

UNHCR's Strategic Plan for Nutrition and Food Security

2008 - 2012



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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
APR	Annual Protection Report
GAM	Global Acute Malnutrition
GSO	Global Strategic Objective
HIS	Health Information System
HIV	Human Immunodeficiency Virus
IDPs	Internally Displaced Person
IP	Implementing Partner
IYCF	Infant and Young Child Feeding
JAMs	Joint Assessment Missions
MSRP	Management Systems Renewal Project
OP	Operational Partner
PoCs	Persons of Concern
SAM	Severe Acute Malnutrition
S&I	Standards and Indicators
SFP	Supplementary Feeding Programme
TFP	Therapeutic Feeding Programme
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Program

EXECUTIVE SUMMARY

This United Nations High Commissioner for Refugees' (UNHCR) Strategic Plan for Nutrition and Food Security outlines the vision, strategic objectives and main strategies of UNHCR as well as the indicators to measure their implementation. It aims to fully integrate nutrition and food security into UNHCR's overall mandate of protection of refugees and other persons of concern (PoCs), and to meet internal and international standards in UNHCR's nutrition and food security-related policies and programmes. The Strategic Plan supports and is compatible with existing initiatives such as the Millennium Development Goals, the United Nations humanitarian reform process, the Reinforcing Efforts to Address Child Hunger, and the internationally recognised right to adequate food.

This Strategic Plan was developed in coordination with those of other sectors in the Public Health and HIV Section in the Division of Operational Services including HIV/AIDS, malaria, reproductive health, and water/sanitation. This approach will help to ensure a comprehensive and integrated approach across these technical sectors. The Strategic Plan aims to guide operations in camp, urban and other non-camp settings according to all stages of an emergency, as well as for local integration and returnee situations, during the period of 2008-2012 (see 2008-12 guiding principles). This Strategic Plan was developed in consultation with Operational Partner (OPs) including UN agencies, NGOs and academic institutions.

OVERALL STRATEGIC OBJECTIVE:

To support and promote nutrition and food security policies and programmes to reduce morbidity and mortality and to enhance the quality of life among refugees, internally displaced persons (IDPs), returnees and other PoCs to UNHCR.

NUTRITION AND FOOD SECURITY STRATEGIC OBJECTIVES FOR UNHCR:

- 1. Protection:** To protect the right of UNHCR's PoCs to sufficient food which relies upon access to adequate nutrition and food security.
- 2. Coordination and Integration:** To effectively coordinate, advocate for and integrate nutrition and food security policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.
- 3. Prevention:** To prevent malnutrition and food insecurity by supporting implementation of and scaling up effective preventative interventions to UNHCR's PoCs with an emphasis on community participation, especially among women, children and people with special needs.
- 4. Care, Support and Treatment:** To ensure that PoCs have access to timely, quality and effective supportive and curative nutrition services.
- 5. Durable Solutions:** To develop and incorporate nutrition and food security strategies and interventions into policies and programmes for durable solutions.
- 6. Capacity Building:** To build and strengthen specific nutrition and food security knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.
- 7. Assessments, Surveillance, Monitoring and Evaluation and Operational Research:** To regularly monitor and report on PoCs' nutrition and food security status to inform programme planning and implementation in a timely manner; to evaluate programme performance and achievements using a results-based management approach; and to develop and carry out operational research on new approaches and technologies in nutrition and food security.

INTRODUCTION

Ensuring adequate nutrition and eliminating malnutrition have long been recognised as integral to fulfilling UNHCR's protection mandate.¹ Improved programme monitoring during the last several years documenting high rates of acute and micronutrient malnutrition in protracted refugee settings has fueled a debate about the adequacy of humanitarian assistance for refugees and other PoCs to UNHCR as a basic human right.^{2,3} UNHCR is working to ensure that the strategies the agency uses to ensure adequate nutrition build upon the most current epidemiological data on nutrition and health available, and capitalise upon the many advances in nutritional approaches (e.g. community-level management of severe acute malnutrition) and technologies (e.g., new ready to use therapeutic foods and community level fortification) of the last decade. This UNHCR Strategic Plan for Nutrition and Food Security documents the vision, strategic objectives and main strategies of UNHCR to fully integrate nutrition and food security into UNHCR's overall mandate of protection of refugees and other PoCs. It also provides core indicators by which progress against these strategic objectives will be measured to ensure that UNHCR meets internal and international standards.

