



Indicators for Key Nutrition Interventions

May 2017

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PREFACE

The Power of Nutrition is pleased to share this resource to help implementing partners create monitoring frameworks for new co-investments. While The Power of Nutrition recognizes that implementing partners may choose to use slightly different indicators based on specific program goals, and indicators for each intervention might differ by country, use of the suggested output, coverage, and outcome indicators will ensure that frameworks apply best practices for nutrition monitoring, allow for aggregation of data across investments, and inform modelling of impacts with the Lives Saved Tool (LiST). Indicators required as input for LiST modeling are marked with a note within the definition text.

This resource was developed with Mathematica Policy Research from 2016-2017 to apply the latest best practice in nutrition monitoring, and may be updated as further guidance is available.

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INTRODUCTION

The Power of Nutrition seeks to invest in evidence-based nutrition interventions in 5 to 10 high priority countries. Box 1 lists the interventions prioritized by The Power of Nutrition. In this document, we identify a set of key indicators that are tied to each of these interventions prioritized by The Power of Nutrition.

Box 1. Interventions prioritized by The Power of Nutrition

Key evidence-based interventions prioritized by The Power of Nutrition

- | | |
|--|---|
| 1. Iron and folic acid supplementation | 6. Promotion of breastfeeding |
| 2. Iron fortification of staple foods | 7. Complementary feeding |
| 3. Vitamin A supplementation | 8. Handwashing with soap |
| 4. Salt iodization | 9. Management and prevention of acute malnutrition |
| 5. Multiple micronutrient supplements | 10. Preventative and therapeutic zinc supplementation |
| | 11. Deworming |
-

Having a common set of indicators identified early on will both facilitate the collection of similar information that can be used by The Power of Nutrition and its implementing partners and allow aggregation of information to estimate impacts for the global evaluation. We have provided a core set of indicators for each nutrition intervention that:

- **Align with global standards.** We propose indicators that draw on existing frameworks used by other globally recognized organizations to allow for greater credibility and comparability across The Power of Nutrition’s investments. To select indicators, we drew primarily from those recommended by organizations such as the World Health Organization (WHO) and UNICEF, which are typically measured through surveys such as the Demographic and Health Survey (DHS) and the Multi-Indicator Cluster Survey (MICS).
- **Can be used to model impacts using the Lives Saved Tool (LiST).** To assess progress toward longer-term nutritional and health outcomes, we have proposed to use LiST, which can model the effects of most interventions funded by The Power of Nutrition on nutrition-related child health outcomes like stunting, wasting, and maternal anemia as well as lives saved/deaths averted in children under 5 years.¹ When available, we have identified indicators that are required as input for LiST.

¹ For its estimates, LiST uses literature and scientific reviews on the effectiveness of a host of interventions, default country demographic information, country-specific rates and causes of under-5 deaths (all of which are preloaded in the tool), and user-specified country data on the coverage of interventions. LiST was updated at the end of 2016 to more extensively model the impact of nutrition interventions on nutrition outcomes and mortality, and to revise effectiveness estimates.

Notes on the indicator tables

In the rest of the document, we provide details on the indicators for each of the prioritized interventions. We recommend that programs and implementing partners report on as many standard indicators listed in the following tables as feasible for the relevant intervention. We also request programs and implementing partners to include the indicators required for LiST modeling (which are marked with a note within the definition text). Data on these indicators will allow us to measure the longer-term impacts of the programs.

We identify output, coverage, and outcomes indicators for each intervention, as follows:

- **Output indicators** capture information on the number of services delivered or medicines distributed. These are typically program level outputs—for example, number of doses of vitamin A distributed.
- **Coverage indicators** capture the proportion of the population reached by the intervention—for example, the proportion of the target population reached with vitamin A supplements.
- **Outcome indicators** capture the proportion of the population who reported practicing or were observed to practice certain behaviors—for example, the proportion of the population consuming vitamin A supplements.

Each indicator specifies the relevant population for the intervention. Note that for all children, age groups should be interpreted as months completed; for example 0–23 months of age means a child 0 days or older up to a child who is 23 months but less than 2 years old.

To use the indicators to assess the effectiveness of The Power of Nutrition globally as well as for health impact modeling using LiST, it will be important to have (1) a clear definition of the area where the intervention was implemented; (2) the target population for the intervention, as a share of the national or subnational population; and (3) coverage and/or outcome data at baseline and at (one or more) follow-up points. Furthermore, if the program-level evaluations in countries include a comparison group design, it will be important to obtain the indicator data for the comparison group (at same time points). Finally, process and cost studies that are conducted as part of the program-level evaluations will also be an important complement to the indicator data and will provide valuable contextual input for the global evaluation.

