FINAL REPORT

Nutritional Surveillance Project
USAID Cooperative Agreement No. 388-A-00-99-00060-00
September 1999 – November 2002

Submitted on:
February 23rd, 2003

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I. INTRODUCTION

The Nutritional Surveillance Project (NSP) is a collaboration between Helen Keller International (HKI) and the Institute of Public Health Nutrition (IPHN) of the Government of Bangladesh. The NSP routinely collects data every two months on indicators of food security and nutrition that are used by the Government, USAID, international agencies and local NGOs to develop policies and programs in health and agriculture that can improve the food security, nutrition and health of vulnerable groups in Bangladesh.

The NSP was established in 1990 to assist with disaster preparedness and was modified in 1998 to provide data that are representative of each of the six divisions of Bangladesh and of the country as a whole. The NSP data collected over the last 12 years have provided an unrivalled means of detecting trends in nutrition and food security in Bangladesh. For example a recent NSP bulletin has shown that the prevalence of stunting, an indicator of chronic undernutrition, has fallen by about 16% in the last decade, an encouraging trend. The NSP data have also been used by the Government of Bangladesh to improve or develop nutrition and health programs such as the national vitamin A capsule distribution program and the Bangladesh Integrated Nutrition Program.

The Nutritional Surveillance Project in Bangladesh currently collects data every two months in 24 sub-districts (thana), four in each of the six divisions. The surveys coincide with the six seasons of Bangladesh which strongly influence agricultural production and the seasonality of food production and consumption. The broad range of data collected by the NSP on nutritional, socio-economic and demographic characteristics of households provides a means of analyzing the factors associated with nutrition and food insecurity.

The Nutritional Surveillance Project has been supported since its inception by USAID/Bangladesh and provides data which are used both by the office of Population, Health and Nutrition (PHN) to monitor nutrition and health indicators such as vitamin A capsule coverage, and by the office of Economic Growth, Food and the Environment (EGFE) to monitor indicators of food security such as wasting, food purchased or grown by households, and loans taken to buy food. In 1999, a cooperative agreement was signed between USAID and HKI for a third 5-year phase of the NSP from the PHN office. In 2001, PHN funding was capped. At the same time, the EGFE office requested that the NSP collect data in areas where CARE and World Vision are implementing programs supported by resources from P.L. 480 Title II to improve the food security of vulnerable groups, which is USAID Strategic Objective 8. Thus, from December 2001 – September 2002, HKI continued to collect data in the original NSP sub-districts and also collected data in CARE and World Vision project areas. The project completion date was extended to November 25, 2002. This report is the final report on the NSP; a separate final report of SO8 activities is attached.

II. PROJECT OBJECTIVES AND GOALS

A. Purpose/goal

Continued operation and transfer of the skills required to operate a surveillance system which produces, analyzes and promotes the use of data on child health and nutrition, household socioeconomic conditions, agriculture production, and food consumption for planning, external review, and evaluation of programs and disaster preparedness and response (affects/impact, relief and rehabilitation efforts).

B. Specific objectives
• Provide quality, up-to-date information on child and maternal nutrition and health including vitamin A status and vitamin A capsule coverage, as well as influencing factors such as household welfare, labor patterns, household expenditure and food consumption, agriculture production. Such information can be used to:
  - Monitor seasonal trends and patterns;
  - Track overall cohort and time effects of household economics and child health;
  - Identify households, mothers and children who are most vulnerable to the effects of chronic food shortage and disasters;
  - Evaluate the effectiveness and efficiency of nutrition, health, food relief, and economic development programs;
  - Plan future programs and policies

• Serve as an independent monitor of the national and area-based activities of the Government of Bangladesh Integrated Nutrition Program (BINP) and the National Nutrition Program.

• Provide an ongoing surveillance system that can be used to assess the impact of disasters, to identify high-risk households and children before, during and post disaster, and to monitor the coverage and impact of relief and rehabilitation efforts;

• Predict situations that might lead to increases or improvements in nutrition – for instance the impact of rice price on nutrition, the seasonal income failure of landless laborers and incorporate such findings into programs and policies;

• Provide the framework to conduct special studies on topics that are important for national and sub-national planning and to conduct external monitoring and evaluation of national and sub-national programs;

• Continue to explore greater and more expanded use of surveillance system information with GOB and NGOs and also internationally for policy dialogue and decision-making;

• Develop and institutionalize the capacity to design and implement the kind of standardized surveillance techniques HKI implements under the NSP within GOB and other organizations.

III. ACHIEVEMENTS

The NSP is one of the longest running surveillance projects in a developing country and is being used as a model for surveillance in other countries, most recently in Indonesia. It is unique in that it links family socioeconomic status, agriculture, food security and child health/nutrition information in a single system. Since 1990, the NSP has operated with the participation of government (Institute of Public Health Nutrition, IPHN) and local non-governmental organizations (NGOs) to collect the data and to use information for local program and policy decision-making. Local organizations can also provide linkages to and important information about the needs of households and villages/communities.

