Thailand community-based program in maternal and child nutrition

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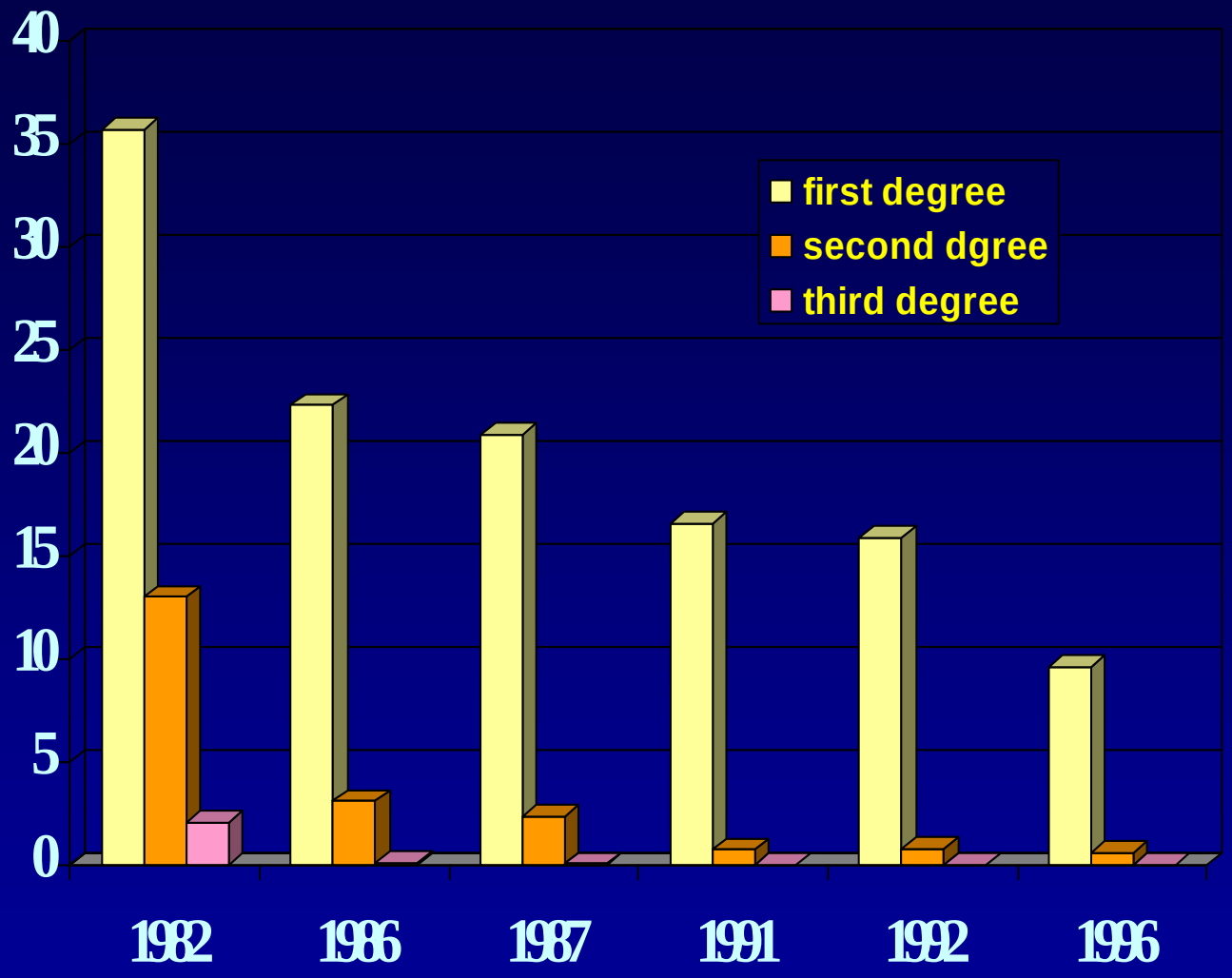
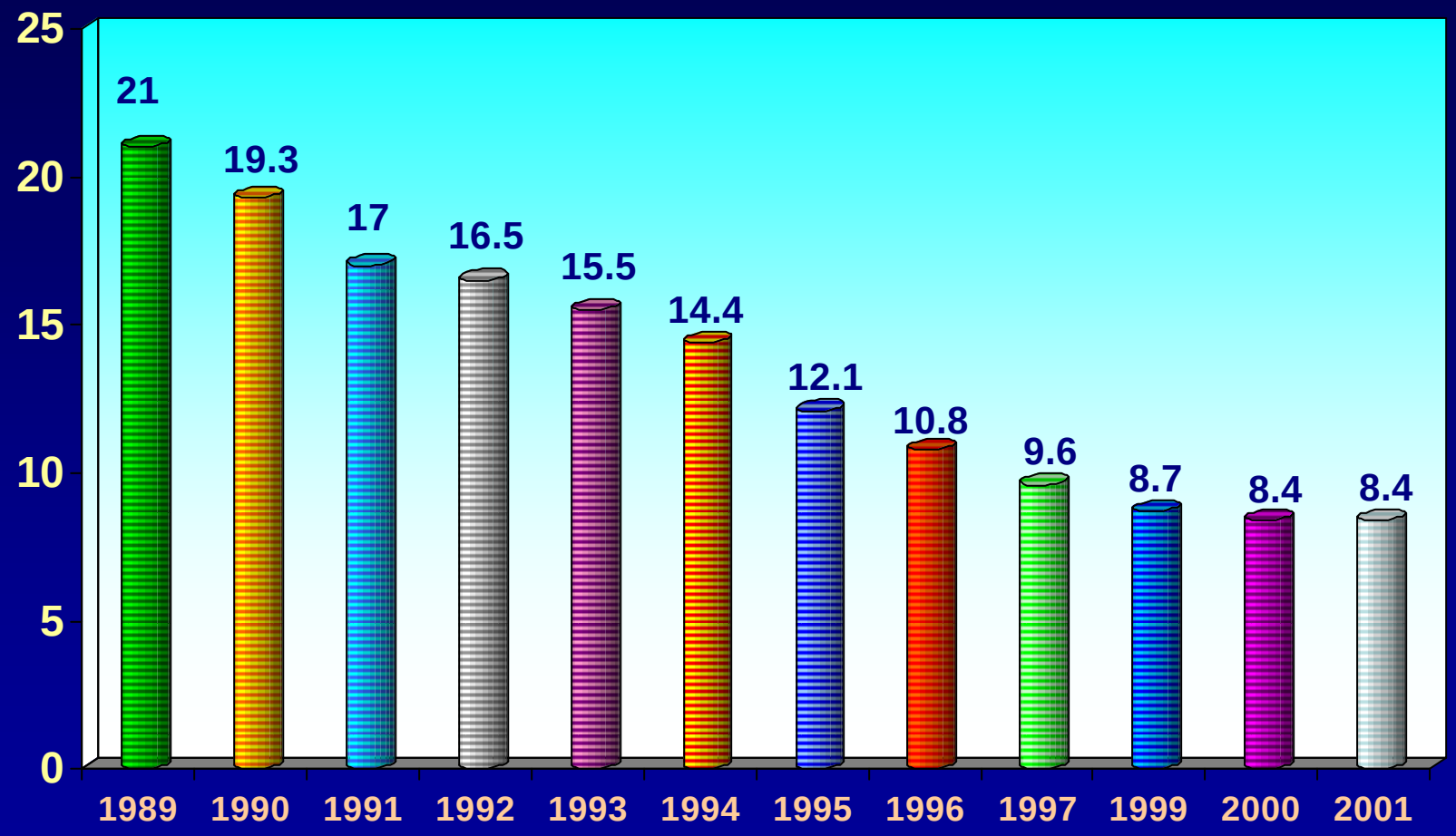


