

# “Tracking and Monitoring Progress on nutrition”

A photograph of a group of children and adults in a rural setting. In the foreground, several young boys are standing, some shirtless and wearing shorts. Behind them, a group of women and more children are visible, some holding infants. The background shows a simple building and some foliage.

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

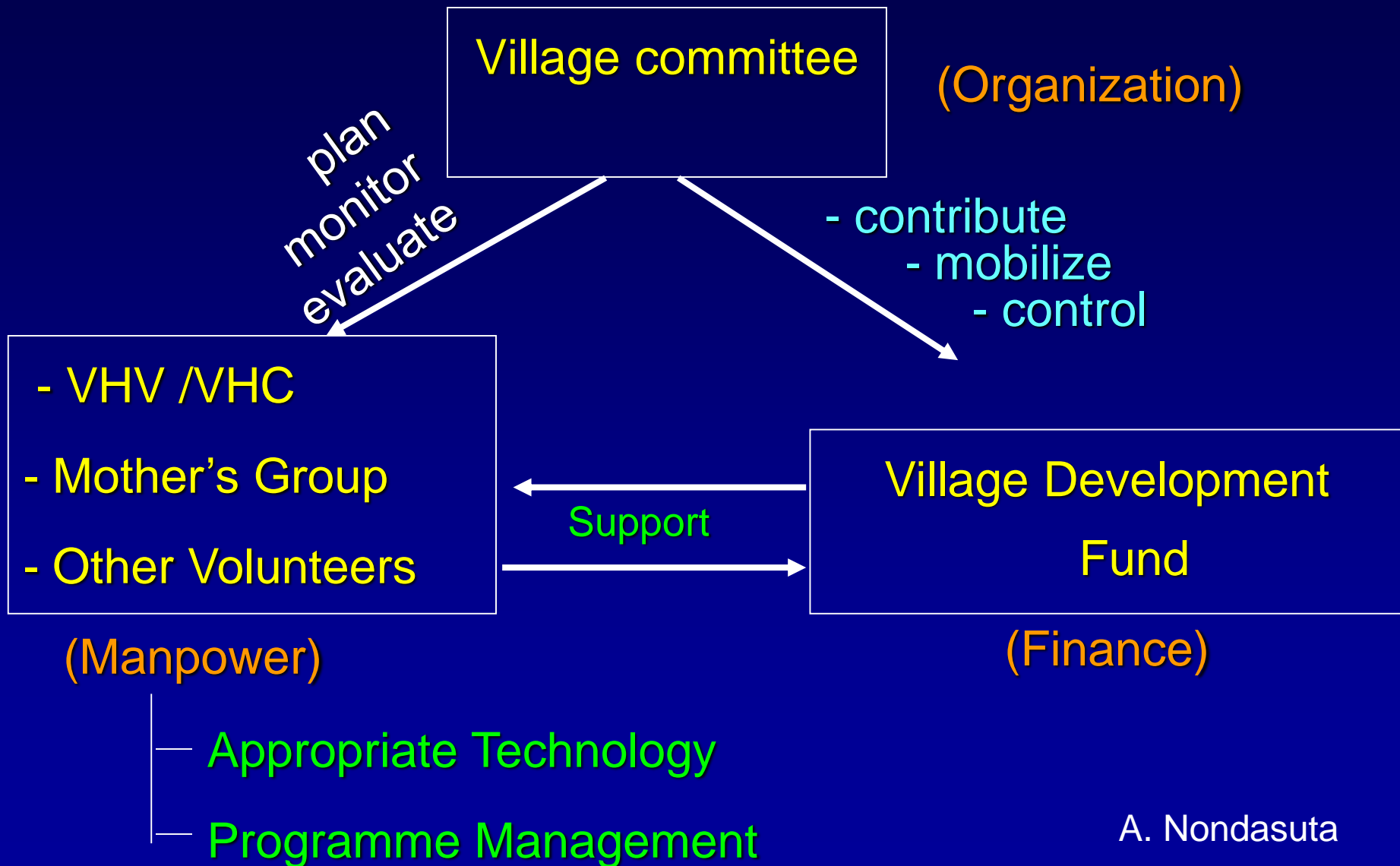
## Who are involved

---

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

who	To do what
Policy makers	Decision/Strategic direction
Program planners	Planning action/implementation program and mobilize budget
Implementers/ Multi-sectoral	Implementing programs & monitoring progress (activities & impact)
Community: leaders, volunteers	Mobilizing community, community/HH level intervention and tracking/monitoring progress
Individuals: women, mothers, family	Mother and child nutritioin/health
Nutrition related stakeholders	Participating in the nutrition-sensitive interventions

