Nutrition Surveillance within Primary Health Care in Thailand

Subject: Health Care for the People-New Initiative

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The problem of under-utilization of health centers and hospitals in rural Thailand led to the initiation of a pilot project on Primary Health Care (PHC) in Chiang Mai Province, in 1969. Evaluation of the pilot project revealed that there was increased coverage of the population with basis service. Since then, several pilot project have been carried out in other parts of the country and the results have been satisfactory. Studies have also been done on various aspects of the volunteer service, such as the method of selection, the types of people who are best suited to perform health services on an volunteer basis, etc. The experience gained from these studies led to the development of a nationwide programme of primary health care in 1977.

The concept of PHC in Thailand has been developed from the country's experience in solving the health problems of underserved people in the rural areas. The concept of community participation consisting of the contribution of ideas, manpower, money, and materials by the community-in fundamental and provides the key to the success of the PHC programme. To educate a community to be self-reliant or self-supportive is another basic concept that the programme fosters.

In the National Seminar on Health for All by the Year 2000, conducted in December 1979, it was decided that primary health care activities should comprise the following elements : (1) health education (2) local endemic disease control (3) maternal and child care, including family planning (4) immunization against communicable diseases (5) provision of essential drugs (6) treatment of common diseases (7) nutrition promotion and (8) sanitation and safe water supply.

Objectives of the PHC programme :

1. To expand the coverage of the health services, particularly among the underserved rural population, and to help the people help themselves.

2. To utilize community resources and encourage community participation in order to solve individual health problems, and eventually to establish self-help programmes at the village level.

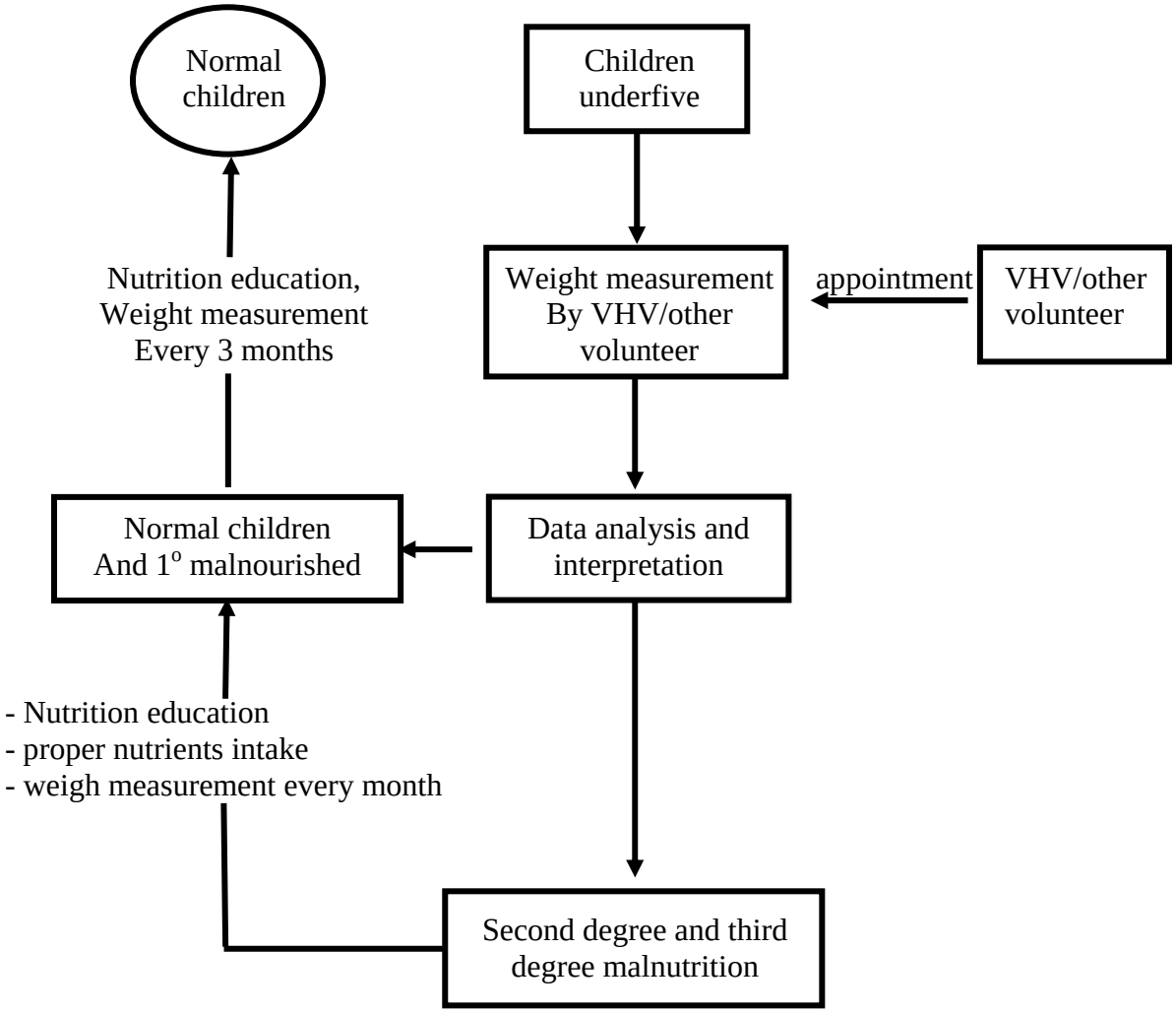
3. To promote the dissemination of health information to local people, as well as to integrate all data that would reflect the needs and improve the health of the communities.

