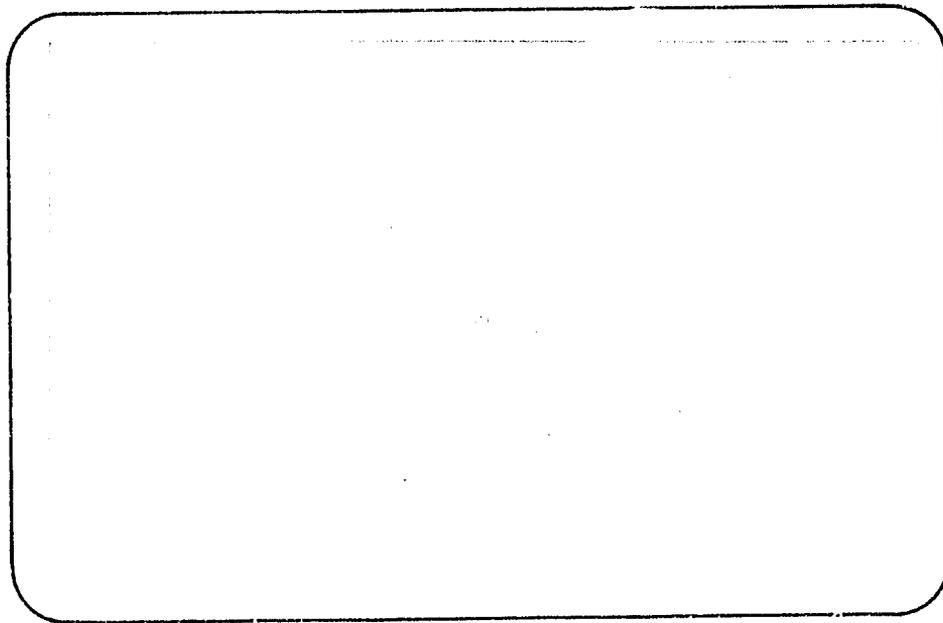


CORNELL NUTRITIONAL SURVEILLANCE PROGRAM

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SURVEILLANCE SUMMARIES

This paper was prepared by Janice Mitchell based on Chapter 10 of "Nutritional Surveillance - Review of Progress" with incorporation of new data including that obtained at the International Workshop on Nutritional Surveillance held in Cali, Colombia, July, 1981. It is part 4 of the WHO report of the Cali Workshop as presented to the UN ACC-Subcommittee on Nutrition meeting held in Bangkok in February 1982.

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A report of research of the Cornell University Agricultural Experiment Station

BOTSWANA

Nutritional surveillance in Botswana (population 800,000) was begun by the Nutrition Unit of the Ministry of Health in January 1978 as weight and height surveillance of preschool children attending government health facilities. The stated purpose of the system is "to assess the relative importance of malnutrition risk on national, regional and community levels to enable the government to set action priorities in case of impending drought" and "to provide a rationale for health workers to follow up families and individuals nutritionally at risk." (Kreysler 1979a pg. 1) There are plans for an Integrated Surveillance System and thus far agricultural and meteorological information have been added.

Organization. The users of the information produced are the Ministry of Local Government, the Family Health Division of the Ministry of Health, the Interministerial Food and Nutrition Committee, the Interministerial Committee on Drought and the clinics and health posts from which the anthropometric data were obtained. Recording of nutritional status data is done by more than 300 nurses and Family Welfare Educators in MCH clinics. Every month these data are sent to the regional and then national levels. The data, plus agricultural and meteorological data are processed in Gaborone by the Nutrition Unit and the Medical Statistics Unit of the Central Statistics Office. Tabulated results are fed back to the Regional Health teams and participating clinics and health posts monthly. Risk status information for individual children is returned to clinics without time lag.

Outputs and Uses. Each clinic receives a list of individual children identified as nutritionally at risk. Anthropometric, meteorological and agricultural information are aggregated in the same ecological classifications.