The foundation for the UNHCR Strategic Plan for Nutrition and Food Security was laid by:

- Recent work on nutrition as a programme priority and part of UNHCR's Global Strategic Objectives of 2006, 2007, and 2008-2009.
- UNHCR Executive Committee Conclusions (No. 107 (LVIII) - 2007).
- "Health, Nutrition and HIV/AIDS – New Strategies" (Standing Committee paper, June 2007).
- The High Commissioner's Special Project related to nutrition and health as priority areas (2007).
- The UNHCR Nutrition Plan for 2006.
- "Acute Malnutrition in Protracted Refugee Situations: A Global Strategy" (UNHCR/World Food Programme (WFP), 2006).
- "Nutrition" (Standing Committee Conference Room Paper , June 2006).
- Policy of the UNHCR Related to the Acceptance, Distribution and Use of Milk Products in Refugee Settings (August 2006).
- UNHCR Executive Committee A/AC.96/1032, 1996.
- UNHCR Executive Committee conclusion 74(XLV),1994.
- UNHCR Executive Committee Conclusion 59(XL), para (e), 1989.
- UNHCR Executive Committee Conclusions (No. 47 (XXXVIII), 1987.

Nutrition is now explicitly highlighted in UNHCR's Global Strategic Objectives for 2008-2009 (Box 1).⁴ For the purpose of this Strategic Plan, the terms "nutrition" and "food security" are defined consistently

1 See the International Covenant on Economic, Social and Cultural Rights (1966) and the United Nations Convention on the Rights of the Child (1989).

2 See guiding principles 2008 - 2012 for UNHCR's definition of the term "Persons of Concern".

3 UNHCR Standing Committee Paper, EC/57/SC/CRP.17 (June 2006).

4 UNHCR, "Biennial Programme Budget 2008-2009 of the Office of the United Nations High Commissioner for Refugees." A/AC.96/1040, 12 September 2007, Fifty-eighth session.

with these other key documents and with sister UN agencies (Box 2). Unless otherwise specified, the term "malnutrition" refers to the various forms of malnutrition typically present in low-income settings (i.e. wasting, nutritional oedema, underweight, stunting, and micronutrient deficiencies). The concurrent and indeed interrelated problems of undernutrition and overweight in the same population, should not be overlooked and strategies to address this phenomenon continue to gain importance.

BOX 1: Nutrition and Food Security in UNHCR's Global Strategic Objectives

Global Strategic Objective 3 - Realizing the social and economic well-being of persons of concern, with priority given to:

3.1. Reducing malnutrition, and major risks to the health of populations of concern, notably malaria, HIV/AIDS and inadequate reproductive health services.

Performance Targets:

3.1.1. The percentage of stable refugee operations receiving food aid, in collaboration with WFP, and recording reduced acute malnutrition prevalence of < 5% (z-score) is increased.

Global Strategic Objective 4 - Responding to emergencies in a timely and effective manner, with priority given to:

4.2. Meeting the needs of women, children and groups with specific needs in emergency situations.

Performance Targets:

4.2.2. Emergency protection and assistance interventions in the first three months of an emergency increasingly respond to age, gender and diversity considerations including specific interventions for women, children and groups with special needs.

