



Disclaimer:

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TIGRAY NUTRITION RESPONSE; COMPREHENSIVE NUTRITION ACTIONS PACKAGE

INTRODUCTION

The present document is developed as a resource to support the nutrition actors to identify action in Nutrition and provide updated and comprehensive evidence-informed guidance in nutrition response. This document also promotes the implementation of essential nutrition actions as part of comprehensive and coordinated actions from multiple sectors.

Purpose

The aim of the core nutrition action package and modalities Standard Operating Procedures (SOPs) is to provide a guideline and reference document for all nutrition program personnel and partners supporting nutrition services in the emergency context of Tigray Region of Ethiopia. It is also to facilitate optimal service provision through health facilities and communities.

Guiding Principles:

1. Nutrition partners agree to liaise, coordinate, support and report to relevant government health bureaus.
2. Nutrition partners to support the development and rollout of a core package of nutrition services.
3. Nutrition partners agree to work together, and with the government to increase the quality of delivery of the core package of nutrition activities through collaboration, coordination and communication.
4. Nutrition partners strive to integrate their services with those of health, Water, Sanitation and Hygiene (WASH), social protection, food security/Agriculture, education, and other relevant sectors and government services in order to comprehensively address the multifaceted causes of malnutrition.
5. Nutrition partners engage to support capacity strengthening of the government, communities and local partners/National non-governmental organization to assist in knowledge and skill transfer for both immediate action and sustainability beyond the emergency phase.
6. Nutrition partner agree to use nationally endorsed guidelines including United Nations Action Plans and any internationally supported protocols and to support the update/development of national guidelines as deemed necessary.
7. Nutrition partners commit to strengthen and utilize harmonized government reporting systems, monitoring formats and cluster agreed deadlines. Additionally, they strive to evaluate the impact of the programs, especially for new initiatives including on-going programs.
8. Promotion and strengthen the integration of nutrition specific and nutrition sensitive intervention across all levels.

Core Nutrition Actions

1. Detection and referrals of acutely malnourished cases (i.e. children and pregnant/lactating mothers ) at health facility and community level
2. Management of moderate and complicated/uncomplicated severe acute malnutrition at health facility and/or community level according to national guidelines and standards
3. Promotion and protection of adolescent maternal, infant and young feeding practices at health facility and community level that include monitoring and reporting of Breast Milk Substitutes distribution.
4. Micronutrient supplementation for children, adolescence girls and mothers at health facility and community level according to national guidelines and standards (IFA, VAS and Deworming)
5. Social and Behavioral Change Communication (SBCC) Nutrition education at health facility and community level including a focus on collaboration, coordination in providing Accountability to Affected Population (AAP) thus enhancing the prevention of Gender Based Violence and Sexual Exploitation and Abuse
6. Nutrition Information Management System strengthening - timely reporting and monitoring
7. Sustained nutrition supply chain
8. Capacity strengthening of the health system through establishing continuous needs assessment and coaching/mentoring of nutrition service providers to ensure quality programs

Detailed Core Nutrition Interventions[[1]](#footnote-1) [[2]](#footnote-2)in Tables

Table 1: Detection and referrals of acutely malnourished cases by Delivery platform

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Component A** | **Activity/ Delivery Platform** | **Community outreach (MHNT)** | **Health facility** | **Outpost/ mobile T** | **Sentinel site** | **Surveys and Assessment** | **Campaigns** | **Other sectors involved** |
| **HP** | **HC** | **RH** |
| Active-case finding, screening and referral | Assessment Surveillance, identification of Malnutrition and feeding difficulties in children aged less than 2 years |  |  |  |  |  |  |  |  | Health, Food Security and Agr, CP,WASH, Education, Academy |
| Identify infants under 6 months of age with severe acute malnutrition |  |  |  |  |  |  |  |  | Health, Food Security and Agr, CP,WASH, Education, Academy |
| Identify infants and children aged 6-59 months with severe acute malnutrition |  |  |  |  |  |  |  |  | Health, Food Security and Agr, CP,WASH, Education, Academy |
| Identify infants and children aged 6-59 months with moderate acute malnutrition |  |  |  |  |  |  |  |  | Health, Food Security and Agr, CP,WASH, Education, Academy |
| Identify pregnant and lactating women with acute malnutrition |  |  |  |  |  |  |  |  | Health, Food Security and Agr, CP,WASH, Education, Academy |

