

SAVE THE CHILDREN FUND: CHILDREN'S NUTRITION UNIT, DHAKA BANGLADESH

[The Project](#) - [The Evaluation](#) - [Overall Conclusion & Success Rating](#) - [The Main Findings](#) - [Lessons](#)

The Project

The Children's Nutrition Unit (CNU) was officially opened in 1975 in response to the entry into Dhaka of large numbers of people in search of food and work following a famine the previous year. The CNU was established by Save the Children Fund (SCF) in order to try to save some of the children who were dying from malnutrition.

The work of the CNU has expanded over time. It has developed from a project providing immediate rehabilitation of malnourished children into an internationally regarded nutrition centre engaged in a wide range of activities including: in-patient and day care for malnourished children; out-patient services, training for Government and NGO staff in Bangladesh and the Asian Region; research and community-based health and nutrition programmes. Currently, the CNU has a budget of about £160,000 per year.

The Evaluation

The project was selected as one of a series of evaluations of projects funded or co-funded by ODA and undertaken by non-governmental organisations (NGOS). The evaluation was jointly undertaken by SCF and ODA, Discussions were held with those involved in the project in Bangladesh and in the UK.

Overall Conclusion & Success Rating

In terms of the objectives set for the CNU, the project has been *successful*. On the basis of available information, the evaluators believe that the project has had a positive impact on its intended beneficiaries, producing, in general, significant overall benefits in relation to costs.

The Main Findings

- The Government of Bangladesh (GoB) has no clearly stated nutrition policy. Consequently, the CNU is not part of an overall nutrition programme conceived by the Government, but rather the result of a specific response by SCF to the problems of malnutrition in Dhaka.
- The objectives and activities of this project were not clearly stated at the outset in

such a way that indicators of achievement and means of verification could be established. As the project proceeded however, the Unit maintained a good record system and collected substantial amounts of data arising from its activities. These were used to monitor and review progress and helped the Unit to develop its activities in a well planned way.

- The beneficiary groups (children and women from poor slum communities) were not involved in the planning and design stages of the project. Another weakness of the project design was the delay in recognising the importance and potential benefits that could be realised through more community-based work.
- The CNU is delivering a service which the Government of Bangladesh alone is not able to provide. The services offered throughout the CNU are well utilised. The project activities are geared to serving the urban poor and the majority of beneficiaries are 'hard core' poor.
- The CNU has shown that with its approach to the treatment of malnutrition, a large proportion of the children it treats recover satisfactorily from their initial illness.
- One of the most impressive features of the work of the CNU is the training programme for staff from Government and NGO programmes.
- The CNU has had an excellent research record and is held in high regard internationally.
- Although there is a good deal of general coordination between the CNU and other NGOs and development agencies active in the health and nutrition field in Bangladesh, very little of this coordination is directed at trying to influence government policy. On its own, the CNU has little leverage over government policy.

Lessons

- The context in which the CNU services are provided (densely populated slum areas with extremely high rates of mortality and morbidity) may limit the long-term impact of such activities. Although efforts have been made to provide services at a level in keeping with the government health service environment, the main elements required for the replicability of such quality services are good management and support of staff, adequate referral facilities, and a guaranteed supply of drugs and materials for health education.
- Evidence for the impact of the community programme suggests that regular growth monitoring, health education and prompt referral for treatment of infections has led to a reduction in malnutrition rates.
- The type and level of resources available to government staff is relevant to the long term value of the training programme. For training to be effective account must be taken of the conditions in which trainees are likely, ultimately to work.
- A shift of focus towards more operational research can influence service delivery and community involvement.

- One of the perceived advantages of the CNU is that the combination of different project components enhances the effectiveness of the individual activities.
- Health and nutrition services for the poor in the form provided by CNU are unlikely to be self financing, a factor which has implications for the planning and long term sustainability of such projects.
- The single most important factor in determining the success of this project has been the effective way in which the project was managed by highly motivated and hard working staff.
- The CNU is an example of how an NGO such as SCF can provide effective assistance to poor people outside the framework of Government to Government bilateral aid. As an NGO it is possible for SCF to bypass the government system and establish an effective project under its control in a way ODA could not do directly under Government to Government bilateral aid.