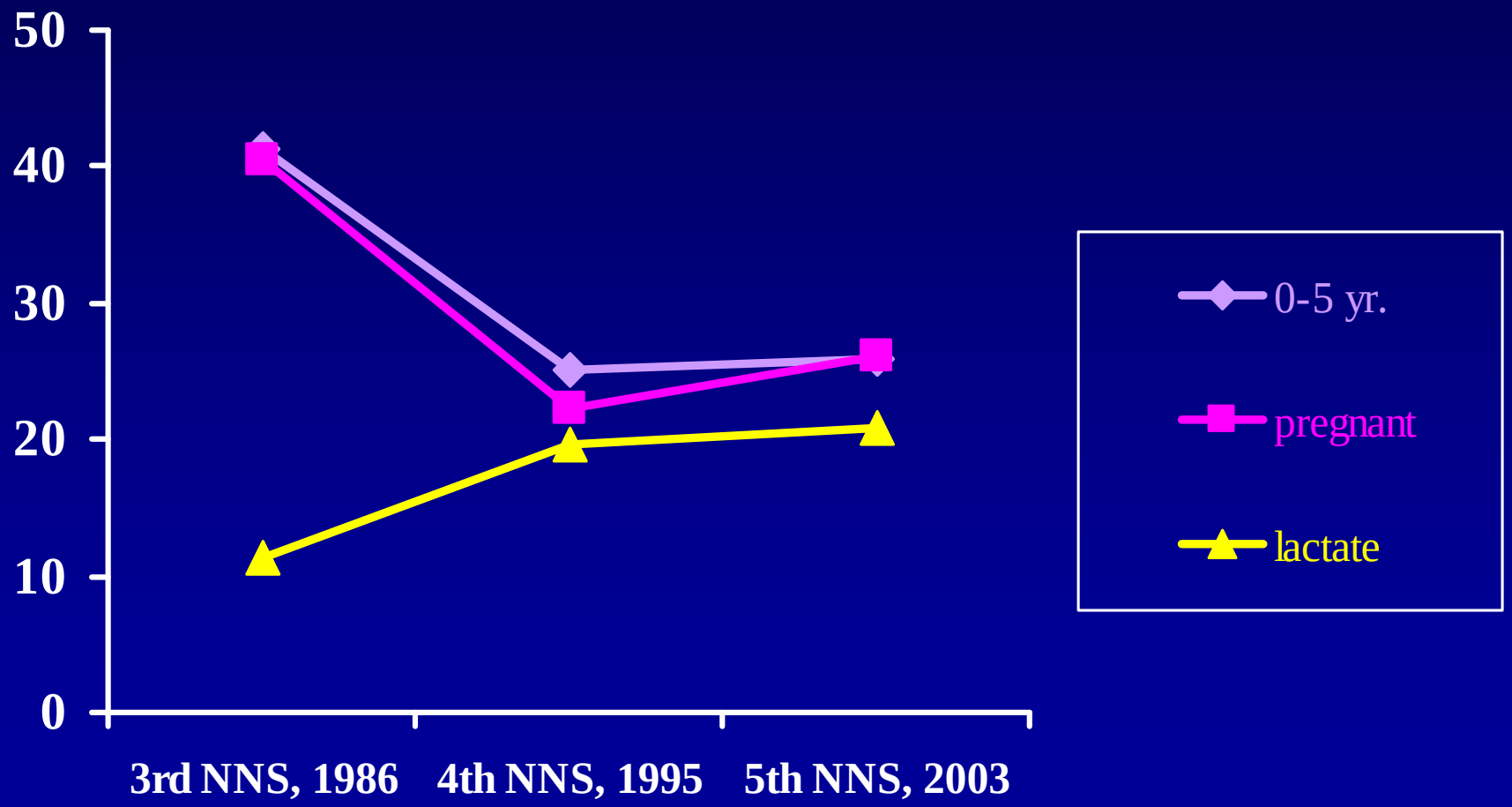
Prevalence of underweight from GMP data

Percentage of Children Aged 0 - 60 Months with Prevalence of PEM



Source : Surveillance Report of nutrition status of underfive children, Bureau of Health Promotion, MOPH, 2001

Prevalence of anemia in children 0-5 years old, pregnant & lactating women, National Nutrition Surveys, Thailand



How did this happen?

“behind the scenes” story

1. why and how a multi-sectoral and multi-level approach was identified as the solution to malnutrition
2. how nutrition and nutrition programming got on the agenda in Thailand
3. how financing was secured
4. how the sectors followed through implementing their roles and responsibilities in implementing the National Nutrition Plan

Main characteristics of the key prime movers

- Aree Valyasevi and Amorn Nondasuta:
  - participated in 1st NNS (ICNND survey), recognized widespread MN in rural areas
  - Amorn, Medical Chief in a northern province: iodine prevention and control in goiter endemic areas
  - Aree, Dean of new medical school: research on etiology of urinary bladder stone diseases (BSD) in NE children
- Strong interest and commitment to improving H&N
- Familiar with under-development in rural communities
- Strong leaderships, forward thinking and long vision
- Experience in applied nutrition program (ANP) in NE, called for cooperation by various sectors