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Anthropometric data are presented in 6-monthly time series of numbers and percent at risk disaggregated by health point and region. Weight for height curves for each clinic are plotted. A summary of nutritional status and percent at risk by age group, month and health region is also produced. Meteorological data on rainfall are presented on maps, as are agricultural data on crop and livestock condition. Additional agricultural information is given as summaries of area planted, expected yields, draft power, livestock, grazing and stockwater. The individual nutritional status data are used by the clinics to determine individual intervention and follow-up measures. Nationally, health regions are assigned a "risk level" based on the number of preschool children below 80% weight-for-age. This level plus rainfall and crop information is used to trigger specific village level interventions in the drought relief program - primarily food distribution. Additional uses are formulation of village-specific nutrition intervention programs and evaluation of the effectiveness of nutrition programs and relief efforts. Early outputs of the system resulted in the creation of the Interministerial Food and Nutrition Committee.

Data Sources. The types of data available to the surveillance system and their sources include: weight, height and age of preschool children attending participating government MCH clinics; rainfall data from the Department of Meteorology - soon to be monitored in primary schools; and crop and livestock data from the Extension Service of District Agricultural Offices - produced in a national summary as the Agricultural Situation Report.

CHILE

The Republic of Chile (population 11.3 million) has three related nutritional surveillance programs connected with the National Health Service (SNS). The first, started in 1975, monitors the nutritional status of all children under 6 years of age who use the health care system. The second, started in 1979, looks at children in selected health centers in Santiago to "produce precise information on the nutritional status of a defined segment of the population under the age of six." It produces data more quickly and frequently to serve as a check on national data and as a testing ground for procedures and equipment that can later be introduced into the national system. The Ministry of Health is considering expanding this program to include pregnant and lactating mothers

and the newborn. The third is a regional project which selected a population of children with a high risk of malnutrition and plans to use indicators of risk to forecast areas within the region where multi-sectoral intervention will be needed to control and prevent malnutrition. These last two projects are jointly administered by the SNS and the National Council on Food and Nutrition Policies (CONPAN).

Organization. The information produced is used by the Health, Social Welfare, Education and Planning sectors on local, regional and national levels. Data analysis is handled by the Ministry of Health and CONPAN. The national program data are analyzed manually. The data from the project in Santiago are analyzed by computer. Of the third program, specifics of data collection, analysis and outputs are not known. Data for the first program are collected in health centers and transmitted annually to the central level. For the project in Santiago special forms, standardized scales and more carefully trained personnel are used. Data from this project are transmitted monthly.

Outputs and Uses. Outputs from the systems include information on the prevalence of malnutrition, clinic attendance, and poverty trends. In 1980 CONPAN incorporated these outputs with data from additional sources to prepare a collection of statistical tables relevant to food and nutrition. This information has been used for social and health planning, targetting, and modification of a mass feeding program.

Data Sources. The SNS data base is monthly reporting of anthropometry on all children under age six screened in health centers. Additional sources are the census; national education and agricultural statistics on population, income, social level and food supply and consumption; plus delivery, coverage, and vital statistics from the health system.

COLOMBIA

Colombia (population 26.7 million) has two types of nutritional surveillance-related activities: regular multi-purpose surveys carried out by the National Statistical Office and the National Planning Office which are used to support the Food and Nutrition Plan (PAN); and a state level nutritional

surveillance system in Valle del Cauca. The latter, a pilot project begun in 1978, is intended to be expanded state-by-state, again with PAN as a primary user, and is the subject of this summary. The project was begun by the Universidad del Valle in Cali with support from the Kellogg Foundation, WHO and GDZ (the German development agency) and is now being expanded to 3 more states. The purpose is to produce data on nutritional status, food and health for use at the community and national level. The project in Valle del Cauca was designed to cover 41 municipalities. Data flow from the periphery to the central level; they are disaggregated by community, analyzed and returned to the source quickly. They are intended to be used as a basis for action both at the state and lower administrative levels.