1. IRON AND FOLIC ACID SUPPLEMENTATION

1.A. IRON AND FOLIC ACID SUPPLEMENTATION (DURING PREGNANCY)	
Output indicator	<p>No international standard indicators are available.</p> <p>Note: Recommendations for a standard indicator by the Technical Expert Advisory Group on Nutrition Monitoring are forthcoming.</p>
Coverage indicator 1	<p>Proportion of pregnant women who receive daily iron and folic acid supplementation with 30–60 mg of elemental iron and 400 µg (0.4 mg) of folic acid for at least 90 days.</p> <p><i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of pregnant women who receive daily oral iron and folic acid supplementation with 30–60 mg of elemental iron and 400 µg (0.4 mg) of folic acid for at least 90 days</p> <p>Denominator: Number of pregnant women</p> <p>Note: The duration of 90 days was added to this indicator as it is commonly used.</p> <p>Source: WHO IFA Guideline, 2012</p>
Coverage indicator 2	<p>Proportion of pregnant women receiving intermittent oral iron and folic acid supplementation with 120 mg of elemental iron and 2800 µg (2.8 mg) of folic acid once weekly</p> <p><i>Intervention note:</i> This intervention is given if daily iron is not acceptable due to side-effects and in populations with an anemia prevalence amongst pregnant women of less than 20 percent</p> <p>Numerator: Number of pregnant women intermittent oral iron and folic acid supplementation with 120 mg of elemental iron and 2800 µg (2.8 mg) of folic acid once weekly</p> <p>Denominator: Number of pregnant women in areas where anemia prevalence amongst pregnant women is less than 20 percent</p> <p>Source: WHO Recommendations on Antenatal Care, 2016.</p>
Outcome indicator 1	<p>Proportion of women 15–49 years who are taking daily iron supplements or have appropriate food fortification around the time of pregnancy (i.e., blanket iron supplementation/fortification).</p> <p><i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of women 15–49 who are taking daily iron supplements or have appropriate food fortification around the time of pregnancy</p> <p>Denominator: Number of women 15–49 years old</p> <p>Source: LiST Manual, 2017</p>
Outcome indicator 2	<p>Proportion of women 15–49 who are taking folic acid supplements (5.0 mg folic acid per day) or have appropriate food fortification around the time of pregnancy.</p> <p><i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of women 15–49 who are taking folic acid supplements (5.0 mg folic acid per day) or have appropriate food fortification around the time of pregnancy</p> <p>Denominator: Number of women 15–49 years old</p> <p>Source: LiST Manual, 2017</p>

1.B. IRON AND FOLIC ACID SUPPLEMENTATION (FOR NONPREGNANT WOMEN AND ADOLESCENTS)	
Output indicator	No international standard indicators are available.
Coverage indicator 1	<p>Proportion of menstruating women in areas where the prevalence of anemia among nonpregnant women of reproductive age is 20 percent or higher who receive iron and folic acid supplements of 60 mg iron and 2.8 mg of folate once a week with periods of three months of pills followed by three months of no pills, after which the supplements restart</p> <p>Numerator: Number of menstruating women in areas where the prevalence of anemia among nonpregnant women of reproductive age is 20 percent of higher who receive iron and folic acid supplements of 60mg iron and 2.8 mg of folate once a week with periods of three months of pills followed by three months of no pills, after which the supplements restarted</p> <p>Denominator: Number of menstruating women</p> <p><i>Data collection guidance:</i> Adolescent girls (10–18) who are menstruating should not be double counted as adolescent girls and as menstruating women.</p> <p><i>Source:</i> WHO Intermittent Iron and Folic Acid Supplementation, n.d.</p>
Coverage indicator 2	<p>Proportion of adolescent girls who received weekly iron and folic acid</p> <p>Numerator: Number of adolescent girls who received weekly iron and folic acid</p> <p>Denominator: Number of adolescent girls</p> <p><i>Source:</i> This indicator is also commonly used.</p>
Outcome indicator	No international standard indicators are available.