First generation ‘Policy’ entrepreneur

- Prime movers:
  - Dr. Aree, with Dr. Amorn, to discuss the concern and needs to address nutrition with other relevant sectors, specifically, agriculture and education, and national planning agency
- First attempt for a National Nutrition Policy
  - Investment in social sector was not yet recognized (no ‘social’ sector in the first 3 NEDP:1962-1966,1967-1971, 1972-1976)
  - NFNP Plan was prepared, unsuccessful to incorporate in 3rd NEDP due to political changes

Advocating nutrition as country investment

- MN = vicious cycle (ill-poor-ignorant)
- MN ≠ health problem, but reflecting societal disparity
- Alleviating MN needs efforts beyond health sector

Consensus building & formulating inter-sectoral plan

- Gaining impetus for the first National Food and Nutrition Policy among high level planners
  - Advocating for nutrition as an investment (vs expenses to cure MN)
  - Advocating Multi-sectoral nature of MN
  - NESDP agreed to include and ‘explicit’ NFNP in the national development plan
- Inter-sectoral workshop on nutrition
  - Consensus building
    - Key personnel in relevant sectors
  - Support from international agencies – USAID, UNICEF

Consensus building … (cont.)

- Capacity building for formulating nutrition policy
  - Short term training for key multi-sectoral team at Harvard U
- Ad hoc Technical subcommittee to compile relevant data – magnitude of problems, causes, relevant sectoral programs
- Including nutrition in the sectoral plans
- Implementing the plan: Begin with workshops with governors – local planning and budget allocation – could serve needs better, being close to the community

Key features/lessons – the first five-yr

1. Addressing 7 main nutrition problems, and target groups – common goals
   - Underfive children, and pregnant/ lactating mothers
   - NE -- the poorest area and highest problems
2. Implementing the plan
   - Capacity building in nutrition: Short training for key personnel
   - Limited available budgets of relevant sectors – not possible to harmonize sectoral efforts
   - Direct interventions: mainly carried out by H sector
   - Low coverage/outreach and little progress in MN reduction
3. Communicating to the public via mass media -- MN existed in Thailand – Awareness creation

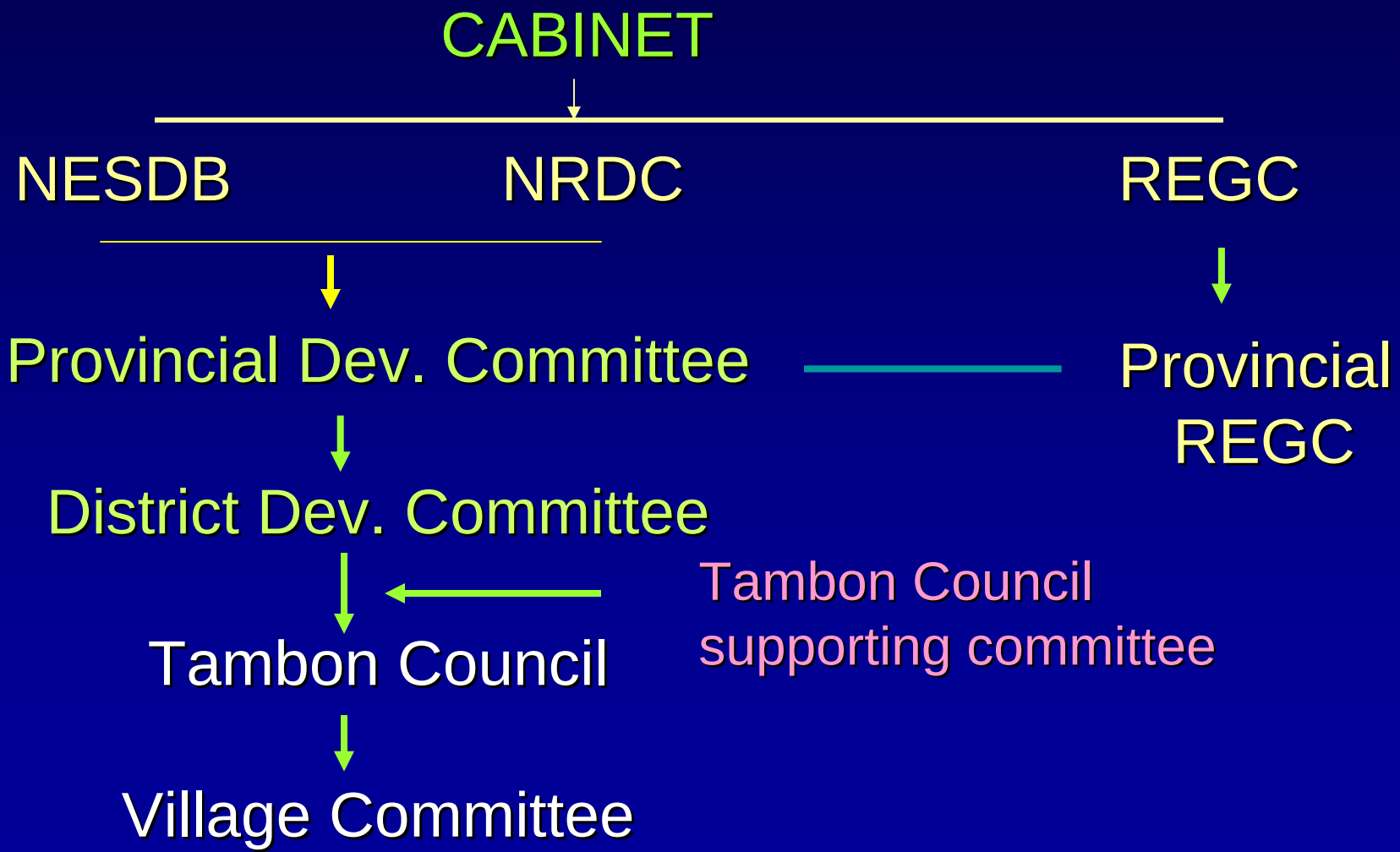
Revisiting Nutrition strategy: Preparation of the 5th NESDP