Organization. The users of the data are health centers, hospitals, universities, national and regional planning offices, the Colombian Institute of Family Welfare, the Rural Development Program and the PAN. Initial analysis of the health data is done by assistant statisticians in health centers. Further analysis is done by computer at the Universidad del Valle. Morbidity, birth weight and immunization data are processed monthly. Mortality data are processed every 4 months. Morbidity and anthropometric data are collected by medical officers of the government health system. Mortality data are gathered by the National Department of Statistics. A group of agribusiness agencies and the Agrarian Bank collect information on agriculture every six months.

Output and Uses. Output from this project has been information on the incidence of infectious diseases, mortality, immunizations, low birth weight, nutritional status, wages, prices and farm output. These data are compiled nationally every 1-6 months and presented as maps and rankings of counties by sextiles of incidence of the indicator for the time period of the report. Some health data are graphed in time series to show changes. Sets of these maps and rankings are sent to the users mentioned previously. Such information has been used in intersectoral and state meetings of officials with decision-making responsibility in health, education, agriculture and social welfare. Future uses include rural development planning and distribution of supplementary food.

Data Sources. Data sources utilized by the pilot project are: monthly reports of outpatients seen within the Government Health System; birth weights, anthropometry and immunization data from local clinics and hospitals; death certificates filed by doctors and civil authorities; twice a year agricultural censuses conducted by a group of agribusiness agencies; information collected every six months by the Agrarian bank on crop production; and information from the Colombian Institute of Agriculture and the Bank of the Republic. The Departamento Administrativo Nacional de Estadística publishes a monthly bulletin containing a wealth of time series statistics on a variety of subjects useful for surveillance purposes.

COSTA RICA

The Nutrition Information System (SIN) in Costa Rica (population 2.2 million) was legislated in April 1976 and began its activities in 1978. The purpose of the SIN is to provide institutions with the data necessary to improve the process of decision-making in the stages of planning, implementation, control and evaluation of programs oriented to reduce the size of the nutrition problem and promote the socio-economic development of Costa Rican families. The SIN was originally responsible to the Office of Information in the President's office. It is now a Division of the Office of Control of Family Welfare (OCAF). Original financing was from USAID but all costs are now covered by OCAF.

Organization. Various government offices receive copies of the information the SIN compiles. Sectoral planning units and administrators, OCAF, and the Secretariat of National Food and Nutrition Policy have made use of this information. SIN seeks to coordinate the collection of data relevant to nutrition that is done by various groups in Costa Rica. SIN personnel serve as consultants to the ministries and agencies which collect data. They also collect some data of their own. SIN analyzes health data and data on height at school entry using computers at the University of Costa Rica and the Finance Ministry. Data collection is based on functional groups distinguished by occupation. Health data are collected by health workers during home visits made to rural families at least every 9 weeks. Data on height at school entry are collected by school teachers every 2 years. SIN personnel collected the anthropological data needed to set up the functional classification system and continue to do in-depth studies.

Censuses and surveys on occupation and employment are conducted, processed, analyzed and reported by the Bureau of Statistics and Censuses and the Ministry of Labor and Social Security respectively; these are incorporated into SIN's outputs.

Outputs and Uses. The outputs from SIN appear as articles in monthly bulletins and include information by socio-economic and geographical groupings on: nutritional status; family planning; sanitation and vaccination activities; updates every 2 years on migration and housing conditions in communities; and trends in birth weight and infant mortality. These data have been used to identify areas and families in greater need of various types of intervention programs. For example relying on such information, 14 cantones have been declared as priority areas for social development programs.

Data Sources. From the Ministry of Health, SIN obtains data on preschool children's weight-for-age, vaccinations, and housing and environmental sanitation collected in the Rural Health Program; nutritional status from feeding centers and health clinics; and morbidity, mortality and birth weights from annual reports of the Health Sector and the Bureau of Statistics and Censuses. Additional data sources are censuses taken by the Bureau of Statistics & Censuses on population, housing and agriculture every 10 years; surveys done by the Ministry of Labor & Social Security on occupation, employment and income every 4 months; and the National Census of Heights of all children entering first grade.

