

**2008 Annual Progress Report on the Implementation of
The National Nutrition Program and
Minimum Package of Activities (MPA) Module 10**

Under the Health Sector Support Project (HSSP)/World Bank

**National Nutrition Program
National Maternal and Child Health Center
Ministry of Health**

January 2008

I. Introduction

The National Nutrition Program (NNP) has received support from the Health Sector Support Project (HSSP)/World Bank for the training and implementation of Minimum Package of Activities (MPA) Module 10 Nutrition Module from 2004 to 2008, completing the first five year phase of the HSSP in 2008. Even though there have been some difficulties in accessing and using funds from the HSSP, the NNP has been able to accomplish most of the planned activities, resulting in high coverage of nutrition interventions/activities (MPA 10) in more than 70% of health centers at the end of 2008. The NNP will continue the training and implementation of MPA Module 10 under the support of the Health Sector Support Program Phase 2 (HSSP2) and support from other development partners in the next five years (2009-2013). During 2008 there were many developments and achievements including:

- The development of the first National Nutrition Strategy 2008-2015
- The development of the Strategic Framework on Food Security and Nutrition in Cambodia 2008-2012
- The finalization of the National Policy on Infant and Young Child Feeding (IYCF)
- The review and finalization of the MPA 10 training manuals
- The review and finalization of nutrition modules (Micronutrients and IYCF) in the revised C-IMCI (Community Integrated Management of Childhood Illness) training manual
- The development and launching of the National Communication Strategy for Vitamin A
- The development of the Implementation Package of the Baby Friendly Hospital Initiative (BFHI) and Baby Friendly Community Initiative (BFCD)
- Conducted an Ad-hoc Anthropometric Survey as part of the response to the soaring food prices
- Conducted and disseminated the findings of the National Representative Survey of Iodine Nutrition and Implementation of Universal Salt Iodization Program in Cambodia
- Conducted a baseline and endline survey on Weekly Iron/folate Supplementation Program
- Conducted a study, supported by World Vision Cambodia on the Prevalence of the Common Causes of Anaemia among Young Children in Four Provinces of Cambodia
- Conducted formative research on Perception about Anemia and Taking Iron/Folate Supplements among Pregnant Women and Postpartum Mothers
- Began data collection for the 27 month study, 'Good Food for Children Study' (in home fortification and IYCF for children 6 – 24 months) in a district of Svay Rieng.

II. Activities/inputs and achievements

a) *Annual Operational Plan (AOP) 2008 and 2009:*

The NNP with support from development partners finalized the NNP Annual Operational Plan 2008 in January 2008. An 'End of Year Review (2008) and Planning (2009) Workshop' was conducted in December 2008. Semi and annual progress reports for 2008 were prepared and submitted to the MoH and HSSP.

The Annual Operational Plan 2009 was prepared and submitted to the HSSP and the Ministry of Health (MoH). The 2009 AOP was prepared based on the new MoH format, in line with strategic areas, components and interventions of the Health Strategic Plan 2008-2015. Most of planned activities will be funded under the Pooled Fund of the HSSP2, with the amount requested increased to more than two times what was requested in 2008 AOP.

b) *National Nutrition Strategy 2008-2015:*

Since August 2007 the NNP with support from development partners has worked on the development of the National Nutrition Strategy. Since then there have been a few revisions with two consultants supported by UNICEF hired to assist with the writing of the strategy document, one for the first draft in 2007 and another one to work on the final draft in 2008. It has been a long participatory process and it is expected that the final version of the strategy will be produced in early 2009. Originally, the strategy included the situation analysis as its first chapter. However, after many discussions, it has been agreed that the situation analysis be separated from the strategy, in order to make the strategy short and precise. Therefore, there will be two separate documents: 1) Nutrition in Cambodia 2008: An Analysis of Nutritional Status, Trends and Responses and 2) National Nutrition Strategy 2008-2015. After the finalization of the strategy which is in line with the Health Strategic Plan 2008-2015, the NNP will develop an action plan for the first three years of the strategy (2009-2011) including costing.

c) Formation of the Nutrition Working Group

The NNP has formed a new working group; the Nutrition Working Group by combining the existing IYCF and Micronutrient Technical Working Groups into one working group. Terms of reference of the working group has been developed and shared with all members of the working group.

d) International meetings/workshops attended by the NNP in 2008:

Staff of the NNP participated in numerous international meetings and workshops in 2008 as below:

- 1) *The 35th Session of the Standing Committee on Nutrition (SCN) Meeting, 3-7 March 2008, Hanoi, Viet Nam.* There were eight participants from Cambodia, including two NNP staff. The main theme of the meeting was *Accelerating the Reduction of Maternal and Child Undernutrition*. The objectives of the meeting was to achieve greater clarity on programmatic implications of the Lancet Nutrition Series and how to accelerate the reduction of maternal and child under-nutrition, including greater understanding of the sort of interventions needed to accelerate the reduction of maternal and child under-nutrition, and guidance on how to monitor and evaluate their implementation. The participation of the NNP staff was supported by the World Health Organization.
- 2) *Infant and Young Child Feeding in Emergencies: Regional Experiences and Challenges in Achieving Optimal Early Response, 10-13 March 2008, Bali, Indonesia.* Two participants were among 100 delegates from 16 countries attended the meeting with support from UNICEF. The objectives of the meeting were:
 - To increase awareness of the importance of Infant and Young Child Feeding in Emergencies (IFE) in the region, including orientation on relevant policy, guidance and key issues in IFE;
 - To identify key constraints to providing early support and protection for appropriate infant feeding practices in emergencies; and
 - To identify strategic directions and practical steps to address these at country and regional levels.
- 3) *Consultation on Strategies for Scaling Up Protection, Promotion and Support of Breastfeeding at Community Level, 28-30 April 2008, Geneva, Switzerland (WHO Head Quarters).* One NNP staff participated in the consultation and gave a presentation on Cambodia Experience in Implementing Baby Friendly Community Initiative (BFCI) and BFCI Implementation Package. The purposes of the consultation included:
 - To review experiences on breastfeeding protection, promotion and support at community level as an integral part of a comprehensive package of child health and nutrition;
 - To summarize lessons learnt and recommendations for national programs for accelerating coverage of sustainable community-level activities on breastfeeding activities within comprehensive infant and young child health and nutrition programs; and
 - To produce a framework for action on community level activities for breastfeeding.
- 4) *Seminar-Workshop: Towards Establishing A Nutrition Surveillance System in the ASEAN, 14-18 July 2008, Manila, Philippines.* Two participants from Cambodia attended the seminar supported by Japan-ASEAN Solidarity Fund and gave a presentation on the Draft Nutrition Surveillance System in Cambodia and the Country Report. The long-term objective of the seminar was to develop a regional network for the exchange of health, nutrition and related information, and best practices among ASEAN member countries and the short-term objectives included:
 - Review progress of nutrition surveillance in the ASEAN Region; and
 - Formulate a Plan of Action for establishment of an ASEAN Nutrition Surveillance System.
- 5) *Experience Sharing Workshop on Expanding Nutrition and Health Achievement Through Necessary Commodities and Education Project, 3-9 August 2008 and Training Course on Behavior Change and Communications on IYCF, 9-16 August 2008, Lilongwe, Malawi.* Five delegates from Cambodia (one from NNP and four from World Vision Cambodia) participated in the workshop and training course with support from World Vision Canada. Cambodian participants gave a presentation on Infant and Young Child Feeding Practices in Cambodia.
- 6) *Training on Breastfeeding Advocacy and Practice: A Regional Outreach Course, 17-29 November 2008, Penang, Malaysia.* One NNP staff participated in the training course supported by UNICEF. Cambodian participants gave a presentation on the Infant and Young Child Feeding Practices in Cambodia with focus on the Implementation of Baby Friendly Hospital Initiative (BFHI) and BFCI and the Implementation of Sub-Decree on Marketing of Products for Infant and Young Child Feeding.