Table 2: Management of severe and moderate acute malnutrition cases by Delivery platform

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| **Component B:** | **Activity/ Delivery Platform** | **Community outreach (MHNT)** | **Health facility** | **Outpost / Mobile T** | **Sentinel site** | **Surveys and Assessment** | **Campaigns** | **Other sectors involved** |
| **HP** | **HC** | **RH** |
| Management of Complicated SAM | Inpatient Management of infants under 6 months of age with severe acute malnutrition |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, CP, WASH, Education, Academy |
| Inpatient Management of infant and children aged 6-59 months old with severe acute malnutrition with medical complications |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, CP, WASH, Education, Academy |
| Management of uncomplicated SAM | Outpatient Management of infant and children aged 6-59 months with severe acute malnutrition |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Education, Academy |
| Management of MAM | Outpatient Management of infant and children aged 6-59 months with moderate acute malnutrition |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Education, Academy |
| Management of PLW with moderate acute Malnutrition |  |  |  |  |  |  |  |  | Health, Food Security and Agr, CP,WASH, Education, Academy |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Component C:**Malnutrition Prevention | Provision of blanket supplementary food to infant and children aged 6-59 months and PLWs presenting to primary health care facilities and in the community, to prevent occurrence of malnutrition |  |  |  |  |  |  |  |  | Health, Food Security and Agr, CP,WASH, Education, Academy |
| Food diversification activities to pre-schools such as provision of a balanced diet |  |  |  |  |  |  |  |  |  |

Table 3: Promotion and protection of Adolescent Maternal, Infant and Young in Emergencies (AMIYCF-E) activities by delivery platform

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Component C** | **Activity /Delivery Platform** | **Community outreach (MHNT)** | **Health Facility** | **Outpost / Mobile T** | **Sentinel site** | **Survey and Assessment** | **Campaigns** | **Other sectors involved** |
| **HP** | **HC** | **RH** |
| IYCF Assessment | IYCF Rapid Assessment and referral |  |  |  |  |  |  |  |  | Health, Food Security linkage with Agriculture, WASH, Education, BOLSA, Academy |
| IYCF Full Assessment |  |  |  |  |  |  |  |  |
| Enable exclusive breastfeeding for the first 6 months of life | Skilled support to early initiation |  |  |  |  |  |  |  |  | Health |
| Enable continued breastfeeding | IYCF skilled counselling (one on one) |  |  |  |  |  |  |  |  | Health |
| IYCF group counseling  | Counsel care givers to improve breastfeeding practices |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Academy Education, |
| Ensure Feeding in Special circumstances  | Optimal feeding of infants and young children in the context of HIV |  |  |  |  |  |  |  |  | Health, Agr., WASH, Education Academy |
| Enable Feeding of appropriate complementary food to infants and young Children aged 6-23 months old | Food exhibition |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Academy, Education, |
| Cooking Demo |  |  |  |  |  |  |  |  |
| Create an enabling environment for breastfeeding | Mother Baby area |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Academy Education, |
| Strengthening Monitoring and enforcement of the International Code of marketing of Breast- Milk Substitutes (BMS)  | Monitor and report distribution of BMS, promotion of BMS, Feeding bottles and teats, pacifiers or dummies in any healthy facility and community by any staff and HEW/WDG |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Education, Academy |

Table 4: Micronutrient supplementation for children and mothers to prevent and control Micronutrients deficiencies by delivery platform