BOX 2: Key Terms

Malnutrition: The term "malnutrition" will be used broadly in this Strategic Plan to encompass nutritional imbalances. Most commonly it includes "the various forms of malnutrition: notably global acute malnutrition (GAM), i.e. wasting plus nutritional oedema, expressed in Z-scores; chronic malnutrition (stunting); and micronutrient deficiencies (hidden hunger) that are the focus of the UNHCR Nutrition paper (2006). However, it also includes forms of over-nutrition such as excess caloric or micronutrient consumption, which are a public health problem in selected refugee settings.

Food Security: The term "food security" in this paper is, adapted, somewhat from the World Food Summit (1996) and will be defined as follows: when all people at all times have sustainable physical and economic access to sufficient, safe and nutritious food, to meet their dietary needs and food preferences, for a healthy and productive life.

An interim assessment of all indicators and targets in this plan will be undertaken after the end of 2009.

GOALS AND OBJECTIVES

OVERALL NUTRITION AND FOOD SECURITY FOR 2008-12:

To support and promote nutrition and food security policies and programmes to reduce morbidity and mortality and to enhance the quality of life among refugees, IDPs, returnees and other PoCs to UNHCR.

Nutrition and Food Security Strategic Objectives for UNHCR:

- 1. Protection:** To protect the right of UNHCR's PoCs to sufficient food which relies upon access to adequate nutrition and food security.
- 2. Coordination and Integration:** To effectively coordinate, advocate for and integrate nutrition and food security policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.
- 3. Prevention:** To prevent malnutrition and food insecurity by supporting implementation of and scaling up effective preventative interventions to UNHCR's PoCs with an emphasis on community participation, especially among women, children and people with special needs.
- 4. Care, Support and Treatment:** To ensure that PoCs have access to timely, quality and effective supportive and curative nutrition services.
- 5. Durable Solutions:** To develop and incorporate nutrition and food security strategies and interventions into policies and programmes for durable solutions.
- 6. Capacity Building:** To build and strengthen specific nutrition and food security knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.
- 7. Assessments, Surveillance, Monitoring and Evaluation and Operational Research:** To regularly monitor and report on PoCs' nutrition and food security status to inform programme planning and implementation in a timely manner; to evaluate programme performance and achievements using a results-based management approach; and to develop and carry out operational research on new approaches and technologies in nutrition and food security.

STRATEGIES AND INDICATORS OF ACHIEVEMENT

UNHCR will monitor its progress against these strategic objectives over the 2008-2012 period through a rigorous monitoring and evaluation system at global, regional and country levels. The data will be aggregated and reported regularly at the global level. The following core set of **41 indicators** will be tracked as a measure of progress against the strategic objectives. For each of these indicators many others could be suggested, particularly programme performance monitoring indicators, which are not detailed here but many of which will be collected and used at country level. Realisation of these strategic objectives will require a certain level of accountability at various levels of management. This accountability will be most important at the country and field levels through the processes of the programme planning cycle and ongoing reporting.

Table 1 summarises the strategies and indicators of achievement. It provides explicit definitions for and essential information on how the indicators will be measured at the global, regional and country operational levels.

Table 2 provides summaries of how the indicators of achievement will be reported. This includes information on targets, periodicity, applicable strategic objectives, and sources of measurement.

UNHCR will obtain data on nutrition and food security from the following main sources:

1. Joint Assessment Missions (JAMs) conducted with WFP.
2. UNHCR's Health Information System (HIS)
3. UNHCR's Standards and Indicators (S&I)
4. UNHCR's Global Strategic Objectives (GSOs)
5. Population-based surveys conducted by UNHCR in coordination with other agencies.
6. The United Nations Standing Committee on Nutrition/Nutrition Information in Crisis Situations database supported in part by UNHCR.
7. UNHCR's Financial Systems using Management Systems Renewal Project (MSRP)