1. MN prevalence remains the same despite implementation in 4th plan
2. Redefine causes of MN
3. Why multi-sectoral efforts do not work at the ground level
4. Changing strategy might be necessary
   - Different policy instrument?
   - Recognizing limited country's resources

Nutrition Policy/Plan in the 5th NESDP

1. Focus in 'poverty' stricken areas
   - 288 distircts in 38 provinces (mainly in the NE & N)
2. Reorgianizing the rural development administrative structure
   - abolished over existing 200 'committees'
   - National rural development – chaired by PM, who also has strong interest and commitment to development of rural areas

National mechanism for coordinating Rural Development (in PAP)



Comparing 5th plan to previous plans

Past plans:

- Overall economic growth, and 'trickle' down effect
- Specific nutrition programs to alleviate symptoms of MN and lean towards vertical program and H-sector responsibility

5th Plan:

- Poverty alleviation & development of backward areas
- Recognized MN as symptoms of poverty & ignorance
- Nutrition program as stopgap measures: focus on most vulnerable groups – young children & mothers, until systemic solutions result in long term sustained impact

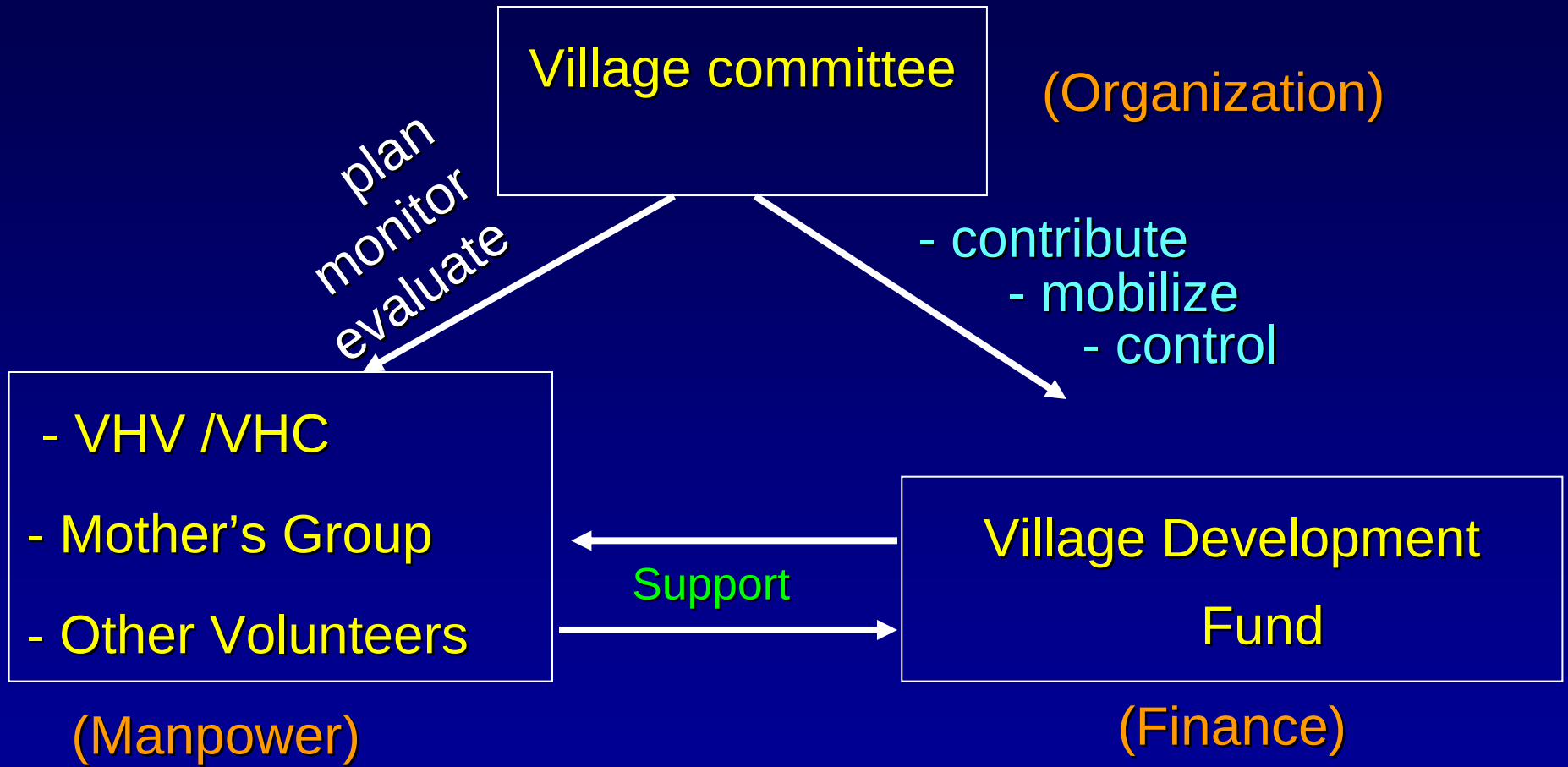
Primary Health Care (PHC) in Thailand

1. Paradigm shift :
   - Provision of services to Self-help health care
   - Changing roles: personnel=facilitator
2. Building village - based mobilizer
   - Village Health Communicators (VHC)
   - Village Health Volunteers (VHV)
   - Ratio VHC/VHV:HH = 1: 10-20
   - Ratio facilitator: mobilizer = 1 : 100
3. Community organization
   - village development committee
   - plan, monitor, evaluate

PHC (cont.)

