FOOD AND NUTRITION TECHNICAL ASSISTANCE

2003 Revised Edition

Anthropometric Indicators
Measurement
Guide

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This series

This series of Title II Generic Indicator Guides has been developed by the Food and Nutrition Technical Assistance (FANTA) Project, and its predecessor projects (LINKAGES and IMPACT), as part of USAID's support to develop monitoring and evaluation systems for use in Title II programs. These guides are intended to provide the technical basis for the indicators and the recommended method for collecting, analyzing and reporting on the indicators. A list of Title II Generic Indicators that were developed in consultation with the Cooperating Sponsors in 1995/1996 is included in Appendix 8. The guides are available on the project website www.fantaproject.org.

Below is the list of available indicator guides:

- · Agricultural Productivity Indicators Measurement Guide
- Food for Education Indicator Guide
- Food Security Indicators and Framework for Use in the Monitoring and Evaluation of Food Aid Programs
- Infant and Child Feeding Indicators Measurement Guide
- Measuring Household Food Consumption: A Technical Guide
- Sampling Guide
- Water and Sanitation Indicators Measurement Guide

Introduction

his guide provides information on the Anthropometric Impact Indicators and the Annual Monitoring Indicators for Maternal and Child Health/Child Survival (MCH/CS) and income-related Title II activities, a subset of the P.L. 480 Title II Generic Performance Indicators for Development Activities. The impact indicators are:

- **decreased percent of stunted children** (presented for ages 24-60 months and by gender), where stunting is defined as percent of children falling below -2 standard deviations for height-for-age;
- **decreased percent of underweight children** (in specified age groupings such as 12-24 months 36-59 months and by gender) where underweight is defined as percent of children falling below -2 standard deviations for weight-for-age.

These indicators are required for the reports of projects with specific nutrition components and are collected at baseline, mid-term and final-year evaluations. Stunting, reflected by deficits in height-for-age, would not be expected to change in a short time period. It is recommended, therefore, not to report stunting figures annually. Underweight (or weight for age), reported for specific age groupings, would change more quickly as it is influenced by short-term effects such as a recent outbreak of diarrheal diseases.

Some programs report stunting for children under 24 months of age rather than the recommended 24-60 months age grouping. Restricting the age grouping to children under 24 months has the disadvantage of not capturing the lagged effects of the program and reducing the numbers of potential participants in a survey. The advantage of using children under 24 months is that the data are more useful to determine the factors related to stunting for program design or redesign.

The monitoring indicators are:

- increased percent of eligible children monitoring/ in growth promotion (usually presented for children under 24 months over 36 months of age, depending on the target group of the program);
- increased percent of children in growth promotion program gaining weight in past 3 months (by gender and age group, will depend upon the target group of the program).

The choice of indicators for annual monitoring and reporting should be based upon a review of available sources of data and the information needs of the Cooperating Sponsor and USAID. Reporting the annual monitoring indicators is recommended rather than required as in the case for reporting on impact. The primary purpose of collecting and reporting the monitoring indicators is to improve program management but these indicators can also provide valuable insights into the interpretation of the anthropometric indicators of program impact. In addition, reporting the annual indicators may provide Cooperating Sponsors a further opportunity to demonstrate progress towards the achievement of results.

While the focus of this guide is on the consistent collection and reporting of **nutritional** anthropometry indicators and annual monitoring indicators, suggestions are provided for additional information related to monitoring and evaluation. This information will help Cooperating Sponsors to track and improve child nutrition activities and performance. The focus is on anthropometric assessment of infants and young children. The guide is a programming tool and is not meant to substitute for adequate technical and academic training needed to conduct problem analysis, design programs and for implementation. Cooperating Sponsors are encouraged to seek technical expertise in nutritional assessment and related topics needed to ensure appropriate use of anthropometric indicators.

An inter-agency global initiative to improve the assessment, monitoring, reporting and evaluation of humanitarian assistance interventions has begun and is called SMART (Standardized Monitoring and Assessment of Relief and Transitions). The initiative is promoting an approach to routinely collect, analyze and disseminate nutrition and mortality data. Mortality and nutrition indicators are used to assess the severity of a crisis, identify needs, and prioritize resources. They are also used to monitor the extent to which the relief system is meeting the needs of affected populations and to gauge the overall impact and performance of humanitarian assistance in a given situation. The SMART initiative emphasizes the importance of interpreting data in context to provide a comprehensive picture of a given situation to facilitate effective decision-making. In addition to the basic nutrition and mortality indicators commonly used in the acute phase of an emergency, other important indicators will be reviewed and added as part of the collaborative effort.

The main indicators are Crude Mortality Rate (CMR) and the standard nutritional status indices of wasting (thinness or marasmus) and edema (kwashiokor) in children. Wasting is measured using weight-for-height. Wasting is defined as the percent of children (6-59 months) falling below -2 standard deviations for weight-for-height plus all children with edema.

The assessment of children over 5 years of age, adolescents, adults and the elderly is not the primary focus of the guide. Appendices 4 and 5, however, provide information on the nutritional assessments of adults and adolescents.