- 7) *Study Tour on How to Train Community Health Workers (CHW) in Home-based Newborn Care, 17-20 November 2008, Maharashtra State, India.* Seven delegates from Cambodia including one from the NNP joined the study tour supported by HSSP through Communicable Disease Control Department.

e) *Consultancies under the HSSP:*

In 2007, the HSSP hired a consultant to assist the NNP in the Baseline Survey on the Weekly Iron/Folate (WIF) Supplementation Program. The baseline survey was conducted in December 2007, but the consultant left the country before the survey was completed. Therefore, data analysis has not been done. In 2008, the National Maternal and Child Health Center has requested the World Health Organization (WHO) for technical support to the NNP to conduct the endline survey of the WIF program. WHO has provided two consultants to assist the NNP in blood analysis, data analysis and report writing for both the baseline and endline surveys. The endline survey was conducted in December 2008 and blood and data analysis will be completed early 2009. Blood analysis of the baseline and endline was performed by the National Institute of Public Health.

The HSSP has hired another consultant to assist the NNP in the Research on Perception about Anemia and Taking Iron/Folate Supplements among Pregnant Women and Postpartum Mothers. The formative research was conducted in May-June 2008, the report will be completed early 2009. Findings of the research will be used in 2009 for the development of the Communication Strategy to Promote the Use of Iron/folate among Pregnant and Postpartum Women.

f) *Revision and development of the nutrition components (Micronutrients and IYCF) as part of C-IMCI:*

Following several consultative meetings, the nutrition components of the C-IMCI has been updated. The NNP has provided feedback to finalize the flipchart on 12 Key Family Practices.

g) *Training Needs Assessment:*

A training needs assessment was conducted with support from two international consultants (Professors in Nutrition from New Zealand and Thailand) to assess the possibility to introduce long-term nutrition training, e.g. Postgraduate Diploma in Nutrition. Recommendations have been submitted to the MoH for consideration. The NNP will continue to discuss with key partners on how to move forward with the recommendations.

h) *Strategic Framework on Food Security and Nutrition in Cambodia 2008-2012:*

The Food Security and Nutrition Technical Working Group, in which the NNP is one of its members, started the development process of the Strategic Framework for Food Security and Nutrition in Cambodia in April 2007. The framework was finalized and approved in May 2008 and disseminated in June 2008.

i) *Nutrition Surveillance System and Ad-hoc Anthropometric Survey:*

Food prices in Cambodia have increased significantly over the last two years, especially in the first six months of 2008. It is expected that raising food prices will have a negative impact on health and nutritional status of poor families, who currently spend as much as 80% of their income on food. The Nutrition Surveillance System Task Team was formed in May 2008, to discuss the possibility to develop and establish the Nutrition Surveillance System in order to monitor the impact of rising food prices on the health and nutritional status of the population, and of planning appropriate actions in the most affected areas and monitoring the effectiveness of nutrition related interventions. The task team members include Council for Agricultural and Rural Development (CARD), Department of Social Planning and the National Institute of Statistics of the Ministry of Planning, the National Nutrition Programme of the MoH, UNICEF, WHO, WFP, FAO, HKI, and A2Z Micronutrient Project. After numerous discussions and debates, the task team agreed that there is an urgent need to conduct an ad-hoc Anthropometric Survey that can provide the most recent data on under-nutrition. The Anthropometric Survey was conducted in November 2008 and data analysis and report writing will be performed in early 2009. The task team will continue to work to realize the agreed upon conceptual framework of the nutrition surveillance system that will include compiling, analyzing, and disseminating existing and available data from different sources; and to finalize institutional arrangements and develop an operational plan for setting-up a Nutrition Surveillance System in Cambodia.

j) *None-communicable Diseases (NCD)*

The NNP has assigned one of its staff to be a member of the NCD Technical Working Group, to develop the National Guidelines on "Diet and Physical Activity" to prevent and reduce incidence and prevalence of non-communicable diseases (NCD).

k) Progress and Achievements:

A. Minimum Package of Activities (MPA) Module 10 – the Nutrition Module:

MPA 10 Training Manuals:

The process of reviewing and revising MPA 10 training manuals began in 2007 and continued through out 2008. The activities included: focus group discussions with PHD/OD trainers and health center staff, the review workshop with key trainers and partners, and the methodology workshop to work on the training methodologies. A consultant supported by A2Z Micronutrient Project had assisted in this review and revision. Following detailed discussions among the NNP and partners, the structure and contents of the manuals have been redefined to include more practice sessions and more active training methodology. The training manuals have also been designed to be more user friendly and supported by six revised 'Job Aids'.

The final draft was used to conduct a Master Facilitators Course with the core national trainers in August 2008 and was further tested with trainers from Provincial Health Department (PHD) and Operational District and health center staff in two operational districts (Takmao and Kien Svay) in Kandal province in September 2008. After the pre-testing, some adjustments were made to finalize the manuals. The new MPA 10 training manuals and Job Aids are in their final stage of layout, design and editing of Khmer translation and will be completed and utilized for MPA 10 trainings in 2009.

Contents of the MPA 10 training package have been used as a reference for the development of the two revised modules on nutrition and job aids, namely micronutrients and infant and young child feeding for community health workers, which are part of the C-IMCI (Community – Integrated Management of Childhood Illness) training package.

Training and Implementation of MPA 10:

Training of the remaining health center staff in three provinces; Banteay Meanchey, Battambang, and Ratanakiri, that had insufficient funds to carry out the activities in 2007, have been completed in 2008. Training of trainers and health center staff in the two new target provinces for 2008 have been completed in Prey Veng province but only 50% of trainers and health center staff of Kandal province were trained in 2008 due to insufficient funds. The training will continue in 2009.

