Kingdom of Cambodia
Nation Religion King

Ministry of Planning

Cambodia Nutrition Investment Plan

(CNIP)

Second Annual Progress Report
2004

National Council of Nutrition
Inter-Ministerial Technical Committee
Ministry of Planning

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Foreword

The Cambodia Nutrition Investment Plan (CNIP) 2003-2007 provides the Royal Government of Cambodia with a long-term strategy to fight the high rates of malnutrition in the country, specifically among women and children. CNIP aims to help Line Ministries and relevant stakeholders to identify their roles and responsibilities and guide their interventions towards improving the nutrition situation in Cambodia. It is also a reflection of the Royal Government of Cambodia's commitment to achieving the Cambodia Millennium Development Goals adopted in 2003.

This is the second Annual Progress Report of the Cambodia Nutrition Investment Plan developed by the Ministry of Planning in collaboration with Line Ministries, notably members of the National Council for Nutrition/Inter-Ministerial Technical Committee, and relevant stakeholders. While Cambodia still has a long way to go towards improving the nutrition status of the people, much progress was made in 2004, especially in fighting micronutrient deficiencies and in improving the quality and accessibility of nutrition services provided by health center staff as part of the minimum package of activities.

I would like to thank all members of the National Council for Nutrition/Inter-Ministerial Technical Committee for their time and input in producing this report and especially His Excellency Ou Orhat, Secretary of State/Ministry of Planning and Chairman of the Inter-Ministerial Technical Committee. I would also like to thank UNICEF, WHO, WFP, IRD and Helen Keller International for their contributions to this report and the GTZ Food Security and Nutrition Policy Support Project (FSNPSP) for providing technical assistance to the NCN/IMTC in guiding and monitoring the overall CNIP process.

As the Royal Government of Cambodia, in collaboration with its partners, is in the process of preparing the new National Strategic Development Plan (NSDP) 2006-2010, I would like to take this opportunity to call on all relevant Line Ministries and stakeholders to support us in this fight against malnutrition in Cambodia and recognize good nutrition as an important component of poverty reduction and economic growth.

Senior Minster, Minister of Planning
Chairman of National Council for Nutrition

Chhay Than

Acronyms

ANC	ante-natal care
BFCI	Baby-Friendly Community Initiative
BFHI	Baby-Friendly Hospital Initiative
BMI	body mass index
CARD	Council for Agriculture and Rural Development
CDHS	Cambodia Demographic and Health Survey
CESVI	Cooperazione e Sviluppo
CC	Commune Council
CMDGs	Cambodia Millennium Development Goals
CMS	Central Medical Store
CNIP	Cambodia Nutrition Investment Plan
CSES	Cambodia Socio-Economic Survey
FIVIMS	Food Insecurity and Vulnerability Information and Mapping System
FSNIS	Food Security and Nutrition Information System
FSNPSP	Food Security and Nutrition Policy Support Project
GMP	growth monitoring and promotion
GTZ	German Technical Cooperation
HIS	Health Information System
HKI	Helen Keller International
HSSP	Health Sector Support Project
IDA	iron deficiency anemia
IDD	iodine deficiency disorders
IFFS	iron fortified fish sauce
ILSI	International Life Sciences Institute
IMTC	Inter-Ministerial Technical Committee
IYCF	Infant and Young Child feeding
IRD	International Relief and Development
LBW	low birth weight
MNTWG	Micronutrient Technical Working Group
MOEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
MoI	Ministry of Interior
MoIME	Ministry of Mines, Industry and Energy
MoP	Ministry of Planning
MoWA	Ministry of Women's Affairs
MPA 10	Minimum Package of Activities 10
MRD	Ministry of Rural Development
NCN	National Council of Nutrition
NIP	National Immunization Program
NIS	National Institute of Statistics
NMCHC	National Maternal and Child Health Center
NNP	National Nutrition Program
NPRS	National Poverty Reduction Strategy
NSCIDD	National Sub-committee for Control of Iodine Deficiency Disorders

NSDP	National Strategic Development Plan
OD	operational district
PEM	protein-energy malnutrition
PHD	provincial health department
PIP	Public Investment Plan
PNCC	Provincial Nutrition Coordination Committee
RACHA	Reproductive and Child Health Alliance
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URC	University Research Co., LLC
USI	universal salt iodization
VAC	Vitamin A Capsule
VAD	Vitamin A Deficiency
VDC	Village Development Committee
VHV	village health volunteer
VHSG	village health support group
WIF	weekly iron/folate supplementation
WFP	World Food Program
WHO	World Health Organization
WRA	Women of Reproductive Age
WVC	World Vision Cambodia

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1. Introduction

This is the second annual progress report of the five-year Cambodia Nutrition Investment Plan (CNIP/2003-2007), which was launched by the Ministry of Planning/National Council of Nutrition in March 2003. CNIP provides for a long-term strategy to implement the more nutrition-relevant aspects of development and aims to help Line Ministries and relevant stakeholders to identify their roles and responsibilities and guide their interventions towards improving the nutrition situation in Cambodia.

CNIP, which specifically focuses on child and maternal malnutrition in Cambodia, has the following objectives by 2007[1]:

- To incorporate nutrition considerations in national poverty reduction strategies and plans;
- To reduce the levels of Protein Energy Malnutrition (PEM) in children under 5 years of age from 45% (underweight) to 31%;
- To reduce the levels of malnutrition of women of reproductive age from 21% to 15% as measured by a body mass index (BMI) of below 18.5 kg/m^2;
- To virtually eliminate deficiencies of iodine and vitamin A over five years;
- To reduce the levels of anemia in children 6-59 months from 63% to 42%, in childbearing age women from 58% to 40% and in pregnant women from 66% to 43%;
- To increase the coverage of antenatal care so that weight gain during pregnancy can be monitored and to increase by 20% the number of women gaining 9 kg or more during gestation as compared with current estimated levels;
- To reduce the levels of low birth weight (LBW) from an estimated 15% to 10%;
- To triple the percentage of mothers giving colostrum from 11% to 35%;
- To increase the number of mothers exclusively breast-feeding their infants for six months from an estimated 2% to 25%.

A number of achievements were made with regard to nutrition since the release of the First CNIP Annual Progress Report. 2004 was an important year for moving towards the goal of universal salt iodization in Cambodia. Following the signing by the Prime Minister of Sub-Decree No. 69 on the Management of Iodized Salt Exploitation in October 2003, a number of dissemination workshops, trainings on Iodine Deficiency Disorders (IDD) and community-level promotion activities in using iodized salt were implemented throughout the country in preparation for October 2004, when the sub-decree became enforceable. According to the National Sub-Committee for Control of IDD (NSCIDD), Cambodia has produced 72,598 tons of iodized salt against the target of 45,500 tons for 2004[2].

[1] **Note:** all data is from Cambodia Demographic and Health Survey/CDHS (2000)
[2] source: NSCIDD Annual Report 2004

Progress was also made in Iron Deficiency Anemia (IDA) prevention. One trial conducted by GTZ/Food Security and Nutrition Policy Support Project (FSNPSP) with iron/multi-micronutrient supplementation for children under-two was completed in mid-2004, while another trial on supplements conducted by Cooperazione e Sviluppo (CESVI) will conclude in early 2005. The results of both trials will be used for the formulation of an IDA policy for this target group. Organizations are also moving forward with food fortification with vehicles including flour (bread and noodles) and fish sauce. The NNP successfully completed its pilot Weekly Iron Folate (WIF) program with secondary school girls in Prey Veng and expects to expand to other provinces in 2005.

Nutrition services at the health center level received much-needed support with the piloting of Minimum Package of Activities (MPA) module 10 – the Nutrition Module in three provinces, with expansion planned to ten additional provinces over the next four years. Interventions in child nutrition, a priority area for CNIP, were also at the forefront of discussions during the high level visit of the "Global Child Survival Partnership" in May 2004 and during two consequent national child survival workshops organized by the MoH in October 2004 and by the NGO community in December 2004.

This second Annual Progress Report was prepared with input from Line Ministries, UNICEF, WHO, WFP, Helen Keller International (HKI) and International Relief and Development (IRD) and is based on each Ministry and agency's monitoring of the implementation of the 2004 CNIP work plan. Technical support was provided by GTZ/FSNPSP.

2. Overview of Progress Made in 2004

2.1 Micronutrient Deficiencies

2.1.1 Iodine Deficiency Disorders (IDD)

Members from the National Sub-Committee for Control of IDD (NSCIDD)[3] organized a national workshop in February 2004 to disseminate Sub-Decree No. 69 on the Management of Iodized Salt Exploitation, which was signed into effect by the Prime Minister in October 2003 and became enforceable as of October 2004. The Sub-Decree mandates that all salt produced, sold and distributed in Cambodia for human and animal consumption must be iodized. Sub-decree dissemination workshops took place in 13 provinces, and provincial ordinances on the Management of Iodized Salt Exploitation were issued in 23 provinces except for Phnom Penh. A Joint-Prakas of the Ministries of Planning and Commerce was released July 8, 2004, outlining the specific procedures by which the requirements of the Sub-Decree are to be implemented.

[3] Representatives from Ministry of Planning, Ministry of Health, Ministry of Industry, Mines and Energy, Ministry of Commerce, Ministry of Education, Youth and Sport, Ministry of Information, Ministry of Women's Affairs, Ministry of Rural Development, UNICEF

Total iodized salt production for Cambodia was 72,598 metric tons, (approximately 159% of the 2004 annual target of 45,500 metric tons)[4]. Production for 2004, therefore, exceeded the country's annual requirement of 65,000 metric tons of iodized salt (for human and animal consumption). A major factor behind this increase in production was the formation of the Salt Producers Community of Kampot and Kep (SPCKK) in June 2004, bringing together the majority (about 167 out of 175) of salt field owners in the region and coordinating the management of 10 UNICEF-supported salt iodization machines among them. The NSCIDD and UNICEF have been cooperating since mid-2004 to make monitoring of iodized salt more systematic through a formal reporting structure. The prices and distribution of iodized salt in the marketplace were also monitored nationwide, and efforts were made to facilitate communication between salt producers and salt sellers (wholesalers and retailers). While new data on household consumption of iodized salt will only be available with the release of the CDHS 2005/2006, a study conducted by NSCIDD and UNICEF showed that iodized salt had largely replaced non-iodized salt in the marketplace by the end of 2004. However, monitoring and quality control activities conducted in 2004 did also show that the quality of salt is still poor and that non-iodized salt is still coming in from neighboring countries.

Health center staff, who have received training in IDD as part of Minimum Package of Activities – Module 10 (MPA 10), are required to conduct an assessment of iodized salt use at household level every six months. Health center staff should randomly select 20% of households in each village to conduct iodized salt testing, using iodized salt testing kits provided by UNICEF. Reports of results should be submitted to the NNP after each assessment round. In 2004, only health center staff in Kampot province conducted the assessment and revealed that 22% of households used iodized salt.

In order to promote the use of iodized salt at the household level, a number of BCC (behavior change communication) materials, including calendars, were developed with support from UNICEF, and four TV spots were also broadcast. The NSCIDD, in cooperation with UNICEF, organized the first national IDD Day on October 20, 2004, which was presided over by the Prime Minister with the participation of policy makers, diplomats, government and UN/NGO staff and over 1,000 school children.

In accordance with the 2004 work plan, iodized oil capsules were distributed by the MoH/National Nutrition Program (NNP) to women of reproductive age and secondary school children in high-risk areas (9 provinces) showing signs of simple goiter.

2.1.2 Iron Deficiency Anemia (IDA)

Anemia is a very serious public health problem in Cambodia, and iron deficiency is a major cause of anemia in the country. So far, the only protocol for IDA

[4] source: NSCIDD Annual Report 2004

prevention that exists is the Safe Motherhood Protocol (adopted by MoH in 1999) to provide 90 daily iron/folate supplements to pregnant women and 42 tablets to postpartum mothers. However, several actions undertaken in 2004 are moving MoH and its partners closer toward the development of preventive policies for preschool age children and women of reproductive age.

