 6-59 months who received age-appropriate Vitamin-A supplementation.	Number of children aged 6-59 months received age-appropriate Vitamin-A supplementation.	Total number of children aged 6-59 months.
Vitamin-A supplementation for children aged 6-11 months	Percentage of children aged 6-11 months who received age-appropriate Vitamin-A supplementation.	Number of children aged 6-11 months received age-appropriate Vitamin-A supplementation.	Total number of children aged 6-11 months.

Indicator	Definition	Numerator	Denominator
Vitamin-A supplementation for children aged 12-59 months	Percentage of children aged 12-59 months who received age-appropriate Vitamin-A supplementation.	Number of children aged 12-59 months received age-appropriate Vitamin-A supplementation.	Total number of children aged 12-59 months.
Deworming for children aged 12-59 months	Percentage of children aged 12 - 59 months who received deworming tablets.	Number of children aged 12-59 months who received deworming tablets.	Total number of children aged 12-59 months.
Children with diarrhea treated with ORS	Percentage of children under 5 years of age with diarrhea who received ORS.	Number of children under 5 years of age with diarrhea treated with ORS.	Total number of children under 5 years of age with diarrhea.
Children with diarrhea treated with ORS and Zinc Sulphate 20 mg	Percentage of children under 5 years of age with diarrhea who received ORS and Zinc Sulfate 20mg.	Number of children under 5 years of age with diarrhea treated with ORS and Zinc Sulfate 20mg.	Total number of children under 5 years of age with diarrhea.

Indicator	Definition	Numerator	Denominator
Number of new admissions for Severe Acute Malnutrition (SAM)	Number of children under 5 years of age with SAM admitted as new cases at OPD and IPD.	Number of children under 5 years of age with SAM admitted as new cases at OPD and IPD.	1 (one).
Cured rate for SAM children	Percentage of children under 5 years discharged as "cured" from SAM at OPD.	Number of children under 5 years discharged as "Cured" at OPD	Number of children under 5 years discharged at OPD
Default rate for SAM children	Percentage of children under 5 years who were absent for two consecutive SAM visits at OPD.	Number of children under 5 years who were defaulted at OPD.	Number of children under 5 years discharged at OPD.
Non-response rate for SAM children	Percentage of children under 5 years discharged as "non-responded" at OPD.	Number of children under 5 years discharged as medical referrals and as non-response at OPD.	Number of children under 5 years discharged at OPD.
Death rate for SAM children	Percentage of children under 5 years died from any cause while registered in treatment program at OPD.	Number of children under 5 years who died while registered in the treatment program at OPD.	Number of children under 5 years discharged at OPD.


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