EL SALVADOR

The Ministry of Public Health in El Salvador (population 4.8 million) initiated a project on the epidemiological surveillance of nutritional status in 1976. The aim was to develop a simple, practical system for the routine collection of health and nutritional status information for use in health planning and evaluation. In 1978 the Ministry of Planning initiated the National Food and Nutrition Plan which included a Food and Nutrition Surveillance Program.

The objectives of this program were: to develop a surveillance system reflecting the nutritional status of the Salvadorean population; to identify and, if possible, explain changes observed in the food situation and in the nutritional conditions; to provide reliable data for planning and evaluation of food and nutrition programs; and to develop experience on the design and implementation of a nutritional surveillance system which can be used, for similar purposes, in other Central American countries. In June, 1979 the Ministries of Public Health and of Planning initiated an Ad Hoc Working Group with the participation of the Central America Research Station of the Center for Disease Control (CDC). The objective was to organize the food and nutritional surveillance activities. This working group is now responsible for the publication, twice a year, of a bulletin which discusses results from, and current developments in nutritional surveillance in El Salvador.

Organization. Initially, clinic data were compiled in San Salvador and a sample of one week per month was coded, punched onto cards and sent to CDC in the U.S.A. for computer analysis. Attempts are being made to do more analysis locally. These data were recorded by doctors in special columns added to the clinical data reporting forms already in use. Other data were collected and analyzed by the Ministries of Planning and Labor.

Outputs and Uses. These projects have produced information on nutritional status, morbidity and mortality, time series data on price index, minimum wages and food balance sheets, and the validity and reliability of clinical data. The nutritional information is reported every six months and is presented in time-series tables and graphs of nutritional status and age group by region, department, and residence. Time series graphs of the incidence of diarrhea have also been produced. The data have been used to identify and monitor trends in nutritional and health status by region, season and specific population groups.

Data Sources. Weight-for-age and clinical malnutrition data were obtained from the monthly reports of all outpatient physicians' consultations in government health facilities. Only data from preschool patients' first visits were used for surveillance. Time-series price index and food balance sheet data were obtained from the Ministry of Planning. Data on minimum wages were from the Ministry of Labor.

ETHIOPIA

In Ethiopia (population 32.6 million) the Food and Nutrition Surveillance Program was established within the Relief and Rehabilitation Commission in 1975. The program consisted of two parts - an Early Warning System and a Disaster Area Assessment System. These activities are now being integrated with those of other government departments, particularly the Ministry of Agriculture.

Organization. The information collected has been used by the Relief and Rehabilitation Commission and by those who collect it. Data have been analysed by hand. A computer-based data processing system is being developed to take over these tasks. The time necessary for data analysis is between six weeks and three months, with quarterly reports being produced. Data were initially collected in a series of surveys in the Ogaden. Currently, data collection is routinely done by various agencies. Monthly rainfall is collected at meteorological stations. Price data are collected by different government boards. Ministry of Agriculture field enumerators collect price and agricultural data, as do farmers' associations. Additional data are collected in ad hoc surveys in the Disaster Area Assessment System.

Outputs and Uses. The Early Warning System provides monthly or seasonal reports on crop status and forecasts, livestock holdings, and meteorological and price data. In the Ogaden nutritional status of children and mortality rates were also included. Other outputs include maps showing qualitative ratings of current and forecast food shortage areas, and current and forecast market place grain shortages. Tables are produced showing monthly grain prices and crop damage, both by geographic area. Data from the Early Warning System are used for the selection of areas for ad hoc surveys under the Disaster Area Assessment System. Data from the Early Warning System are also reported to be considered in agricultural crop protection and seed input programs, marketing board supply control programs, food for work programs and the direct distribution of food.