Table 1. Key Strategies and Indicators of Achievement

STRATEGIC OBJECTIVE 1: PROTECTION	To protect the right of UNHCR's PoCs to sufficient food which relies upon access to adequate nutrition and food security.
Key Strategies	Indicators of Achievement
(1.1) Policies, guidelines and programmes to improve nutrition (including micronutrients), infant and young child feeding and food security.	(1.1.1) Prevalence of global acute malnutrition (GAM) for children 6-59 months of age. (1.1.2) Prevalence of severe acute malnutrition (SAM) for children 6-59 months of age.
(1.2) Ensure provision of a general ration where required, which is sufficient in terms of quantity, quality, regularity and equity.	(1.2.1) Amount of food distributed through general food ration, as % of planned amount, as measured by: kilocalories, fat/energy percentage, protein/energy percentage, and selected micronutrients.
(1.3) Support to food security through strategies to enhance self reliance.	(1.3.1) % operations where projects are being implemented with a specific focus on reducing food insecurity in the population. ⁵
(1.4) Provide essential non food items where required.	(1.4.1) Amount of non-food items distributed as a % of planned amount. ⁶
Indicators 1.5.1 and 1.5.2 from HIV Strategic Plan apply.	

5 Examples of such programs include advocacy to establish policy frameworks to expand access to capital, land and markets and freedom of mobility; provision of inputs, tools or other production support; support to income generating activities; and microcredit programmes.

6 Essential non food items frequently include firewood, shelter materials, clothes, and essential cooking and household items. For example soap is 250grams/person/per month, firewood: 1kg per person varying according to wood availability cooking pot: 4 units per family depending on the quality of pots, types of stoves and food.

Table 1. Key Strategies and Indicators of Achievement (cont.)

<p>STRATEGIC OBJECTIVE 2: COORDINATION AND INTEGRATION</p>	<p>To effectively coordinate, advocate for and integrate nutrition and food security policies and programmes in a multi-sectoral approach for PoCs by strengthening and expanding strategic partnerships with key stakeholders.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(2.1) Expand and strengthen partnership with World Food Programme.</p>	<p>(2.1.1) % operations concerned with joint projects with WFP that have an updated Joint Plan of Action to address malnutrition including joint appeals.</p>
<p>(2.2) Ensure that nutrition and food security policies and programmes for IDPs are coordinated and integrated within humanitarian reform process.</p>	<p>(2.2.1) % of HCR country offices that are consistently participating in nutrition cluster meetings among those countries that have been "clusterized"⁷.</p>
<p>(2.3) Advocate to ensure integration of refugees and other PoCs into national and regional programmes and systems.</p>	<p>(2.3.1) % countries with ≥10,000 refugees that have been explicitly included in national plans of action on nutrition and/or food security among those countries that will update their plans between 2008–2012.</p>
<p>(2.4) Strengthen HCR nutrition/food security coordination capacity and supervision with relevant stakeholders (e.g. host country authorities, IPs and OPs, and refugee representatives).</p>	<p>(2.4.1) Number of HCR Public Health and/or Nutrition/Food Security Coordinators. (2.4.2) Number of nutrition/food security coordination meetings held per year. (2.4.3) Number of public health coordination meetings with integrated nutrition and food security component held per year.</p>
<p>(2.5) Ensure sufficient resources provided to supporting HCR's nutrition and food security activities.</p>	<p>(2.5.1) Amount of resources spent by HCR for nutrition and food security activities (USD/person/yr).</p>
<p>(2.6) Ensure that PoCs are included into participatory assessments and age, gender and diversity analysis as part of HCR's operations management cycle.</p>	<p>(2.6.1) % of countries that have conducted participatory assessments as part of the operations management cycle.</p>

7 A cluster is a group of agencies, organizations and/or institutions unified by their particular mandates, working towards common objectives. The purpose of the clusters is to promote effective and predictable outcomes in a timely manner, while also improving accountability and leadership. Globally, 11 clusters have been identified, each with a lead agency, covering areas such as, protection, camp coordination and camp management, education, shelter, health and water and sanitation.

Table 1. Key Strategies and Indicators of Achievement (cont.)