2. IRON FORTIFICATION OF STAPLE FOODS

2. IRON FORTIFICATION OF STAPLES	
Output indicator	No international standard indicators are available.
Coverage indicator 1	<p>Proportion of children 6–23 months of age who received an iron-rich food or a food that was specially designed for infants and young children and was fortified with iron, or a food that was fortified in the home with a product that included iron during the previous day</p> <p>Numerator: Number of children 6–23 months of age who received an iron-rich food or a food that was specially designed for infants and young children and was fortified with iron, or a food that was fortified in the home with a product that included iron during the previous day</p> <p>Denominator: Number of children 6–23 months</p> <p><i>Note:</i> WHO notes that “while this indicator assesses a critical aspect of nutrient adequacy of food intake, guidance on how best to operationalize the data collection is difficult to standardize. Further work is being undertaken to develop the questions to allow for its tabulation.” (WHO IYCF Guidelines, 2008)</p> <p><i>Source:</i> WHO IYCF Guidelines, 2008</p>
Coverage indicator 2	<p>Proportion of children 6–59 months of age who received an iron-rich food or a food that was specially designed for infants and young children and was fortified with iron, or a food that was fortified in the home with a product that included iron during the previous day</p> <p>Numerator: Number of children 6–59 months of age who received an iron-rich food or a food that was specially designed for infants and young children and was fortified with iron, or a food that was fortified in the home with a product that included iron during the previous day</p> <p>Denominator: Number of children 6–59 months</p> <p><i>Source:</i> This indicator is also commonly used.</p>
Outcome indicator	No international standard indicators are available.

3. VITAMIN A SUPPLEMENTATION

3. VITAMIN A SUPPLEMENTATION	
Output indicator 1	Total number of doses delivered to children during an event <i>Source:</i> UNICEF Vitamin A Supplementation, Notes on Data, 2016
Output indicator 2	Total number of supplements delivered through routine health system contacts <i>Source:</i> UNICEF Nutrition Guidelines 2016
Output indicator 3	Total number of children reached with vitamin A supplements <i>Data analysis guidance:</i> This indicator should be broken up into 6–11 months of age, 12–59 months of age, and 6–59 months of age <i>Source:</i> Micronutrient Initiative, n.d.
Coverage indicator 1	Proportion of children aged 6–59 months who received vitamin A supplements within the last six months Numerator: Number of children aged 6–59 months who received vitamin A supplements within the last 6 months. Denominator: Number of children aged 6–59 months <i>Source:</i> DHS Women's Questionnaire, 2016
Coverage indicator 2	Proportion of children 6–59 months old receiving two high-dose vitamin A supplements in a given year. <i>This indicator is required as input for LiST.</i> Numerator: Number of 6- to 59-month-olds receiving a high-dose vitamin A supplement in semester 1 (January to June) Denominator: Number of children aged 6- to 59-months and Numerator: Number of 6- to 59-month-olds receiving a high-dose vitamin A supplement in semester 2 (July to December) Denominator: Number of children aged 6- to 59-months <i>Data collection guidance:</i> The lower coverage value from each of the two semesters in a (given) calendar year should be taken. This data can be collected through administrative reports, which is UNICEF's primary method of data collection for this indicator. <i>Source:</i> UNICEF Nutrition Guidelines, 2016 ; WHO NLIS, 2012 ; Micronutrient Initiative, n.d.
Outcome indicator	No international standard indicators are available.

4. SALT IODIZATION

4. SALT IODIZATION	
Output indicator	<p>Number of households with access to iodized salt.</p> <p>Source: WHO Global Monitoring Framework, 2014</p>
Coverage indicator 1	<p>Proportion of households with adequately iodized salt (15ppm or more) [as observed and tested in their house by enumerators]</p> <p>Numerator: Number of households using adequately iodized salt (15ppm or more) [as observed and tested by enumerators]</p> <p>Denominator: Number of households surveyed with salt tested for iodine content and households observed without salt in the house</p> <p>Source: WHO Micronutrient program, 2017</p>
Coverage indicator 2	<p>Proportion of households with iodized salt to cook meals [as observed and tested for iodine presence]</p> <p>Numerator: Number of households with iodized salt to cook meals [as observed and tested for iodine presence]</p> <p>Denominator: Number of households surveyed with salt tested using rapid kits for iodine presence and households observed with no salt in the house</p> <p><i>Data collection guidance:</i> The enumerator should use a rapid kit test.</p> <p>Source: DHS Household Questionnaire, March 2017</p>
Outcome indicator 1	<p>Proportion of households using adequately iodized salt (15ppm or more) to cook meals [as observed and tested in their house by enumerators]</p> <p>Numerator: Number of households using adequately iodized salt (15ppm or more) to cook meals [as observed and tested by enumerators]</p> <p>Denominator: Number of households surveyed with salt tested for iodine content and households observed without salt in the house</p> <p><i>Data collection guidance:</i> The enumerator should observe the salt, test for presence with a rapid kit test, and use titration to measure the amount of iodine.</p> <p>Source: UNICEF Nutrition Data, January 2016; -MICS5 Household Questionnaire, December 2016</p>