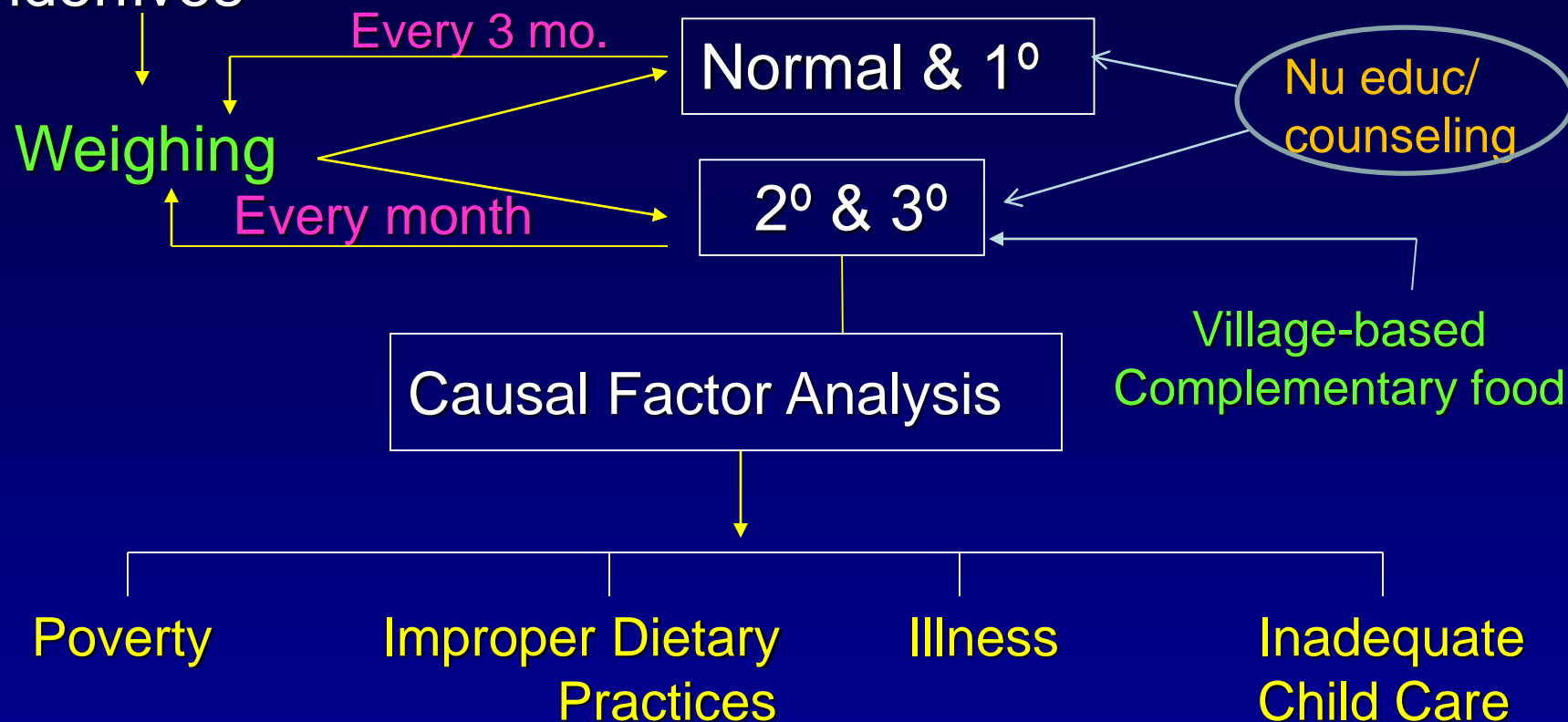
# The Village Infrastructure for PHC Programme



