“Tracking and Monitoring Progress on nutrition”

Pattanee Winichagoon, PhD
Institute of Nutrition, Mahidol University (INMU), Thailand

South-South Learning Workshop to Accelerate Progress to End Hunger and Undernutrition; jointly organized by IFPRI & Mahidol University, June 20, 2017, Sampran, Nakhon Pathom, Thailand.
Tracking & monitoring progress
Who are involved

1. Policy makers
2. Program planners
3. Implementers/multi-sectoral
   - Health, agriculture, WASH, etc.
   - Frontline workers
4. Community: volunteers, leaders
5. Individuals: women, mothers/children, grandmothers, adolescents, children
6. Others: school teachers, child caretakers/day care
<table>
<thead>
<tr>
<th>who</th>
<th>To do what</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy makers</td>
<td>Decision/Strategic direction</td>
</tr>
<tr>
<td>Program planners</td>
<td>Planning action/implementation program and mobilize budget</td>
</tr>
<tr>
<td>Implementers/ Multi-sectoral</td>
<td>Implementing programs &amp; monitoring progress (activities &amp; impact)</td>
</tr>
<tr>
<td>Community: leaders, volunteers</td>
<td>Mobilizing community, community/HH level intervention and tracking/monitoring progress</td>
</tr>
<tr>
<td>Individuals: women, mothers, family</td>
<td>Mother and child nutrition/health</td>
</tr>
<tr>
<td>Nutrition related stakeholders</td>
<td>Participating in the nutrition-sensitive interventions</td>
</tr>
</tbody>
</table>
The Village Infrastructure for PHC Programme

Village committee

- Contribute
- Mobilize
- Control

Village Development Fund

Village committee

- Plan
- Monitor
- Evaluate

VHV/VHC
- Mother’s Group
- Other Volunteers

(Manpower)

Appropriate Technology
Programme Management

(Organization)

(Finance)

A. Nondasuta
Village growth monitoring action

Underfives

Weighing

Every 3 mo.

Every month

Normal & 1°

2° & 3°

Causal Factor Analysis

Poverty

Improper Dietary Practices

Illness

Inadequate Child Care

Nu educ/counseling

Village-based Complementary food

Individual level
- actor = mothers/care takers
- Supporter = village health volunteers

Community level
- actor /mobilizer = vill H volunteers
- facilitator = health personnel

Source: MOPH, undated
Village committee (organization)

- VHV / VHC
- Mother’s Group
- Other Volunteers (Manpower)

Village nutrition fund (Finance)

- Government fund, 3000 ฿ (One time)

Village complementary food processing

- Free food assistance
  - Children 2ο & 3ο
  - Normal & 1ο Other communities

Drug fund

- Sale

monitor & evaluate

support

mobilize

Contribute in kind

Revolving fund
Menu activity to for maternal nutrition, morbidity and mortality

- At least 4 ANC visits during pregnancy spread in the 3 trimesters
- Checking for high risk pregnancy & tmt
- Monitoring wt gain & supplementary food
- Iron, folate & MTV supplementation
- Nutrition and health education
- Two tetanus toxoids
- Referral system and safe delivery service
Strengthen multi-sectoral interventions at the community level: From PHC to BMN

Basic Minimum Need (BMN) Approach
Key features of BMN

• 32 simple indicators: plan, monitor & evaluate community actions

• Government agencies and community - same set of BMN indicators

• Community - based actions
  1. Actions readily performed -- village available resources and know-hows
  2. Actions required guidance and support -- local personnel
  3. Actions required external inputs *(eg. from provincial or national level)*

• Iterative process: annual review at community level

• *Piloted in one province in NE and scale up in the 6th NESDP*
Central Provincial District

Problem identification

Formulating action plan

Analysis of causes & resources

Community organization & management

Community action

Village development plan

BMN indicators/criteria

Subdistrict (tambol) council

Training & facilitation

District

Provincial action plan & budget allocation

Implementation & supervision

Multi-sectoral policy/ program planning

1. Nutrition
2. Housing & environment
3. Basic services & occupation
4. Security life safety
5. Food production & availability
6. Family planning
7. Participation in development
8. Spiritual & morality
Minimum Basic Services

*Ed., Health, Agr. Ext*

Supportive system
- Training
- Funding
- Problem solving
- Communication

Interface:
- Plan / Goals
  - Implementation
  - Evaluation

Facilitators

Mobilizers
(1 : 10-20 H/H)

Activities:
- ANC
- Food production
- BF/CF
- GMP

Community leaders
Family & Individual

Basic Minimum Needs

Community Based Program

Kraisid Tontisirin
Prevalence of underweight from GMP data
Coverage and prevalence of malnutrition* among underfives in rural Thailand

<table>
<thead>
<tr>
<th>Year</th>
<th>%Coverage</th>
<th>% Prevalence</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>first degree</td>
<td>second degree</td>
<td>third degree</td>
<td></td>
</tr>
<tr>
<td>5th NESDP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1982</td>
<td>49</td>
<td>35.7</td>
<td>13.0</td>
<td>2.13</td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td>37</td>
<td>22.3</td>
<td>3.1</td>
<td>0.11</td>
<td></td>
</tr>
<tr>
<td>6th NESDP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1987</td>
<td>75</td>
<td>20.9</td>
<td>2.4</td>
<td>0.065</td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>91</td>
<td>16.6</td>
<td>0.76</td>
<td>0.004</td>
<td></td>
</tr>
<tr>
<td>7th NESDP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1992</td>
<td>91</td>
<td>15.9</td>
<td>0.8</td>
<td>0.0053</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>94</td>
<td>9.6</td>
<td>0.6</td>
<td>0.014</td>
<td></td>
</tr>
</tbody>
</table>

* Data from community-based growth monitoring, average values of four quarterly reported coverage/prevalence for each fiscal year

Source of data: Nutrition Division, MOPH, Thailand (1990-1996)

Comparison of prevalence of underweight among underfives between TDHS87 survey and GM/surveillance report 1987

<table>
<thead>
<tr>
<th>Region</th>
<th>% Prevalence (survey)</th>
<th>% Prevalence (GM/surveillance)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1°</td>
<td>2°</td>
</tr>
<tr>
<td>Central</td>
<td>37.0</td>
<td>4.37</td>
</tr>
<tr>
<td>East</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Northeast</td>
<td>47.0</td>
<td>6.18</td>
</tr>
<tr>
<td>North</td>
<td>40.6</td>
<td>5.83</td>
</tr>
<tr>
<td>South</td>
<td>34.9</td>
<td>3.59</td>
</tr>
<tr>
<td>Bangkok</td>
<td>26.4</td>
<td>1.23</td>
</tr>
</tbody>
</table>
Trends in nutritional status of underfive children in Thailand from national representative samples

Sources: DHS 87, NNS 95, THD 01, NNS 03, MICS 06, 12 & 16
Critical issues

• Community-data tracking (BMN) driving integrated & relevant actions vs government vertical specific interventions

• Precision/accuracy of data: community-based GMP vs national representative surveys

• Timeliness of data for decision/action: community tracking vs national tracking

• Community participation in all process

• Community supports: Supervision (technical) & financial (financing scheme)
Thank you for your Attention