5. MULTIPLE MICRONUTRIENT SUPPLEMENTATION

5.A. MULTIPLE MICRONUTRIENT POWDERS	
Output indicator	No international standard indicators are available.
Coverage indicator	<p>Proportion of children 6–23 months old who were distributed micronutrient powders</p> <p>Numerator: Number of children 6–23 months old to whom micronutrient powders were distributed</p> <p>Denominator: Number of children 6–23 months old</p> <p>Source: ACF International SMART Methodology Philippines, 2014</p>
Outcome indicator 1	<p>Proportion of children 6–23 months who consume 90 sachets/doses of micronutrient powders in food with 10–12.5 mg of elemental iron, 30 µg vitamin A retinol, and 5 mg of elemental zinc over a six-month period</p> <p>Numerator: Number of children 6–23 months old who consume 90 sachets/doses of micronutrient powders with 10–12.5 mg of elemental iron, 30 µg vitamin A retinol, and 5 mg of elemental zinc over a six-month period</p> <p>Denominator: Number of children 6–23 months old</p> <p>Source: WHO guidelines, 2016</p>
Outcome indicator 2	<p>Proportion of 2–12 year old children who consume 90 sachets/doses of micronutrient powders in food with 10–12.5 mg of elemental iron for children aged 2–4 years; and 12.5–30mg elemental iron for children 5–12 years, 300 µg vitamin a retinol, and 5 mg of elemental zinc.</p> <p>Numerator: Number of 2–12 year old children who consume 90 sachets/doses of micronutrient powders in food with 10–12.5 mg of elemental iron for children ages 2–4 years; and 12.5–30mg elemental iron for children 5–12 years, 300 µg vitamin a retinol, and 5 mg of elemental zinc</p> <p>Denominator: Number of 2–12 year olds</p> <p>Source: WHO guidelines, 2016</p>

5.B. MULTIPLE MICRONUTRIENT SUPPLEMENTATION (DURING PREGNANCY)

Although this is a Scaling Up Nutrition (SUN)-supported intervention, the latest WHO guidelines do **not** recommend giving multiple micronutrient supplements (MMS) to pregnant women because there is some evidence of risk and some gaps in the evidence base.

Source: [WHO, 2017](#)

Output indicator	No international standard indicators are available.
Coverage indicator	<p>Proportion of pregnant women who received MMS daily</p> <p><i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of pregnant women who received MMS daily</p> <p>Denominator: Number of pregnant women</p> <p><i>Note:</i> The recommended daily allowance includes vitamin A, vitamin B1, vitamin B2, niacin, vitamin B6, vitamin B12, folic acid, vitamin C, vitamin D, vitamin E, copper, selenium, and iodine, together with 30 mg of iron and 15 mg of zinc.</p> <p><i>Source:</i> There is not standard indicator, but the indicator above is nonetheless commonly used.</p>
Outcome indicator	No international standard indicators are available.

6. PROMOTION OF BREASTFEEDING

6. PROMOTION OF BREASTFEEDING	
Output indicator	<p>No international standard indicators are available</p> <p><i>Note:</i> Recommendations for a standard indicator by the Technical Expert Advisory Group on Nutrition Monitoring are forthcoming.</p>
Coverage indicator	<p>Proportion of mothers of children ages 0–5 months reached by promotion of breastfeeding activities</p> <p><i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of mothers of children ages 0–5 months reached by promotion of breastfeeding activities</p> <p>Denominator: Number of mothers of children ages 0–5 months in the target population</p> <p><i>Source:</i> There is no standard indicator for this intervention, however the listed indicator is commonly used.</p>
Outcome indicator	<p>Proportion of infants 0–5 months of age who were fed exclusively with breast milk</p> <p><i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of 0–5 months of age who were fed exclusively with breast milk the previous day</p> <p>Denominator: Number of children 0–5 months of age</p> <p><i>Source:</i> WHO IYCF Guidelines, 2008; DHS Women's Questionnaire, 2016; MICS Women's Questionnaire, 2016</p>

7. COMPLEMENTARY FEEDING

7. COMPLEMENTARY FEEDING (WITH OR WITHOUT SUPPLEMENTS)

Complementary feeding interventions with supplements are targeted towards mothers of malnourished children ages 6–23 months who are living below the international poverty line (less than a \$1.90 a day). Complementary feeding interventions without supplements are implemented in food-secure populations. The proxy used is those living above the international poverty line (more than \$1.90 a day). This proxy/threshold can be modified and updated by the user. If the poverty line changes, the monetary threshold in this indicator should be updated.