In March 2004, GTZ/FSNPSP completed its six-month research protocol on twice-weekly iron/multi-micronutrient ("foodlet") supplementation with 231 children aged 6-23 months in Angkor Chey and Chhouk ODs in Kampot province. During 2004, CESVI continued its 12-month research protocol on daily iron/multi-micronutrient ("sprinkle") supplementation with 200 children aged 6-18 months in Kampong Chhnang OD, Kampong Chhnang province. The preliminary results of both trials were presented at the Second National Workshop on IDA Prevention and Control that was organized by NNP/MoH and NCN/MoP, GTZ, WHO, UNICEF and HKI in September 2004. The workshop also served to update stakeholders on new international and regional findings with regard to IDA and discussed food-based approaches such as home gardening and iron fortification. Final results and next steps on policy formulation will be discussed at the Third National Workshop on Anemia Prevention and Control planned for 2005.

Secondary schools have shown to be a highly supportive environment for weekly iron-folate (WIF) supplementation for women of reproductive age (WRA). Schoolgirls in 8 secondary schools (approximately 1500 girls) in Kampong Trabek OD in Prey Veng province continued to receive WIF throughout 2004. Staff from the provincial departments of health and education jointly monitored these activities. An endline survey planned by NNP for the end of the program in October 2004 was not completed due to a lack of funding. However, funding for expanding the WIF program to the first three MPA 10 provinces, Kampong Speu, Kampot, and Kep was secured through its incorporation into the Health Sector Support Project (HSSP) Annual Operational Plan 2005.

Despite the existence of a Safe Motherhood Protocol, coverage and compliance of iron/folate supplementation for pregnant and postpartum mothers is still low. Knowledge among health center staff about supplements and IDA is also still limited. Furthermore, MoH protocol documents on iron/folate supplementation for this target group and on treatment of anemia for women and children are inconsistent. The Central Medical Store (CMS) also experienced a shortage in iron/folate tablets due to the installation of a new purchasing system.

On the other hand, health center staff in the first three MPA 10 provinces (Kampot, Kep, Kampong Speu) were encouraged to distribute iron/folate tablets to pregnant and postpartum mothers not only during antenatal care in health centers but also during outreach activities, and it is believed that iron/folate coverage and compliance have improved as a result. NNP staff worked with the CMS to conduct quarterly reviews of stock of iron/folate supplements and

calculated the projected annual need in iron/folate supplements to complete the request to the Essential Drugs Bureau. Distribution data on iron/folate supplementation for pregnant and postpartum mothers is now also included in the Health Information System (HIS) forms at all levels.

2.1.3 Vitamin A Deficiency (VAD)

Vitamin A Capsule (VAC) distribution to children 6-59 months surpassed its target of 70% for 2004 as coverage reached 75% in round 1 (March) and 72% in round 2 (November)[5]. VAC coverage for postpartum mothers within 8 weeks of delivery was 48%[6], which is higher than the 40% target set for 2004 but still remains low (target for 2007 is 80%). The coverage rates increase in 2004 is partly due to the adjustment in the denominator. Half of all provinces reported vitamin A supplementation for children 6-59 months at least 80 per cent in each round. There are still five provinces that have performed less than 50% coverage in round 1 (Kampong Cham, Kep, Phnom Penh, Rattanakiri, Sihanoukville) and will need special attention in 2005. In the meantime, March 2004 VAC coverage for children 6-59 months in three HKI-supported ODs (Angkor Chey, Sampov Meas and Siem Reap) ranged from 83% to 91%, while VAC coverage for postpartum women in these same districts ranged from 42% to 65%[7].

In cooperation with HKI, UNICEF, and other partners, the NNP implemented a number of activities aimed at increasing demand for VACs nationwide and to improve community participation during VAC distribution. Copies of the National Vitamin A Policy were distributed to all health service facilities/offices and NGOs active in this area. Four TV and three radio spots were broadcast one month before the distribution months of March and November. IEC materials, including T-shirts, caps, banners, posters, leaflets and stickers, were distributed in 6 UNICEF-supported provinces and 8 HKI-supported ODs. HKI also provided VAC training manuals and VHV booklets on VAC. Some ODs did not properly implement and/or report Vitamin A supplementation due to a lack of funding or because of a lack of effective community networks such as VHSGs.

As with iron/folate supplements, the NNP worked with the Essential Drug Bureau (EDB) to improve VAC availability at the health center by improving timely requesting of VACs by the ODs, conducting quarterly reviews of VAC stock at the CMS and calculating projected annual needs in VAC. Furthermore, the NNP assisted provincial and OD staff in completing a VAC distribution schedule and conducted monitoring and supervision during distribution rounds and outreach activities in 16 provinces and 12 ODs.

[5] source: Health Information System (HIS), Ministry of Health, 2004
[6] idem
[7] source: Helen Keller International

2.1.4 Dietary Diversification and Food Fortification Strategies

Dietary diversification strategies to reduce micronutrient deficiencies, such as homestead food production, continued to be implemented successfully in 2004 by local and international NGOs in collaboration with provincial departments and district offices. Food-based approaches, linked with nutrition education, can enhance dietary intake of micronutrient-rich foods including Vitamin A and iron. This is achieved by making a sufficient, affordable and diverse supply of food available throughout the year and by improving consumption for rural households. Continual and adequate access to a variety of quality foods is a simple and basic requirement, yet it remains difficult to attain for a significant number of families in Cambodia. However, households can complement their resources (e.g. land, labor) with improved low-cost technologies, seeds/improved breeders and correct information. By fully developing their land, they can easily increase their productivity and obtain sufficient nutrition for their family. Organizations working in the field of food-based approaches in Cambodia, such as HKI, have found that food-based approaches combined with nutrition education can have a positive impact on production, consumption and income leading to improved nutritional status of rural households for a longer period of time.

Cambodia is also moving forward with food fortification as a strategy for improving the micronutrient status of its population. Not only is salt being fortified with iodine (see section 2.1.1 for more information), but also organizations are researching additional food items for fortification. International Relief and Development (IRD) signed an agreement with the Royal Government of Cambodia (RGC) to import donated wheat from the United States and to train local food processors to mill and fortify the wheat with iron, Vitamin A and iodine and to produce snack noodles and bread for free distribution in schools. The program, which will increase production capacity and generate jobs, also includes a noodle market assistance component targeting low-income households. All noodles are soy-enriched, thus increasing their protein content. GTZ/FSNPSP, in collaboration with RACHA and ILSI, has identified fish sauce as a possible appropriate vehicle for iron fortification and will conduct in early 2005 an efficacy trial[8] on Iron-Fortified Fish Sauce (IFFS) with school children in Kampot province, followed by a pilot initiative to market IFFS at the community level. In October 2004, the three fish sauce producers from Kampot participating in the pilot received training in iron fortification of fish sauce and began production of IFFS under the supervision of the Provincial Department of Industry, Mines and Energy.

[8] to test the comparative advantage of two different fish sauce fortification methods, one from Vietnam (NaFe-EDTA) and one from Thailand ($FeSO_4$ citric acid)

2.2 Protein-Energy Malnutrition (PEM)

2.2.1 Minimum Package of Activities (MPA) 10 – the Nutrition Module

The goal of MPA 10 is to improve the quality and accessibility of nutrition services provided to women and children by health center staff as part of the minimum package of activities, including outreach. MPA 10 covers all five main nutrition programs: IYCF, Vitamin A, Iron, Iodine and growth monitoring and promotion. HSSP (World Bank) has allocated funds to support MPA 10 in 12 provinces over the period 2004-2008[9], while USAID (through CARE, URC and RACHA) will support MPA 10 in Pursat in 2005. The MPA 10 Trainer's Manual and Participants' Manual were finalized and translated into Khmer by NNP and its partners in early 2004, and this was followed by MPA 10 training and implementation in Kampot, Kep and Kampong Speu.

No progress, however, was made with regard to appropriate care for severely malnourished children such as timely referral and rehabilitation. One training course on the Management of Severe Malnutrition planned for 2004 was not conducted due to a lack of funding, including the translation of training materials. There has also been insufficient post-training monitoring of hospital staff managing children with severe malnutrition (trained in 2003), and clarification of roles and responsibilities between the different national programs is needed.

2.2.2 Other growth monitoring and growth promotion activities

The United Nations World Food Programme (WFP) in collaboration with several NGO partners and government health structures currently implement growth monitoring activities on a regular basis to children under-five living in food insecure areas. Follow-up training and support in conducting growth monitoring and nutrition education is also being provided to health center staff and village health volunteers in 22 health centers and 36 communes. The growth monitoring is part of a larger WFP supported Maternal and Child Health project including health and nutrition education and monthly provision of fortified food aid to address problems of malnutrition and micronutrient deficiencies in children under-five and expectant and nursing women. During 2004, around 40,000 children aged 6–59 months of age attended monthly growth monitoring and received Corn-Soya-Blend, Vegetable Oil, and Sugar rations. Approximately 15,000 expectant and nursing women benefited through take-home rations (Rice, Corn-Soya-Blend, and Fortified Vitamin A Vegetable Oil) and regular nutrition education. More than 1,000 village health volunteers received food aid as an incentive to carry out the growth monitoring and nutrition trainings. A follow up survey showing result of the Mother and Child Health project implementation was shared with all involved partners in late 2004.

[9] HSSP-supported MPA 10 provinces: Kampot, Kep, Kampong Speu, Kratie, Stung Treng, Preah Vihear, Kampong Thom, Pursat, Oddar Meanchey, Banteay Meanchey, Battambang, Pailin;

In addition, food support was provided to around 32,000 Tuberculosis patients in 24 provinces / municipalities, and around 5,000 People Living With HIV/AIDS / Orphan and Vulnerable Children households as part of the national community home – based care program in 11 provinces to increase access to care and treatment.

2.3 Infant and Young Child Feeding

A number of important activities were undertaken during 2004 with regard to infant and young child feeding in Cambodia. Three target hospitals (NMCH, the Red Cross Health Center and the Svay Rieng Provincial Hospital) implemented the Baby Friendly Hospital Initiative (BFHI), which included the enacting of billboards, the establishment of lactation clinics and the provision of technical assistance to staff. In July 2004, UNICEF supported one BFHI expert from the Philippines to train key health staff on assessment methodologies for BFHI. To date, this trained national team of assessors has accredited two hospitals as Baby-Friendly Hospitals. A consultant was recruited in mid-2004 to assess current interventions related to IYCF at the community level in order to move forward with the Baby Friendly Community Initiative (BFCI). The final report will be released in 2005.

Cambodia celebrated World Breastfeeding Week (WBW) in August, and for the first time, celebration activities took place at both the national and provincial/community level through the participation of local and international NGOs/IOs working in the area of Maternal and Child Health (MCH). Since it is known that Cambodian women breastfeed for a long time, but early breastfeeding initiation and exclusive breastfeeding for six months are key problems, the IYCF Technical Working Group (NNP and its partners) decided to call attention to these two particular areas. A training workshop was organized to provide NGO staff with background information on breastfeeding and the WBW celebration as well as suggestions for activities to be conducted in their target communities. A WBW kit was also developed and distributed to participating NGOs.

Two new TV spots on Exclusive Breastfeeding and Complementary Feeding were developed for nationwide broadcasting.

The Draft Law of Marketing of Products for IYCF was not approved by the Council of Ministers as planned. To make the process easier, The IYCFTWG/MoH has decided to change the law into a ‘Sub-decree’. The draft sub-decree will be submitted to the MoH and the Council of Ministers for approval in 2005.

2.4 Training and Capacity Building

During 2004, the NSCIDD organized training in 24 provinces on the impact of IDD and the importance of iodized salt. The target audiences were members of the Provincial Nutrition Coordination Committees (PNCC), Camcontrol and customs officers, schoolteachers and local police. The NNP conducted a TOT on the importance of iodized salt for health staff from the PHD and OD level in Oddar Meanchey, but a lack of funding prevented any such further training in other provinces. The NNP also conducted training on micronutrient deficiencies for staff from World Vision Cambodia (WVC) and APHEDA and coordinated with RACHA to train village shopkeepers and to conduct iodized salt promotion at the community level in selected ODs in Pursat, Kampot and Siem Reap. Training on IDD is also one of the five main nutrition programs included in the MPA 10 training.

