



The Food Security and Nutrition Surveillance Project Round 1: January 2010-April 2010

Preliminary Results

OVERVIEW

The first round of the Food Security and Nutrition Surveillance Project was conducted January to April 2010 and provides up-to-date information on the food security, nutrition, and health situation in Bangladesh.

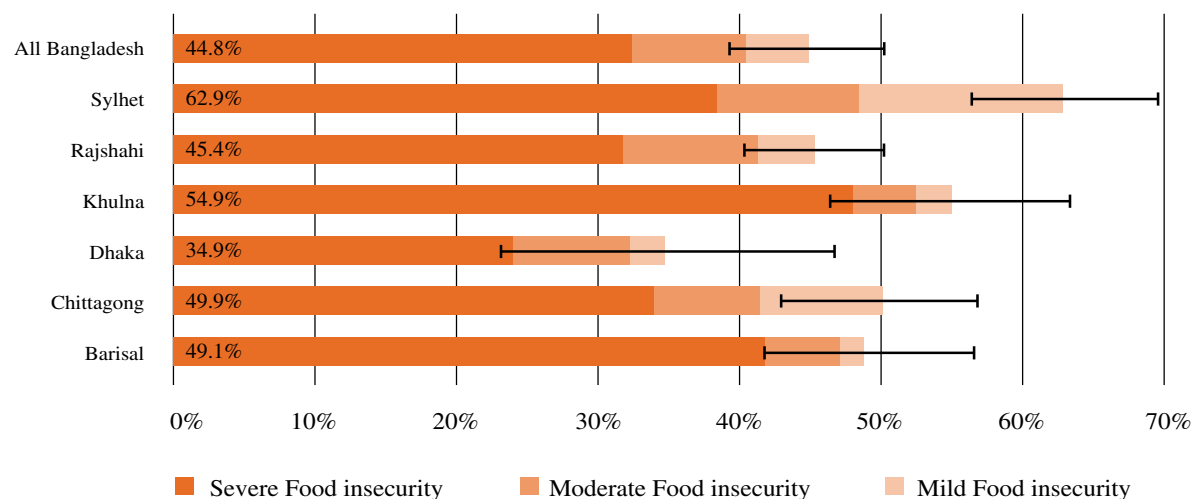
The survey is based on a nationally representative sample, providing estimates for rural and urban areas of the country, and for each of the six divisions. The survey covered 10,980 households in 549 mauza of Bangladesh. Anthropometry measurements were taken on 12,500 children under 5 years of age. The Chittagong Hill Tracts (CHT) was not surveyed in this round and subsequently not included in these estimates.

Full details of the sampling structure and the methodology used in calculating these indicators for this surveillance system can be found in the FSNSP – Round 1 report, due to be released in November 2010.

FOOD SECURITY ACROSS DIVISIONS

Food security status was measured using a modified version of the HFIAS modules. Error bars indicate the 95% confidence interval for the estimate of the prevalence of food insecurity regardless of severity. The given percentage estimates are also for the prevalence of food insecurity regardless of severity. Only the differences in food security between Sylhet and Rajshahi and Sylhet and Dhaka are statistically significant.