Output indicator	No international standard indicators are available.
Coverage indicator	<p>Proportion of mothers reached by complementary feeding education activities (with or without supplements)</p> <p><i>This indicator is required as input for LiST. If both interventions (complementary feeding with supplements and without supplements) are implemented, please provide both indicators.</i></p> <p>Numerator: Number of mothers reached by complementary feeding education activities (with or without supplements)</p> <p>Denominator: Number of mothers in the target population</p> <p><i>Source:</i> There is no standard indicator for this intervention, however the listed indicator is commonly used.</p>
Outcome indicator 1	<p>[Minimum Acceptable Diet] Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breastmilk)</p> <p>Numerator: Breastfed children 6–23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day</p> <p>Denominator: Breastfed children 6–23 months of age</p> <p>and</p> <p>Numerator: Non-breastfed children 6–23 months of age who received at least two milk feedings and had at least the minimum dietary diversity, not including milk feeds, and the minimum meal frequency during the previous day</p> <p>Denominator: Non-breastfed children 6–23 months of age</p> <p><i>Data collection guidance:</i> This is a composite indicator which is calculated from the above two fractions. See Annex (Exhibit A) for definition of minimum meal frequency. Minimum dietary diversity is defined below (outcome indicator 2).</p> <p><i>Source:</i> WHO IYCF Guidelines, 2008</p>
Outcome Indicator 2	<p>[Minimum Dietary Diversity] Proportion of children 6–23 months of age who received foods from four or more food groups during the previous day</p> <p><i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of children 6–23 months who received foods from four or more food groups during the previous day</p> <p>Denominator: Children 6–23 months of age</p> <p><i>Data collection guidance:</i> The seven foods groups used for tabulation of this indicator are: grains roots and tubers; legumes and nuts; dairy products (milk, yogurt, cheese); flesh foods (meat, fish, poultry, and liver/organ meats); eggs; and vitamin A-rich fruits and vegetables; and other fruits and vegetables.</p> <p><i>Source:</i> WHO IYCF Guidelines, 2008</p>

8. HANDWASHING WITH SOAP

8. HANDWASHING WITH SOAP	
Output indicator	No international standard indicators are available.
Coverage Indicator	No international standard indicators are available.
Outcome Indicator 1	<p>Proportion of households with water and soap at the place for handwashing</p> <p>Numerator: Number of households with water and soap, detergent, or other cleaning agent at the place for handwashing</p> <p>Denominator: Number of households surveyed</p> <p><i>Data collection guidance:</i> Survey enumerators must observe water and soap for this indicator.</p> <p><i>Source:</i> DHS Household Questionnaire, March 2017; MICS5 Household Questionnaire, December 2016; - UNICEF Handwashing Promotion, 2013</p>
Outcome Indicator 2	<p>Proportion of mothers/caregivers reporting to wash their hands with soap at any critical event/at specific critical event. Critical events include after toileting, after defecation, before eating, before preparing food, before cooking, and before feeding a child.</p> <p>Numerator: Number of mothers/caregivers reporting to wash their hands with soap at any critical event/specific event.</p> <p>Denominator: Number of mothers/caregivers surveyed</p> <p><i>Source:</i> UNICEF Handwashing Promotion, 2013</p>
Outcome Indicator 3	<p>Proportion of mothers/caregivers observed to wash their hands with soap at any critical event/at specific critical event. Critical events include after toileting, after defecation, before eating, before preparing food, before cooking, and before feeding a child.</p> <p>Numerator: Number of mothers/caregivers observed to wash their hands with soap at any critical event/specific event</p> <p>Denominator: Number of mothers/caregivers observed</p> <p><i>Data collection guidance:</i> Enumerators should conduct a structured observation using a standardized format for identifying and recording critical events/handwashing behavior. The enumerator should be in the place for an extended period of time (3–7 hours) and observe the respondent's behavior.</p> <p><i>Source:</i> UNICEF Handwashing Promotion, 2013</p>
Outcome Indicator 4	<p>Proportion of men, women, boys, and girls washing hands with water and soap or a substitute after contact with feces and before contact with food and water</p> <p>Numerator: Number of men, women, boys, and girls washing hands with water and soap or a substitute after contact with feces and before contact with food and water</p> <p>Denominator: Number of men, women, boys, and girls surveyed</p> <p><i>Source:</i> WASH Cluster, n.d.</p>

**Outcome
Indicator 5**

Proportion of mothers using appropriate handwashing practices, including washing hands with soap, ash, or other materials and using adequate water, after handling feces and before preparing food.

