

COVERAGE OF ACUTE MALNUTRITION TREATMENT SERVICES

Outcome indicator, Cluster indicator, ECHO indicator

Indicator Phrasing

English: % of children with [specify: moderate / severe] acute malnutrition receiving therapeutic treatment

French: % d'enfants souffrant de malnutrition [specifier: modérée / aiguë sévère] recevant un traitement thérapeutique

Spanish: % de niños con desnutrición aguda [especificar: moderada / grave] que reciben tratamiento terapéutico

Portuguese: % de crianças com malnutrição [escolher: aguda severa / moderada] que estão a receber tratamento terapêutico

Czech: % dětí s [určete: mírnou / závažnou] akutní podvýživou dostávajících terapeutickou léčbu

What is its purpose?

Coverage is the key indicator for the management of acute malnutrition. It measures the proportion of severely malnourished children who need treatment against those actually receiving treatment.

How to Collect and Analyse the Required Data

Coverage is assessed by **SLEAC** (Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage) or **SQUEAC** method (Semi-Quantitative Evaluation of Access and Coverage). Both methods are described in the guidance below, and in more detail at the [CMAM Coverage Monitoring website](#).

Disaggregate by

[Disaggregate](#) the data by gender, age, geographic area and specific vulnerable groups, such as minorities.

Important Comments

1) According to the **Sphere Standards**, coverage is perceived as acceptable when it is more than 50% in rural areas; more than 70% in urban areas and more than 90% in a camp situation.

2) Coverage **can also be calculated for MAM children** receiving treatment in the Supplementary Feeding Program.

3) Programmatic data should be analysed to identify areas of potential high and low coverage. Qualitative data is then collected to look for boosters and barriers to coverage, and **gain further understanding of reasons why acutely malnourished children are accessing (or not) treatment.**

4) The amount of time required for the methods depends on numerous factors, including accessibility, distance to travel, screening tools used, number of staff and previous experience. Generally, SLEAC assessments take less time to implement (5-7 days) than SQUEAC assessments (usually take a **minimum of 3 weeks days excluding reporting**); however, SQUEAC assessments yield more detailed information.

5) If your team does not have any experience with SLEAC or SQUEAC, inquire **Coverage Monitoring Network** for a consultant who can train your team and supervise the survey quality.

6) Coverage of Malnutrition Treatment Services is one of **ECHO's Key Outcome Indicators** (see below). ECHO phrases the indicator differently, as "Coverage of the nutrition program", meaning the proportion of the total number of under 5 SAM cases which are adequately admitted in the nutrition programme.

Access Additional Guidance

- CMAM Forum (2014) [Assessment of Coverage of CMAM](#)
- PIN (2015) [Practical Checklist for Conducting Nutrition Surveys](#)
- [CMN website - great resources & contacts](#)
- [Sphere Management of malnutrition standard 2.1 and 2.2](#)
- ECHO (2016) [List of Key Outcome Indicators \(KOI\)](#)
- [Global Nutrition Cluster](#)