4. To make basic health services available, accessible, and acceptable to the people.

5. To promote better health for rural people as well as to enhance their awareness of health problems and problem solving.

Nutrition, as one of the elements of PHC, is a major determinant of health and growth. Nutrition surveillance is one of vital activities that needs cooperation and coordination of local community and among communities. The activities to be implemented include problem identification by weighing all underfive children, interpretation and informing mothers by mean of growth monitoring graph as well as to solve the nutrition problems through nutrition education and food supplement feeding.

Village surveillance programme



With the use of Thai weight for age standard in the nutritional surveillance carried on every 3 months by the village health volunteers in the Thai, an increasing trend for the area and population coverage with a sharp reduction of the second and third degree malnutrition are found during 1982-1990. The latest child weighing report revealed 99.6 %coverage of rural villages and 90.62% coverage of the rural underfive population.

Nutrition Surveillance Report 1982-1989

Year (Jan-Mar)	Number of Reported village	Number of reported underfive	Nutritional Status (%)			
			Normal	first degree	second degree	third degree
1982	-	1,000,000	49.21	35.66	13.00	2.13
1983	33,987	1,270,393	64.77	28.53	5.90	0.80
1984	34,375	1,540,830	70.67	24.85	4.20	0.27
1985	36,993	1,620,518	71.55	24.35	3.90	0.21
1986	52,030	2,277,908	74.91	21.84	3.12	0.13
1987	55,226	2,305,337	76.53	20.99	2.41	0.06
1988	56,699	2,377,770	77.95	20.04	1.97	0.04
1989	59,759	2,510,238	79.43	19.30	1.26	0.01
1990	66,514	2,631,001	81.99	17.28	0.72	0.0049

Source : Nutrition Division Report 1982-1990

Nutrition surveillance in PHC have been evaluated and improved periodically as follows :

- Child factors
- Family factor
- Constraints to field operation
- problem related to community health volunteers
- problem related to health personnel
- problem and constraints related to central organization

PHC structure has been improved for better health of the population. The Minisry of Public Health through responsible departments have specified roles if VHV as follows :

- VHV is contact people among health personal and villagers

- As village advisor to disseminate knowledge and skills on health care and promotion, disease prevention, self care while being sick etc to cover all 14 element of PHC of which nutrition is one of the elements.
- As health service provider such as patient transfer, home visit.

Surveillance has been evaluated periodically. In 2002 evaluation, is found that nutrition surveillance by VHV is practical and VHV is a good practice for community participation the concept of which is for the self community health care. However it also found that nearly half of VHV will only operate the nutrition surveillance only on health personnel assignment. These VHV do not understand the concept of the nutrition surveillance that they do not inform mothers the nutrition situation of the children thought they have been trained the nutrition surveillance process. For the best nutrition surveillance implement, supervision by health officials should be regularly undertaken.

Child weight report by year Cole reference) (0-5 years)

Year/1st quarter	**No of province (exclude BKK)**	**Nutrition status (%) (1st +2nd + 3rd)**
1997/1	72	9.79
1998/1	75	8.62
1999/1	63	8.32
2000/1	52	9.41
2001/1	35	9.83
2002/1	59	8.63
2003/1	63	8.74

Child weight report by year (new reference start at 2004) (0-72 months)

Year/1st quarter	**No of province (exclude BKK)**	**Nutrition status (%) (1st +2nd + 3rd)**
2004/1	54	2.53
2005/1	63	2.83
2006/1	56	2.94

In conclusion, up to the present nutrition surveillance of the underfives has been implemented but not as strong as in the past. Therefore, health officials at provincial and local levels as well as child care attendants, should be encouraged to realize the importance of the nutrition surveillance implementation.

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