This indicator is required as input for LiST.

Numerator: Number of mothers using appropriate handwashing practices, including washing hands with soap, ash, or other materials and using adequate water, after handling feces and before preparing food

Denominator: Number of mothers surveyed

Data collection guidance: Reported hand washing is not an adequate indicator. Neither is availability of handwashing materials. Observational data is required.

Source: [LiST Manual, 2017](#)

9. MANAGEMENT AND PREVENTION OF ACUTE MALNUTRITION

9.A. MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Severe acute malnutrition (SAM) can be diagnosed by measuring the mid-upper arm circumference (MUAC) or weight-for-height (z-score less than -3) or both. If the intervention is targeted to children less than 6 months of age, indicators should include children 0–5 months old.

Output indicator	<p>Number of children 6–59 months screened for SAM.</p> <p><i>Source:</i> There is no standard indicator for this intervention, however the listed indicator is commonly used.</p>
Coverage indicator	<p>Proportion of children 6–59 months with SAM receiving treatment (therapeutic feeding)</p> <p><i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of children 6–59 months with SAM receiving treatment (therapeutic feeding)</p> <p>Denominator: Number of children 6–59 months with SAM</p> <p><i>Data analysis guidance:</i> A coverage survey is the most widely accepted method of measuring coverage using Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) or Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) methods.</p> <p><i>Source:</i> SPHERE Severe Acute Malnutrition, n.d.</p>
Outcome indicator 1	<p>Proportion of children with SAM who received treatment (therapeutic feeding) and were discharged as cured</p> <p>Numerator: Number of children with SAM who received treatment (therapeutic feeding) and were discharged as cured</p> <p>Denominator: Number of children with SAM who received treatment and were discharged</p> <p><i>Source:</i> SPHERE Severe Acute Malnutrition, n.d.</p>
Outcome indicator 2	<p>Proportion of children with SAM who were discharged from treatment (therapeutic feeding) as defaulters from therapeutic care</p> <p>Numerator: Number of children with SAM who were discharged from treatment (therapeutic feeding) as defaulters</p> <p>Denominator: Number of children with SAM who received treatment (therapeutic feeding) and were discharged</p> <p><i>Source:</i> SPHERE Severe Acute Malnutrition, n.d.</p>
Outcome indicator 3	<p>Proportion of children with SAM who were discharged from treatment (therapeutic feeding) and have died</p> <p>Numerator: Number of children with SAM who were discharged from treatment (therapeutic feeding) and have died</p> <p>Denominator: Number of children with SAM who received treatment (therapeutic feeding) and were discharged</p> <p><i>Source:</i> SPHERE Severe Acute Malnutrition, n.d.</p>

9.B. MANAGEMENT/TREATMENT OF MODERATE ACUTE MALNUTRITION AND/OR PREVENTION OF SAM: TARGETED SUPPLEMENTARY FEEDING PROGRAMS

If the intervention is targeted to children less than 6 months of age, the age range within the indicators should be adjusted to include 0–5-month-old children.

Output indicator	<p>Number of children 6–59 months screened for moderate acute malnutrition (MAM). <i>Source:</i> There is no standard indicator for this intervention, however the listed indicator is commonly used.</p>
Coverage indicator 1	<p>Proportion of children 6–59 months old with MAM given food supplements ready-to-use supplement foods (RUSFs) or fortified based foods (FBFs) according to protocol <i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of children 6–59 months old with MAM given food supplements (RUSF/FBFs) according to protocol</p> <p>Denominator: Number of children 6–59 months with MAM</p> <p><i>Note:</i> This could also be targeted just to children 6-23 months. MAM can be defined by MUAC or by anthropometric measurements (z score between –2 and –3 standard deviations for weight-for-height) or both. <i>Source:</i> Global Nutrition Cluster, 2014</p>
Coverage indicator 2	<p>Proportion of children 6–59 months with MAM given medium quantity lipid-based nutrient supplements (LNS) or FBFs according to protocol <i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of children 6–59 months old with MAM given food supplements (RUSF/FBFs) according to protocol</p> <p>Denominator: Number of children 6–59 months with MAM</p> <p><i>Data collection guidance:</i> This indicator may be used if the intervention distributes LNS or FBFs.</p>
Outcome indicator 1	<p>Proportion of children with MAM who received treatment and were discharged as cured</p> <p>Numerator: Number of children with MAM who received treatment and were discharged as cured</p> <p>Denominator: Number of children with MAM who received treatment and were discharged</p> <p><i>Source:</i> SPHERE Moderate Acute Malnutrition, n.d.</p>
Outcome indicator 2	<p>Proportion of children with MAM who were discharged as defaulters from targeted supplementary feeding programs</p> <p>Numerator: Number of children with MAM who were discharged as defaulters from treatment</p> <p>Denominator: Number of children with MAM who received treatment and were discharged</p> <p><i>Source:</i> SPHERE Moderate Acute Malnutrition, n.d.</p>
Outcome indicator 3	<p>Proportion of children with MAM who were discharged from targeted supplementary feeding programs and have died</p> <p>Numerator: Number of children with MAM who were discharged from treatment and have died</p> <p>Denominator: Number of children with MAM who received treatment and were discharged</p> <p><i>Source:</i> SPHERE Acute Malnutrition, n.d.</p>

