

# Nutrition programme performance standards

29 March 2023

## Key points

- Programmes that treat moderate and acute malnutrition must be monitored regularly.
- Use UNHCR's standard IrHIS format to monitor.

## 1. Overview

Acute malnutrition in refugee situations should be managed by applying the principles of community-based management of acute malnutrition (CMAM), in accordance with the relevant national treatment guidelines or WHO/UNICEF protocols. Treatment of severe acute malnutrition (SAM) should be provided by means of a Therapeutic Feeding Programme (TFP), offering inpatient and outpatient services, wherever possible in collaboration with the Ministry of Health and UNICEF. Treatment of moderate acute malnutrition (MAM) should be provided by means of a Supplementary Feeding Programme (SFP) offered to outpatients; WFP normally provides the food products required. All treatment programmes should happen in the context of robust prevention and detection activities.

It is vital to monitor treatment programmes to ensure that their outcome and coverage are satisfactory, and to be able to quickly react if problems arise. Use UNHCR's Integrated Refugee Health Information System (IrHIS) to monitor.

## 2. Main guidance

### Emergency standard

The standard below applies to both emergencies and long-term situations.

## Indicators for assessing the effectiveness of feeding programmes for children in refugee settings who are less than 5 years old

Indicators		SFP (Management of MAM)	TFP (Management of SAM)*
<b>Coverage</b>	Rural	>50%	>50%
	Urban	>70%	>70%
	Camps	>90%	>90%
<b>Recovered</b>		>75%	>75%
<b>Defaulted</b>		<15%	<15%
<b>Died</b>		<3%	<10%

\*Therapeutic Feeding Programmes include both inpatient and outpatient facilities.

**Coverage.** Coverage should usually be monitored by means of a coverage survey. In emergency situations, a proxy for coverage can be estimated by calculating the proportion of eligible individuals enrolled in programmes (number of eligible individuals enrolled / number of all eligible individuals in the target population). This can be done during a Standardised Expanded Nutrition Survey (SENS).

**Recovered.** The proportion of beneficiaries who have reached the discharge criteria of success defined by the programme.

**Defaulted.** The proportion of beneficiaries who are absent for three consecutive weeks (two consecutive weighings) or depending on in-country specific protocols. Defaults may be confirmed or non-confirmed.

**Death.** The proportion of beneficiaries who died from any cause while registered in the programme.

## **Annexes**

[UNHCR and WFP, Guidelines for selective feeding. The management of malnutrition in emergencies, 2011](#)

[Global Nutrition Cluster, Moderate Acute Malnutrition. A decision tool for emergencies, 2014](#)

[UNHCR and WFP, Guidelines for selective feeding. The management of malnutrition in emergencies, 2011](#)

## **3. Links**

[UNHCR Global Strategy for Public Health](#) [UNHCR SENS Refugee Health Data](#) [The Sphere Handbook](#)

## **4. Main contacts**

UNHCR Public Health Section, Division of Programme Support and Management. At: [hqphn@unhcr.org](mailto:hqphn@unhcr.org).