# Village growth monitoring action



Underfives



Individual level

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

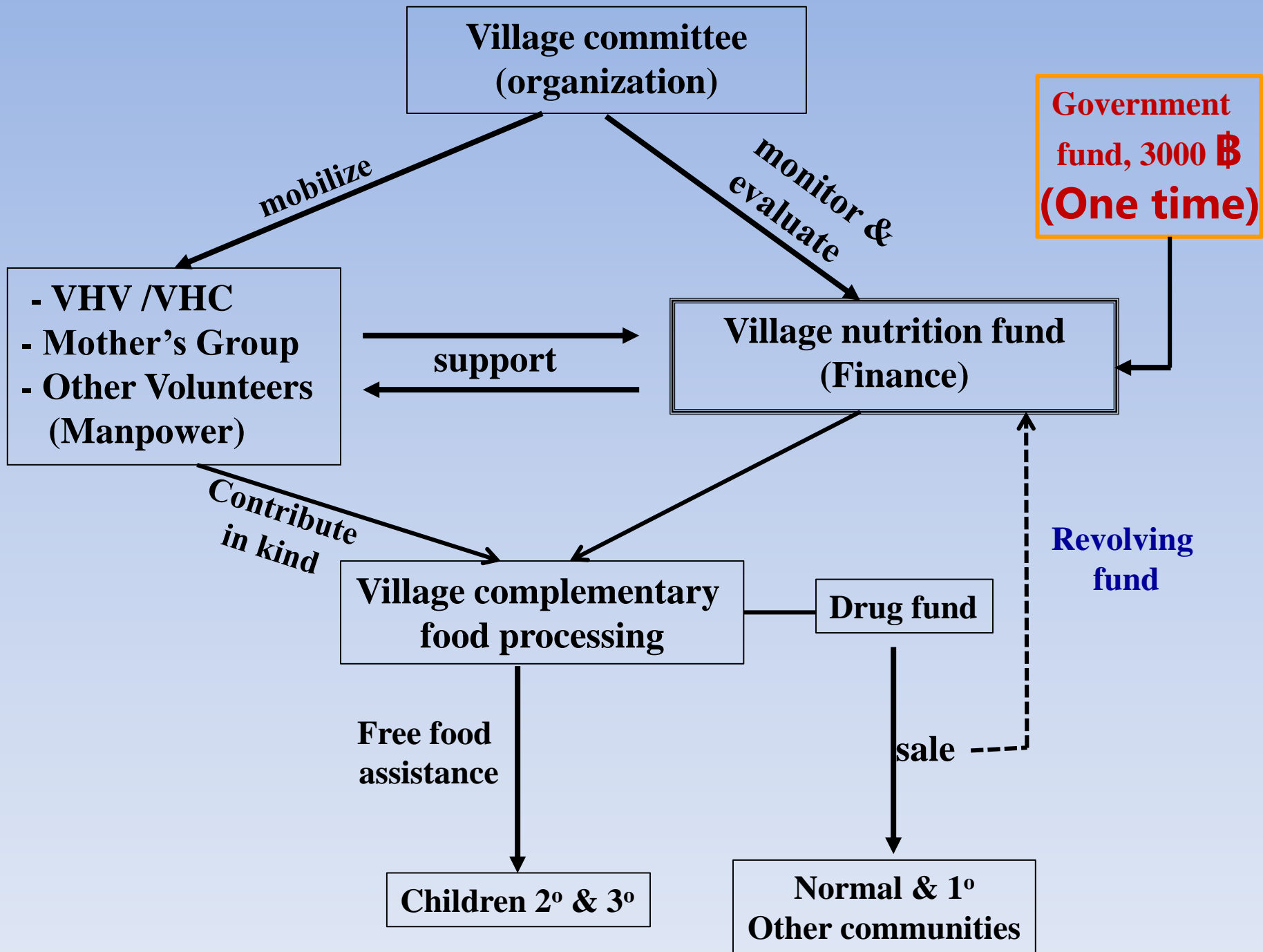
Community level

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