<p>STRATEGIC OBJECTIVE 3: PREVENTION</p>	<p>To prevent malnutrition and food insecurity by supporting implementation of and scaling up effective preventative interventions to UNHCR's PoCs with an emphasis on community participation, especially among women, children and people with special needs.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(3.1) Advocate for provision of general food ration and supplementary feeding, when required, that is sufficient in terms of quantity, quality, regularity and equity.</p>	<p>(3.1.1) Prevalence of stunting for children 6-23 months of age. (3.1.2) % of newborns born with <2500g of weight. (3.1.3) % of pregnant and lactating women provided supplementary feeding. See also 1.1.1, 1.1.2 and 1.2.1.</p>
<p>(3.2) Ensure provision of micronutrients, when required, through provision of fortified foods or micronutrient supplements.</p>	<p>(3.2.1) Amount of fortified blended foods distributed as part of general food ration, as a % of planned amount. (3.2.2) Coverage rate of vitamin A supplementation for children 6-59 months of age. (3.2.3) Coverage rate of vitamin A supplementation for lactating women. (3.2.4) Prevalence of anaemia in children 6-59 months of age. (3.2.5) Prevalence of anaemia in women 15-49 years of age. See also 1.3.1, 3.1.3.</p>
<p>(3.3) Establish infant and young child feeding (IYCF) policies and programmes.</p>	<p>(3.3.1) % operations reporting compliance with HCR's policy on the acceptance and distribution of milk products. (3.3.2) % of infants (0-<6 months of age) exclusively breastfed for the first six months of life. (3.3.3) % of non-breastfed infants with access to necessary quantity of breast milk substitute, resources and follow-up.</p>
<p>Indicator 1.3.1 from WatSan Strategic Plan also applies. Indicators 1.2.1, 1.2.2, 3.4.1 and 3.4.2 from Malaria Strategic Plan also apply. Indicators 3.1.1 and 3.8.1 from HIV Strategic Plan also apply.</p>	

Table 1. Key Strategies and Indicators of Achievement (cont.)

<p>STRATEGIC OBJECTIVE 4: CARE, SUPPORT AND TREATMENT</p>	<p>To ensure that PoCs have access to timely, quality and effective supportive and curative nutrition services.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(4.1) Improve management of moderate acute malnutrition in supplementary feeding programmes (SFPs).</p>	<p>(4.1.1) % of SFPs that meet SPHERE standards for performance: recovery >75%, case fatality <3%, defaulter rate <15%, and coverage >50% for rural areas, >70% for urban areas and >90% for camps. (4.1.2) % of SFPs that adhere to standard treatment protocols. See also 1.1.1.</p>
<p>(4.2) Improve management of severe acute malnutrition in 'therapeutic care' (facility and community-based).</p>	<p>(4.2.1) % operations where community-based management SAM is being implemented where HCR determined it is appropriate and necessary. (4.2.2) % of programmes for management of SAM that meet SPHERE standards for performance: recovery >75%, case fatality <10%, defaulter rate <15%, and coverage >50% for rural areas, >70% for urban areas and >90% for camps regardless of whether facility-based or community-based. (4.2.3) % of therapeutic feeding programmes (TFPs) that adhere to standard treatment protocols. See also 1.1.2.</p>
<p>Indicator 4.1.1 from Malaria Strategic Plan also applies.</p>	
<p>STRATEGIC OBJECTIVE 5: DURABLE SOLUTIONS</p>	<p>To develop and incorporate nutrition and food security strategies and interventions into policies and programmes for durable solutions.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(5.1) Advocate for and establish local integration and repatriation policies and programmes that include appropriate food and food security support.</p>	<p>(5.1.1) % of operations where refugees are provided with appropriate returnee food package. (5.1.2) % of operations where nutrition and food security have been designed and integrated in exit strategies (integration areas or areas of return).</p>
<p>(5.2) Coordinate and share nutrition and food security information to governments, UN agencies and other humanitarian organisations during repatriation.</p>	<p>(5.2.1) % of countries undertaking major repatriation operations that collect and share nutrition and food security about refugees and other PoCs in areas of return with government and organisations involved in nutrition and food security policies and programmes.</p>
<p>Indicator 4.2.1 from HIV Strategic Plan also applies. Indicator 4.1.1 from WatSan Strategic Plan also applies. Indicator 3.1.1 from Malaria Strategic Plan also applies.</p>	

Table 1. Key Strategies and Indicators of Achievement (cont.)