Health staff from 7 provinces participated in a TOT organized by NNP on the new National Outreach Guidelines concerning Vitamin A supplementation. The NNP also conducted TOT for staff at PHD and OD level in 7 UNICEF-supported provinces and 8 HKI-supported ODs to improve their knowledge and skills in VAD and VAC management and reporting. The trainers also received support when conducting training of health center staff and Village Health Support Groups (VHSG) on how to give health education sessions on Vitamin A and VAC to community members and how to mobilize mothers. Training on VAD was also provided to WVC staff in WVC-supported provinces. A delegation of government, IO and NGO staff from Cambodia participated in the International Vitamin A Consultative Group (IVACG) meeting in Peru in November 2004. They also attended the consequent symposiums on IDA and Zinc deficiency.

HKI trained 15 local NGO staff from Preah Vihear and Kampong Speu on comprehensive Homestead Food Production and Nutrition Education to enable them to train community members. The NGO staff and HKI then trained 24 Village Model Garden owners on home gardening and 12 Village Poultry Farm owners on poultry production. Additionally, 27 Village Support Groups were trained in nutrition education and use of IEC materials. HKI printed more than 500 copies of their home gardening handbook, which can be used as a reference manual for NGO and government staff to train farmers on home gardening. HKI also printed and distributed 500 nutrition bulletins on improving household food security through the integration of poultry production into existing home gardening programs.

A 40-hour TOT breastfeeding counseling course was conducted by the NNP at the provincial level with the support of UNICEF, CARE and CESVI, while eight 18-hour courses in breastfeeding counseling were also implemented. The NNP collaborated with the National Pediatric Hospital and the Communicable Diseases Control Department (CDC) of the MoH to translate training materials and to conduct four training courses on complementary feeding counseling.

The Khmer version of the MPA 10 training module was finalized and printed in early 2004 in time for the first training in April for staff from NNP, Safe Motherhood, CDC, National Center for Health Promotion, NMCHC and HKI. NNP staff organized a planning meeting with the first three MPA 10 pilot provinces and finalized a Health Management Agreement, outlining roles and responsibilities, period, coverage, process and results indicators. An MPA 10 TOT course with 40 staff from PHD and OD levels from the three provinces was conducted, and they, in turn, trained 404 health center staff in MPA 10 implementation. Following the training, NNP staff together with the PHD/OD nutrition focal points, assisted health staff in the three provinces with monitoring, supervising and reporting MPA10 activities at the health center and during outreach. A review of the MPA 10 pilot provinces is planned for early 2005.

The Ministry of Education, Youth and Sport (MOEYS) implemented a number of awareness raising and capacity building activities with regard to hygiene, school health and deworming. 9,500 posters on school hygiene were printed and distributed in schools in Phnom Penh and Koh Kong, while 6,500 posters on school hygiene and maintaining latrines and 6,500 storybooks on diarrhea prevention were distributed through school kits in all primary schools countrywide. General hygiene topics were also integrated into a National Training Workshop on HIV/AIDS and life skills that included provincial education department representatives and secondary school teachers from nine provinces. A national workshop was also conducted on the deworming process in primary school in order to strengthen the coordination mechanisms between the health and education sectors. 108 primary school teachers in Battambang province were trained on soil transmitted helminthiasis and malaria as part of a pilot project. The first draft of the school health policy has been developed and will be finalized in 2005.

Following a successful training of PNCC members in Kampong Thom on food security concept and planning in late 2003, a similar training was organized for PNCC members in Kampot by GTZ in February 2004. It was also held by WFP in Kampong Cham and Siem Reap in August 2004 for WFP staff as well as for selected WFP's government partners from PDoEYS, PDoWRAM, PDP, PDRD and PHD/TB supervisors from 11 provinces. Trainers for these sessions included staff from MoH, MOWVA, MoP, MAFF, CARD and VBNK, four of whom had recently returned from Germany where they had participated in a two-week food security and nutrition course with the support from GTZ. A second (the first was held in July 2003) national level training on food security was organized in June 2004 with trainers and staff from selected Line Ministries.

The WFP regional office supported senior Cambodian delegates from the Ministries of Health and Planning to participate in the Regional Ministerial Consultation on Mother and Child Nutrition (MCN) in Asian countries, New Delhi, India from 15 to 17 September 2004. The objectives of the consultation were (1) to promote the importance of an integrated approach in nutrition strategies; (2) to

advocate for the inclusion of the food and nutrition dimension as priority reduction strategies, (3) to enhance the effectiveness of existing strategies to address maternal health and infant mortality; and (4) to explore and develop opportunities for regional cooperation on maternal and child nutrition. The follow up meeting on the Regional Ministerial Consultation on Mother and Child Nutrition is planned to be hosted by the government of the Republic of Indonesia in 2005.

2.5 Monitoring and Evaluation

2.5.1 Coordination at national and provincial level

The Inter-Ministerial Technical Committee (IMTC) met three times during 2004, while the National Council of Nutrition (NCN) met once. The main purpose of these meetings was to discuss and approve the 2003 progress report and 2004 work plan of CNIP, to identify ways for improved CNIP coordination and monitoring, to update on IDD and to plan for the 2004 CNIP progress report. At the provincial level, members of the Provincial Nutrition Coordination Committee (PNCC) of Kampong Thom and Kampot met on a regular basis to exchange information and to develop joint work plans. PNCC members in Kampong Thom undertook an assessment of the availability and demand for iodized salt at local markets, while PNCC members in Kampot worked on both IDD and IDA issues, especially with regard to the iron supplementation trial and iron fortification efficacy study conducted by GTZ.

In December 2004, the Royal Government of Cambodia established the Technical Working Group on Food Security and Nutrition (TWGFSN), one of 18 such groups created in 2004 in order to harmonize and align donor community assistance to the RGC. The TWGFSN, which is chaired by CARD and MoP together with FAO and WFP, aims to promote the mainstreaming of food security and nutrition in sectoral policies and strategies, notably the upcoming National Strategic Development Plan (2006-2010). The TWGFSN will report on its activities to the Food Security Forum, a monthly meeting of key food security and nutrition stakeholders organized by CARD, WFP and FAO at the Council of Ministers.

The NNP conducted a national workshop in January 2004 and again in December 2004 to review its yearly activities with staff from provincial health departments and to develop yearly work plans. In order to improve coordination with provincial and OD levels and to clarify responsibilities with regard to nutrition activities, the NNP worked with staff to nominate nutrition focal points for each province and OD. The NNP and its partners jointly developed selection criteria and defined roles and responsibilities for the focal points to help ensure that nutrition programs at the OD and health center level are appropriately planned, implemented and monitored.

Nutrition stakeholders were also among participants of two national child survival workshops organized by MoH and the NGO community in October and

December 2004, respectively. These workshops followed the high level visit of the Global Child Survival Partnership to Cambodia in May 2004, whose purpose was to explore achieving high coverage of high impact interventions to rapidly reduce infant and child mortality and meet the target of two-thirds reduction in mortality rates by 2015 (MDG 4). Malnutrition contributes to more than half of child deaths around the world.

2.5.2 Nutrition Information System

Following a number of discussions in 2003 on the possible creation of a nutrition surveillance information system, nutrition stakeholders decided in early 2004 that surveys planned for the coming two years, especially the Cambodia Socio-Economic Survey (CSES) 2003/2004 and the Cambodia Demographic and Health Survey (CDHS) 2005/2006, as well as any additional data collection efforts by organizations and Line Ministries, would provide sufficient nutrition data to meet current needs.

Relevant nutrition indicators were identified and included in the CSES 2003/2004, of which the final report will be available in September 2005. Nutrition stakeholders have also provided input to the CDHS 2005/2006 questionnaire. CNIP indicators and other nutrition-relevant data have been included in CAMInfo, a national socio-economic indicator database that is the official UN tool for monitoring the Millennium Development Goals (MDGs). CAMInfo was developed by the National Institute of Statistics (NIS)/MoP with the support of UNICEF and GTZ. Version 1 was released in March 2004 and was followed with the release of version 1.1 with data from the Cambodia Inter-Censal Population Survey (CIPS) conducted by the NIS supported by UNFPA. A Khmer language version will be released in 2005 and will be disseminated on a province-wide scale. The Ministry of Agriculture, Forestry and Fisheries (MAFF) finalized its Manual of Operations for the FAO-supported Food Insecurity and Vulnerability Information and Mapping System (FIVIMS) in 2004 and plans to start with (secondary) data collection for the FIVIMS indicators, a number of which are nutrition-related. FIVIMS data will be available online in late 2005.

In August 2004, the Council for Agriculture and Rural Development (CARD) launched the Cambodia Food Security and Nutrition Information System (FSNIS), a web-based information system that serves to disseminate best practices and lessons learned, informs users of news and events and promotes open discussion among stakeholders. In addition to a document library with key food security and nutrition-related research papers, reports and strategies, FSNIS also provides news on relevant workshops and trainings, minutes of IYCF, MNTWG, IMTC and PNCC meetings and detailed information on organizations working in food security and nutrition. FSNIS can be visited at www.foodsecurity.gov.kh

In December 2004, NNP, HKI and GTZ/FSNPSP released the first Database of Nutrition and Homestead Food Production Projects in Cambodia. The database

provides an overview of who is working in nutrition and homestead food production throughout the country and allows users to identify any regional activity gaps and thus better target interventions. The database, which contains detailed information on 139 projects, will be updated every two years.

2.6 Funding for CNIP

Some new funding opportunities for nutrition-related activities became available in 2004. The World Bank's funding for MPA 10 Training and Implementation in the first three pilot provinces was released through HSSP in early 2004. In August 2004, the Canadian International Development Agency (CIDA) announced the establishment of its four-year Food Security Initiatives Fund, which will allocate approximately US$2.3 million to Line Ministries, IOs or NGOs working in the area of food security in Cambodia. The objectives of the Fund are: 1) increasing agricultural production through intensification and diversification; 2) improving access to low-cost water supply and sanitation; 3) promoting income-generation through food production; 4) improving nutrition education and use of available foods; and 5) strengthening of local capacities to plan, manage and deliver related services. Through UNICEF, CIDA has also funded the implementation of vitamin A supplementation activities in 26 ODs in seven provinces.

3. Next Steps

A number of micronutrient-related activities undertaken in 2004 will be expanded to new provinces in 2005. Following a review of the training and implementation process in the three pilot MPA 10 provinces of Kampong Speu, Kampot and Kep in 2005, the NNP will extend its MPA 10 training and implementation activities to four new provinces, including Pursat, Stung Treng, Preah Vihear, and Kratie. The WIF program, successfully piloted in Prey Veng, will be expanded to all secondary schools in the first three MPA 10 provinces. Two national workshops on IDA will be conducted in 2005. The first will take place in May 2005 with the objectives to disseminate the results of the two trials on iron supplementation for children under-two and to draft a policy for this target group and also for WRA. The second workshop will be held in October 2005 and will look at alternative strategies, notably food fortification. The NSCIDD is in the process of being renamed NSCIDD/IDA[10] with an extended mandate to look at iron fortification of food. During 2005, the NSCIDD/IDA and its partners plan to continue their monitoring activities of iodized salt production, marketing, distribution and household consumption and work together to develop a national strategy on iron fortification of food. The Royal Government of Cambodia has made a commitment to achieve the goal of Universal Salt Iodization by 2005. UNICEF is

[10] National Sub-Committee for the Control of Iodine Deficiency Disorders and Iron Deficiency Anemia

providing the annual requirement of Potassium Iodate for the next two years and will replace the three Salt Iodization Plants to meet the 2005 production target of 75,000 tons. The second National IDD Day is planned for October 2005.

Additional plans for 2005 include the development of an IYCF communication strategy, including mass media and behavior change communication (BCC) with the aim to improve IYCF practices in Cambodia. The NNP and its partners also expect to develop clear guidelines on introducing, implementing, monitoring and evaluating BFCI, develop curriculum and lesson plans for community health workers and increase the proportion of villages establishing BFCI.

The coming year will also provide a new opportunity for nutrition (and food security as a whole) to be highlighted as an important component of poverty reduction efforts in Cambodia when the MoP and its partners prepare the National Strategic Development Plan (NSDP) 2006-2010. This single national development plan merges the earlier SEDP II and NPRS and will be aligned with the CMDGs and the Rectangular Strategy. One of the main objectives of the Technical Working Group on Food Security and Nutrition (TWGFSN) for 2005 is to develop a “Food Security Atlas” and a “Food Security Strategy Paper” for Cambodia, which will include prioritized strategic actions in nutrition as outlined in CNIP, for incorporation into the NSDP.