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Component C** | **Activity /Delivery Platform** | **Community outreach (MHNT)** | **Health Facility** | **Outpost / mobile team** | **Sentinel site** | **Survey and Assessment** | **Campaigns** | **Other sectors involved** |
| **HP** | **HC** | **RH** |
| Iron-containing micronutrient Supplementation  | Provision of iron -containing micronutrient powders for point of use fortification of food for infant and young children aged 6-23 months |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Education, Academy |
| Small-quantity Lipid-based Nutrient Supplements (SQ LNS) supplementation for children aged under 2 and pregnant women. |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Education, Academy |
| Weekly Iron and Folic Acid (IFA) supplementation for pregnant women |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Education, Academy |
| Weekly IFA supplementation for adolescent girls. |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Education, Academy |
| Nutritional counselling on healthy diet to reduce the risk of low birth weight for pregnant women |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Education, Academy |
| Energy and protein dietary supplements for pregnant women in undernourished population |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Academy Education,  |
| Vitamin A Supplementation | High dose vitamin A supplementation to children aged 6-59 months |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Academy Education, |
| Vitamin A supplementation for infant and young children with measles |  |  |  |  |  |  |  |  | Health, Food Security and Agriculture, WASH, Academy Education, |
| Nutritional counselling on consumption of foods rich in Vitamin A or fortified with Vitamin A |  |  |  |  |  |  |  |  |  |
| Iodine supplementation | Iodine-fortified complementary food for infants and young children aged 6-23 monthsUse of Iodized salt to all population |  |  |  |  |  |  |  |  | Food security and Agriculture, Food processing and manufacturing Industries, Academy |
| Micronutrient supplementation pregnant and lactating women | Nutritional support and micronutrient supplementation for pregnant and lactating women |  |  |  |  |  |  |  |  |

Table : Governance/ cross cutting Actions by delivery platform

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Component D** | **Activity /Delivery Platform** | **Community outreach (MHNT)** | **Health Bureau Facility** | **Outpost / mobile team** | **Sentinel site** | **Survey and Assessment** | **Campaigns** | **Other sectors involved** |
| **HP** | **HC** | **RH** |
| Information Management | Nutrition Data recording and collection |  |  |  |  |  |  |  |  | Food security and Agriculture, Food processing and manufacturing Industries, Academy |
| Monitoring and supervision  |  |  |  |  |  |  |  |  |  |
| Supply chain |  |  |  |  |  |  |  |  |  |
| Capacity Development |  |  |  |  |  |  |  |  |  |
| Coordination |  |  |  |  |  |  |  |  |  |
| Accountability to Affected Population (AAP) | Display of feedback mechanism phone numbers , opinion boxes.  |  |  |  |  |  |  |  |  |

Table 6: Multisectoral interventions or inter cluster coordination cross sectoral examples by delivery platform

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| **Cross sectoral Actions** | **Sectors involved/platform** | **Community outreach (MHNT)** | **Health Bureau Facility** | **Outpost / mobile team** | **Sentinel site** | **Survey and Assessment** | **Campaigns** | **Other sectors involved** |
| **HP** | **HP** | **HP** |
| HEW/WDA are sensitized, do not allow non- targeted distribution of milk formula powder and are aware of how to report BMS Code violations to the Health Bureau | **Nutrition Cluster coordination and Community outreach** |  |  |  |  |  |  |  |  |  |
| MUAC screening conducted among pregnant and lactating women who register for the BSFP programs or antenatal clinic or at the community | **Food Security and, livelihood and Health and nutrition** |  |  |  |  |  |  |  |  |  |
| All emergency assessments including a focus on nutrition such as Multi-sectoral KAP surveys include nutrition, food security and livelihood among others.SMART and KAP surveys include assessment of General Food Ration coverage, WASH etc.  | **Food Security, Nutrition, Health, Child protection****WASH** |  |  |  |  |  |  |  |  | Higher learning or research institutions |
| Early Childhood Development kits are made available at mother baby friendly spaces | **Education and Nutrition** |  |  |  |  |  |  |  |  |  |
| General Food Ration meets nutrient requirements | **Food Security and Agriculture and Nutrition** |  |  |  |  |  |  |  |  |  |
| MUAC screening conducted as part of integrated vaccination campaign | **Health and Nutrition** |  |  |  |  |  |  |  |  |  |
| Integration of social workers and nutrition workers to assess needs in households of malnourished children.Gender Based Violence (GBV) prevention and response for vulnerable girls and women of reproductive age along with integrated MHPSS, nutrition and child protection services through safe Women and Children centers and support groups e.g. IYCF or mother to mother groups conducted by GBV Advisors and IYCF/Nut Counsellor as GBV focal person | **Child Protection and Nutrition and Health** |  |  |  |  |  |  |  |  |  |
| Integration of hand-washing with soap equipment, deworming to children aged 24-59month & pregnant mothers at 2nd and 3rd trimester and communication with other interventions to prevent malnutrition.  | **WASH, Nutrition, Health, Education, FS, Child Protection** |  |  |  |  |  |  |  |  | Mass media, private sectors |