Food insecurity among households with children under 5 in BD

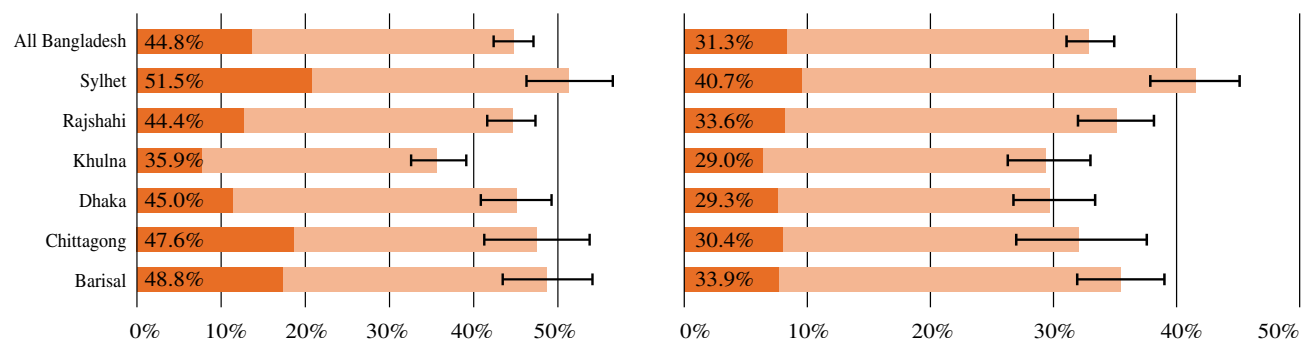


CHILD MALNUTRITION INDICATORS ACROSS DIVISIONS

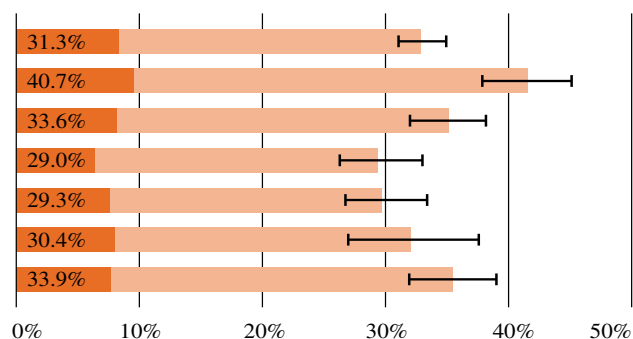
Childhood malnutrition was estimated using anthropomorphic measurements of children under the age of 5, standardizing these results through use of the 2006 WHO reference population. Error bars indicate the 95% confidence interval for the estimate of the prevalence of global child malnutrition regardless of severity. The given percentage estimates are also for the prevalence of

global malnutrition regardless of severity. The prevalence of stunting in Khulna division is lower than that of any other division and the difference is statistically significant. There is no statistically significant difference between divisions for the prevalence of child underweight or wasting although the point estimates for Sylhet division are considerably higher than those for other divisions.

