**Programmatic steering**

**Indicator Reference Sheet**

**[Health]** program

**[Outcome]** O1 : To improve the availability and use (effective coverage) of good-quality essential MNCH and nutrition services with a focus on perinatal care.

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| Indicator Title | 1.5. The proportion of under five children with severe acute malnutrition have recovered.  “Severe acute malnutrition (SAM) cure rate” |
| Definition | Proportion of under five children recovered from SAM.  SAM diagnosis is based on national and/or international guidelines : either mid upper arm circumference < 115mm or Weight for height index <-3 standard deviation or bilateral oedema.  Recovered : beneficiary who has reached the discharge criteria of success defined for the CMAM program.  CMAM: Community-based management of acute malnutrition.  Discharged criteria (final exit) should be according to national guidelines, or international guidelines where no national guidelines are available, and should be specified when reporting performance indicators (i.e. either MUAC > 125 or Weight for height index > -2 standard deviation or according to national guidelines) |
| What does the indicator measure exactly | This indicator measures the effectiveness of secondary prevention (treatment/case management) of SAM case management. Programmes addressing the management of severe acute malnutrition should comprise inpatient care for individuals with medical complications and all infants <6 months of age with acute malnutrition and decentralised outpatient care for children with no medical complications. |
| Unit and disaggregation | Unit: Percentage.  Disaggregation: by age, gender, district, state where appropriate |
| Calculation modalities | Number of children who recovered from SAM x 100/Number of children with SAM discharged from the CMAM programme.  The total number of discharged children is made up of all who have recovered, died and defaulted |
| Baseline | No baseline survey required |
|  | Routine facility information systems from both outpatient therapeutic program (OTP) and in-patient facility (IPF) for simple SAM and complicated SAM respectively. |
| Data collection, sources and methods | Data collection & processing : M&E assistants with support of M&E officers and project managers  Data analysis & interpretation : project manager, M&E officers with support of health coordinators, regional or M&E advisors |
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| Frequency and timing | Monthly, quarterly and annual monitoring at delegation level.  Reporting to HQ on quarterly basis. |
| Data quality issues | Risk of duplicates during individual follow-up of patients as they are transferred from one component of the program to another. With patients being referred from the community to OTP sites to In-patient facilities and then back to the OTP, or transferred to another OTP nearer to their home as OTP sites are opened and closed.  For record to be a reliable data source, staff must fill the record out consistently and accurately. Ideally, the recording form will specify the standards, will facilitate accurate charting, and will stimulate appropriate actions. |
| Analysis & Interpretation | Indicators should be calculated and reported for infants less than 6 months (in-patients) and children from 6 to 59 months. To aid the analysis and interpretation of this indicator, it is necessary to consolidate all the OTP and IPF reports together for a single catchment area to get precise data on the total numbers of children treated for SAM and for the death, defaulting and cure rates. On the other hand, it is important to have the reports from each OTP and IPF separately. This is necessary to both arrange re-stocking of consumable supplies (RUTF, antibiotics, etc.) and also to identify the geographical areas where the major case load arises, how ill the children are in those areas (death rate, transfer-out rate) and the functioning of the individual OTP and cure rates. |
| Resources | Under the technical assistance of HQ, Tdh M&E and operational teams in each delegation should work closely with health authorities to collect and interpret the data. Funding needed: routine monitoring, delegation M&E staff and HQ technical support. |
| Other | Any other  question / comments |