**Component A:** Detection and referrals of acutely malnourished cases

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| **Minimum Package Component A**: Assessment, Surveillance, Identification and Referral (Delivery at scale) |
| **Objective:** To mobilize communities to identify and refer children aged 0-59 months boys and girls with acute malnutrition and or feeding difficulties including pregnant and lactating women |
| **Target Group:** All children aged 0 -59 months, Pregnant and Lactating Women |
| **Activities:*** Identify existing platforms (HEW, WDG) and or form them where there are not present, that can assist with community mobilization and active case finding or use of family MUAC
* Provide harmonized support to (HEW, WDG) to mobilize and identify children through capacity development initiatives, supportive supervision and ensuring accountability.
* Ensure (HEW, WDG) conduct active acute malnutrition screening targeting all children aged 0-59 months, pregnant and lactating women once a month, every two weeks in settlements, and once every month in host communities.
* Ensure (HEW, WDG) conduct Rapid IYCF Assessments to identify children aged 0-23 months who are fed sub-optimally and refer for full IYCF assessment and services.
* Where existing platforms may not be sufficient, support additional mechanisms to ensure community mobilization and identification
* Ensure health facilities conduct active screening for acute malnutrition for children aged 0-59 months, pregnant and lactating women at community level
* Ensure health facilities conduct passive screening for acute malnutrition for all children aged 0-59 months
* Ensure health facilities conduct passive screening for IYCF difficulties for all children aged 0-23 months
* Ensure all children identified as Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) are referred and present to appropriate services (SC/OTP or SFP)
* Ensure assessments, campaigns, BSFP and other such events provide linkages and referrals to nutrition services as appropriate
* Ensure coordinated inter-agency/sectoral assessments, mass screening and nutrition campaigns are conducted
* Ensure routine nutrition surveillance is conducted such as establishment of sentinel sites,
 |
| **Performance Monitoring Indicators** |
| * Proportion of girl and boy children screened for acute malnutrition in the community
* Proportion of pregnant and lactating women screened for acute malnutrition in the community
* Proportion of girl and boy children cases with moderate acute malnutrition referred for treatment
* Proportion of girl and boy children cases with severe acute malnutrition referred for treatment
* Number of girl and boy children aged 0-23 months screened for feeding difficulties (IYCF Rapid Assessment)
* Number of girl and boy children aged 0-23 months referred for IYCF-e services
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**Component B:** Treatment