<p>STRATEGIC OBJECTIVE 6: CAPACITY BUILDING</p>	<p>To build and strengthen specific nutrition and food security knowledge and skills as well as to provide necessary technical tools to PoCs and those staff working with them.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(6.1) Train HCR and partner health staff on nutrition and food security.</p>	<p>(6.1.1) Number and % of HCR and partner staff trained on new nutrition and food security issues. See also 1.3.1, 2.1.1, 2.2.1, 2.4.2, 2.4.3.</p>
<p>(6.2) Provide nutrition and food security focused community education programmes to refugees and other PoCs.</p>	<p>(6.2.1) % of countries reporting nutrition and food security trainings for HCR's PoCs See also 1.3.1, 2.6.1.</p>
<p>STRATEGIC OBJECTIVE 7: ASSESSMENTS, SURVEILLANCE, MONITORING AND EVALUATION, OPERATIONAL RESEARCH</p>	<p>To regularly monitor and report on PoCs' nutrition and food security to inform programmatic planning and implementation in a timely manner; To evaluate programme performance and achievements using a results-based management approach; and To develop and carry out operational research on new approaches and technologies.</p>
<p>Key Strategies</p>	<p>Indicators of Achievement</p>
<p>(7.1) Collect, analyse and respond to essential nutrition and food security data (facility and population –based) on a routine basis using standard case definitions.</p>	<p>(7.1.1) % refugee operations with functioning HIS, including nutrition component, as defined by monthly reporting to HCR. (7.1.2) % refugee operations where population-based nutrition survey undertaken (minimum on annual basis). (7.1.3) % of stable refugee situations where growth monitoring programmes are being implemented – by camp and country.</p>
<p>(7.2) Monitor distribution, acceptability, milling, consumption and sale of food rations.</p>	<p>(7.2.1) % operations where monthly food basket monitoring is being implemented. (7.2.2) % operations where monthly post-distribution monitoring (i.e. household/community level) is being implemented.</p>
<p>(7.3) Improve nutrition and food security programmes through Joint Assessment (and monitoring) Missions (JAMs) with WFP and other partners.</p>	<p>(7.3.1) Number of countries undertaking JAMs. See also 2.1.1.</p>
<p>(7.4) Conduct operational research as indicated to guide programme implementation (e.g. micronutrients, anaemia) or to address identified programmatic problems.</p>	<p>(7.4.1) Number of programmes that have conducted operational research defined as any investigation that is not routine and undertaken to inform programmatic planning or to address identified programmatic problems.</p>