Data Sources. Data sources for the Early Warning System include monthly rainfall data from stations of the Meteorological Division of the Civil Aviation Authority, price data from the Central Statistics Office, and agricultural data from farmers' associations and the Ministry of Agriculture. The Disaster Area Assessment System uses ad hoc surveys to collect data on crop conditions, unusual migration, livestock, market prices, household stocks, nutritional status and meteorological data in specific areas.

HONDURAS

In Honduras (population 3.8 million) nutritional surveillance was initiated by the Ministry of Planning in 1975 and began as a pilot project in one department in 1978, with support from INCAP and USAID. A specialized intersectoral system was designed permitting selective use of the existing data, integrated analysis and interpretation of information at the central level, and the generation of recommendations for sectoral action. The system was organized on the basis of the participation and resources of seven agencies operating at local, regional and central levels. Routinely-collected data are used as much as possible. Surveillance procedures will be incorporated in the basic training and continuing education of field workers.

Organization. The information produced has been used by the Ministries of Health, Planning, Agriculture and Education. Initial analysis is done at the regional level by sector. Multisectoral analysis is done by the central unit utilizing the central statistics units of participating sectors. Data collection is done by the field staff of the participating agencies: agricultural extension agents, rural promoters, auxiliary nurses, health promoters, feeding center supervisors, staff at climate stations and school directors. Some tabulated data are sent to the regional office of the agency. The regional offices send summarized data to their sector's central office which in turn passes the data on to the central unit. Here data are processed, analysed, interpreted and fed back to the lower levels. Special efforts are made to assure that all information collected is returned to the original source in order to maintain a flow of data that helps in decision-making at different levels.

Outputs and Uses. Information from the system is classified as food supply, food consumption and biological utilization. These include data on rainfall, crops, land tenure, food prices, school absences, dietary patterns, mortality, morbidity, birth weight, and nutritional status. The system is being developed so that results beyond a certain limit will trigger action. Work is being done to determine these trigger levels. The information is currently being used for planning: e.g. targetting of school meals, small farm projects and food supplements. The system has improved the coordination among the participating institutions at the local and regional levels and has increased the awareness of staff about nutrition.

Data Sources. The agencies cooperating in this system are the Climatological Service, the Ministry of Natural Resources, the Agrarian Institute, the Ministry of Public Health and Social Work, the Social Welfare Service, the Ministry of Public Education and the National Development Bank. Data accordingly come from rural health clinics, schools, local government administrative records, censuses, village surveys, price reporting and the climate stations.

INDIA

India (population 676.2 million) has many nutrition programs. In 1972 the Medical Research Council and the Central Reference Laboratory of the National Institute of Nutrition set up a National Nutrition Monitoring Bureau (NNMB) to evaluate these on-going national nutrition programs. Additional objectives were to study nutritional status, dietary habits and food availability and the effect of changing social and environmental factors on the health of the population. This was to be done by systematic surveys in nine (later ten) states designed to continuously monitor the dietary and nutritional status of population groups in different parts of the country. In addition to the NNMB, each state has a Nutrition Division which conducts baseline surveys and assesses the incidence of nutritional deficiencies. One state, Orissa, has a system termed Nutritional Surveillance. Its objectives are to predict nutritional deficiencies, provide information for policy makers and evaluate feeding centers. This system uses arm circumference measurements to screen children for malnutrition in feeding centers with verification by weight-for-age and weight-for-height. Results

should be reported to the Health Intelligence Bureau which can suggest that state officials initiate appropriate action. The remainder of this summary will refer to the NNMB.

Organization. Users of the NNMB information are central and state government agencies concerned with food and nutrition, international organizations and research workers and institutions. Analysis of the data is done annually by the Central Reference Laboratory. Data collection is done by state government employees conducting NNMB surveys.

Outputs and Uses. Information from the NNMB is published annually and includes dietary intake, nutritional status, and socio-economic indicators. This information is used to modify the five year plan and for process and impact evaluation of all nutrition programs. Additional uses are being explored by an NNMB advisory panel of statisticians in the nutrition field.