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| **Minimum Package Component B**: Treatment (Delivery at scale) |
| **Objective:** To provide appropriate treatment for severe and moderate acute malnutrition, including integrated AMIYCF support to prevent re-admission and improve adolescent and maternal nutrition. |
| **Target Group:** All children aged 0 -59 months boys and girls, pregnant and lactating women affected by acute malnutrition |
| **Activities:*** Treatment of moderate acute malnutrition through supplementary Feeing Programs (SFP, Blanket and or targeted)
* Treatment of uncomplicated severe acute malnutrition through OTP
* Treatment of complicated SAM through SCs
* Systematic administration of full IYCF Assessment to all children aged 0-23 months enrolled in the IMAM program, followed by provision of IYCF-e support including skilled one-on-one counselling at IYCF support corners) follow up as necessary
* Provision of skilled IYCF support for infants under 6 months admitted to SCs to re-establish exclusive breastfeeding or provide an appropriate alternative
* Constant monitoring, provision and supply of nutrition supplies (Ready to Use Supplementary Foods, Ready to Use Therapeutic foods, Formula 75, Formula 100 etc) eliminating risk of pipeline breaks and or stock outs
* All SCs and OTPs to have handwashing facilities, Mother baby spaces,
* Nutritional monitoring, timely reporting mechanisms (paper based/HMIS/mobile SMS/mobile vehicles for date collection and timely management of information/data
* Monitoring and follow up consumption of OTP, SFP feeds by trained HEW/WDG in the community
 |
| **Output Indicators** |
| * Number of MAM cases girl and boy children newly admitted into TSFP
* Number of MAM cases pregnant and lactating women newly admitted into TSFP
* Number of SAM cases girl and boy children newly admitted into OTP
* Number of SAM cases girl and boy children newly admitted into SCs
* Number of pregnant and lactating women newly admitted into OTP?
* Number and proportion of SCs/OTP with handwashing facilities, mother baby spaces
* Number of caregivers of children aged 0-23 months who received skilled IYCF counselling and
* Number of GBV and MHPSS identified and referred for support
* Number of monitoring visits by HEW/WDG on defaulter tracing
 |

**Component C:** Prevention

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| **Minimum Package Component C**: Prevention (Delivery at scale) |
| **Objective:** To prevent deterioration on the nutrition status of vulnerable groups through the provision of appropriate services and the protection, promotion and support of appropriate adolescent, maternal, infant and young child feeding practices. |
| **Target Group:** All girl and boy children aged 0 -59 months , pregnant and lactating women |
| **Activities:*** Provision of vitamin A supplementation and deworming tablets to children aged 6-59 months and 24-59 months respectively through routine services in the health facilities and campaigns
* Provision of weekly Iron Folic Acid supplementation and deworming tablets to pregnant and lactating women through routine services.
* Provision of weekly Iron Folic Acid supplementation to adolescent girls
* Provision of blanket supplementary feeding to pregnant and lactating women and children aged 6-59 months
* Supervisory visits performed regularly for preventive services and other services delivery area/sites according to Health Bureau, partners and cluster arrangements
* Promotion of growth monitoring at health facilities
* Provision of IYCF skilled support for early initiation of breastfeeding
* Provision of skilled one-on-one IYCF counselling for pregnant women and caregivers of children aged 0-23 months experiencing breastfeeding difficulties
* Provision of skilled support to the GBV cases
* IYCF group counselling that include messages on handwashing , Early Childhood Development (ECD) and Gender Based Violence (GBV) help.
* Provision of skilled IYCF support and practical assistance for infants and young children in special circumstances (HIV, sick children, non-breastfed or low birthweight infants and others as needed)
* Carry out Food Cooking and Feeding Demonstrations and GMP. To illustrate the appropriate preparation of complementary foods for children aged 6-23 months
* Education on maternal nutrition and sensitization of IYCF for pregnant women and caregivers of children aged 0-23 months through group discussions, community meetings
* Establishment of mother baby spaces in the health facilities, community and IDP camps
* Integrate Growth Monitoring Promotion (GMP) and Vitamin A supplementation with EPI services
 |
| **Output Indicators** |
| * Number of boys and girls aged 6-59 months received VAS
* Number of boys and girls aged 24 -59 months received deworming tablets
* Number of Pregnant received IFA and deworming tablets
* Number of adolescent girls receiving Iron Folic Acid
* Number of PLWs received BSFP products
* Number of boy and girl children aged 6-59 months received BSFP products
* Number of pregnant women/mothers or fathers counselled on IYCF at health facilities/community
* Number of caregivers of children aged 0-23 months counselled on IYCF at health facility/community
* Number of caregivers of children aged 0-23 months participated in food demonstration
* Number of caregivers referred for skilled GBV support
* Number of children participating in GMP
* Number of non-breastfed infants aged 0-5 months receiving appropriate support
* Number of women and adolescent receiving maternal nutrition education
* Number of mother baby spaces established in SCs, OTP, TSFP, IDP settlements.
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**Component D:** Governance