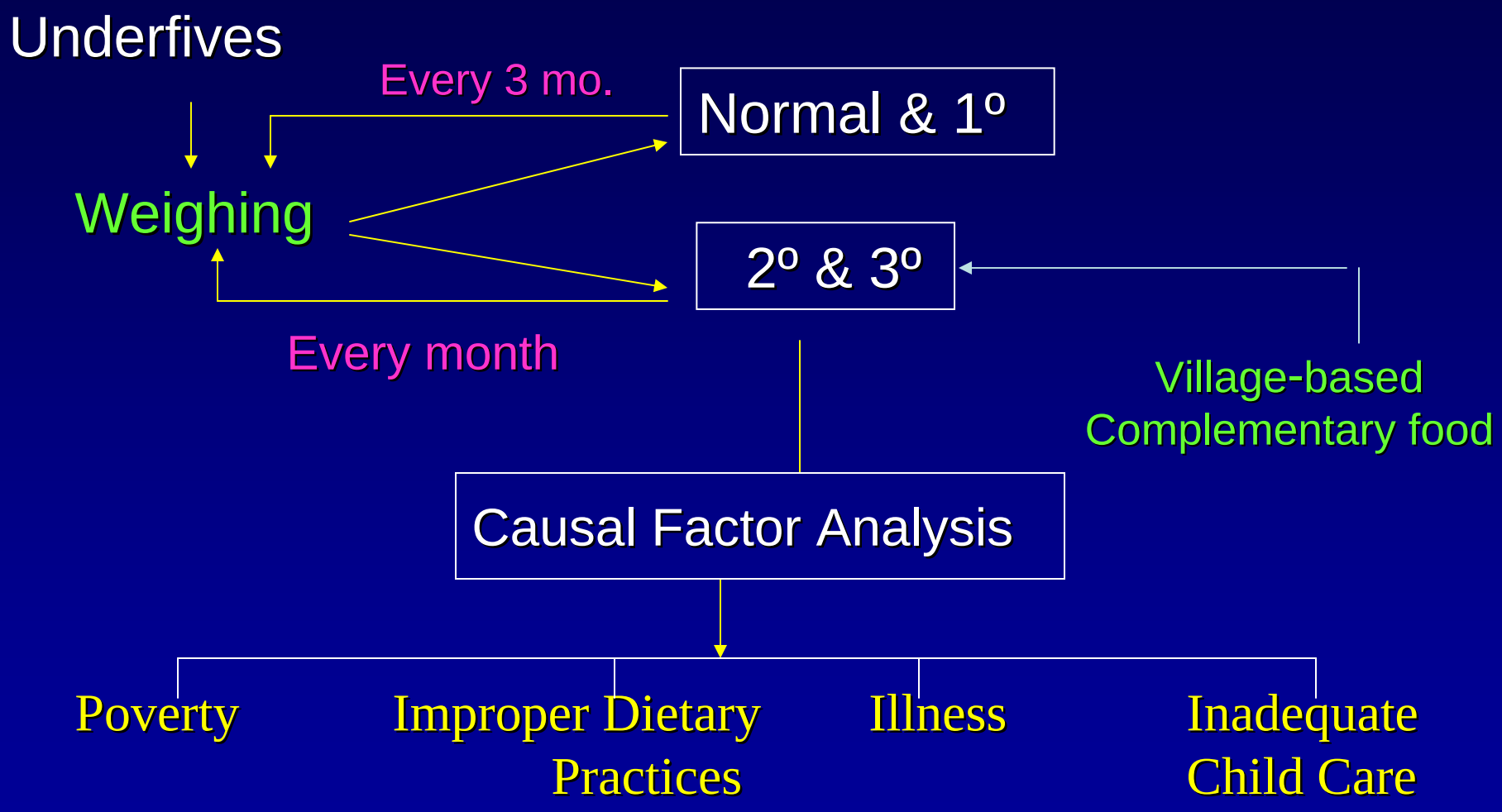
4. Community financing
   - Village PHC funds (eg., essential drug, nutrition, sanitation) – most challenging
5. Basic health services – reaching out
   - Improving referral --- linking district hospital (Doctor, nurses, PH personnel) to support health center (midwife/junior sanitarian) and village-based health volunteers

The Village Infrastructure for PHC Programme



A. Nondasuta, pers. com.

Village growth monitoring action



Source: MOPH,

Growth monitoring & promotion

1. Individual level
   - actor = mothers/care takers
   - supporter= village health volunteers
2. Community level
   - actor = village health volunteers
   - facilitator = health personnel

Central food production & distribution
to MN children – funds & distribution system

↓

Village - based complementary
food production – 'nutrition fund'

- locally available ingredients
  - rice + legumes+ oil seeds
- simple processing technology

} research

- free or low cost
- timely action
- community participation
- educational process