Source: MOPH,







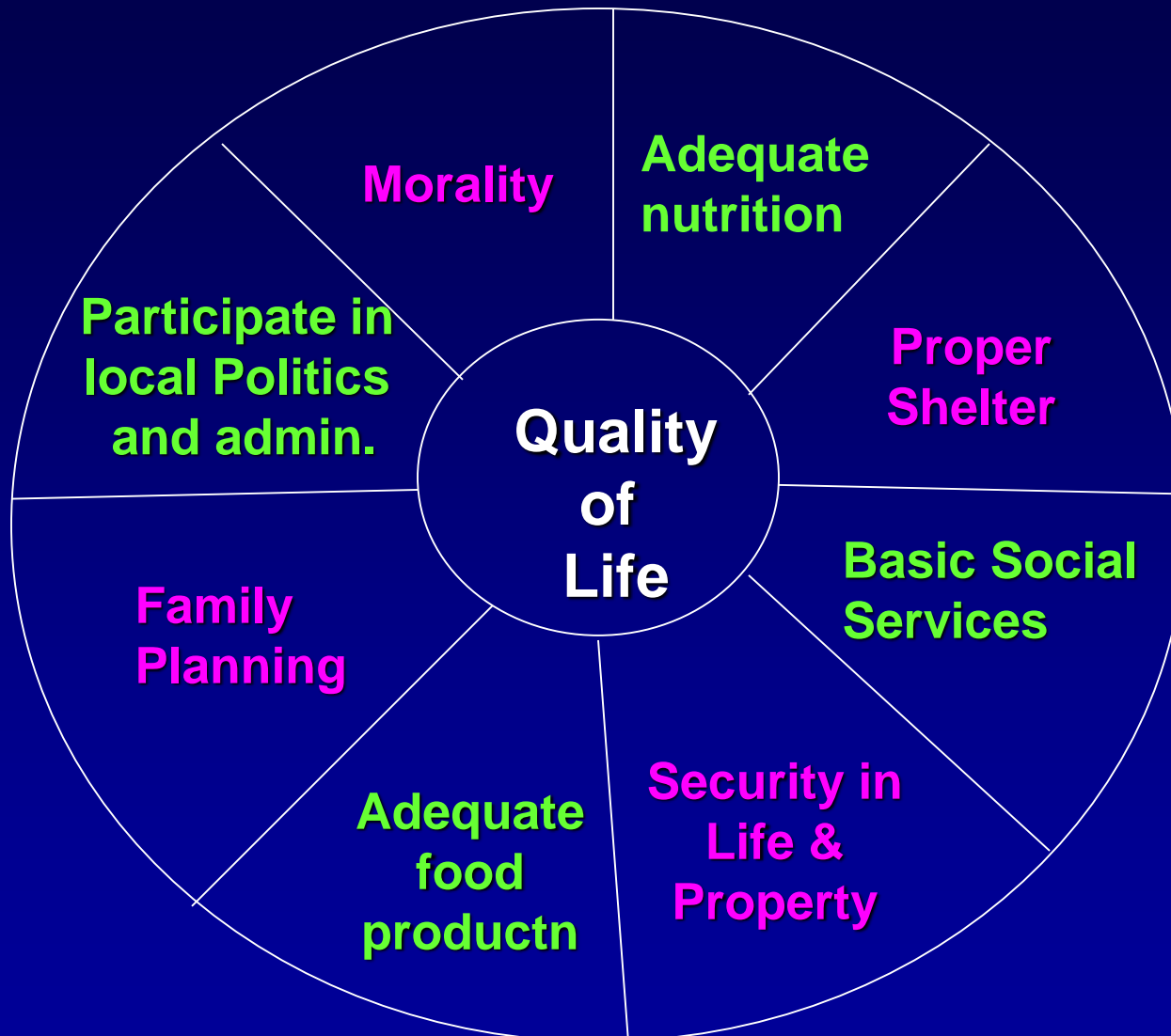


## Menu activity to for maternal nutrition, morbidity and mortality

- 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

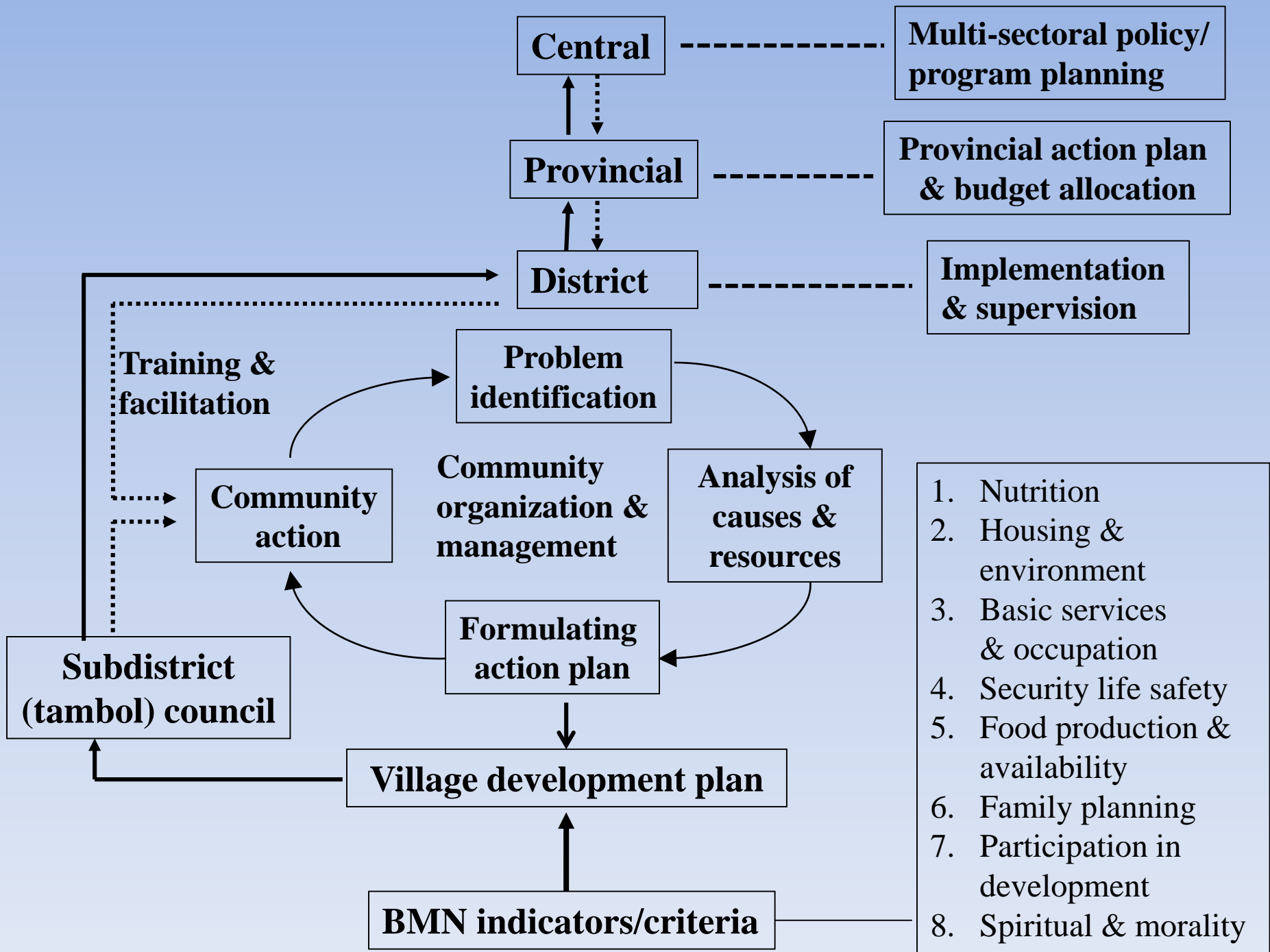