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| **Minimum Package Component D**: Governance (Delivery at scale) |
| **Objective:** Ensure effective reporting, coordination, monitoring and supervision of nutrition package to ensure quality programming, prevention of Gender Based Violence and Sexual Abuse, prevention of gaps and overlap, maximize opportunities for inter-sectoral integration and timely information flow. |
| **Target Group:** Nutrition stakeholders including Regional, Zonal, Woreda Health Bureaus, UNICEF, WFP, WHO, Partners, Health Staff, Community |
| **Activities:*** Active participation by nutrition actors at nutrition coordination/review meetings and multi sectors nutrition coordination platform/taskforce
* Adherence by all partners on the use of guidelines, protocols ensuring quality implementation.
* Establish and strengthen regulatory teams at all levels to monitor and control the selling of nutritional supplies in the market
* Coordinated IMAM programming ensuring respective health facilities offer both continuum of care services
* Harmonized reporting to nutrition sector against targets, coverage areas and activities through
* Provide feedback to respective health facilities on how nutrition is reflected on the reporting mechanisms (feedback loop)
* Active joint supportive supervision of programming across all components
* Advocating against monitoring for and rapidly reporting inappropriate distributions of BMS through a defined mechanism
* Mitigate stock outs of Nutrition supplies, at regional, zonal and Health Facility levels and harmonized reporting on supplies through reporting system.
* Support towards Zonal/Woreda Nutrition Coordination to ensure nutrition interventions are strengthened across all sectors across the woreda
* Support to Woreda Health Teams on supervisory visits with on-job training and corrective/follow-up actions -to improve quality of care – performed regularly for outpatient/outreach and other service delivery areas/sites (as per partner or sector recommended frequency)
 |
| **Output Indicators** |
| * Number of Nutrition Focal Points oriented on core nutrition actions
* Number of HEW/WDA/WDG trained on IMAM, IYCF, Micronutrient and GBV
* Number of Nutrition Front line workers trained on GBV, IMAM, IYCF
* Proportion of HFs providing continuum of care of acute malnutrition
* Proportion of HFs with feedback mechanisms
* Presence of Feedback mechanism in the all woredas
* Proportion of HFs meet SPHERE/National Standards on the indicators
* Proportion of facilities with zero nutrition commodity stock outs
* Proportion of facilities/sites reporting on time
* Proportion of reports of donations/blanket distribution s of BMS were reported and acted upon
* Functionality of regional/woreda nutrition cluster coordination meeting
* Proportion of HFs/staff who appropriately refer to guidance/policies
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**Monitoring Framework**