Data Sources. The NNMB surveys are designed to cover every district in a state about once every five years. Every year 400 rural households and 100 urban households are surveyed per state. Anthropometry of all household members available is done. In about 80% of the households food intake is determined by weighing raw food. In 100 households 24-hour dietary recall is taken for all members.

INDONESIA

In Indonesia (population 144.3 million) the goal of developing an Indonesian National Nutrition Surveillance System (INNSS) was included in the third Five-year Development Plan in 1977. The National Institute for Health Research and Development and the Center for Research and Development of Nutrition (CRDN), two agencies in the Ministry of Health, are responsible for the development of INNSS. The primary purpose of the current INNSS is to predict famines in order that relief actions can be quickly initiated. The INNSS will involve a wide-range of government sectors, making extensive use of their existing data collection systems. There will be strong linkage to agencies which

can act to alleviate famine. At present, in Phase II of development, the INNSS is running pilot projects and doing an extensive study to validate indicators.

Organization. Once the system is established, information produced will be used at the regency, provincial and national level by agencies relevant to famine. Data analysis will be done at the regency level on a monthly basis. Analysis of research data is done by computer at CRDN. Routine data collection will be done by personnel of involved sectors. Baseline and validation questionnaires are used by INNSS staff to obtain research data for development of the system.

Outputs and Uses. Output from INNSS is planned to include information on rainfall, crop production, beggars, unemployment, prostitution, nutritional status of children, food prices and agricultural wages. This information will be used at the regency level for making decisions related to famine, i.e. bringing in food supplies, starting public work projects, beginning subsidized sale of food.

Data Sources. Routinely collected data will be utilized as much as possible. These would come from health centers, the Department of Social Welfare, the Department of Agriculture and monthly data collected at the village level by the Bureau of Statistics. Current data sources used are the above plus baseline and validation questionnaires on actual household food consumption. Validation questionnaires will be repeated every six weeks for one year.

KENYA

In Kenya (population 15.9 million) nutritional surveillance is a component of the Integrated Rural Surveys (IRS) carried out by the Central Bureau of Statistics (CBS). This survey, first done in 1974-75, collects data on the rural small-farming population to provide for the data needs of national planning. At the suggestion of UNICEF, a nutrition module was added to the second IRS in 1976-77, the fourth IRS in 1978-79 and will thereafter be a regular part of the IRS. This module was added "to expand the pool of information on the quality of life in Kenya and to optimize resource allocation for the provision of social and health services." (Kenya. CBS, 1977, p.2)

Organization. The nutrition related data are used by the Food and Nutrition Unit of the Ministry of Economic Planning and Development and the Food Security Committee in the President's Office. Data analysis is the responsibility of the Central Bureau of Statistics and is carried out using computers. Data collection is done by a field force of 25-30 enumerators and 5-7 supervisors for each of the six provinces and is under the overall supervision of the Central Bureau of Statistics. To date, nutrition information has been collected every 2 years and covers about 80% of the rural population.

Outputs and Uses. The IRS's have provided information by province, agroecological zone and income group on nutritional status, farm production, landholding, livestock, occupation, food consumption, expenditure, education, use of labor and more. Graphs of nutritional status by age group, sex, birth order and age of weaning are also available. The Food and Nutrition Unit uses the data to establish criteria for assessing the likely nutritional impact of sectoral programs at the provincial and national levels and thus to contribute to the design of these programs. The actual effects of the programs could also be monitored through the data system. Other uses of the data have been to reorganize food distribution, review consumer prices and indicate the need for additional health care.

Data Sources. The on-going IRS's are the primary sources of data. For the nutrition module, data collected include age, weight, height, arm circumference and feeding habits of 1-4 year old rural children.