Basic Minimum Need (BMN) Approach

# 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 6<sup>th</sup> NESDP*





# Minimum Basic Services

## *Ed., Health, Agr. Ext*

### Supportive system

- Training
- Funding
- Problem solving
- Communication

Facilitators

**Interface :** - Plan / Goals  
- Implementation  
- Evaluation

### Activities:

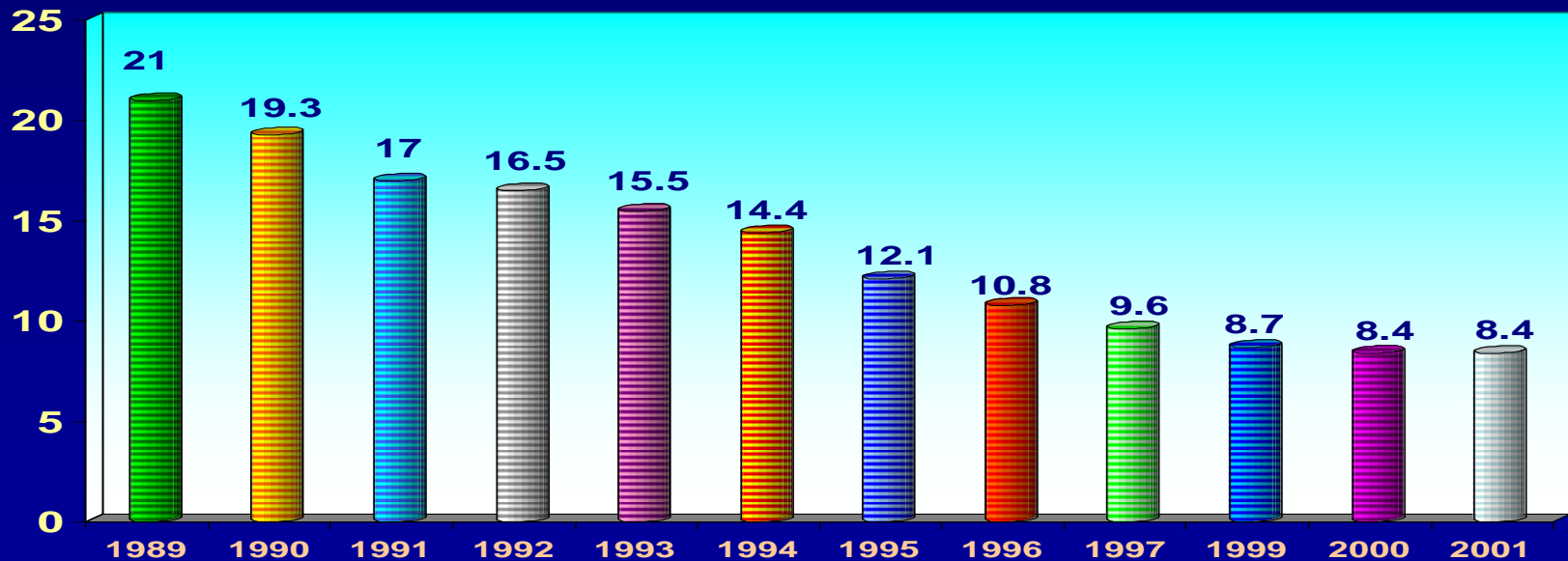
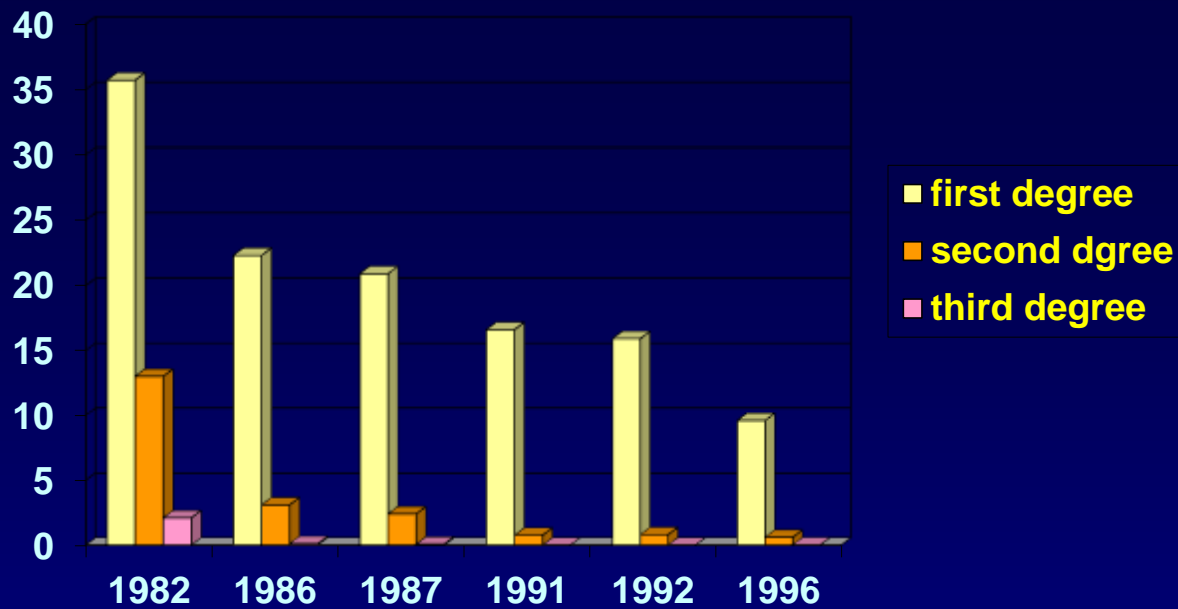
- ANC
- Food production
- BF/CF
- GMP