Core Performance Indicators of the National Nutrition Program

N ^o	Core Performance Indicator	Baseline 2006	Achievement 2007	Achievement 2008	Target 2009	Target 2010
1	Number/proportion of Baby Friendly Hospitals	7 (accumulative)	7 (accumulative)	9 (accumulative)	15 (accumulative)	18 hospitals (23%)
2	Number/proportion of Baby Friendly Communities	1,171 villages (accumulative)	2787 villages (accumulative)	3,038 villages (accumulative)	3,700 villages (accumulative)	3,900 villages (30%)
3	Vitamin A coverage for children 6-59 months	79%	88%	R1 80%, R2 66% (not completed)	85%	85%
4	Vitamin A coverage for postpartum women	53%	60%	57% (not completed)	75%	80%
5	Iron/Folate coverage of pregnant women (90 tablets)	69%	63%	65% (not completed)	75%	85%
6	Iron/Folate coverage of postpartum women (42 tablets)	57%	45%	49% (not completed)	75%	85%
7	# or proportion of health centers trained in MPA10 (based on 966 HCs)	131(new) 378= 39% (accumulative)	197(new) 575= 60% (accumulative)	115(new) 690= 71% (accumulative)	121 (new) 811= 84% (accumulative)	162 (new) 973= 101% (accumulative)
8	# of referral and national hospitals managing the treatment of severe malnutrition.	6 (accumulative)	9 (accumulative)	15 (accumulative)	20 (accumulative)	20 hospitals (25%) – based on 80 hospitals

Training and Implementation of MPA 10 from 2004-2008

No	Provinces	Year started	# of ODs	# of HCs	# of Trainers	# of RH staff	# of HC staff	Source of funding
1	Kep	2004	1	4	5	2	16	HSSP
2	Kampot	2004	4	47	20	8	188	HSSP
3	Kg. Speu	2004	3	50	15	6	200	HSSP
Total 2004			8	101	40	16	404	
4	Prey Veng	2005	2	34	16	4	136	UNICEF
5	Pursat	2005	2	31	12	4	156	URC/RACHA/CARE
6	Preah Vihear	2005	1	12	6	2	24	HSSP
7	Stung Treng	2005	1	10	6	2	40	HSSP/UNICEF
8	Kratie	2005	2	22	13	4	44	HSSP
9	Svay Rieng	2005	3	37	16	6	148	UNICEF
Total 2005			11	146	69	22	548	
10	Kg. Thom	2006	3	50	18	6	200	HSSP
11	Kg. Chhnang	2006	3	34	13	4	136	WHO/HSSP
12	Koh Kong	2006	0	12	12	0	0	CARE
	Prey Veng	2006	3	35	0	6	140	UNICEF
	Stung Treng	2006	0	0	0	0	44	HSSP/UNICEF
	Kratie	2006	0	0	0	0	44	HSSP
	Preah Vihear	2006	0	0	0	0	24	HSSP
Total 2006			9	131	43	16	588	
13	B.M. Chey	2007	4	53	20	0	74	HSSP
14	B.T. Bang	2007	5	74	24	0	72	HSSP
15	Pailin	2007	1	5	4	2	22	HSSP
16	Ratanakiri	2007	1	10	6	2	72	HSSP
17	O.M Chey	2007	1	14	4	2	28	UNICEF
18	Siem Reap	2007	3	41	10	6	160	RACHA
	Koh Kong	2007	2	0	0	4	48	CARE
Total 2007			17	197	68	16	476	
19	Kandal	2008	8	89	19	0	213	HSSP
	Prey Veng	2008	2	25	10	4	73	HSSP
	B.M. Chey	2008	0	0	0	15	198	HSSP
	B.T. Bang	2008	0	0	0	1	164	HSSP
	Ratanakiri	2008	0	0	0	0	49	HSSP
Total 2008			10	115	29	20	697	
Total 2004-2008			55 (71%)	690 (71%)	249	90	2,713	Based on 77 ODs & 966 HCs
20	Phnom Penh	2009	4	32				
	Siem Reap	2009	1	19				
21	Takeo	2009	5	70				
Total			10	121				
22	Kg. Cham	2010	10	135				
23	Mondulkiri	2010	1	16				
24	Sihanouk Ville	2010	1	11				
Total			12	162				

B. Infant and Young Child Feeding (IYCF):

1) *National Policy on Infant and Young Child Feeding*

The first National Policy on Infant and Young Child Feeding Practices was approved and adopted by the MoH in 2002. Since then they have been significant improvement in IYCF practices as well as many changes in terms of policies, strategies, and new emerging concerns. With technical assistance from an international consultant supported by UNICEF, the NNP and other development partners have reviewed and updated the National Policy on IYCF in 2008. The new updated policy has broadened the scope of the previous policy to include goal and objectives, coverage and scope, policy guidelines/directives, and implementation mechanism. New guidelines that have been included in the policy included:

- a. Infant and young child feeding in emergencies
- b. Feeding for low-birth-weight infants
- c. Feeding during and after illness
- d. Feeding options for infants and young children of HIV positive mothers
- e. Treatment and rehabilitation of malnourished children
- f. Maternal Nutrition

The National Policy on IYCF has been finalized and translated into Khmer in 2008. Dissemination of the policy will be conducted in 2009.

2) *Baby Friendly Hospital Initiative (BFHI)*

- BFHI Implementation Package has been developed and updated according to the new global criteria for BFHI. The implementation package includes the following items:
 - a) Background and selection criteria
 - b) Training materials that include three new modules: HIV/AIDS, Code of Marketing of Breast-milk Substitutes and Mother-friendly Services, for training of decision makers, maternity and medical staff, and administrators. There are three training courses: 40 hour Breastfeeding Counseling Course for training of trainers from PHD and OD (ideally Nutrition Focal Points) and 20 hour breastfeeding course that includes HIV/AIDS, Code of Marketing of Breast-milk Substitutes and Mother-friendly Services for the training of maternity staff, and the 14 hour course for the training of decision makers and administrators. In addition, there is a half day orientation package for non-medical staff working in health facilities.
 - c) Monitoring and supervision tools (need to be revised)
 - d) Self appraisal/assessment tool
 - e) External assessment and reassessment tool
- A consultant from UNICEF assisted in revising Self and External Assessment Tools and Reassessment Tool. She also introduced the new 20 hour course and assisted in facilitating the training of trainers of this course. Twenty one trainers participated in this training, including national trainers (NMCHC, NNP, Calmette Hospital, Municipality Hospital, and Chamkarmon Referral Hospital) and provincial trainers from Banteay Meanchey, Battambang, Kratie, Kampot, Takeo, Svay Rieng, Prey Veng, Kampong Speu, Kampong Thom, Oddar Meanchey and Stung Treng.
- BFHI expansion plan has been developed, including training (initial & refresher), monitoring, and assessment.
- Conducted self and external assessment of Kampong Thom referral hospital and Municipality referral hospital. These hospitals have passed the assessment and will be accredited as 'Baby Friendly' in 2009.
- Conduct regular monitoring to health facilities implementing BFHI.