PHILIPPINES

There are a number of activities in the Philippines (population 47.7 million) of potential relevance to nutritional surveillance. These include: the community weighing program known as Operation Timbang (OPT); census and household survey data from the National Census and Statistical Office; municipality profiles - particularly socio-economic and environmental data - from the Ministry of Human Settlements; survey data from the Ministry of Agriculture's Special Studies Department; food consumption and nutrition surveys carried out by the Food and Nutrition Research Institute; the Index Municipality Project of

the National Nutrition Council (NNC); the nutritional surveillance system of the Ministry of Health; and the experimental nutrition surveillance program in Albay province. The information below refers primarily to OPT and the Index Municipality Project. These are intended to provide information for planning at national and local levels, and for on-going evaluation of the Philippine Nutrition Program. Operation Timbang consists of attempts to weigh all the preschool children in the country every six months. In the Index Municipality Project, selected municipalities receive particular attention in the weighing program. Additional training is given to village workers with special follow-up to try to ensure more complete and timely weighing.

Organization. Information from the two programs are used by the municipalities and by the NNC. Data from OPT are initially analyzed by hand at the municipal level. These data are then passed on in two directions: first, through the administrative channels to the Ministry of Health, and subsequently to the National Nutrition Council; and second, the data are incorporated in the municipal nutrition plans, which are themselves sent directly to the National Nutrition Council. The data are collected at weighing stations set up in schools or in health centers, generally village-by-village. Preschool children in the area are weighed, and their ages recorded. The data are compiled on tally sheets, generally by the teacher or health worker responsible, or by the Municipal Nutrition Action Officer. In the index municipality scheme the results are sent by cable to the National Nutrition Council in Manila.

Outputs and Uses. Information obtained by these systems is nutritional status of preschool children by area. This information is used at the local level to identify malnourished children for follow-up. At the national level, the NNC uses OPT data to determine priority municipalities for allocation of food aid and other programs. Other uses of the data are: as a basis for planning the nutrition program at municipal level; in order to examine policy aspects at national level; and to give some information for evaluation.

Data Sources. The primary data source for the two programs discussed is the nationwide community weighing program (OPT). The activities mentioned in the first paragraph are being studied as possible data sources in the initial phase of the Philippine Nutritional Surveillance Project.

SRI LANKA

In Sri Lanka (population 14.8 million) surveillance surveys have been carried out by the Nutrition Department of the Medical Research Institute, with WHO and UNICEF assistance, since about 1976. The Nutrition Department and the Food and Nutrition Policy Planning Division (FNPPD) of the Ministry of Plan Implementation are currently developing these surveys and other data sources into a nutritional surveillance system. The purpose of the proposed system is to determine the magnitude, geographical distribution, prevalence trends, and causative factors of the major nutrition problems in the country and to formulate appropriate intervention strategies. The system will rely on both existing data collected by the various government agencies and additional data collected by nutritional and socio-economic sample surveys at the district and divisional level.

Organization. Users of the system's information will be the Ministries of Plan Implementation, Health and Education. Analysis and collation of multisectoral data will be carried out by computer at the FNPPD. Currently data are analyzed manually by the Ministries of Health; Education; Local Government, Housing and Construction; and the Food Stamp Program. The Department of Census and Statistics and the Central Bank use a computer for analysis. Data are collected by the staff of the various agencies weekly, monthly, quarterly and annually.

Outputs and Uses. Expected outputs of the system are information on the major nutritional problems by prevalence, severity, geographic distribution and causal factors. The anticipated use of the data will be to facilitate decision-making, program implementation and evaluation by keeping the government informed of the prevailing nutritional situation. Previous survey data have been used for policy decisions, evaluation, and modification of programs.

Data Sources. Many sources of data are available for use by the surveillance system. They include: population and housing censuses and labor force and socio-economic surveys of the Department of Census and Statistics; the yearly census of schools by the Ministry of Education; vital statistics collected by the Registry Division; weekly monitoring of food prices by the Marketing and Research Unit; quarterly reports from clinics and hospitals; the Food Stamp Program; annual economic reports from the Central Bank; and information on housing and water supply program performance collected by the Ministry of Local Government, Housing and Construction. Additional data sources tried in a pilot project are heights of all children entering first grade and birth weights recorded in hospitals and clinics.

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