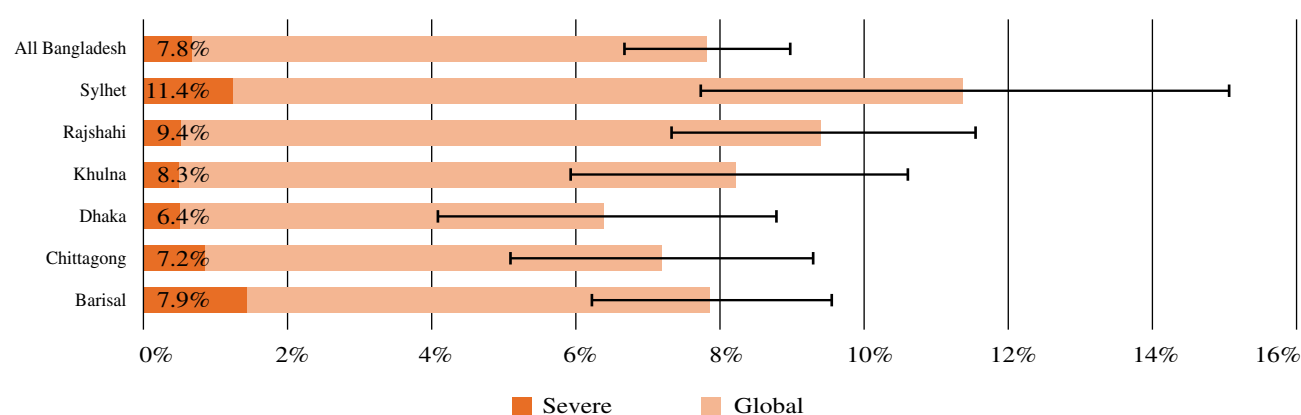
Childhood Stunting



Childhood Underweight



Childhood Wasting

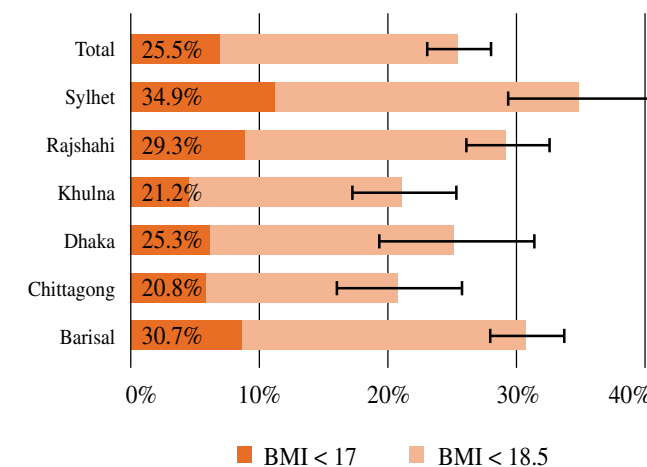


MATERNAL MALNUTRITION INDICATORS ACROSS DIVISIONS

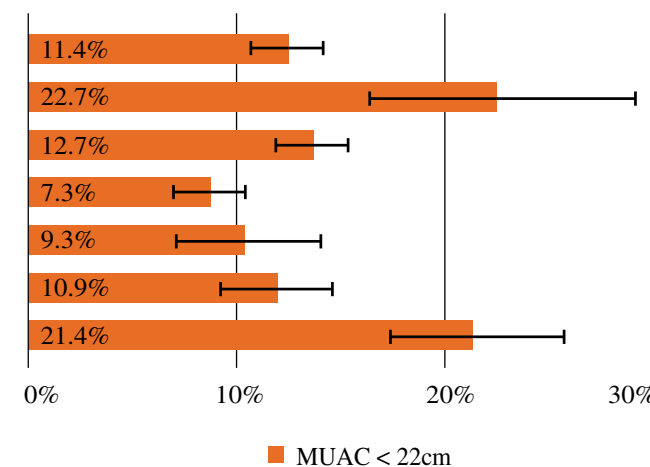
Maternal malnutrition was estimated using anthropomorphic measurements of mothers of children under the age of 5. Error bars indicate the 95% confidence interval for the estimate regardless of severity. The given percentage estimates are also for the prevalence of global malnutrition regardless of severity. Pregnant women are excluded from the analysis of the Body Mass

Index (BMI) but included in the analysis of Mid-Upper Arm Circumference (MUAC). By both measures Sylhet and Barisal have the highest levels of maternal energy malnutrition and Chittagong and Khulna have the least. The point estimates of Sylhet and Barisal are statistically different from all divisions in the MUAC analysis and Khulna and Chittagong in the BMI analysis.

BMI



MUAC



CHILD FEEDING INDICATORS

Except for the indicator on pre-lacteal feeding and the one on introduction to complementary foods, the following indicators of infant and young child feeding practices were calculated using methodology from the World Health Organization manual, *Indicators for assessing infant and*

young child feeding practices. Part 2: Measurement, published in 2010. The table below gives the prevalence point estimate and the confidence interval for the selected indicators as well as the age range over which the indicator was calculated.