3) *Baby Friendly Community Initiative (BFCI)*

- NNP with the support of an international consultant have developed the Baby Friendly Community Initiative (BFCI) Implementation Package. A workshop with PHD staff was conducted to design and develop training modules as part of the BFCI implementation package. A training module for Mother Supported Groups (MSG) was pre-tested. Results were used to finalize other training modules for health staff. BFCI implementation package includes:
 - a) Implementation guidelines
 - b) Curricula and training materials for health staff (national, PHD/OD and HC level) and for BFCI Volunteers
 - c) IEC materials to be used by health staff and BFCI Volunteers, including Mother Support Group (MSG)

- The BFCI and BFHI implementation package will be disseminated in 2009.
- The BFCI flipchart has been developed and finalized. Printing will be done in 2009.

4) *Integrated Infant and Young Child Feeding Counseling Course*

- Translation of training materials has been completed. A training of trainers was conducted with 7 trainers and a training of participants was conducted with 22 health staff from Provincial Nutrition and PMTCT Focal Points from Takeo, Battambang, Stung Treng, Preah Vihear, Kampong Thom, four Regional Training Centers, University of Health Sciences, Prey Veng, and Kampong Chhnang).
- A training plan will be developed with partners in 2009

5) *Communication Strategy for IYCF*

- A workshop 'Review and Finalize the National BCC Strategy for IYCF and Vitamin A' was conducted from 1-2 July 2008. For IYCF, only key messages were developed. The NNP has not been able to develop the whole BCC strategy and will work with the National Center for Health Promotion (NCHP) to develop the BCC strategy using COMBI (Communication for Behavioral Impact) approach in 2009.
- A leaflet on early initiation of breastfeeding within one hour of delivery was developed and printed. A NNP also developed and printed a 2009 Monthly Planner with some key messages on IYCF.
- World Breastfeeding Week was conducted at all levels for a period of one month, from 15 August to 15 September 2008 (some provinces started earlier). Activities included:

At national level:

- An Orientation workshop was conducted with participants from all 24 provinces and 77 ODs. Multi media campaign was conducted with three national TV stations (TV 3, TV 5, and TV Bayon) and three radio stations (FM 95, FM 102, and FM 103); three flights and 20 days per flight (1-20 May, 09 - 28 June, and 1-20 September 2008). Each flight lasts 18 days for TV and 20 days for radio. For TV, 8 spots per days on prime time (spot A twice, spot B twice, spot C 4 times and for radio 6 spots per day. Description of spots:
 - TV spot A: Colostrum (old spot produced by BBC-WST), duration 60 seconds.
 - TV spot B: Exclusive breastfeeding (old spot produced by BBC-WST), duration 60 seconds
 - TV spot C: Skin to skin contact (new spot produced by UNICEF), duration 30 seconds
 - Radio spot A: Colostrum (old spot produced by BBC-WST), duration 60 seconds.
 - Radio spot B: Exclusive breastfeeding (old spot produced by BBC-WST), duration 60 seconds
 - Radio spot C: Skin to skin contact (new spot produced by UNICEF), duration 60 seconds
- Banners and T-shirts were printed and distributed to be used at all levels.
- A leaflet on early breastfeeding and skin-to skin was printed and distributed together with the poster on early breastfeeding developed in 2007.

At provincial and community level:

Social mobilization activities were organized in MPA 10 target provinces and provinces supported by UNICEF and NGOs with participants range from 100-500 people at each location from various targets; pregnant women, lactating mothers, mothers of young children, and local authorities. Activities included speech from VIP, TV and TV spots show, questions and answers, healthy baby competition, and model mothers sharing experiences.

6) *Sub-decree on Marketing of Products for Infant and Young Child Feeding*

- In July 2007, a three day training course on monitoring and enforcement of the Sub-decree was conducted with technical support from IBFAN (International Baby Food Action Networks) consultants. There were 34 inspectors from relevant ministries (Commerce, Health, Information, and Industry) who participated in this training workshop). In April (1-4) 2008, IBFAN consultants assisted in the discussions with the MoH and MoC (Ministry of Commerce) on how to move forward with the enforcement of the Sub-decree. The following are materials developed during this mission:
 - Propose Guidelines for MOH to implement the Sub Decree
 - BFHI Medically Accepted Reasons for Not Breastfeeding
 - Infant who have to be fed Breast Milk Substitute
 - Warning to Company (Warning Letter)
 - Referral to other departments (Letter to other relevant ministry for further action)
 - Circular from Ministry of Health
 - Complaint form

- Monitoring form
 - Organizing at the National level (Paper for helping to conduct Monitoring)
 - Writing a national report
 - Letter of Authority
 - Cambodia Camcontrol Orientation package (This is for Camcontrol Only)
- In October 2008, with support from IBFAN consultants two training workshops were conducted, one for MoH staff (inspectors of DDF (national and provincial level), Department of Hospital, and NNP) and another one for inspectors from MoC (national and provincial level)
 - On 21 November 2008, a MoH Committee was formed to review marketing materials submitted by my companies. Members included:

1. Prof. Tea Kim Chhay (Director of DDF)	President
2. Dr. Chheang Phanna (Deputy Director of DDF)	Vice president
3. Ph. Lim Rattanak (Deputy Director of DDF)	Vice president
4. Mr. Hok Khiev (Deputy Director of Administrative Department)	Member
5. Dr. Pau Ann Sivutha (Chief of Food Safety Bureau)	Member
6. Dr. Ou Kevanna (Manager of NNP)	Member
7. Dr. Chea Mary (IYCF Coordinator of NNP)	Member
8. Mr. Khiev Sothy (DDF)	Member
9. Ph. Ngunon Sokha (Staff of Food Safety Bureau)	Member
10. Ph. Aing Hok Srun (Deputy Chief of Food Safety Bureau)	Secretary

On December 9th 2008 the MoH decided to form a new committee that will be chaired and co-chaired by higher decision makers of the MOH, the members are as below:

1. H.E. Thea Kruey (Under Secretary of State)	President
2. Prof. Koum Kanal (Director of National MCH Center)	Vice President
3. Prof. Tea Kim Chhay (Director of Director of DDF)	Vice President
4. Mr. Hok Khiev (Deputy Director of Administrative Department)	Member
5. Dr. Pau Ann Sivutha (Chief of Food Safety Bureau)	Member
6. Dr. Ou Kevanna (Manager of NNP)	Member
7. Dr. Chea Mary (IYCF Coordinator of NNP)	Member
8. Ph. Ngunon Sokha (Staff of Food Safety Bureau)	Member
9. Ph. Aing Hok Srun (Deputy Chief of Food Safety Bureau)	Secretary

The new committee held the first meeting on 18th December to discuss roles and responsibility of the committee and review the content of "GAIN IQ" and "PEDIASURE" submitted by ABBOTT Company. The committee has agreed that the role and responsibilities of the committee are to verify, provide suggestions/recommendations and approve the content of marketing materials of products for IYCF. As for the review of the materials submitted by ABBOTT, the committee has advised the company to correct the pictures and messages of the TV spot and has rejected the material (ABBOTT cannot use this TV spot). The company will have to revise and re-submit the material for approval again.