Table 2: Summary of Indicators of Achievement

INDICATORS OF ACHIEVEMENT	Target ⁸	Periodicity	Strategic Objectives	Source of Measurement	Setting: Camp, Non-camp ⁹
(1.1.1) Prevalence of global acute malnutrition (GAM) for children 6-59 months of age.	<5%	Every 6 mos for acute situations or Annually	1,3,4	Pop-based surveys	Camp
(1.1.2) Prevalence of severe acute malnutrition (SAM) for children 6-59 months of age.	<1%	Every 6 mos for acute situations or Annually	1,3,4	Pop-based surveys	Camp
(1.2.1) Amount of food distributed through general food ration, as % of planned amount, as measured by: kilocalories, fat/energy percentage, protein/energy percentage, and selected micronutrients.	>80%	Monthly, Annually	1,3	Country Offices (HCR and WFP)	Camp
(1.3.1) % operations where projects are being implemented with a specific focus on reducing food insecurity in the population. ¹⁰	>75%	Annually	1,3,6	Country Offices	Camp Non-camp
(1.4.1) Amount of non-food items distributed as a % of planned amount. ¹¹	100%	Monthly, Annually	1	Country Offices	Camp
(2.1.1) % operations concerned with joint activities with WFP that have an updated Joint Plan of Action to address malnutrition.	100%	Annually	2,6,7	Country Offices (HCR and WFP) HQ	Camp
(2.2.1) % of HCR country offices that are consistently participating in nutrition cluster meetings among those countries that have been "clusterized". ¹²	>75%	Annually	2,6	Country Offices	Camp Non-camp
(2.3.1) % countries with ≥10,000 refugees that have been explicitly included in national plans of action on nutrition and/or food security among those countries that will update their plans between 2008–2012.	>75%	Biannually	2	National Plans of Action	Camp Non-camp
(2.4.1) Number of HCR Public Health and Nutrition/ Food Security coordinators.	Variable	Annually	2	Country Offices Regional Offices HQ	Camp Non-camp
(2.4.2) Number of nutrition/food security coordination meetings held per year.	100%	Annually	2,6	Country Offices Regional Offices HQ	Camp Non-camp
(2.4.3) Number of public health coordination meetings with integrated nutrition and food security component held per year.	100%	Annually	2,6	Country Offices Regional Offices HQ	Camp Non-camp

8 Target refers to the level that UNHCR intends to achieve by the end of 2012. It is based on the current situation and what HCR believes it is feasible to attain.

9 Refers to setting where indicator will *primarily* be measured. However, this may vary according to context. All population-based surveys could be undertaken in camp or non-camp settings; however, at this point they are primarily done in camp settings. This may change over time.

10 Examples of such programs include advocacy to establish policy frameworks to expand access to capital, land and markets and freedom of mobility; provision of inputs, tools or other production support; support to income generating activities; and microcredit programmes.

11 Essential non food items frequently include firewood, shelter materials, clothes, and essential cooking and household items. For example soap is 250grams/per person/per month, firewood: 1kg per person varying according to wood availability cooking pot: 4 units per family depending on the quality of pots , types of stoves and food.

12 A cluster is a group of agencies, organizations and/or institutions unified by their particular mandates, working towards common objectives. The purpose of the clusters is to promote effective and predictable outcomes in a timely manner, while also improving accountability and leadership. Globally, 11 clusters have been identified, each with a lead agency, covering areas such as, education, shelter, telecommunications, food aid, health and sanitation.

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target ⁸	Periodicity	Strategic Objectives	Source of Measurement	Setting: Camp, Non-camp ⁹
(2.5.1) Amount of resources spent by HCR for nutrition and food security activities (USD/person/yr).	Variable	Annually	2	MSRP	Camp Non-camp
(2.6.1) % of countries that have conducted participatory assessments as part of the operations management cycle.	>75%	Annually	2,6	Country Offices	Camp Non-camp
(3.1.1) Prevalence of stunting for children 6-23 months of age.	<20%	Annually	1,3	Pop-based surveys	Camp
(3.1.2) % of newborns born with less than 2500g of weight.	<15%	Monthly, Annually	1,3	HIS	Camp
(3.1.3) % of pregnant and lactating women provided supplementary feeding.	100%	Monthly, Annually	1,3	HIS	Camp
(3.2.1) Amount of fortified blended foods distributed as part of general food ration, as a % of planned amount.	100%	Monthly, Annually	1,3	Country Offices (HCR and WFP)	Camp
(3.2.2) Coverage rate of vitamin A supplementation for children 6-59 months of age.	>90%	Annually	1,3	Pop-based surveys	Camp
(3.2.3) Coverage rate of vitamin A supplementation for lactating women.	>90%	Monthly, Annually	1,3	HIS	Camp
(3.2.4) Prevalence of anaemia in children 6-59 months of age.	<20%	Annually	1,3	Pop-based surveys	Camp
(3.2.5) Prevalence of anaemia in women 15-49 years of age.	<20%	Annually	1,3	Pop-based surveys	Camp
(3.3.1) % operations reporting compliance with HCR's policy on the acceptance and distribution of milk products.	100%	Annually	3	Country Offices JAMs	Camp Non-camp
(3.3.2) % of infants (0-<6 months of age) exclusively breastfed for the first six months of life.	>80%	Annually	3	Country Offices	Camp
(3.3.3) % of non-breastfed infants with access to necessary quantity of breast milk substitute, resources and follow-up.	100%	Annually	3	Country Offices	Camp
(4.1.1) % of SFPs that meet SPHERE standards for performance: recovery >75%, case fatality <3%, defaulter rate <15%, and coverage >50% for rural areas, >70% for urban areas and >90% for camps.	>90%	Monthly, Annually	1,4	HIS	Camp
(4.1.2) % of SFPs that adhere to standard treatment protocols.	100%	Annually	1,4	JAMs Country Offices	Camp
(4.2.1) % operations where community-based management SAM is being implemented where HCR determined it is appropriate and necessary.	100%	Annually	1,4	JAMs Country Offices HIS	Camp

