

## DEFAULT RATE

Outcome indicator, Cluster indicator

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### Indicator Phrasing

**English:** % of children who were absent for two consecutive weighings

**French:** % d'enfants absents pendant deux prises de poids consécutives

**Spanish:** % de niños que faltaron a dos pesajes consecutivos

**Portuguese:** % de crianças ausentes em duas pesagens consecutivas

**Czech:** % dětí nepřítomných u dvou po sobě jdoucích vážení

### What is its purpose?

The default rate is one of the four core performance indicators of malnutrition treatment programs. It represents the proportion of children discharged from the program who were absent for two consecutive weighings (i.e. so-called “defaulters”).

### How to Collect and Analyse the Required Data

To **calculate the indicator's value**, divide the number of “defaulters” by the total number of discharged children. Multiply the result by 100 to convert it to a percentage. The resulting number is the default rate (in percentages).

### Disaggregate by

[Disaggregate](#) the data by gender, geographic area, and age groups.

### Important Comments

1) The indicator **does not require a separate survey** – all data can be gained from the treatment program’s regular records.

2) According to the **Sphere Standards**, a default rate of less than 15% is perceived as “acceptable”.

3) The **four core performance indicators** of a malnutrition treatment program (esp. the Community Management of Acute Malnutrition, CMAM) are [recovery rate](#), [death rate](#), default rate and [non-recovery rate](#).

4) A general way to think about defaulter is "the service is available but the child is absent" so the normal reason for default is difficulty to access the health facilities. However, in case a deficiency arises in the treatment program (such as stock out of Ready-to-Use Therapeutic Food) and the child still attends the programme but does not receive treatment, there is a need to capture that deficiency in some way. In case a **new discharge category** (e.g. unplanned service interruption) is created to capture this, the new category should be included in the denominator for the total number of discharges when calculating program outcomes. See more in [discussions at En-Net](#).

## Access Additional Guidance

- SCH (2015) [Standardised Indicators and Categories for Better CMAM Reporting](#)
- [Sphere Standards](#)
- [Nutrition Cluster Indicators Registry \(incl. thresholds\)](#)