ANNEX

1. Operational Plan Matrix 2005 of National Nutrition Program/MoH
2. Work Plan for CNIP implementation in 2005 of Ministry of Education, Youth and Sport.

National Nutrition Program Annual Operation Plan 2005

Key Area of Work 1: Health Service Delivery										
Activities	Who	When				Resources			Output	Means of Verification
		Q1	Q2	Q3	Q4	GOV	NGO/IO	User Fees		
(VAD) Objective 1 & 2: To increase the national VAC coverage for children 6-59 months to 80 % in 2005 through twice yearly distribution around March and November and to increase the coverage for postpartum mothers within 8 weeks of delivery to 50% in 2005 through monthly outreach activities.										
1) Coordinate with provincial and OD Nutrition Focal Point (NFP) to ensure that each HC prepare VAC distribution schedule (as part of their outreach schedule) for March and November and to ensure that HC staff take VACs for PPM with them during monthly outreach activities.	VAD Coordinator/NNP/ PHD&OD NFP	x	x	x	x	Yes	UNICEF/ HKI/ Partners		VAC distribution schedule completed & HC staff distribute VAC to PPM during monthly outreach and children around Mar. & Nov.	Good working relationship set up with PHD/OD NFPs & other partners.
2) Coordinate with provincial and OD NFP to conduct monitoring of HC staff activities during March and November distribution rounds and during monthly outreach activities for VAC distribution for PPM and provide technical guidance to provinces and ODs identified as having low VAC coverage in previous years (Takeo province: Batie, Doun Keo Kirivong ODs; BTB province: BTB, Thmar Kou, Sang Ke ODs; BMC: Thmar Pouk, Preah Net Preah, OChrov ODs; Kampong Som: Sihanoukville OD; Preah Vihear province; Paillin province; Koh Kong: Sre Ambel ODs; Phnom Penh: Leck, Ohoeung, Tboung ODs; Kratie: Kratie OD; Rattanakiri province)	VAD Coordinator/NNP/ PHD&OD NFP	x	x	x	x		UNICEF/ HKI/ Partners		Monitoring of HC activities conducted through effective collaboration at all levels. Low coverage provinces improve coverage.	Good working relationship set up with PHD/OD NFPs & other partners.
3) Coordinate with the provincial and OD NFPs to ensure that each HC record VAC distribution on the Outreach Tally Sheet and Yellow Card and make sure HC staff report VAC distribution in HIS report form (HC1). Ensure that the PNFP send a copy of PRO 4 on VAC distribution to the NNP as required. Provide feedback to provinces and ODs with low VAC coverage and encourage them to improve the coverage for the next round.	VAD Coordinator	x	x	x	x		UNICEF/ HKI/ Partners		Optimum record keeping at HC level and report submitted by all levels. More accurate coverage data reflected in the HIS Feedback provided to PHD and OD with low coverage.	Good working relationship set up with PHD/OD NFPs & other partners.

4) Participate in the monthly meeting of MTWG meeting to provide updated information related to VAC distribution program.	VAD Coordinator/ NMTWG member		x	x	x				Integrated approach strengthened through regular meeting	Monthly meeting organized and attend.
5) Participate in the NNP annual review and work plan workshop to report on VAC distribution program and to share plan for the up coming year.	VAD Coordinator/NNP/ PHD NFP/ Partners	x	x	x	x		UNICEF/ WHO/ GTZ/HKI/ Partners		Full participation from PHD and partners from national and provincial levels.	Workshop planned and conducted.
6) Work with RHAC and other partners to conduct a dissemination workshop to present results of the pilot study to increase VAC coverage among children by improving community participation and using CHW to distribute VAC to children who did not come to receive VAC during the distribution day - to 'mop up' missing children.	VAD Coordinator/NNP/ RHAC/ Partners		x				RHAC		Results, lessons learned, and recommendations shared among partners.	Workshop planned and conducted.
(VAD) Sub-objective 2: To improve VACs availability at HC through strengthening OD quarterly request and distribution as well as annual and mid-year VAC needs projection.										
1) Coordinate with the Essential Drug Bureau (EDB), Central Medical Store (CMS), and PNFP to ensure that OD submit request for VACs on time and that OD distribute adequate VACs to each HC on time for March and November distribution rounds and for monthly distribution for PPM.	VAD Coordinator/EDB/ CMS/	x	x	x	x		UNICEF		OD request adequate VAC in timely fashion and distribute adequate VAC to each HC.	Good working relationship set up with EDB, CMS, and PHD/ OD NFPs. Necessary support provided to NFPs.
2) Conduct quarterly review of stock of VACs at CMS and take appropriate actions in case of shortage.	VAD Coordinator/ CMS	x	x	x	x				Adequate VAC available at CMS.	Regular contact with CMS to check stores & take remedial action as necessary.
3) Conduct quarterly review of requests made by OD to CMS for VACs and remind ODs that did not submit the request or submitted the request late. Ensure that adequate VACs are available at the CMS and are distributed to ODs as requested.	VAD Coordinator/ CMS	x	x	x	x				Quarterly request from OD submitted by due date. Each OD receive adequate VAC from CMS.	Good working relationship set up with CMS and ODs. Quarterly review of requests by ODs conducted.
4) Strengthen VAC distribution at HC and Referral Hospital (RH).	VAD Coordinator/ PHD&OD NFPs	x	x	x	x				VAC distributed at HC and RH to the right target groups.	Health staff working in HC and RH receive appropriate training.
5) Coordinate with the NIP, PATH, and other partners to explore possibility to include VAC distribution for PPM with Hepatitis B immunisation given at birth.	VAD Coordinator/ NIP/PATH/ Partners	x	x	x	x				VAC distribution for PPM integrated with Hep. B following birth.	Good collaboration set up with NIP, PATH, and other partners.

6) Coordinate with the NIP to ensure VAC distribution during Supplementary Immunization Activities (SIA), such as measles campaign.	VAD Coordinator/ NIP	x	x	x	x				VAC distribution integrated with SIA	Good collaboration set up with NIP.
7) Calculate the projection of annual needs of VACs and make a request for VACs for the following year to the Essential Drug Bureau (EDB).	VAD Coordinator/EDB/ CMS/UNICEF	x							EDB receive annual request for VAC by due date	VAC projection submitted to EDB on time by NNP
(IYCF) Objective D: Support the provision of appropriate care for sick and malnourished children including timely referral and rehabilitation of severe malnourished children by increasing the proportion of hospitals with health staff who have knowledge and skills and equipment and materials appropriate for managing sick and severe malnourished children.										
1) With partners, develop a clear & comprehensive plan for management of severe malnutrition. The plan should include training of relevant health staff, implementation process & monitoring/follow up and evaluation of the program.	NNP/CDC/NPH	x	x					?	Plan developed and used.	Plan available for use by relevant partners.
2) Facilitate the translation into Khmer, and printing of the training course: Management of Severe Malnutrition.	IYCF Coordinator/NNP/ NPH/CDC	x						HSSP/ WB	Training materials translated and edited.	Training materials available in Khmer.
3) Collaborate with the NPH & CDC to conduct training on the Management of Severe Malnutrition to health staff in paediatric wards of hospitals, especially in MPA 10 target provinces.	IYCF Coordinator/NNP/ NPH/CDC		x					HSSP/ WB	Training courses completed successfully. (Approx. 30 participants)	Training course planned & conducted.
4) With partners, ensure provision of essential equipment and materials needed for the implementation of severe malnutrition management.	IYCF Coordinator/NNP/ NPH/CDC		x					?	Health facility equipped with necessary equipment and materials & able to provide appropriate care to malnourished children.	Essential equipment and materials provided to health facilities.
5) With partners, follow up and provide support to health staff who received training on the Management of Severe Malnutrition.	IYCF Coordinator/NNP/ NPH/CDC		x	x	x	PAP		WHO?	Follow up activities planned.	Regulatory "body" set up. Regular follow up conducted and support provided.
6) Support the health staff at all levels of MPA 10 targeted provinces, to develop a referral system for children needing specific support.	GM Coordinator/NNP/ PHD/OD		x	x	x	PAP		HSSP/ WB	HC staff able to refer children who need specific support.	Working referral system developed & agreed.
I. Iron/folate supplementation program for pregnant women: **(IDA) Objective 1: To increase coverage and compliance of iron/folate supplementation for pregnant and postpartum mothers (PPM)**										
1) In collaboration with Safe Motherhood (SM) Program and Provincial/OD NFP, encourage HC	IDA Coordinator/ SM/PHD& OD NFP	x	x	x	x				Pregnant and PPM receive iron/folate tablets.	HC staff provide iron/folate tablets during

staff to distribute iron/folate supplements at ANC in HC's and during outreach.										ANC and outreach and report on the coverage.
2) With PHD/OD NFPs, conduct monitoring of HC activities related to the distribution of iron/folate supplements for pregnant and PPM, in order to make sure that HC staff record the supplement distribution on the Outreach Tally Sheet and prepare and submit report on iron/folate supplementation distribution program as required.	IDA Coordinator/ SM/PHD& OD NFP	x	x	x	x				HC/outreach staff improve iron/folate distribution.	Regular monitoring n conducted, recorded and corrective action taken.
3) NNP with PHD/OD NFPs, regularly follow up on the report of the coverage of iron/folate supplementation through the MoH's HIS and provide feedback to PHD, OD, and HC as needed.	IDA Coordinator/ PHD/ OD NFP	x	x	x	x				Iron/folate distribution records completed efficiently and report prepared and submitted as requested.	. HIS reports include iron/folate distribution coverage are received in timely manner. Feed back provided to PHD, OD, and HC.
4) Ensure that each HC submit the request for iron/folate supplements on time and that ODs request the supplements and distribute adequate iron/folate supplements to each HC for use at ANC in HC and during monthly outreach services.	IDA Coordinator/ PHD/ OD/HC	x	x	x	x				Adequate numbers of iron/folate tablets available for distribution.	Request for adequate numbers of tablets received in timely manner and required tablets delivered.
5) Conduct quarterly review of stock of iron/folate supplements at the CMS and take appropriate actions in case of shortage.	IDA Coordinator	x	x	x	x				Constant, adequate supply of tablets available.	Regular checks made and documented, contacting EDB if necessary.
6) Conduct quarterly review of requests made by OD to CMS for iron/folate supplements and remind ODs that did not submit the request or submitted the request late.	IDA Coordinator	x	x	x	x				OD improves their requests for iron/folate tablets.	Documentation kept and follow up of OD's completed.
7) Calculate the projection of annual needs of iron/folate supplements and make a request for them for the following year to the EDB. Ensure that adequate iron/folate supplements are available at the CMS and are distributed to ODs as requested.	IDA Coordinator	x							Constant, adequate supply of tablets available at CMS for long term.	Appropriate checks done and paper work carried out by NNP as necessary and regular follow up carried out.
8) Collaborate with SM to clarify roles and responsibilities of the NNP and SM Program related to iron/folate supplementation for pregnant and PPM.	NNP/ IDA Coordinator/SM	x	x						Clear roles and responsibilities of the NNP and SM	Roles and responsibilities of the NNP and SM clarified, agreed, and coordinated to improve iron-folate coverage.