7) *HIV and Infant Feeding and HIV and Nutrition*

- The NNP with support from partners and a consultant worked with NCHADS and Prevention of Mother to Child Transmission (PMTCT) program of the NMCHC to include nutrition activities in the proposal for the Global Fund Round 8. NNP has worked with the PMTCT to revise and resubmit the proposal for Global Fund Round 8 as it was rejected.
- The NNP has assigned two staff to be members of the PMTCT Technical Working group.
- With PMTCT and NCHADS, facilitated a National Consultation Workshop on Infant Feeding and HIV/AIDS in June 2008.

8) *Management of Severe Malnutrition*

- The NNP continue to work with the National Pediatric Hospital (NPH) and Communicable Diseases Control Department (CDC) to conduct training in the management of severe malnutrition and to assist hospitals where staff have already received training to implement activities following the training. In 2008 two refresher training courses were conducted for nine hospitals as below:

No	Province	OD	Hospital	# health staff trained
1	Phnom Penh	National	NPH	14
2	Siem Rieng	Siem Rieng	Siem Rieng	9
3	Kampong Cham	Kampong Cham	Kampong Cham	13
4	Stung Treng	Stung Treng	Stung reng	6
5	Bantey Meanchey	Mongkol Borey	Monkol Borey	11
6	Kampot	Kampot	Kampot	10
7	Takeo	Takeo	Daun keo	11
8	Kratie	Kratie	Kratie	9
9	Kandal	Ta Kmao	Chey Chumnas	2
Total staff received refresher training				85

- A one day orientation workshop on the management of severe malnutrition was conducted for participants from 14 provinces for staff from hospitals that had not received training (each provinces has at least one hospital that has received the training). A total of 84 people participated in the workshop, including 74 health staff from 36 Referral Hospitals that have not received training on management of severe malnutrition, IOs/NGOs, Department of Drugs and Food, CDC, Friendship Soviet Cambodia Hospital, Health Information System, NPH and NNP. The main objectives of the workshop were:
 - a) To increase awareness on the current activities and provide a progress report on the implementation of the management of severe malnutrition from 2006-2007.
 - b) To present a brief explanation of the existing protocols and guidelines on the management of severe malnutrition.
 - c) To share experience from hospitals that have not yet received the training on their current activities related to the diagnosis, treatment/care, and follow up, and constraints they have faced related to management of severe malnutrition (Kwashiorkor and Marasmus)
 - d) To present existing tools for diagnosis, and provide information on appropriate emergency treatment prior to referring to the nearest hospital that is currently managing severe malnutrition. Participants will have the opportunity to discuss local activities that can help to improve their diagnosis and referral process and activities in managing severe malnutrition.

It was found that the one day workshop did not allow enough time for training on the emergency management of severe malnutrition prior to referral to trained sites/hospitals. It was suggested that the orientation workshop be conducted over two days, to allow sufficient time to provide training to the hospitals not trained in severe malnutrition to be able to provide emergency management prior to referral.

- Monitoring and supervision activities were conducted with 13 hospitals, three times per year for newly trained hospital and twice a year for already established hospitals.
- A two day review workshop to share experiences was conducted from 28-29 November with all 15 hospitals implementing the management of severe malnutrition with 7 PHD's representatives, and NGO's (5) with a total of 67 participants. The main objectives of the workshop included:
 - a) To present achievements of the management of severe malnutrition in 2008.
 - b) To share best practices about follow-up after patient discharged.
 - c) To present how to conduct food cooking demonstrations before discharge from pediatric wards and to discuss who should be involved in the activities (e.g. nurse, mother, caretaker).
 - d) To discuss reporting guidelines for the management of severe malnutrition.
 - e) To discuss how to analyze the weight gain between admission and discharge.
 - f) To discuss how to encourage the mother to bring the child back to the hospital for monitoring.
 - g) To facilitate a field visit to Angkor Hospital for Children to review monitoring of severe malnutrition.

All 15 hospitals reported and shared their experiences on the implementation of the management of severe malnutrition. Some hospitals reported good success in their management with increased child weight gain and survival. However, there were many constraints that all the hospitals experienced including: lack of staff motivation, poor financial support, lack of equipment, and restricted or no space to prepare the feeds and lack of support for food demonstrations. The constraints that were prioritized and resolutions included exploring a financial incentive for the staff to improve their motivation. It was also suggested that staff should try and include nutrition finances in the hospital annual budget planning and in addition when possible NGO support should be requested. The NNP has included in their 2009 AOP the request for the procurement of F 75, F 100, and ReSoMal from UNICEF discrete fund. As a result, difficulties related to the procurement and preparation of the feeds will be much simplified.

- The NNP has received 24 cans of Combined Mineral and Vitamin (CMV) from WHO. Supplies, including powdered milk, cooking oil, sugar and CMV have been distributed to hospitals implementing the management of severe malnutrition.
- With support from the Clinton Foundation and UNICEF, a workshop was conducted in May to review the first 6 months implementation of the Initial Demonstration of 'Plumpy Nut' for the Treatment of Acute Malnutrition (AM) in four selected sites; National Paediatric Hospital, Chey Chumneah Referral Hospital, TASK, and Svay Rieng Referral Hospital. It was recommended that the demonstration be extended till the end of 2008.
- A Joint WHO/UNICEF Mission to Cambodia on Management of Severe and Acute Malnutrition was scheduled for 3-11 December 2008. The main purpose of the joint mission was to assist the NNP with assessing the current system and interventions for management of severe and acute malnutrition and development of recommendations on the way forward. However, due to problem in Bangkok International Airport in December 2008, the mission has been postponed to 2009.