Main achievements from 1999-2002 include:

• Quality, up-to-date information on child and maternal nutrition and health. This information is being used by a wide variety of audiences including the Government of Bangladesh, donors, and local and international organizations.
• Baseline data for the Bangladesh Integrated Nutrition Program. (On-going monitoring data for the BFINP was not possible to collect due to funding problems of the NSP during 2001-2002.)

• Provision of key information that has led to improvements in programs and policies, and information towards international goals/targets, for example, the NSP:
  – provided data to monitor Bangladesh’s progress towards reaching the World Summit Goals for Children.
  – was the framework for the national vitamin A and anemia survey that provided update information on the extent of micronutrient malnutrition among women and children and valuable insight into the impact of the vitamin A capsule program and food-based interventions.
  – special study on the vitamin A capsule distribution program was used to improve the vitamin A program.
  – data have been used for various government documents including the Poverty Reduction Strategy Paper.
  – data have been used to publish reports, bulletins and peer-review articles on important issues such as gender disparity, maternal malnutrition, effectiveness of health and nutrition programs food insecurity, homestead food production, nutrition and health problems in urban areas and childhood anemia, and to assess progress towards international targets for health, nutrition and poverty.

• Donors and other international organizations working in development in Bangladesh use the data generated from the NSP to describe and select working areas or regions, to prepare country development plans, to identify and describe groups/areas at high risk of food insecurity and malnutrition, and to monitor the impacts of development resources.

• Because of the flexibility of the NSP, it was possible to easily adapt data collection to meet USAID’s need for data on the SO8 indicator. This was done by expanding the surveillance system into CARE and World Vision program areas, designing additional data collection tools, and recruiting and training new NGO staff to collect and enter the data.

• The NSP has provided training to NGO partners and IPHN in data collection and data entry. Capacity building for IPHN and HKI staff in the area of data management, analysis and reporting has also been a key component of program activities.

IV. CONCLUSIONS

The NSP has proven to be an important tool for the Government of Bangladesh, donor agencies, UN agencies, NGOs and other agencies and institutions. The information that is generated is important for program planning/development, for determining allocation of resources, for monitoring and evaluating programs, for monitoring the progress of Bangladesh towards international health and development goals and for the design of nutrition policies. The NSP also provides useful information for advocacy in the areas of nutrition, health, gender, agriculture and other important areas at national and international fora. The different publications, and presentations generated through NSP data, during the period of this cooperative agreement, is summarized in the Appendix.

In summary, the NSP has been used extensively for evaluation, planning, early warning and monitoring over the past 12 years. While USAID funding for NSP was discontinued, there continues to be substantial interest from the GOB, NGOs and international organizations to continue the NSP’s mandate to provide timely and comprehensive information on child and
maternal health and nutrition, vitamin A, household economics, agriculture production, and disasters/crises. And, in December 2002, the Embassy of the Kingdom of the Netherlands/Dhaka, signed an agreement with HKI for a two-year extension of the NSP – an excellent indication of the importance/value that agencies place on the NSP data.
### APPENDIX: NSP publications and presentations, 1999 – 2002

#### Publications


Presentations at international conferences


Formal presentations in Bangladesh


5. Capturing Gender-sensitive Data in Bangladesh. Workshop on Gender-based data analysis, methods and process, DFID and BSS, September 2002.

15. The sex of the household decision maker and the diet and anthropometric status of household members in rural Bangladesh. Presented at the 8th Bangladesh Nutrition Conference, March 2002.
20. Women and nutrition in Bangladesh. LCG Sub-group meeting on Gender, January 2002.
32. Using routine surveillance to improve the national vitamin A week. Presented at the 9th ASCON Meeting of ICDDR,B, February 2000.
35. Malnutrition of Women: a major problem yet to be addressed by policies and programs in Bangladesh. Presented at the 9th ASCON Meeting of ICDDR,B, February 2000.
37. Briefing of the NIPHP to the Secretary, Ministry of Health and Family Welfare, January 2000.
38. Current nutrition among women and children in Bangladesh. Presented at the National Seminar
39. VAC coverage during Vitamin A Week 1999. Presented at the meeting on ‘The Achievements of
the Vitamin A week’ at IPHN, November 1999.
41. Presentations on vitamin A capsule distribution; impact of the 1998 floods; national vitamin A
survey; and review and discussion of the current and future NSP for NGO partners, May 1999.
42. Presentation on nutrition, RMP/VGD study for Canadian High Commission, March 1999.
43. Impact of the 1998 flood on rural households. Presented at a special meeting of the Disaster
Forum for Members of the Disaster Forum (NGOs), February 1999.