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| --- | --- | --- | --- | --- |
|  | **Program Indicators** | **Definition** | **Frequency** | **Recording Tools** |
| **Component A** |
| A1 | # of girl and boy children screened for acute malnutrition in the community | Total # of girl and boy children screened for acute malnutrition in the community | Monthly | ?? HIMS / 5Ws |
| A2 | # of girl and boy children cases with moderate acute malnutrition referred for treatment | Total # of girl and boy children cases with MAM referred for treatment | Monthly | ?? HIMS / 5Ws |
| A3 | # of girl and boy children cases with severe acute malnutrition referred for treatment | Total # of girl and boy children cases with SAM referred for treatment | Monthly/ weekly ? | ?? HIM / 5Ws |
| A4 | # of girl and boy children aged 0-23 months screened for feeding difficulties (IYCF Rapid Assessment) | Total # of girl and boy children aged 0-23 months screened for feeding difficulties (IYCF Rapid Assessment) | Monthly / weekly ? | HEW/WDG report |
| A5 | # of girl and boy children aged 0-23 months referred for IYCF-e services | Total # of girl and boy children aged 0-23 months referred for IYCF-e services | Monthly/ weekly? | HEW/WDG report |
| A6 | # of pregnant and lactating women with acute malnutrition in the community referred for treatment | Total # of pregnant and lactating women with acute malnutrition in the community referred for treatment  | Monthly | HEW/WDG report |
| **Component B** |
| B1 | # of MAM cases girl and boy children newly admitted into TSFP | Total # of MAM cases girl and boy children newly admitted into TSFP | Monthly/ weekly? | TSFP Register |
| B2 | # of MAM cases PLWs newly admitted into TSFP | Total # of MAM cases PLWs newly admitted into TSFP | Monthly | TSFP Register |
| B3 | # of SAM cases girl and boy children newly admitted into OTP | Total # of SAM cases girl and boy children newly admitted into OTP | Monthly/ weekly? | OTP Register |
| B4 | # of SAM cases girl and boy children newly admitted into SCs | Total # of SAM cases girl and boy children newly admitted into SCs | Weekly? | SC register |
| B5 | # of SCs/OTP with handwashing facilities, mother baby spaces | Total # of SCs/OTP with handwashing facilities, mother baby spaces | Weekly | Health Facility report |
| B6 | # of caregivers of children aged 0-23 months who received skilled IYCF counselling  | Total # of caregivers of children aged 0-23 months who received skilled IYCF counselling and GBV support | Weekly | Health Facility report |
| B7 | # of caregivers referred for skilled GBV support | Total # of caregivers referred for skilled GBV support | Weekly | Health Facility report |
| **Component C** |
| C1 | # of boys and girls aged 6-59 months received VAS | Total # (%) of boys and girls aged 6-59 months received VAS | Weekly | Tally sheet |
| C2 | # of boys and girls aged 24 -59 months received deworming tablets | Total # (%) of boys and girls aged 24-59 months received deworming tablets | Weekly | Tally sheet  |
| C3 | # of PLW received IFA and deworming to pregnant women | Total # of PLW received IFA and # pregnant women receive deworming tablets | Weekly | Tally sheet |
| C4 | # of PLWs received SFP products | Total # of PLWs received SFP products | Weekly | Register |
| C5 | # of boy and girl children aged 6-59 months received SFP products | Total # of boy and girl children aged 6-59 months received SFP products | Weekly | Register |
| C6 | # of pregnant women counselled on IYCF at health facilities/community | Total # of pregnant women counselled on IYCF at health facilities/community | Weekly | Facility report |
| C7 | # of caregivers of children aged 0-23 months counselled on IYCF at health facility/community | Total # of caregivers of children aged 0-23 months counselled on IYCF at health facility/community | Weekly | Facility report |
| C8 | # of caregivers referred for skilled GBV support | Total # of caregiver referred for skilled GBV support | Weekly | Counsellor report |
| C9 | # of children participating in GMP | Total # of children participating in GMP | Weekly | Counsellor report |
| C10 | # of non-breastfed infants aged 0-5 months receiving appropriate support | Total # of non-breastfed infants aged 0-5 months receiving appropriate support |  |  |
| C11 | # of IDP sites with Mother baby spaces | Total # of Mother baby spaces in IDP site | Monthly |  |
| **Component D** |
| D1 | # (%) of Nutrition Focal Points oriented on core nutrition actions | Total # of Nutrition Focal Points oriented on core nutrition actions | Semi Annually | Attendance sheet |
| D2 | # of HEW/WDA/WDG trained on three themes IMAM, IYCF and GBV | Total # of HEW/WDA/WDG trained on three themes IMAM, IYCF and GBV | Quarterly | Attendance sheet |
| D3 | # of Nutrition Front line workers trained on GBV | Total # of Nutrition Front line workers trained on GBV | Annually | Attendance sheet |
| D4 | # Proportion of HFs providing continuum of care of acute malnutrition | Total # of HFs providing continuum of care of acute malnutrition | Monthly | Nutrition Cluster report |
| D5 | # of HFs with feedback mechanisms | Total # of HFs with feedback mechanisms | Monthly | Nutrition Cluster report |
| D6 | # of Feedback mechanism in the all woredas | Total # of Feedback mechanism in the all woredas | Monthly | Nutrition Cluster report |
| D7 | # of HFs meet Sphere/National Standards on the indicators | Total # of HFs meet SPHERE/National Standards on the indicators | Monthly | Nutrition Cluster report |
| D8 | # of facilities with zero nutrition commodity stock outs | Total # of facilities with zero nutrition commodity stock outs | Monthly | Nutrition Cluster report |
| D9 | # of facilities/sites reporting on time | Total # of facilities/sites reporting on time | Monthly | Nutrition Cluster report |
| D10 | # of reports of donations/blanket distribution s of BMS were reported and acted upon | Total # (%) of reports of donations/blanket distribution s of BMS were reported and acted upon | Monthly | Nutrition Cluster report |
| D11 | # of Functionality of regional/woreda nutrition cluster coordination meeting | Total # of Functionality of regional/woreda nutrition cluster coordination meeting | Monthly | Nutrition Cluster report |
| D12 | # of Woredas with active Nutrition Coordination Meetings | Total # of Woredas with active Nutrition Coordination Meetings | Monthly  | Nutrition Cluster report |