9) Discuss with the department of Drugs and Food (DDF) for the possibility to improve consistency and quality of the supplements.	NNP/IDA Coordinator/DDF	x	x						Consistent good quality tablets are available for the program use.	Agreement on the quality and consistency of the tablets made and agreed by the DDF.
10) Ensure standardization of the protocol on iron/folate supplementation for pregnant and PPM, through discussions and negotiations with other national programs and departments responsible for different MoH documents which currently include an iron/folate supplement element.	NNP/MNTWG/ SM/IMCI/ Preventive Medicine	x	x						Consistent recommendations on iron/folate supplementation for pregnant and PPM used in all MoH's documents.	All MoH's documents; section related to iron/folate supplementation for pregnant and PPM revised and standardized.
11) Seek more funds to strengthen the program, especially for training, communications, and monitoring and evaluation.	NNP/MoH/ Partners	x	x	x	x				More funds available for strengthening the program.	Discussions with potential donors are made and proposals are submitted.
12) Look for possibility to improve the presentation of the supplements, such as introducing packaging of the supplements.	NNP/MoH/ Partners	x	x						Recommendation on packaging of the supplement presented to the MoH for approval and for future actions.	The test to use packaging to improve the coverage and compliance of the supplements funded and conducted. Results presented to the MoH.
13) Integrate the iron/folate supplementation for pregnant and PPM into other strategies and activities for IDA prevention and control.	NNP/MoH/ Partners	x	x	x	x				Iron/folate supplementation for pregnant and postpartum mothers be a part pf the overall IDA prevention and control program.	Iron/folate supplementation program integrated into other IDA strategies and activities.
14) Explore the possibility to use Haemoglobin Colour Scales to assess/screen pregnant women and postpartum mothers for their anemia status, so that it can be used as a motivational tool to improve compliance.	NNP/Partners	x	x						HC staff willing to test the use of the Haemoglobin Colour Scales for anemia screening.	A small study conducted with some HCs in MPA 10 provinces to test feasibility and cost effectiveness of the use of Haemoglobin Colour Scales. Results presented to the MoH for consideration.
II. Weekly ion/folate supplementation for WRA: **(IDA) Objective 4: To expand the WIF supplementation for secondary schoolgirls in the first three MPA 10 targeted provinces in 2005**										
1) Explore the possibility of conducting an endline survey following completion of the program in Kampong Trabek OD (no funds were available to conduct in Nov 2004). Prepare report of the results, and share the results with all partners.	IDA Coordinator/NNP/ PHD/PED/OD	x							Impact of program evaluated against project objectives and indicators. Results shared.	End line survey completed

2) Prepare plan to expand the WIF program for secondary school girls in the MPA 10 target provinces. Include this plan in the HSSP operational plan for 2005 for 1st three MPA 10 provinces (Kampot, Kampong Speu, and Kep).	IDA Coordinator/NNP/ Partners	x						HSSP (75,000)	Funding secured to expanding WIF program.	Plan completed and funding proposal submitted for approval.
3) Find alternative ways to promote and improve the use of WIF among women of reproductive age, such as the use of social marketing to create demand for the supplements.	IDA Coordinator/NNP/ Partners	x	x						Plan to use social marketing for WIF approved by MoH and implemented by involved agencies.	Discussions with key partners conducted. Plan developed and submitted for approval.
4) Follow up with the MoH about the purchasing of the supplements. Calculate the projection of annual needs of WIF according to the plan and make a request for them for the following year to the Essential Drug Bureau.	NNP/IDA Coordinator	x							WIF supplements purchased and available at all levels.	MoH agrees and purchases WIF supplements. Requested submitted.
5) Continue to seek more funds for the expansion of the program of the WIF nation wide.	NNP/IDA Coordinator/ Partners	x	x	x	x				Funding secured to expanding WIF program nation wide. Policy for WIF supplementation for WRA developed and adopted.	Proposals developed and submitted to potential donors. Policy developed and submitted for approval.
6) Integrate the WIF program for WRA into other strategies and activities for IDA prevention and control as well as other program, such as de-worming program.	NNP/MoH/ Partners	x	x	x	x				WIF supplementation forWRA be a part of the overall IDA prevention and control program.	WIF supplementation program integrated into other IDA strategies and activities.
(IDD) Objective 1 and 4: To increase quality iodized salt production to reach the national requirement (45,500-65,000 tons per year); To enable HC staff to conduct testing of iodised salt use at household level .										
1) Co-operate with Cam-Control (Min of Commerce), and other line ministries in the conducting of quality control of iodized salt at production sites, markets, and households.	CamControl/ NSCIDD	x	x	x	x				QC of iodised salt at selected sites completed.	QC conducted and report submitted to NSCIDD.
2) Train health staff to be able to test iodized salt at household level, using iodized salt testing kits. Collaborate with provincial and OD NFPs to set up monitoring and reporting systems to ensure that each HC report on IDD activities as required, especially in MPA 10 targeted provinces (Kampot, Kampong Speu, Kep, Prey Veng, Preah Vihear, Stung Treng, and Kratie).	IDD Coordinator/ NNP/NSCIDD/ Partners		x		x				HC staff conduct iodized salt testing at household level in their catch-ment areas twice yearly and submit report to higher levels as required.	Training for HC staff conducted. HC staff are able to test iodized salt using testing kits. Monitoring and reporting system set up.

3) Work with National Sub-Committee on IDD (NSCIDD) and other partners to implement the sub-decree, to ensure that only iodized salt is produced in Cambodia and that imported salt is iodized.	IDD Coordinator/ NNP/NSCIDD/ Partners								Report on violations submitted to NSCIDD and appropriate actions taken.	Each line ministry develop own circular to enforce the implementation of the sub-decree.
(IDD) Objective 5: To support the distribution of iodized oil capsules to women and children in high risk areas.										
Work with UNICEF to distribute iodized oil capsules to women and school children in high risk areas to women and children who show signs of simple goiter. (supported by UNICEF, other partners, and PAP).	IDD Coordinator/ UNICEF/Partners	x	x	x	x	PAP	UNICEF/ Partners		Women & schoolchildren with simple goiter receive iodised oil capsule.	High risk areas identified, capsules distributed to PHD.
(MPA 10) Objective 5: To be able to enable HC staff to detect malnutrition in children at an early stage, so that appropriate actions can be taken, including 1) referral of severely malnourished children for treatment and rehabilitation at the provincial or OD referral hospitals and 2) give appropriate counseling to care givers about child growth and feeding practices to improve growth and development. **Objective 6: To promote the use of the Yellow Card and education of the health staff and caregivers about the importance of using it.**										
1) Provide training to health staff and care givers in MPA 10 targeted provinces about the importance of the Yellow Card and its use.	GM Coordinator/ NNP		x				HSSP		HC staff receive training and can provide education to care givers.	Training included in MPA 10 training.
2) Support the health staff at all levels of MPA 10 targeted provinces, to develop a referral system for children needing specific support.	GM Coordinator/ NNP/PHD & OD NFP		x				HSSP		Referral system set up.	Health staff at all levels receive assistance to set up referral system.
3) In collaboration with health staff at all levels of MPA 10 targeted provinces, to develop and train on an appropriate recording & reporting system for GM and growth promotion activities.	GM Coordinator/ NNP/PHD & OD NFP		x				HSSP		Health staff able to use recording and reporting forms.	Training included in MPA 10 training.
(MPA 10 and GM/GP) Objective 3: To increase coverage of nutrition interventions to reach 80% of the rural population through fixed facility and outreach services.										
1) Ensure HC staff receive support to conduct outreach services (i.e. per diem and transportation)	GM Coordinator/ NNP/PHD & OD NFP		x	x	x		HSSP		HC staff receive budget to conduct outreach services.	Budget included in the provincial AOP.
2) Follow up and facilitate support necessary for health staff at different levels, to prepare & submit a report on nutrition activities through the HIS plus specific reporting to NNP, using the specific reporting format developed for MPA 10 activities. NNP in turn provide feedback & technical assistance to PHD, OD and HC staff every three months.	GM Coordinator/ NNP/PHD & OD NFP		x	x	x		HSSP		Report received by HIS and NNP and feedback from NNP provided to health staff at different levels.	Reports prepared by different levels.

(MPA 10 and GM/GP) Objectives 4: To strengthen the capacity of the national, provincial, and OD levels to be able to plan and monitor/evaluate MPA 10 activities.										
1) Develop and finalize Annual Operational Plan (AOP) for 2005 and ensure that targeted provinces include nutrition activities in their AOP.	GM Coordinator/ NNP/PHD & OD NFP	x					HSSP		AOP finalized.	Meeting with target provinces to finalize the AOP conducted.
2) Conduct a review workshop with the first three MPA 10 targeted provinces to discuss successes, constraints, and lessons learned.	GM Coordinator/ NNP/PHD & PHD NFP	x					HSSP		Lessons learned shared and used for future MPA 10 training and implementation.	Workshop organized and conducted.
3) Conduct a planning workshop with three new MPA 10 targeted provinces for 2005 (S'Treng, Kratie, Preah Vihear) to plan MPA10 training & activities & agree the Health Management Agreement between the NNP and the province (working agreement to include period covered, responsibilities of parties involved, process, coverage, results indicators).	GM Coordinator/ NNP/PHD & PHD NFP	x					HSSP		Each target province prepare their MPA 10 training and implementing plan. Health Management Agreement agreed and signed between NNP and PHD.	Workshop organized and conducted.
4) In collaboration with PHD/OD NFPs, monitor the implementation of MPA 10 activities in the selected six provinces for 2004-2005.	GM Coordinator/ NNP/PHD & OD NFP		x	x	x		HSSP		Monitoring conducted.	Monitoring system and plan set up.
5) Provide encouragement and support to PHD/OD staff to conduct monitoring of activities at HC and during outreach services.	GM Coordinator/ NNP/PHD & OD NFP		x	x	x		HSSP		PHD and OD staff conduct monitoring at HC and community levels.	Communication and support provide to PHD and OD staff.

Key Area of Work 2: Behavioural Change

Activities	Who	When				Resources			Output	Means of Verification
		Q1	Q2	Q3	Q4	GV	NGO/IO	User Fees		
(VAD) Sub-objective 1: To increase demand for VACs nationwide and to promote community participation during VAC distribution										
1) Coordinate with provincial and OD NFPs to conduct monitoring of health education sessions conducted by Village Health Support Groups (VHSG) in their villages. Encourage HC staff and VHSGs to conduct health education sessions concerning VAD and VAC distribution with PPM and care givers of children under five years of age.	VAD Coordinator/NNP/PHD & OD NFP	x	x	x	x		UNICEF/ HKI/ Partners		HC staff & VHSGs equipped & able to conduct health education sessions. Monitoring of these activities conducted.	Good working relationship set up with provincial/OD nutrition focal point & other partners.

2) With partners, broadcast the four existing TV spots and three radio spots one month before VAC distribution months and during distribution months in March and November and collaborate with partners to develop a new TV spot to promote outreach activities (VAC distribution and de-worming).	VAD Coordinator/ Partners	x			x		UNICEF/ HKI/ Partners		TV & radio spots broadcast during required periods. The new TV spot finalised	Liaise with partners on funding for broadcasting of radio & TV spots. Work with partners on content of TV spot.
3) Coordinate with the provincial and OD NFPs to ensure that each HC inform VHSGs and village chief in advance about the outreach schedule, especially during March and November.	VAD Coordinator/ PHD & OD NFP	x			x				VHSGs & village chief informed in advance about outreach schedule.	Good working relationships set up with provincial/OD nutrition focal point & other partners.
4) Distribute IEC materials to seven UNICEF supported provinces (Svay Reing, Prey Veng, Kampong Speu, Stung Treng, Kampong Thom, Odor Meanchey, and Kandal) and five HKI supported ODs (Kirivong, Batie, Daunkeo, Thmar Kul, and Thmar Pouk,) Materials should be used by HC staff and VHSGs when conduct health education sessions in the community.	VAD Coordinator/ Partners	x			x				IEC materials distributed & used appropriately.	NNP liaises with partner organisations & PHD/OD NFPs on distribution of materials & guidance on use.
I. Iron/folate supplementation program for pregnant women: **(IDA) Objective 3: To increase demand for iron/folate supplementation among pregnant and postpartum mothers (PPM).**										
1) Assist the consultant to conduct a qualitative study on women's perception of anemia and iron/folate supplementation (planned for 2005). The findings of the research and existing information from other relevant studies (e.g. HKI's Formative Research), will be used to develop a communication strategy and BCC materials to increase demand for iron supplements among women.	NNP/IDA Coordinator	x							Report on results submitted and communication strategy & materials developed & available.	The qualitative research conducted. Results shared with partners. Communication strategy and IEC/BCC materials developed.
2) Test the new communication strategy and BCC materials to improve IDA problems among pregnant and PPM.	NNP/IDA Coordinator/PHD/ OD/HC/ Partners		x						Anemia prevalence among pregnant and postpartum mothers improved.	The study to test the new strategy conducted.
(IDA) Objective 9: To promote adequate diets for pregnant women, postpartum mothers, WRA, and preschool and school age children including iron rich foods through the food based approach, such as homestead food production.										