Number of staff received training on the Management of Severe Malnutrition 2003-2008

No	Hospital	2003	2005	2006	2007	2008 Refresher Training
1	National Pediatric Hospital	11	1	12	14	14
2	Angkor Children Hospital	2	2	1	2	0
3	Svay Rieng	2	3	5	0	9
4	Kratie	2	3	6	3	9
5	Stung Treng	2	3	6	1	6
6	Mongkul Borey	2	3	7	0	11
7	Kampot	0	3	6	6	10
8	Takeo	0	3	6	6	11
9	Kampong Cham	0	3	7	8	13
10	Kampong Thom	0	0	0	8	0
11	Battambang	0	0	0	9	0
12	Preah Vihear	0	0	0	8	0
13	Sihanouk Ville	0	0	0	8	0
14	Pursat	0	0	0	8	0
15	Prey Veng	0	0	0	8	0
16	Ta Kmao	0	0	0	2	2
	CDC	3	0	0	0	0
	NNP	3	1	5	0	0
	Total	27	25	61	89	85

Implementation of Management of Severe Malnutrition: January – December 2008

Name of Hospital	Children Admitted 2008			Deaths		Discharged					Follo w up	
	# of malnouris hed children	# HIV +	% HIV+	# of Deaths	%	# of Disch arged	%	Total Days of Stay	# of Drop out	%	Trans fer	Follo w up
Kg Cham	44	4	9 %	7	16%	21	48 %	11	23	52%	0	0
Svay Rieng	43	6	14 %	1	2%	22	51%	10	21	49%	0	0
Mongkul Borey	44	0	0%	1	2%	37	84%	10	7	16%	0	0
Takeo	26	3	12%	3	21%	18	69%	19	8	30%	0	0
Kratie	27	1	4%	0	0%	26	96%	9	0	0%	1	0
Stung Treng	32	0	0%	1	4%	27	84%	10	5	16%	0	0
Pursat	10	4	40%	2	20%	7	70%	10	3	30%	0	0
Preah Vihear	14	0	0%	0	0%	4	29%	10	10	71%	0	0
NPH	492	312	60%	15	3%	482	98%	11	10	2%	0	35
Angkor Children's	137	22	14%	11	6%	122	89%	14	15	11%	0	0
Battambang	28	4	14%	4	14%	24	85%	12	4	14%	0	0
Prey Veng	9	7	78%	0	0%	9	100%	10	0	0%	0	0
Sihanouk ville	21	5	24%	2	10%	16	76%	14	0	0%	0	0
Kg Thom	10	2	20%	1	10%	3	30%	7	7	70%	2	3
Kampot	35	1	3%	2	6%	25	71%	9	10	29%	4	10
TOTAL	972	371	38%	41	6%	843	87%	11	123	13%	6	48

Note:

- These figures were collected from January – December 2008.
- Number of children admitted in 2008 was less than 2007 (1,119 children) because in 2007 the NPH had admitted acute malnourished children as well as severely malnourished children. Thus, contributed to high number of children admitted in 2007.
- Case fatality rate has increased from 2.9% in 2007 to 6% in 2008. However, as mentioned above the lower fatality rate in 2007 was due to the admission of non-severely malnourished children (affected the denominator when calculating the rate).
- Most of the deaths were due to HIV/AIDS.
- The NPH, CDC, and NNP believe that these figures are more reliable than the figures reported in 2007.

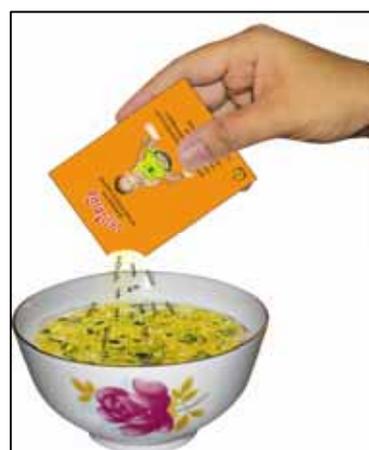
C. Micronutrients

1) Iron and Anemia Prevention and Control

- The shortage of iron/folate supplements has continued in 2008. The NNP was informed by the Central Medical Store (CMS) that the Ministry of Health had agreed to purchase only 30 million tablets of iron/folate out of 42.5 million tablets requested by the NNP for 2008 distribution. The NMCHC made another request to World Vision Cambodia (WVC) for their support. WVC has agreed to procure 15 million iron/folate tablets to fill the shortfall. Despite the stockouts of IFA the coverage has only slightly increased during 2008. This may be due to the health center staff reporting purchasing IFA with money obtained from user fees.
- A 27 month cluster randomized controlled study (called "Combating anemia and micronutrient deficiencies among young children in rural Cambodia through in-home fortification and nutrition education" or Good Food for Children Study) to assess the effectiveness of providing 6 months of daily micronutrient powders (Sprinkles) together with nutrition education to improve infant and young child feeding practices of infant 6-11 months of age has been implemented since December 2007. The last round of data and blood collection will be completed in August 2009 and preliminary data analysis will begin soon after.

The overall goal of the study is to inform policy on effective and feasible interventions to combat anaemia and other micronutrient deficiencies and promote growth in children in the first 18 months of life. The study has been conducted in all 20 health center in Svay Rieng Operational District of Svay Rieng Province. Half of the health centers (10) were randomly selected as the Control Group (nutrition education to promote optimal IYCF practices only) and another half as the Intervention Group (IYCF education plus daily micronutrient powders for 6 months, starting at 6 months of age). Approximately 3,600 children have been enrolled in the study (~ 1,800 per group). Blood tests, anthropometry and other information have been collected from a total of 1,075 children. There were 1,339 children received Sprinkles and 16, 530 sachets of Sprinkles were distributed through VHSGs.

The NNP has been actively involved in every step of the study, this includes the development of the proposal, resource mobilization, staffing and coordination, training of health staff and village health support groups (VHSGs), training of survey teams and blood collectors, development of IEC materials, regular meeting with health staff at all levels and with VHSGs, data collection and blood collection, monitoring and supervision and progress report writing. The study is supported by USAID through A2Z Micronutrient Project, Helen Keller International (HKI), WHO, UNICEF and Health Sector Support Project (HSSP).



Progress in 2008:

- Training of PHD/OD/HC staff in TOT for IYCF education and Sprinkles with cascade training to all VHSG's in Svay Rieng OD completed in January 2008.
- The enrollment of eligible children was completed by February 2008; data and blood collection of the first round started in March 2009 and was completed in August 2008. The second round data and blood collection started in September 2008 and will be completed in February 2009 and the last round will start in March 2009 and be completed in August 2009.

- An abstract about the study was submitted and accepted for a poster presentation at the Micronutrient Forum Meeting in May 2009.