**Community leaders**  
**Family&Individual**

**Mobilizers**  
**(1 : 10-20 H/H)**

**Basic Minimum Needs**

## Community Based Program



Prevalence of underweight from GMP data



# Coverage and prevalence of malnutrition\* among underfives in rural Thailand



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

\* 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)**

**Ref: Winichagoon, P, PEM-GMP paper for UNICEF 1997**



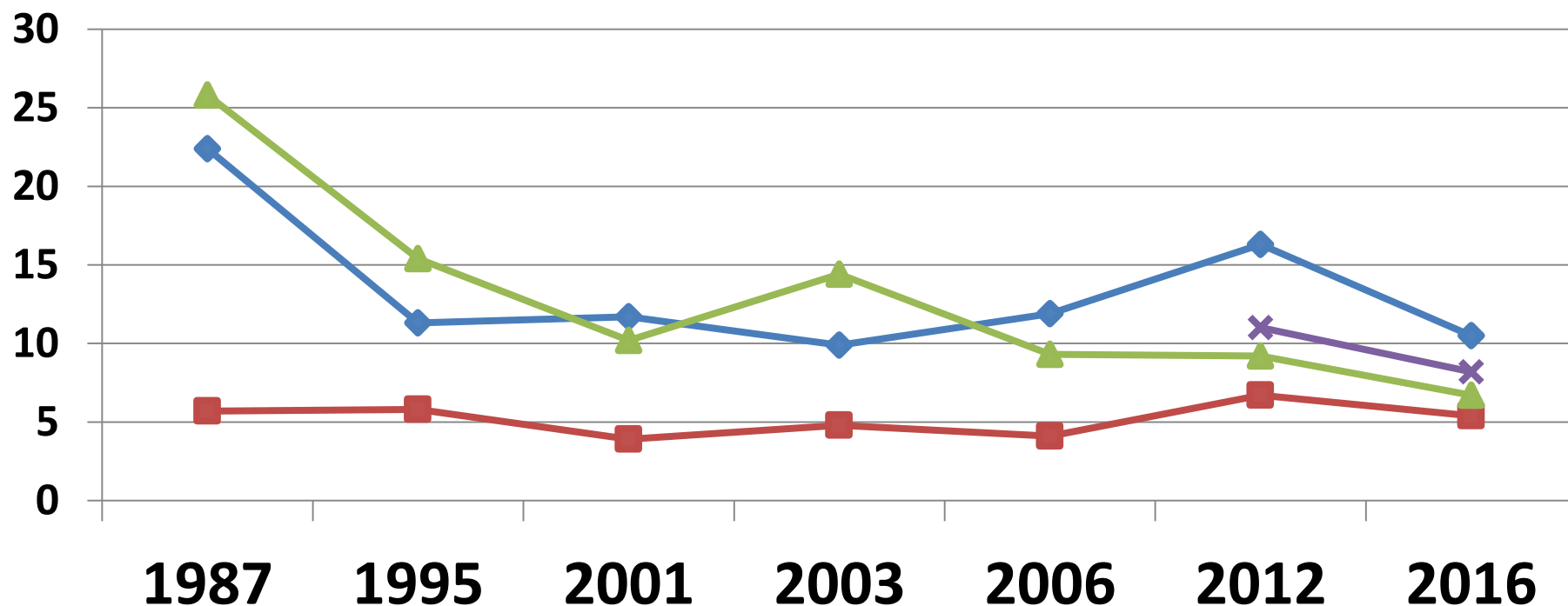
# Comparison of prevalence of underweight among underfives between TDHS87 survey and GM/surveillance report 1987

Region	% Prevalence (survey)			% Prevalence (GM/surveillance)		
	1°	2°	3°	1°	2°	3°
Central	37.0	4.37	0.20	10.3	0.66	0.01
East	-	-	-	11.9	1.20	0.04
Northeast	47.0	6.18	0.42	26.6	3.26	0.07
North	40.6	5.83	0	19.8	2.23	0.08
South	34.9	3.59	0	18.6	1.94	0.06
Bangkok	26.4	1.23	0	-	-	-



# Trends in nutritional status of underfive children in Thailand from national representative samples

◆stunting ■wasting ▲underwt ✕overwt/ob



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)

A large group of young school children, mostly of South Asian descent, are seated at long tables in a brightly lit cafeteria. They are all wearing light blue school uniforms. The tables are covered with blue tablecloths featuring a white polka-dot pattern. Each child has a stainless steel plate with food, including white rice, a yellow curry, and a piece of banana. They are using stainless steel cups and spoons. The children are engaged in conversation and eating. The background shows more children and the green walls of the cafeteria.

**Thank you for your  
Attention**