9.C. MANAGEMENT/TREATMENT OF MAM AND/OR PREVENTION OF SAM: BLANKET FEEDING PROGRAM

If the intervention is targeted to children less than 6 months of age, the age range within the indicators should be adjusted to include 0–5-month-old children.

Output indicator	No international standard indicators are available.
Coverage indicator	<p>Proportion of children 6–59 months old given food supplements according to protocol.</p> <p>Numerator: Number of children 6–59 months old given food supplements according to protocol.</p> <p>Denominator: Number of children 6–59 months</p> <p>Source: SPHERE Moderate Acute Malnutrition, n.d.</p>
Outcome indicator	No international standard indicators are available.

10. PREVENTATIVE AND THERAPEUTIC ZINC SUPPLEMENTATION

10.A. THERAPEUTIC ZINC FOR DIARRHEA	
Output indicator	No international standard indicators are available.
Coverage indicator	<p>Proportion of children 0–59 months of age with acute diarrhea who were given supplements of 20 mg zinc daily for 10–14 days or 10 mg/day for infants under 6 months</p> <p><i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of children 0–59 months of age with acute diarrhea who were given supplements of 20 mg zinc daily for 10–14 days or 10 mg/day for infants under 6 months</p> <p>Denominator: Number of children 0–59 months of age with acute diarrhea</p> <p><i>Note:</i> There is no internationally accepted indicator for zinc treatment for children with diarrhea. However, this is WHO’s suggested indicator.</p> <p><i>Source:</i> WHO NLIS, 2012</p>
Outcome indicator 1	<p>Proportion of children 0–59 months with diarrhea who consumed zinc</p> <p>Numerator: Number of children 0–59 months with diarrhea who consumed zinc</p> <p>Denominator: Number of children 0–59 months with diarrhea</p> <p><i>Data collection guidance:</i> The DHS asks this question to mothers who indicated that their children had diarrhea in the last 2 weeks.</p> <p><i>Source:</i> DHS Women’s Questionnaire, 2016; MICS Children under 5 Questionnaire, 2016</p>
Outcome indicator 2	<p>Proportion of children 0–59 months of age with diarrhea who consumed supplements in the last 2 weeks of 20 mg zinc daily for 10–14 days or 10 mg/day for infants under 6 months</p> <p><i>This indicator is required as input for LiST.</i></p> <p>Numerator: Number of children 0–59 months of age with diarrhea who consumed supplements in the last 2 weeks of 20 mg zinc daily for 10–14 days or 10 mg/day for infants under 6 months</p> <p>Denominator: Number of children 0–59 months with diarrhea</p> <p><i>Source:</i> UNICEF, 2016</p>

10.B. THERAPEUTIC ZINC WITH ORAL REHYDRATION SOLUTION

The following indicators should be considered in addition to the indicators listed under therapeutic zinc.