Difficulties:

- Budget shortfall due to initial underestimation of the cost of the study, and the rising costs of transport and commodities after the study began. Initially USAID committed US\$250, 000 for the study, but the total budget needed for the study was approximately US\$ 450, 000, therefore the study steering committee needed to identify additional funding from other sources to meet the shortfall.
 - The micronutrient powders 'Sprinkles' packaging was not of adequate quality for the hot and humid conditions leading to sticky sprinkles. Fortunately the study has an adequate supply of Sprinkles to replace the sticky Sprinkles but this has caused some logistic difficulties in replacing sticky Sprinkles
 - Referral of children with severe anaemia and further testing for haemoglobinopathies which was not planned for or budgeted required additional consultations at the National Paediatric Hospital in PP. Follow up of children who required treatment (blood transfusion) has been difficult.
- An expansion program on Weekly Iron/folate (WIF) Supplementation for secondary school girls has been implemented in 5 provinces (Kep, Kampot, Kampong Speu, Pursat and Kampong Thom) and for women of reproductive age living in rural communities in one OD in Kampong Thom (Baray Santouk OD). The program was planned for 2005 and 2006 but due to the delay in the procurement of the supplements, the distribution of the supplements was only possible in early 2008, while all of the training activities were carried out in 2005 – 2006, long before the actual distribution was taken place. The baseline survey was conducted in December 2007.

A mid term review of the WIF was conducted for all provinces in Kampong Thom (160 participants) Pursat (87 participants) and Kampong Speu (160 participants) with participants from Schools and Health Departments.

All secondary schools (240 schools) in these five provinces are included in the program. A total of approximately 60,000 schoolgirls have been enrolled in this program. These schoolgirls have received a weekly dose of 60 mg iron and 3.5 mg folic acid, from January to November 2008. In Baray Santouk OD, it is estimated that 33,000 women of reproductive age have received the WIF through the health system and health center staff, for the same period of time as the program in secondary schools. However, due to some logistics and management problems the starting dates of the distribution varied ranging from January to April 2008. The distribution was completed by the end of 2008. The endline survey was conducted during the 2nd and 3rd week of December. The data analysis and blood analysis report will be available in early 2009.

- With technical assistance from a consultant supported by the HSSP, the NNP has the Formative Study on Perception about Anemia and Taking Iron/Folate Supplementation among Pregnant Women and Postpartum Mothers. All interviews and TIPs (Trial of Improved Practices) was completed in April 2008. Findings have been transcribed and translated into English and the report is being compiled and hopefully will be completed in early 2009. Results of this research will be used for the development of BCC strategy and IEC/BCC materials.
- In 2008, the Iron Folic Acid (IFA) Communication Strategy Steering Committee (NNP, RACHA, RHAC, UNICEF, WHO and A2Z Micronutrient Project) was formed to work on the development of a National Communication Strategy for Promotion of IFA for Pregnant and Post partum Women in Cambodia. Originally, the committee should have worked with Mahidol University as part of the Twinning Project between Cambodia and Thailand with financial support from the Gates Foundation, but due to the conflict between the two countries during the 2nd semester of 2008, the planned collaboration was cancelled. The development of the communication strategy has been postponed to 2009 and RACHA and A2Z Micronutrient Project will provide financial and technical support for this development.
- World Vision Cambodia has supported a study on the Prevalence of Common Causes of Anemia Among Young Children in 4 province; Preah Vihear, Kampong Thom, Battambang, and Phnom Penh (selected areas only). Main objectives of the study included: 1) to determine prevalence of anemia in children, 2) to determine the prevalence of the most common etiologies of anemia including iron deficiency, intestinal parasites, malaria, haemoglobinopathies, and vitamin A deficiency, and 3) to analyze the correlations between anemia and other variables related nutritional

status indicators. The study has been completed and preliminary results have been shared with the Nutrition Working Group. Complete laboratory analysis; Biochemistry analysis and Thalassemia tests will be conducted overseas. A total of 3,416 children age 6-59 months have been included in the study. Anemia rates in each province are as below:

- Preah Vihear	63.5%
- Kampong Thom	55.5%
- Battambang	56.8%
- Phnom Penh	32.3%
Combined	52.3%

- In December 2008 the National Sub-committee for Food Fortification (NSCFF) with support from GTZ and SAFO/BASF conducted a Roundtable Workshop with representatives of the Cambodia food industries and other stakeholders on Staple Food Fortification with Vitamin A in Cambodia. The main purpose of the workshop was to bring government and private sector together to discuss possibility to fortify staple foods with vitamin A.

Following the workshop 2 -3 food industries have expressed interest in working with SAFO/ BASF to assess the feasibility of fortifying their food product with vitamin A. BASF have committed to providing technical support for the fortification process and free vitamin A fortificant for a limited period of time. As the staple food industry is still in the early stages of development in Cambodia any fortification initiative at this time will be small scale and targeted.

2) Iodine and Iodine Deficiency Disorders (IDD)

- A National School-based Representative Survey of Iodine Nutrition and Implementation of Universal Salt Iodization Program in Cambodia was conducted in March-April 2008. The survey found 73.7% of households were using iodized salt. Three provinces with lowest iodized salt use were Kep (7.9%), Kampot (27.8) and Svay Rieng (28.9%). The survey also conducted Urinary Iodine (UI) measurement of school children age 8-12 years and has found the median UI level of 221.5 µg/l. This indicates that iodine supply to entire population of Cambodia is slightly above the requirement of 100-199 µg/l. The report of the survey was prepared and disseminated at the High Level Advocacy Meeting on IDD Elimination through USI in Cambodia on 27 November 2008 and in sub-national high level meeting in Kampot and Kep provinces on 1st December 2008.
- Between January and December 2008, 120,000 tons of iodized salt produced. It is surplus the national requirement for 2008.

Description	Unit	2002	2003	2004 (65,000)	2005 (75,000)	2006 (75,000)	2007 (100,000)	2008 (100,000)
Quantity of iodized salt produced	Metric tons	12,665	14,400	72,466 (111%)	104,432 (139%)	105,984 (141%)	113,050 (113%)	120,000 (120%)

- The National Sub Committee for Control of Iodine Deficiency Disorders (NSCIDD) with NNP as a member has conducted the monthly progress review meeting and more recently produced a progress report.
- NNP has been involved in advocacy of the salt producers to absorb the costs of iodization from donors (self-purchasing of Potassium Iodate, salt iodization equipment, etc...). UNICEF will prolonge its support for the supply of potassium iodate and other salt iodization costs, from the previously agreed date of June 2008 to June 2010. Memorandum of Understanding has been drafted and share with the salt producers' community of Kampot and Kep for review/discussion.
- The NNP and other partners with support from the Council for Agricultural and Rural Development (CARD) have developed training manual for trainers and participants as well as a new tool for evaluating Food Security and Nutrition training. The group has also created and set up a national pool of trainers for FSN but needs approval by the Prime Minister first.