Table 2: Summary of Indicators of Achievement (cont.)

INDICATORS OF ACHIEVEMENT	Target ⁸	Periodicity	Strategic Objectives	Source of Measurement	Setting: Camp, Non-camp ⁹
(4.2.2) % of programmes for management of SAM that meet SPHERE standards for performance and adhere to standard treatment protocols: recovery >75%, case fatality <10%, defaulter rate <15%, and coverage >50% for rural areas, >70% for urban areas and >90% for camps regardless of whether facility-based or community-based.	>90%	Monthly, Annually	1,4	HIS	Camp
(4.2.3) % of TFPPs that adhere to standard treatment protocols.	100%	Annually	1,4	JAMs Country Offices	Camp Non-camp
(5.1.1) % of operations where refugees are provided with appropriate returnee food package.	100%	Annually	5	Country Offices	Camp Non-camp
(5.1.2) % of operations where nutrition and food security have been designed and integrated in exit strategies (integration areas or areas of return).	100%	Annually	5	Country Offices	Camp Non-camp
(5.2.1) % of countries undertaking major repatriation operations that collect and share nutrition and food security about refugees and other PoCs in areas of return with government and organisations involved in nutrition and food security programmes.	100%	Annually	2,5	Country Offices	Camp Non-camp
(6.1.1) Number and % of HCR and partner staff trained on new nutrition and food security issues.	>75%	Annually	1,2,6	Country Offices	Camp
(6.2.1) % of countries reporting nutrition and food security trainings for HCR's PoCs.	>75%	Annually	1,2,6	Country Offices	Camp
(7.1.1) % refugee operations with functioning HIS, including nutrition component, as defined by monthly reporting to HCR.	100%	Monthly, Annually	7	HIS	Primarily camp with emphasis to include non camp
(7.1.2) % refugee operations where population-based nutrition survey undertaken (minimum on annual basis).	100%	Annually	7	Pop-based surveys	Camp
(7.1.3) % of stable refugee situations where growth monitoring programmes are being implemented.	100%	Monthly, Annually	7	HIS	Camp Non-camp
(7.2.1) % operations where monthly food basket monitoring is being implemented.	>80%	Monthly, Annually	7	Food basket monitoring	Camp
(7.2.2) % operations where monthly post-distribution monitoring (i.e., household/community level) is being implemented.	>75%	Monthly, Annually	7	Post distribution monitoring	Camp
(7.3.1) Number of countries undertaking JAMs.	>75%	Annually	2,7	JAMs	Camp
(7.4.1) Number of programmes that have conducted operational research defined as any investigation that is not routine and undertaken to inform programmatic planning or to address identified programmatic problems.	Variable	Annually	7	Country Offices Regional Offices HQ	Camp Non-camp

Notes

A series of horizontal dotted lines for writing notes.