1) As part of the health education, encourage HC staff, VHSGs, and school teachers to promote the use of locally available iron rich foods to improve dietary intakes for iron among pregnant women, PPM, and preschool age children.	IDA Coordinator/NNP/ Partners	x	x	x	x				HC staff, VHSGs, and school teachers regularly promote the use of iron rich foods.	HC staff, VHSG, and school teachers given health education on locally available iron rich foods.
2) In collaboration with NGOs and other organizations support food based programs, especially issues related to nutrition education. Food based programs should be integrated into and implemented with other IDA prevention and control programs, bringing strategies and activities together in one area (supplementation, fortification, homestead food production, MPA 10 etc).	NNP/IDA Coordinator/ Partners	x	x	x	x				Agencies working on homestead food production and nutrition education received technical support.	Support provided to agencies conducting homestead food production and nutrition education.
(VAD) Objective 3: To promote appropriate diets for pregnant women, postpartum mothers, and children under five years of age, including vitamin A rich foods.										
1) As part of the health education, encourage HC staff and VHSGs to promote the use of locally available vitamin A rich foods to improve dietary intakes of vitamin A among pregnant women, PPM, and preschool age children.	VAD Coordinator/NNP/Partners	x	x	x	x				HC staff & VHSGs routinely promote vitamin A rich foods.	HC staff & VHSG given health education on local vitamin A rich foods.
(IDD) Objective 3:To increase awareness and knowledge on the importance of iodized salt and increase demand of iodized salt among community members, in order to increase household use of iodized salt.										
1) Support iodized salt promotion in communities in WVC areas (Kg Thom, Kg Chhnnang, Takeo, Kandal, Kg Spue, Preah Vhear)	IDD Coordinator/ Partners	x	x	x	x		WVC/ Partners		HC staff, VHSGs, and school teachers regularly promote the use of iodized salt.	HC staff, VHSG, and school teachers given health education on importance of iodized salt.
2) Develop additional IEC materials on IDD (both electronic and printing materials, supported by UNICEF).	IDD Coordinator/ Partners		x		x		UNICEF Partners		Additional IEC materials developed.	NNP and partners develop and produce new IEC materials.
3) Continue to use existing IEC/BCC materials, both printed and mass media.	IDD Coordinator/ Partners	x	x	x	x		UNICEF Partners		TV spots broadcasted and printing materials used in health education sessions.	Existing materials used, both mass media and interpersonal materials.
4) With partners, organize and conduct the National IDD Day in 2005 (supported by UNICEF).	NSCIDD/ IDD Coordinator/ Partners						UNICEF Partners		IDD day conducted	IDD day organised.
II. Weekly iron/folate supplementation for women of reproductive age **(IDA) Objective 6: To improve knowledge about IDA and demand for weekly iron/folate supplementation among secondary schoolgirls.**										

1) Continue to use IEC/BCC materials that have been tested during the pilot program in 2001-2002.	IDA Coordinator/ HC/school teachers/ class leaders		x	x	x		HSSP		IEC/BCC materials used by HC staff, school teachers, class leaders for health education sessions.	IEC/BCC materials reprinted.
2) Continue to pack the supplements in blister packaging, four tablets per pack and use the same outside box that has been tested during the pilot, unless there is a new recommendation from the new social marketing strategy. When developing the social marketing strategy, the NNP and partners should re-examine the appropriate cost of the supplements to sell to WRA.	NNP/IDA Coordinator	x	x	x	x		HSSP		The supplements is attractive and coverage and demand for them	WIF supplements packed in blister packaging.
3) Support the conducting of health education sessions with secondary school girls, by school teachers, HC staff, and class leaders.	HC staff, school teachers and class leaders		x	x	x		HSSP		School girls receive education. Knowledge among school girls improved.	Health education sessions conducted regularly.
(IYCF) Sub-objective 5: To improve IYCF practices through the use of a communication strategy, including mass media and behavior change communication (BCC).										
1) Develop the communication strategy for IYCF. A consultant will be recruited to assist in the development of the strategy. Additional formative research may be required to provide sufficient information for the development of communication strategy.	NNP/Partners	x					WHO/ LINKAGES		Strategy shared and used by partners.	Consultant recruited, research conducted, and strategy developed.
2) Continue to support the use existing mass media and interpersonal materials to promote, protect, and support breastfeeding.	NNP/Partners	x	x	x	x		UNICEF/ Partners		BF practices improved by increasing aware and knowledge among population.	Existing materials disseminated through different channels.
3) Develop new materials as necessary according to the recommendations stated in the communication strategy.	NNP/Partners		x	x	x		UNICEF/ Partners		BF practices improved by increasing aware and knowledge among population.	New materials developed and disseminated through different channels.
4) With partners, continue the annual celebration on World Breastfeeding Week in August.	NNP/Partners			x			UNICEF/ Partners		BF practices improved by increasing aware and knowledge among population.	World Breastfeeding Week conducted at all levels.
5) Conduct hotline and round table discussions on radio and TV related to BF and CF.	NNP/Partners			x			UNICEF/ Partners		BF practices improved by increasing awareness and knowledge among population.	Hot line and round table discussions conducted on radio and TV.
6) Monitor advertisement of products for IYCF on TV and radio, conducted by line ministries, using monitoring tool.	NNP/Partners	x	x	x	x		UNICEF/ Partners		Appropriate actions taken to stop miss-leading advertisement.	Motoring of advertisement of products for IYCF conducted.

7) Conduct assessment of the impacts of educational materials with target audiences and use findings to improve the materials and how they are disseminated.	NNP/Partners				x				Results of assessment shared and used to improve materials development and dissemination.	Assessment planned and conducted.
8) Improve coordination with partners on the use and development of educational materials.	NNP/Partners	x	x	x	x				All involved partners use the same strategy and messages.	Communication strategy disseminated and related information shared.
9) Develop clear indicators for CF practices, so that key messages can be developed and used consistently by all involved agencies.	NNP/Partners	x	x						Indicators shared and used among involved partners.	Indicators for complementary feeding developed.
10) With partners, conduct qualitative research to assess CF practices, how to improve them, and field test the recommendations.	Consultant/NNP	x					HSSP		Report of findings prepared and disseminated.	Field research and filed test conducted
11) Use findings of the field research to modify the current child feeding recommendations as needed.	Consultant/NNP		x				HSSP		The modified feeding recommendations shared and available.	Current feeding recommendations modified.
12) Use findings of the field research to provide recommendations on development of effective BCC materials to improve CF practices	Consultant/NNP		x				HSSP		Recommendations available for all partners.	Recommendations developed.
13) Develop new IEC/BCC and mass media materials on CF, as recommended.	NNP/Partners			x	x		UNICEF/ Partners		IEC/BCC materials available for use by partners.	IEC/BCC materials developed.
14) Disseminate existing and new materials on CF through mass media and interpersonal education.	NNP/Partners				x		UNICEF/ Partners		IEC/BCC materials used by partners.	IEC/BCC materials disseminated through different channels.
(IYCF) Sub- objective 2: To improve IYCF practices at the community level through the establishment of the Baby friendly Community Initiative (BFCI), by increasing the proportion of villages establish BFCI.										
1) Develop a clear guideline on procedure and steps in introducing, implementing, monitoring and evaluating BFCI.	Consultant?	x	x						Guideline shared and used by all partners	Guideline on procedure and steps developed, using findings from the above study.
2) Set clear indicators to measure the initiative process and impact.	IYCF Coordinator/ NNP/Partners	x	x						Set of indicators shared and used by all partners.	Indicators developed and agreed by all partners.
3) Develop and test simple and practical curriculum and lesson plans for community health workers towards Baby Friendly Communities, using recommendations from the consultancy. Select target villages according to availability of support.	Consultant?/ Partners		x	x			UNICEF/ WHO/ Partners		Simple curriculum and lesson plans used by partners.	Curriculum and lesson plans developed, using findings from the study.

4) With partners, identify community health worker (CHW) who will be the focal point for the implementation of the initiative.	IYCF Coordinator/ NNP/Partners		x						CHW selected as focal point for BFCI.	Criteria for selection of CHW developed.
5) With partners, identify village support group who will provide support to CHW, mothers groups, and mothers related to BFCI.	Partner/HC Staff		x						Village support group selected.	Criteria for selection of village support group developed.
6) Facilitate the formation of mothers groups and identify a group leader to facilitate group meetings and activities.	Partner/ HC Staff		x						Mother groups formed.	Role and responsibilities of mother group developed.
7) Conduct training for involved health staff and selected CHW and village support group, so that they will be able to provide training & support to the mothers groups.	Partner/ Trainers from PHD/OD			x					Health staff, CHW, and village support group received training and have appropriate knowledge and skills.	Training conducted.
8) Supervise CHW and/or mothers group leaders in conducting breastfeeding counseling with mothers of newborns through home visits and during meetings.	CHW/ Mother Group's Leader			x	x				Mothers of newborn babies received counseling.	Breastfeeding counseling conducted during home visits and meetings.
9) Support CHW and/or mothers group leaders to conduct complementary feeding counseling with mothers of children age 6 month and older through home visits, food demonstration, and during meetings.	CHW/ Mother Group's Leader			x	x				Mothers of young children received counseling and able to practice preparing complementary food.	CF counseling and food demonstration conducted during home visits and meetings.
10) Develop and use a monitoring checklist to monitor the progress of the BFCI and provide feedback to the CHW and community support group.	CHW/ HC Staff			x	x				Feedback on results of monitoring provided to CHW and community support group.	Monitoring conducted by CHW and HC staff as planned, using checklist.
11) Assess the impact of the initiative against set indicators.	PHD/OD/NNP/ Partner				x				BFCI assessed and results shared with partners.	Assessment conducted according to plan and indicators.
(IYCF) Sub-objective 3: To improve breastfeeding counseling (BFC) and complementary feeding counseling (CFC) at HC level by increasing the proportion of HC with health staff that have basic knowledge and skills on BFC, including MPA 3/IMCI and MPA 10, and by increasing the proportion of HC with all midwives with advanced knowledge and skills in BFC and CFC.										
1) Conduct training of trainers from PHD and OD on BFC and CFC in target MPA 3 and 10 provinces, so that trainers also receive training on BF and CF as part of the modules.	BF Core Trainers/ NNP	x	x	x	x	PAP	HSSP/WB UNICEF/ WHO/ Partners?		Trainers from PHD/OD have adequate knowledge and skills to train others.	Training conducted for PHD/OD trainers.
2) Facilitate trainers conducting training on BFC, CFC, MAP 3, and MPA10 to HC staff.	PHD/OD Trainers		X	X		PAP	HSSP/WB UNICEF/ WHO/ Partners?		HC staff have appropriate knowledge and skills to counsel and educate mothers.	Training conducted for HC staff.

3) Facilitate trainers conducting training on BFC and CFC with practice sessions to all midwives working in HC.	PHD/OD Trainers		X	X		PAP	HSSP/WB UNICEF/ WHO/ Partners?		Midwives have appropriate knowledge and skills to counsel and educate mothers.	Training conducted for midwives.
4) Facilitate midwives and/or HC staff in providing BFC and CFC to mothers of infants and young children.	Midwives/HC Staff			X	X				Mothers receive counseling, which help them improve BF practices.	Counseling conducted for mothers of infants and young children.
5) Facilitate midwives and HC staff in conducting health education sessions related to BF with pregnant women attending ANC.	Midwives/HC Staff			X	X				Pregnant women receive health education, which help them better prepare for BF.	Health educations conducted for mothers of infants and young children.
6) Facilitate midwives and HC staff in conducting health education sessions related to BF and CF, with mothers of infants and young children attending HC, using IEC/BCC materials.	Midwives/HC Staff			X	X				Mothers receive health education, which help them improve BF practices.	Health educations conducted for mothers of infants and young children.
7) Facilitate midwives/HC staff conducting BFC and CFC training for community health workers and provide support to them, especially geographical areas where BFCI is being implemented.	Midwives/HC Staff			X	X				CHW receive training and support to work with mothers in village.	Training and support provided to CHW.
8) Liaise with PNFP/ODPNF to ensure HC chief prepares monthly reports on activities conducted related to BFC, CFC, and health education sessions and submit to OD, OD to PHD, and PHD to NNP.	HC Chief/OD/PHD Nutrition Focal Points			X	X				NNP updated on IYCF activities conducted at provincial level.	Reports prepared and submitted to higher levels.