**Evaluation Framework**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Outcome Statements** | **Definition** | **Source** | **Frequency** |
| 1 | SAM and MAM in children aged 6-59 months by gender | Proportion of children aged 6-59 months by gender who are severely malnourished | SMART SurveySMART SurveyMultisectoral KAP SURVEY | Semi Annually |
| 2 | GAM in children aged 6-59 months by gender | Proportion of children aged 6-59 months by gender who are either severely or moderately malnourished | Semi Annually |
| 3 | Iron Deficiency Anemia in Children | Proportion of Children aged 6-59 months by gender with Iron deficiency | Semi Annually |
| 4 | Iron Deficiency Anemia in women of reproductive age | Proportion of women of reproductive age with Iron deficiency | Semi Annually |
| 5 | Iron Deficiency Anemia in pregnant women | Proportion of pregnant women with Iron deficiency | Semi Annually |
| 6 | Early initiation of breastfeeding:[[3]](#footnote-3) Children born in the last 24 months | Percentage of children born in the last 24 months who were put to the breast within one hour of birth by gender | Semi Annually  |
| 7 | Exclusive breastfeeding infants aged under 6 months:Infants aged 0-5 months | Percentage of infants 0-5 months of age who were fed exclusively with breast milk during the previous day by gender | Semi Annually |
| 8 | Continued breastfeeding 12 – 23 months:Children aged 12 -23 months of ages | Percentage of children aged 12-23 months who were fed with breast milk during the previous day by gender | Semi Annually |
| 9 | Introduction of Solid, semisolid or soft foods 6-8 months | Percent of infants 6-8 months of age who consumed solid, semi-solid or soft foods during the previous day |  |
| 10 | Minimum Acceptable Diet (MAD) | Proportion of children aged 6-23 months who receive a minimum acceptable diet (apart from breast milk) by gender | Semi Annually |
| 11 | Minimum Dietary Diversity Women (MDD-W) | Proportion of women of reproductive age (15-49) who reach MDD-w | MICS | Annually |

1. Federal Democratic Republic of Ethiopia National Food and Nutrition Strategy May 2021 [↑](#footnote-ref-1)
2. Essential Nutrition Actions Mainstreaming nutrition through the life-course WHO 2019 [↑](#footnote-ref-2)
3. Indicators for assessing Infant and Young Child Feeding practices. Definitions and Measurement methods WHO, UNICEF 2021 [↑](#footnote-ref-3)