

Where the RUTF stock should go

Nutrition programme dashboard

Organisation	District nutrition programme, 12 CMAM sites
Prepared for	Programme manager and nutrition coordinator
Updated	July 26, 2026
Sectors	Nutrition
Standards and methodologies	WHO Child Growth Standards · Results-Based Management (RBM)
Data	<code>muac-screening-artibonite-2024</code>

DECISION THIS INFORMS

Which sites to reallocate RUTF stock to before the next quarter opens.

Every dataset behind this report is synthetic. No record traces to a real person, and no figure here describes a real programme.

Read the project online at data-analysis.cassion.dev/projects/nutrition-programme-dashboard

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Context

The problem

Admission figures reached the programme manager six weeks after the reporting month, so RUTF stockouts were discovered only once they had already interrupted treatment for children in the outpatient programme.

1 Recommendation

Reallocate RUTF stock to **Anse-Rouge, Gros-Morne and L'Estère** before the next quarter opens.

Those three are the only communes whose global acute malnutrition rate is decisively above the district median: their 95% confidence intervals do not reach down to it, and they are also the only three whose intervals touch the 15% emergency threshold. The other nine communes overlap one another, and the order between them is not supported by the screening.

The ranking is not a queue. Ennery at 8.8% and Terre-Neuve at 8.7% are not distinguishable in this data. A manager allocating on sort order alone would treat that gap as information, and it is not.

2 The district picture

4,218 children were screened between 15 January and 13 December 2024. 4,204 have a usable MUAC measurement or a recorded oedema assessment, and those 4,204 are the denominator for every rate below.

	Value
Children assessed	4,204
GAM	8.5% (95% CI 7.6 – 9.4%)
SAM	2.3%
Communes decisively above the district median	3

Numerator, denominator and disaggregation for each indicator are in `docs/technical-notes.md`. This report does not restate them.

3 Site ranking, with its uncertainty

Commune	Assessed	GAM	95% CI	SAM
Anse-Rouge	228	15.4%	10.9 – 20.7%	4.8%
Gros-Morne	361	13.6%	10.2 – 17.5%	2.5%
L'Estère	189	12.7%	8.3 – 18.3%	4.2%
Ennery	261	8.8%	5.7 – 12.9%	1.9%
Terre-Neuve	241	8.7%	5.5 – 13.0%	0.4%
Marmelade	255	8.2%	5.2 – 12.3%	0.4%
Gonaïves	767	7.3%	5.6 – 9.4%	2.1%
Saint-Michel	332	7.2%	4.7 – 10.6%	1.2%
Desdunes	196	7.1%	4.0 – 11.7%	2.0%
Saint-Marc	630	7.1%	5.3 – 9.4%	3.7%
Verrettes	297	6.7%	4.2 – 10.2%	2.4%
Dessalines	447	5.4%	3.5 – 7.9%	1.6%

Intervals are exact binomial (Clopper–Pearson) rather than normal approximations, because several communes carry fewer than twenty cases, where the normal interval is too narrow and can extend below zero.

Note that SAM does not follow GAM. Saint-Marc sits tenth on GAM and third on SAM, which is a different allocation question — GAM drives supplementary feeding volume, SAM drives therapeutic caseload — and the stock decision should be taken against whichever the shortage is in.

4 Where the data is too thin to act on

The panel that makes the dashboard trustworthy rather than impressive. Assessment coverage is essentially complete across the district, so no commune’s rate is unusable — but the intervals differ by a factor of nearly three, and the narrowest are the ones to act on.

L’Estère and Anse-Rouge carry the widest intervals, at ten points each. Both are in the recommendation, and both should be re-screened first if a subsequent round is possible: their inclusion rests on the least precise estimates in the set.

One commune stands clear on a separate quality measure. **Gros-Morne has 17.7% of records missing age**, against 3 to 6% everywhere else — a single campaign week with a misconfigured form. It does not affect the MUAC indicator, which needs no age, and the commune stays in the ranking. It would matter if this register were later used for a weight-for-height analysis, where the length/height rule switches at exactly 24 months.

5 What this does not establish

Programme coverage. This register holds the children who came to be screened, not the children who exist. Nothing here estimates what share of cases the programme reaches; that needs a population denominator and a coverage survey.

Community prevalence. Children brought to a screening are not a random sample of children, and self-selection plausibly runs toward the unwell. These rates are not comparable to a SMART survey estimate, and a GAM by MUAC is not comparable to a GAM by weight-for-height in any case.

Treatment outcomes. Cure, defaulter and death rates come from the treatment register, not from this one.

6 Recommended next steps

1. **Move stock to the three named communes** before the quarter opens, sized against SAM rather than GAM where the shortage is therapeutic.
2. **Re-screen L’Estère and Anse-Rouge first** in the next round. Their intervals are the widest in the set and the recommendation rests on them.
3. **Fix the Gros-Morne form** before the register is used for anything needing age.
4. **Report the interval, not the rank**, to the coordination meeting. Nine of twelve communes are not distinguishable from one another, and a league table will be read as though they are.

About this edition

This report is generated from the same source as the project page, so the two cannot drift. The online edition carries the analysis notebook, the dataset and any corrections issued since this file was produced.

Read the project online at data-analysis.cassion.dev/projects/nutrition-programme-dashboard

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Generated July 26, 2026.