9) The NNP will work with the PMTCT program to continue to provide training on HIV and Infant Feeding to PMTCT counselors. The PMTCT working group will develop training plan and take lead in conducting the training, therefore the NNP does not include this training in this plan of action.

Key Area of Work 3: Quality Improvement

Activities	Who	When				Resources			Output	Means of Verification
		Q1	Q2	Q3	Q4	GV	NGO/IO	User Fees		
No activities										

Key Area of Work 4: Human Resource Development

Activities	Who	When				Resources			Output	Means of Verification
		Q1	Q2	Q3	Q4	GV	NGO/IO	User Fees		
(General Nutrition) Objective 2: Promote professional development and ability of NNP staff through identification of training needs and attendance of training as funds become available, and exposure to wider experiences.										
1) Conduct training needs assessment/Functional Analysis for all NNP staff and identify/plan relevant action.									Training plan developed relevant to needs.	Functional analysis completed.
2) Staff to take part in study tours as appropriate.									Enhance staff capacity	Appropriate tours identified & attended
3) Staff to continue to attend English language training and computer training courses.									Improved knowledge & ability of NNP staff	Courses attended
4) The NNP Manager attends a part-time local course: Masters in Public Health									Improved knowledge & ability of NNP Manager.	Courses attended/completed
(IYCF) Sub-objective 4: To improve midwives and doctors' knowledge and skills related to IYCF through pre-service training.										
1) Continue including BFC module in midwifery training curriculum.	IYCF Coordinator/NNP/ Partners	x	x	x	x				Newly trained midwives qualified in providing BFC.	Training of midwives continued.
2) Collaborate with the Safe Motherhood (SM) Program to include BFC and CFC modules in midwifery training curriculum (CPA training)	IYCF Coordinator/NNP/ SM/Partners	x	x						Newly trained midwives qualified in providing CFC.	CFC module included in midwifery training curriculum.
3) Work with IMCI to include BFC, CFC, and BFHI in the medical curriculum.	MoH Key Policy Makers and Medical Faculty		x	x	x				Newly trained doctors qualified in providing BFC, CFC, and have knowledge about BFHI.	Curriculum developed and included in medical curriculum.
I. Iron/folate supplementation program for pregnant women: **(IDA) Objective 2: To improve knowledge about IDA and iron/folate supplementation for pregnant & PPM among health staff.**										
1) Work with MTWG to finalize and print the IDA leaflet for HC staff to improve their knowledge about IDA and how to provide iron/folate supplements to pregnant and PPM.	NNP/MNTWG	x	x						Leaflet printed and distributed.	Leaflet reviewed and finalized by NNP and MNTWG.
2) Conduct training to health staff on IDA and iron/supplementation for pregnant and PPM.	NNP/IDA Coordinator		x	x	x				Health staff improve knowledge and know how to distribute the supplements.	Training on IDA and iron/folate supplementation provided to health staff at different levels.

II. Weekly iron/folate supplementation for women of reproductive age **(IDA) Objective 5: To improve knowledge among health staff, Provincial Office of Education (POE), school teachers and class leaders, about weekly iron/folate supplementation (WIF) and its distribution.**										
1) Conduct training of trainers for PHD, POE, and OD.	NNP/IDA Coordinator		x				HSSP		Health staff , POE, school teachers, and class leaders improve knowledge and know how to distribute the WIF supplements.	Training on IDA and WIF supplementation provided to health staff, POE, school teachers, and class leaders.
2) Assist the trainers in conducting training of HC staff, school teachers, and class leaders on IDA and WIF supplementation and distribution for school girls.	NNP/IDA Coordinator/ Trainers		x	x			HSSP		HC staff, school teachers, and class leaders improve knowledge	Training on IDA and WIF provided to HC staff, school teachers, and class leaders.
(IDD) Objective 2: To increase awareness and knowledge among health staff and local authorities on the effects of IDD, especially related to low intelligence, poor learning capacity, and productivity.										
1) Organize and conduct training of trainers of health staff from PHD and OD levels on IDD and the importance of iodized salt in Koh Kong, Pursat Svay Reing, Takeo (supported by PAP), and in Preach Vihear, Stung Treng, and Karteie as a part of MPA 10 training (supported by HSSP)	IDD Coordinator/ NNP/UNICEF	x	x			PAP	HSSP		Trainers from each province (PHD & OD), will receive training.	Training organised & completed.
2) Facilitate training of HC staff conducted by trainers from PHD and OD on IDD and importance of iodized salt in provinces mentioned in 1) above.	IDD Coordinator/ NNP/UNICEF		x			PAP	HSSP		Five health staff from each HC will receive the training.	Training organised & completed.
3) Provide training on IDD and goiter survey to partner members working in Kampong Thom and supported by World Vision – Cambodia (WVC).	IDD Coordinator/ NNP/WVC						WVC		Survey teams receive training.	Training organised & completed.
4) Strengthen IDD program as a part of school health (primary school) through refresher training of school teachers in MPA 10 targeted provinces.	IDD Coordinator/ NNP/MoEYS		x	x					School teachers receive refresher training.	Training organised & completed.
(MPA 10 and GM/GP) Objective 1: To improve the quality of nutrition interventions, protocols, and counseling messages delivered at fixed facility services (e.g. at HC) and during outreach services by improving knowledge and skills in MPA 10 among health staff responsible for child health, prenatal, postnatal, and outreach. **Objective 2: To strengthen the capacity of the national, provincial, and OD levels to be able to provide training and technical assistance to health staff responsible for delivering nutrition interventions.**										
1) NNP staff conduct training of trainers for health staff at provincial & OD levels, after which the trainers, with support from the NNP, will conduct training of HC staff, including field practices.	GM Coordinator/ NNP/ PHD/OD	x	x						PHD/OD staff trained by NNP and HC staff trained by PHD/OD trainers.	Plan & conduct ToT with PHD/OD. PHD/OD trainers plan and conduct training for HC staff.
2) NNP staff distribute a pair of weighing scales to each HC, and MPA 10 training manuals and	GM Coordinator/ NNP/ PHD/OD		x						HC receive manual, promotional materials &	Distribution of materials to HC organised.

promotional T-shirts to health staff.									scales.	

Key Area of Work 5: Health Financing

Activities	Who	When				Resources			Output	Means of Verification
		Q1	Q2	Q3	Q4	GV	NGO/IO	User Fees		
(General Nutrition) Objective 3: Ensure effective implementation of NNP work plan by preparing reports/documents as required by MoH and other rganizations, using correct format and following guidelines.										
1) Develop and update rolling plan (2005-2007) and submit by due date (May 2005).	NNP	x							Rolling Plan completed	Plan completed by due date (May 04)5
2) Develop and update annual operational plan (AOP) and organize approval.	NNP	x							Annual Plans completed & approved.	Plans developed early in the year with updates mid year & end of year
3) Develop Health Service Support project (HSSP) AOP for 2006 and submit by due date.	NNP		x						HSSP Annual Operational Plan developed	Plan completed & submitted by due date
4) Develop Priority Activity Program (PAP) annual operational plan for 2006 and submit by due date.	NNP		x						PAP Annual Operational Plan developed	Plan completed & submitted by due date
5) Develop the annual Public Investment Plan (PIP) (along side other members of IMTC).	NNP		x						NNP input into PIP	Annual updates completed by due date.
6) Submit quarterly financial plans to access World Bank (WB) funds, including stationary and other equipment.	NNP	x	x	x	x				Functioning HSSP Plan	Plan submitted & WB funds requested & accessed.
7) Give annual feedback to Planning Department on Health Information System (HIS) and liaise with the Planning Department to ensure that the new HIS forms related to iron/folate supplementation, are used by all levels and the report on the coverage of iron/folate supplementation for pregnant and PPM is available at the Planning Department (HIS).	NNP		x		x				HIS form revised and finalized. Forms used by different levels.	NNP receives report related to nutrition from HIS and provides feedback to Planning Department
8) Submit funding proposals to potential donors (as identified)	NNP		x						Proposal submitted to potential donors.	Proposal developed.
9) Conduct baseline survey in MPA 10 targeted provinces.	NNP/MoH	x					HSSP (20,000)		Baseline survey report.	Relevant surveys developed & completed in MPA 10 provinces.

(VAD) Sub-objective 3: To improve knowledge and skills for health staff in VAD and VAC distribution management, monitoring, and reporting.										
1) Conduct training of trainers from provincial and OD levels in five HKI's support ODs (Kirivong, Batie, Daunkeo, Thmar Kul, and Thmar Pouk) and assist in the training of HC staff on outreach guidelines with focus on VAC distribution and de-worming in seven UNICEF's supported provinces (Kandal, Kg. Speu, Svay Reing, Prey Veng, O. Meanchey, Stung Treng, K. Thom) Following with assisting the trainers to conduct training of HC staff and VHSGs in the five HKI's support Ods as mentioned above.	NNP/UNICEF/ HKI	x							Training of trainers completed. (Approx 4 persons per PHD & OD)	NNP & partners organise training & conduct.
2) Assist the trainers to conduct refresher training for HC staff and VHSGs in eight HKI's support ODs for 2004 (Tboung, Lech, Chheung, Sre Ambel, Battambang, Sang Ke, Preah Net Preah, and O Chrov).	NNP/ HKI	x							HC staff receive refresher training.	NNP & partners assist trainers in planning/ conducting refresher training.
4) Conduct training for health staff working in hospitals at national level.	NNP		x						HC staff working in national hospitals receive training.	NNP organize and conduct training.
Key Area of Work 6: Institutional development										
Activities	Who	When				Resources			Output	Means of Verification
		Q1	Q2	Q3	Q4	GV	NGO/IO	User Fees		
(General Nutrition) Objective 1: Develop and strengthen integrated approaches to nutrition activities and sharing of resources/skills through collaborative working with a range of relevant organizations and personnel.										
1) Organise and contribute to monthly NNP team meetings to review and discuss work plans, share information and encourage team building.	NNP	x	x	x	x				Optimum team working with recorded minutes.	Regular team meetings being conducted & recorded.
2) Conduct review/planning workshops with key provincial staff and other government staff, NGOs and IOs, to identify strengths and improvements, reflect on constraints and apply lessons learnt when planning in future, and plan the following year activities.	NNP	x		x					Improved effective working relationship between national & provincial level. Increase communication between NGO's & IO's.	Review/planning workshops built into yearly plan, conducted & evaluated.