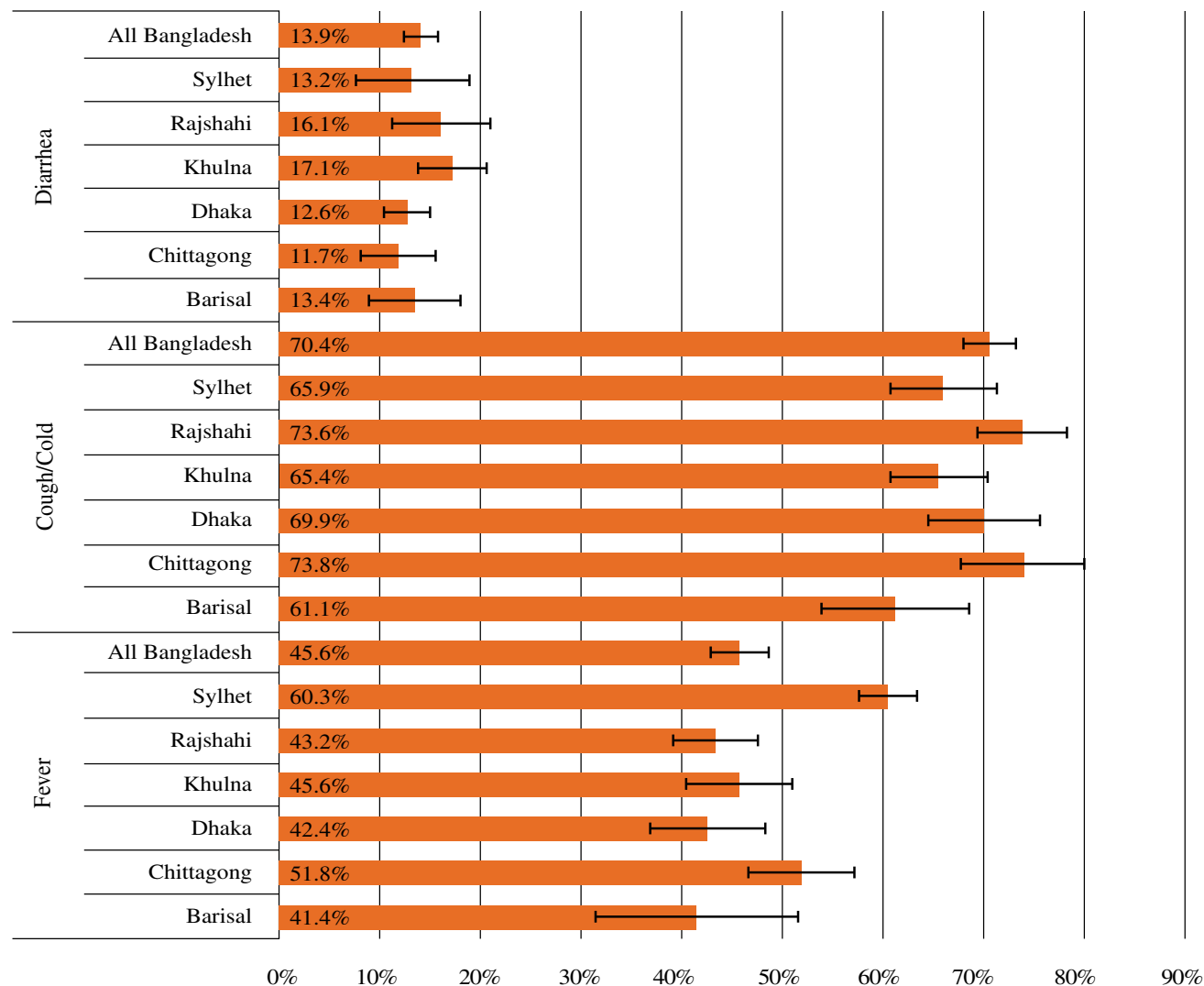
Indicator	Age-range (in months)	Estimated Prevalence	Indicator	Age-range (in months)	Estimated Prevalence
Child ever breastfed	0 to 23	99.9%	Continued Breastfeeding	12 to 15	93.9%
		(0.998 - 1.000)			(0.904 - 0.975)
Early initiation of breastfeeding	0 to 23	39.2%	Introduction to complementary foods	6 to 8	85.6%
		(0.363 - 0.422)			(0.815 - 0.898)
Given a pre-lacteal feed	0 to 23	50.0%	Age appropriate breastfeeding	0 to 23	83.0%
		(0.451 - 0.549)			(0.812 - 0.848)
Exclusive breastfeeding	0 to 5	50.9%	Minimum dietary diversity	6 to 23	38.7%
		(0.459 - 0.559)			(0.357 - 0.417)
Predominate breastfeeding	0 to 5	60.3%	Consumption of Iron rich foods	6 to 23	41.1%
		(0.551 - 0.655)			(0.387 - 0.436)
Bottle feeding	0 to 23	15.0%			
		(0.120 - 0.181)			

CHILD MORBIDITY

Child morbidity was estimated by asking the mothers of children under five if their child had been sick in the last 15 days with any of four common illnesses, three of which

are reported here. Error bars indicate the 95% confidence interval for the estimate. Sylhet has a prevalence of fever that is statistically greater than other divisions.

Percentage children sick in the last 15 days



For additional information on the results of the first round of the FSNSP, please contact:



Website: www.hki.org

Helen Keller International, Bangladesh

P.O. Box 6066 Gulshan, Dhaka-1212
 Bangladesh
 Telephone: 880-2-882 3055/882 7044/988 6958
 Fax: 880-2-885 5867

Contact:

Diane Lindsey, Country Director
 E-mail: dlindsey@hki.org

Project Manager
 Food Security & Nutrition
 Surveillance Project
 E-mail: staff@fsnsp.net

**Helen Keller International,
 Asia-Pacific Regional Office**

P.O. Box 168, Phnom Penh
 Kingdom of Cambodia
 Telephone: + 855 23 210 851
 Fax: + 855 23 210 852

Contact:

Nancy Haselow
 Vice President, Regional Director
 for Asia-Pacific
 E-mail: nhaselow@hki.org