Output indicator	<p>Proportion of healthcare treatment sources with oral rehydration solution (ORS) and zinc in-stock the day of the survey</p> <p>Source: SBCC Toolkit, n.d</p>
Coverage indicator	<p>Proportion of children given ORS (fluid from ORS packet, liquid ORS, or homemade ORS) since having diarrhea.</p> <p>Numerator: Number of children given ORS (fluid from ORS packet, liquid ORS, or homemade ORS) since having diarrhea</p> <p>Denominator: Number of children with diarrhea</p> <p><i>Data collection guidance:</i> The DHS asks this question about children who have had diarrhea in the last 2 weeks.</p> <p>Source: DHS Women's Questionnaire, 2016; MICS Women's Questionnaire, 2016</p>
Outcome indicator 1	<p>Proportion of children 0–59 months of age with diarrhea in the last 2 weeks who consumed supplements of 20 mg zinc daily for 10–14 days (or 10 mg/day for infants under 6 months) and took ORS (Infants (under 6 months): one liter over a 24 hour period and children 6 months to 5 years: one liter over an 8–24-hour period, until diarrhea stopped)</p> <p>Numerator: Number of children 0-59 months of age with diarrhea in the last 2 weeks who consumed supplements of 20 mg zinc daily for 10–14 days or 10 mg/day for infants under 6 months and took ORS (Infants (under 6 months): one liter over a 24-hour-period and children 6 months to 5 years: one liter over an 8–24-hour period, until diarrhea stopped)</p> <p>Denominator: Number of children 0–59 months with diarrhea in the last two weeks</p> <p>Source: WHO Essential Nutrition Actions, 2013; WHO Manual for Treatment of Diarrhea, 2005; WHO/UNICEF Clinical Management, 2004</p>
Outcome Indicator 2	<p>Proportion of children with suspected diarrhea treated with ORS, including sachets or premixed solutions. This indicator does not include homemade sugar-salt solution or recommended home fluids due to lack of adequate data.</p> <p><i>This indicator is required as input for LiST. Please report the coverage and outcome indicators for therapeutic zinc and for ORS separately.</i></p> <p>Numerator: Number of children with suspected diarrhea treated with ORS, including sachets or premixed solutions</p> <p>Denominator: Number of children with suspected diarrhea</p> <p>Source: LiST Manual, 2017</p>

10.C. PREVENTATIVE ZINC SUPPLEMENTATION**Output indicator**

No international standard indicators are available.

Coverage indicator

Proportion of children 0–59 months old who received a daily dose of 10 mg zinc per day for over 24 weeks.

This indicator is required as input for LiST.

Numerator: Number of children 0–59 months old who received a daily dose of 10 mg zinc per day for over 24 weeks

Denominator: Number of children 0–59 months old

Source: [Lassi, et. al, 2013](#); [Imdad and Bhutta, 2011](#); [Yakoob et al., 2011](#)

Outcome indicator

No international standard indicators are available.

11. DEWORMING

11. DEWORMING (FOR CHILDREN)	
Output indicator	No international standard indicators are available.
Coverage indicator 1	<p>Proportion of children 6–59 months who were given any drug for intestinal worms in the last six months</p> <p>Numerator: Number of children 6–59 months who were given any drug for intestinal worms in the last six months</p> <p>Denominator: Number of children 6–59 months</p> <p>Source: DHS Women's Questionnaire, 2016</p>
Coverage indicator 2	<p>Proportion of children 12–59 months who received a deworming pill in the last six months</p> <p>Numerator: Number of children 12–59 months who received a deworming pill in the last six months</p> <p>Denominator: Number of children 12–59 months</p> <p>Source: WHO Essential Nutrition Actions, 2015</p>
Outcome indicator	No international standard indicators are available

ANNEX

EXHIBIT A: MINIMUM MEAL FREQUENCY**Minimum meal frequency**

Proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semisolid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more.

Numerator: Number of breastfed children 6–23 months of age who received solid, semisolid, or soft foods the minimum number of times or more during the previous day

Denominator: Number of breastfed children 6–23 months of age
and

Numerator: Number of non-breastfed children 6–23 months of age who received solid, semisolid, or soft foods the minimum number of times or more during the previous day

Denominator: Number of non-breastfed children 6–23 months of age

Data collection guidance: Minimum is defined as

- two times for breastfed infants 6–8 months
- three times for breastfed children 9–23 months
- four times for non-breastfed children 6–23 months

“Meals” include both meals and snacks (other than trivial amounts), and frequency is based on what the caregiver reports.

Data analysis guidance: Results may be reported separately for breastfed and non-breastfed children. However, diversity scores for breastfed and non-breastfed children should not be directly compared, because breast milk is not counted in any of the above food groups. Breast milk is not counted because the indicator is meant to reflect the quality of the complementary food diet. As a consequence, this indicator may show seemingly better results for children who are not breastfed than for those who are breastfed, where formula and/or milk are commonly given to non-breastfed children.

Source: [WHO IYCF Guidelines, 2008](#); [WHO IYCF Measurement, 2010](#)

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