3) Contribute to annual review and update of Cambodia Nutrition Improvement Plan (CNIP) as well as to the annual progress report of the CNIP.	NNP	x			x				Raise profile of work done by NNP & monitor progress.	Review of CNIP completed annually by NNP.
4) Attend monthly Food Security and Nutrition (FSN) Forum meetings and contribute to FSN website.	NNP	x	x	x	x				Greater collaboration, networking & sharing of information.	Monthly meetings attended. Regular contributions made to website.
5) Contribute to national nutrition related project database being developed by HKI and GTZ – to be stored on FSN website for regular updating.	NNP/HKI/GTZ	x	x	x	x		HKI/ GTZ		Identification and analysis of nutrition-related activities in Cambodia for information, monitoring and better allocation of resources.	Contributions made to project database, including regular updating.
6) Attend the quarterly Inter-ministerial Technical Committee (IMTC) meetings and bi-monthly Sub Co-Com (at NMCHC) meetings.	NNP	x	x	x	x				Attendants have increase awareness of activities of other ministries/ departments	Meetings attended.
7) Organise the monthly MoH Infant and Young Child Feeding (IYCF) and Micronutrient Technical Working Group (MTWG) meetings.	NNP	x	x	x	x				Increased ability of NNP to organise effective meetings	Meetings organised, well attended & minutes taken.
8) Collaborate with Consultants working in the field of nutrition.	NNP	x	x	x	x				External expertise utilised.	Working relationship established with Consultants
(General Nutrition) Objective 4: Support provincial/operational district Nutrition Focal Points (NFP) to develop and implement nutrition activities at provincial level.										
1) Negotiate and set up a regular contact system with the new provincial and OD nutrition focal points (PNFP/ODNFP)	NNP/PHD NFP	x							Communication system effective	Regular contact with provincial/OD focal point
2) Ensure that PNFP prepare and submit reports as required in 'Roles and Responsibilities of PNFP'.	NNP/PHD&OD NFP/ Partners	x	x	x	x				NFPs are able to report on nutrition activities implemented in their province.	NFPs have clear understanding of roles and responsibilities.
3) Liaise with PHD on content and development of Health Management Agreement for HSSP and give feedback.	NNP/PHD	x							Health Management Agreement contains agreed nutrition activities between NNP and PHD.	Contact set up to discuss Health Management Agreement for HSSP.
4) Coordinate with existing Provincial Nutrition Coordination Committee (PNCC) to ensure that they understand and know their roles and	NNP/PHD/PNCC/ Partners	x	x	x	x				Improved relationships between NNP and PNCC. PNCC have	Meeting organized & conducted with PNCC.

responsibilities related to nutrition activities implemented in their province. Assist other partners in capacity building of members of the PNCC.									clear understanding of responsibilities & able to monitor nutrition activities in province.	
(IYCF) Sub-objective 1: To endorse changes in health facility policies and actions through the establishment of Baby Friendly Hospital Initiative (BFHI) by increasing the proportion of health facilities (3-4 per year) recognized as baby friendly per year starting in 2004.										
1) Develop a clear guideline on procedure and steps in selecting, implementing, and monitoring and evaluation BFHI.	IYCF Coordinator/ Partners	x							Guidelines developed and used.	Guideline available for use by relevant partners.
2) Conduct training on Breastfeeding Counseling (BFC) with health staff working in the health facility.	IYCF Coordinator/ Core Trainers		x	x			UNICEF		Health staff receive training and have knowledge and skills.	BFC conducted for relevant health staff.
3) Ensure each health facility identifies BFHI Coordinator to oversee the implementation and monitoring of BFHI and to facilitate the development of own hospital policy guidelines.	IYCF Coordinator/ Director of health facility	x							BFHI Coordinator appointed and now his/her responsibilities.	Director of health facility provided with guidance on how to select BFHI Coordinator appointed.
4) Support implementation of the MoH guidelines or the sub-decree related to the code on breast milk substitute.	Health staff in health facility		x	x	x				Health staff apply the guidelines in their work.	MoH guidelines given and explained to all health staff.
5) Provide support to facilities in adopting the Ten Steps to Successful Breastfeeding.	Health staff in health facility		x	x	x				Health staff adopt the ten steps.	Ten steps given and explained to all relevant health staff.
6) Support health facilities in establishing a lactation clinic to provide follow up support to mothers.	BFHI Coordinator/ Director of health facility		x	x	x				Lactation clinic used by mothers with support from health staff.	Lactation clinic established.
7) Ensure facilities display the simple posters of practical guidelines to support implementation of IYCF policy.	BFHI Coordinator/ Director of health facility		x	x	x		UNICEF		Posters posted in relevant rooms/wards in health facility.	Simple posters developed and printed.
8) Facilitate the erection of billboards in front of the target BFHI, to raise public awareness of the importance BF	IYCF Coordinator/ Partners			x			UNICEF		Billboard displayed in front of target health facility	Billboard produced.
9) Support health facilities in conducting breastfeeding counseling with mothers of newborn babies.	Health staff in health facility		x	x	x				Mothers of newborn babies received appropriate counseling.	Breastfeeding counseling provided to mothers with newborn babies.
10) Provide support to targeted health facilities in conducting health education sessions on breastfeeding with mothers using IEC/BCC materials.	Health staff in health facility		x	x	x				Mothers of young children received appropriate education.	Health education on BF provided to mothers attending health facility.
11) Conduct dissemination workshop to raise awareness on BFHI among staff working in the health facility.	IYCF Coordinator/Director of health facility/ Partners			x			UNICEF		Health staff aware of BFHI and support activities.	Workshop planned and conducted.

12) Conduct regular monitoring and following up activities with the provincial and OD nutrition focal points, to assess the progress of BFHI and provide technical assistance to health staff at these targeted hospitals as needed.	IYCF Coordinator/ Partners	x	x		x		UNICEF		Progress of BFHI assessed and feedback provided to health staff.	Monitoring and follow up activities planned and conducted.
13) Conduct training course on BFHI assessment for health staff working in target BFHI health facilities.	IYCF Coordinator/ Partners				x		UNICEF		Health staff received knowledge and have skills to conduct BFHI assessment.	Training planned and conducted.
14) Oversea the internal and external assessment prior to being awarded baby friendly hospital status.	Health facility and external assessment teams				x		UNICEF		Assessment results used to evaluate BFHI status.	Self and external assessments planned and conducted.
15) Provide support with maintaining the status of each baby friendly hospital.	BFHI Coordinator/ Director of health facility				x				Maintaining plan implemented.	Plan for maintaining the status developed by health facility.
(IYCF) Sub-objective 6: To support the adoption and enforcement of the Sub-decree on Marketing of Products for IYCF.										
1) Liaise with the consultant appointed to review and revise the sub-decree and submit to the MoH for approval.	Consultant	x					UNICEF		Sub-decree approved by MoH.	Sub-decree reviewed and revised.
2) Prior to approval of sub-decree, liaise with the consultant in the dissemination of the proposed sub-decree with line ministries & partners through meetings, mass media,& distribution of the sub-decree.	Consultant/UNICEF /WHO/NNP		x						Support for sub-decree established.	Sub-decree disseminated through different channels.
3) Alongside partners, establish the National Committee on IYCF to oversee the implementation and monitoring of the approved sub-decree. Develop a monitoring tool for monitoring the enforcement of the sub-decree.	UNICEF/WHO /NNP		x				UNICEF/ Partners?		Sub-decree overseen and monitored by the committee.	Terms of reference of the National Committee on IYCF developed and the committee formed.
4) Be aware of the contents of the circulars developed by each line ministry that ensures that the sub-decree is enforced.	Line Ministries			x					Circular disseminated and sub-decree enforced by each ministry.	A circular developed by each ministry.
5) With partners, include roles and responsibilities of the Provincial Nutrition Coordination Committee (PNCC) on monitoring of violations of the sub-decree at provincial level using the monitoring tool.	Line Ministries/ UNICEF/WHO		x				UNICEF?		Sub-decree violations reported by PNCC to the National Committee on IYCF.	Identify and include roles and responsibilities of PNCC regarding sub-decree violations.
6) Keep a record of the violation reports and annual reports (presented to line ministries and partners), prepared by the National Committee on IYCF, and the appropriate actions taken by the different line ministries, for each violation reported.	National Committee on IYCF		x						Annual report prepared and shared with all partners. Violations of the sub-decree decreased.	Reports on violations submitted by PNCC & other health staff & compiled by the committee. Actions taken to improve violations by

										appropriate ministry.
While the sub-decree is under revision and review, the NNP and partners should:										
7) Continue to raise awareness about the draft sub-decree with key policy makers from line ministries through an inter-ministerial workshop. Continue to disseminate the MoH Guidelines: an interim directive including relevant articles from the International Breast milk Substitute (BMS) Code.	UNICEF/WHO/NNP	x	x	x	x		UNICEF/ Partners		Line-ministries aware of the sub-decree and know their roles.	Workshop organized and conducted.
8) Organize and conduct a monitoring and evaluation of code and MoH guideline violations with all PHDs and RHs and to develop a system for reporting of violations	IYCF Coordinator/NNP/ Partners	x	x	x	x				The workshop conducted and violations reported.	Workshop planned and a system is developed and agreed by all.
9) Prepare a bi-annual report on code and MoH guideline violations, using information sent by health staff working at all levels.	IYCF Coordinator				x				Semi-annual report prepared and shared with partners.	Regular report sent by health staff from all levels and used to prepare semi-annual report.
(IYCF) Sub-objective 7: To improve coordination and collaboration between partners involved in IYCF through mutual agreement on the development of policy and work plans and on the monitoring and evaluation of IYCF program activities.										
1) Continue the monthly IYCF TWG meeting to develop and strengthen an integrated approach to improve IYCF program.	IYCF Coordinator/NNP/ Partners	x	x	x	x				Information shared, discussed, and conclusions made.	Monthly meeting conducted.
2) Coordinate with provincial and OD NFP to ensure IYCF activities are included in the Provincial and OD AOP and are implemented as planned.	IYCF Coordinator/ PHD/OD Nutrition Focal Points	x	x	x	x				Report received by the IYCF Coordinator/NNP.	Monitoring conducted.
3) Continue to follow up trainers and participants of BFC training course at the national and provincial level.	IYCF Coordinator/NNP/ Partners	x	x	x	x				Trainers and participants are motivated and receive feedback on how to improve their work.	Follow up activities conducted.
(IDA) Objective 7: To develop national policy for iron supplementation for children under five, primary school children (6-12 years), and WRA.										
1) Continue to conduct field visits to CESVI pilot study.	IDA Coordinator/ NNP	x							Staff of the NNP informed/ updated on the study activities.	Regular field trips conducted.
2) With partners, conduct the National IDA Prevention and Control Workshop in 2005 to: disseminate the results of CESVI's study; present final results of GTZ study: to continue the discussion about the formulation of the national	IDA Coordinator/ NNP/ MTWG/ Partners			x			GTZ/ Partners		National Policy developed.	Workshop conducted. Analysis of results shared and plan of action made.

policy on iron supplementation for preschool age children, primary school children, and WRA.										
3) With partners, develop the national policy on IDA prevention and control, including iron supplementation for the above target groups, fortification, and other related strategies.	IDA Coordinator/NNP/ MTWG/Partners			x	x				National Policy developed.	Relevant data collected and used in the formation of the policy.
4) Submit the national policy to the MoH for approval and adoption.	NNP/IDA Coordinator				x				National Policy approved and adopted by MoH.	National Policy submitted to the MoH.
(IDA) Objective 8: Collaborate with partners to explore effective, feasible iron fortification of culturally acceptable foods.										
1) Assist the three organizations – GTZ/RACHA and International Life Sciences Institute (ILSI) to conduct a feasibility and efficacy study on iron fortification with fish sauce in Kampot province starting end of 2004/ early 2005.	IDA Coordinator/NNP/ MTWG/Partners	x					GTZ/ RACHS/ ILSI		Results of the studies shared with partners.	The study conducted.
2) Use results of the above studies to develop the national policy on IDA prevention and control related to food fortification.	IDA Coordinator/NNP/ MTWG/Partners			x	x				Policy developed.	Results of the studies used in developing the policy.

Ministry of Education, Youth and Sport
Work Plan 2005 for CNIP Implementation

No.	Activities	Expected Output	Location	Responsible	Timframe (month)												Budgets	Remark
					1	2	3	4	5	6	7	8	9	10	11	12		
1	Develop Poster on School Hygiene	Poster on School Hygiene will be developed and distributed to all schools	Countrywide	School Health Dept.		x	x	x									9,100	Supported by UNFPA
2	Finalize School Health policy and distributed to stakeholders	School Health policy will be developed and distributed to stakeholders	Pnhom Penh	School Health Dept.			x	x	x	x							5,705	Supported by UNESCO
3	Monotoring and Evaluation on School hygiene, deworming and other school health	Report of feedback of all activities	Countrywide	School Health Dept.				x	x	x	x						5,668	Supported by UNICEF
4	Trainig of trainers on the prevention of Soil Transmitted Helminthiasis	The training of trainers will be capable to do the cascade training	6 Regional Teacher Training Centers	School Health Dept.				x	x								10,000	Supported by UNICEF
5	Train of trainers on Food security General hygiene and diseases prevention.	The training of trainers will be capable to do the cascade training	6 Regional Teacher Training Centers	School Health Dept.								x	x	x			55,600	
6	Regional Workshop on FRESH	Information sharing and strengthening cooperation among countries.	Siem Reap	School Health Dept.					x								25,646	Supported by UNESCO
																Total budget =	111,719	

Phnom Penh, February , 2005

Senior Minister

Minister of Education, Youth and Sport

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