} community

Examples of food production program

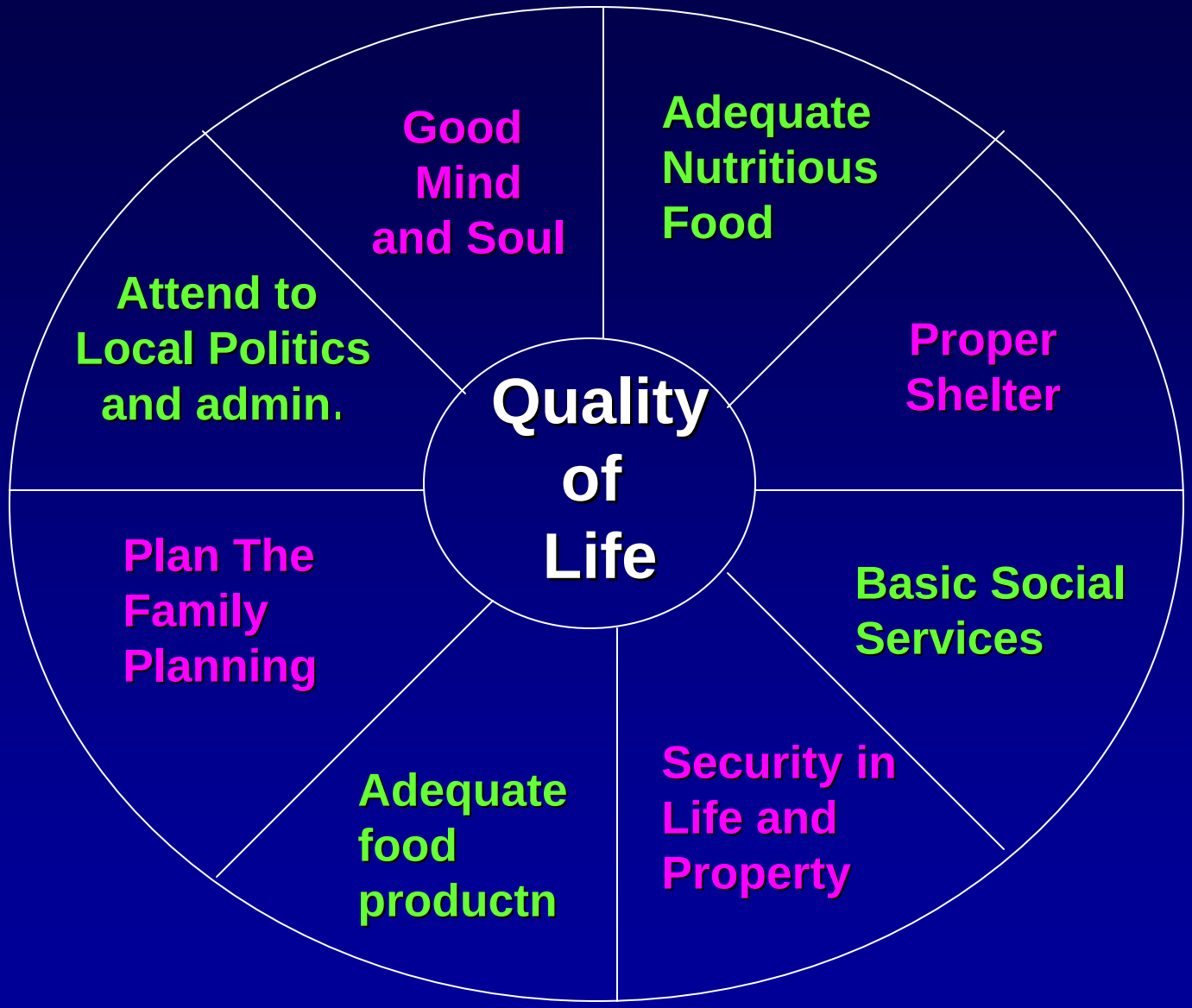
Menu : Home, school and community gardening

Ingredients : - ground / soil preparation
- crop rotation
- organic fertilizer
- pest control

Menu : Backyard chicken

Ingredients : - Provision of shelter
- Proper feeding
- Vaccination

Basic Minimum Need



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*

Specific nutrition Intervention: Iron supplementation for pregnant women

1. Iron tablet supply: Central government budget + incomes from peripheral health facility (mainly district hospital)
2. Pregnant women identified & encouraged to attend ANC & follow-up visits – by VHV
3. Giving up food beliefs & taboos, accept iron supplement
   - Not fear of big babies
   - Accessible to health services for ANC & child delivery
4. Moderate-severe anemia: close follow-up by district hospital through midwife/VHV

Time Frame of the national food and nutrition plans and related policies (1961 - 2006)

National Economic & Social Development Plan (NESDP)

1 2 3 4 5 6 7 8 9

1961 1966 1971 1976 1981 1986 1991 1996 2001 2006

Nat'l FN Policy (NFNP) ----------

Primary H Care (PHC) (1979) ----------

Poverty Alleviation Plan(PAP) ----------

Basic Minimum Needs (BMN) ----------

Rural Development (RD) ----------

Decentralization to Tambon council ----------