3) Vitamin A and Vitamin A Deficiency (VAD)

- During 2008 there were some problems with the quality, consistency and close to expiry date of some vitamin A capsules (VAC); some VACs expired in November 2008 whilst some will expire by February 2009. The NNP arranged with the various provinces and districts to use the VAC stock that will expire in February during the November 08 round. The stock due to expire in November 2008 was distributed to primary schoolchildren. UNICEF has submitted an order for VAC to meet the shortfall for the first round in May 2009. .
- In preparation for the development of a National Vitamin A Communication Strategy, qualitative research was conducted in two OD's (Batie and Oudong) participants interviewed included health center (HC) staff; village health support group(VHSG); village chief and mothers with children under five years of age. The objective of the research, which was supported by A2Z Micronutrient Project was to determine the level of knowledge and establish the factors that influence Vitamin A uptake and distribution. Results from the research were used during the process of the development of the National Communication Strategy on Vitamin A. The communication strategy aims to ensure that new standard key messages and communication materials/media are used nationwide by the government and development partners to increase the demand for vitamin A supplementation for children 6-59 months and post partum women. The strategy and communication materials were finalized and launched at national level on November 4th. The NNP plans to disseminate the strategy and communication materials to a wider range of audiences early 2009.
- Health education sessions on vitamin A were provided to communities in various that are supported by NGO's OD's during April and October 08.
- Vitamin A capsules for children for the first round of 2008 were distributed successful nationally despite some channels of access due to the early start of the rainy season. This was the first year that the round had been changed from March to May. In the OD's supported by NGO's (A2Z Micronutrient Project, RHAC, WVI, HKI and IRD additional educational sessions were provided during the distribution month. There was 80% coverage during the May round and 60% coverage during the November 08 round. The report on the coverage for November is incomplete with missing data from some districts. It will be finalized later in the year.

Vitamin A Supplementation Coverage: 2000 -2008 (Health Information System)

Target Group	2000	2001	2002	2003	2004	2005	2006	2007	2008
Children 6-59 months	44% (29%)*	53%	46%	59%	74%	72% (35%)**	79%	88%	R1 80% R2 66%***
Postpartum mothers	13% (11%)*	16%	13%	21%	48%	50% (27%)**	53%	60%	57%***

* CDHS 2000, ** CDHS 2005, *** Not completed

In September 2008 NNP with support from A2Z Micronutrient Project contracted an MSH consultant to conduct an Assessment on Micronutrient Pharmaceutical Management in Cambodia, September 8 – 19, 2008. The purpose of the consultancy was to conduct an assessment of Micronutrient Stock Management and identify interventions to improve supply management of vitamin A, iron, and deworming supplies at district and health center level taking into consideration the broader issues at the provincial and central levels. The assessment was conducted in 3 districts of Kandal province and two health centers and one health post in the same 3 districts. Recommendations from the assessment include: identify a focal point person from NNP to act on all issues relating to the management of pharmaceuticals; provide expert technical assistance to strengthen the capacity of NNP and selected districts in MMN stock management by providing training, system development and implementation; develop appropriate systems, operating guidelines and tools as needed to complement and strengthen the existing system, and follow up trainings and implementation in the field using agreed upon standard indicators. After piloting the revised system for some time it should be decided whether it should be scaled up throughout the country.

In 2009 RACHA and A2Z Micronutrient Project will cost share for the MNN Stock Management follow up consultancy to be conducted by MSH

III. Constraints

Even though staff of the NNP has increased from 8 to 13 people in the last few years, the NNP has continued to face the challenge of insufficient and under-qualified staff members. The National Nutrition Program has expanded considerably in the last five years, including many new program developments and interventions. Following the development of the National Nutrition Strategy 2008 -2015 it is anticipated the NNP will continue to expand. Human resource in terms of both number and capacity of the NNP will need to match the current and future workload. A functional analysis of the current NNP is needed with a timely response to recommendations to ensure that the NNP will have adequate qualified human capacity for the future.

The year 2008 had been a particular busy year for nutrition. Many new developments and activities have been carried out or started in 2008, including the National Nutrition Strategy 2008-2015, the revision of the National Policy on IYCF, BFHI and BFCI Implementation Package, the revision of MPA 10 training package, the development of a national communication strategy for vitamin A, and some new and existing studies (Formative Research on Anemia Perception, WIF Baseline and Endline Survey, Study on Causes of Anemia among Children, and Good Food for Children Study). Some specific constraints for 2008 are as below:

a) MPA 10 Training and Implementation

- The NNP did not receive enough funds to complete the training of trainers. In the two new provinces, only half of trainers were trained in 2008. Similarly, the two new provinces (Kandal and Prey Veng) did not receive enough budgets for their health center trainings.
- Some ODs and provinces have encountered difficulties in providing high quality training to health center staff due to the low capacity of some OD trainers.
- Nutrition activities in some health centers have not been or poorly integrated into routine health services and out reach activities.
- The revised Child Health Card (Yellow Card) has not been pre-tested with health center staff and care takers because the NNP staff have not had time in 2008. NNP plan to conduct the pre-testing in January 2009.

b) Iron and Anemia Prevention and Control

- There remains a shortage of Iron/folate tablets for pregnant and postpartum women in some ODs and health centers in 2008. The coverage of iron/folate supplementation for pregnant and postpartum mothers has decreased in 2007 when compared with 2006 coverage. Coverage has remained stable during 2008 but this is thought to be due to health center staff using patient users fees to purchase IFA to meet the shortfall.
- A delay in developing a National Communication Strategy for IFA occurred due to delay in implementing and analysis of the TIPS qualitative research, and also due to political problems between Cambodia and Thailand which caused the cancellation of the planned collaboration with Mahidol University for development of the communication strategy.
- For the WIF program, there have been a numbers of problems:
 - The payment for the blood analysis of the WIF baseline survey was delayed. The survey was conducted in December 2007 but the payment for the blood analysis only happened in September 2008, due to some restrictions concerning the payment to the National Institute of Public Health (NIPH). Thus, results of the blood analysis were not released early enough for any follow –up of women with severe anemia or other related problems. This constraint also caused a delay in the preparation for the endline survey.
 - Data analysis of the WIF baseline survey has not been conducted because the consultant left the country before the survey was completed. To solve this problem The World Health Organization hired two consultants to assist the NNP and the NIPH in data and blood analysis.
 - The distribution of the supplements in some areas was delayed due to some misunderstanding of when to start the distribution and some logistics problems, e.g. no budget for monitoring and supervision.

c) Infant and Young Child Feeding (IYCF)

- During the last few years there has been good progress made on the development and implementation of IYCF activities. However, the progress in the implementation and enforcement of the Sub-decree on Marketing of Products for IYCF has been slow. With the new formation of the MoH Committee and support from IBFAN and development partners, it is expected that the enforcement of the Sub-decree will progress in 2009.
- Despite several attempts from the NNP and development partners to develop the 2nd National Communication Strategy on IYCF, with a focus on complementary feeding, the progress has been

very slow due to limited staff time and expertise within the NNP. The NNP has agreed with the National Center for Health Promotion (NCHP) who is better qualified and experienced in development of communication activities to jointly develop the National Communication Strategy on IYCF in 2009.

e) Vitamin A and Vitamin A Deficiency (VAD)

- There were some problems early in the year with Vitamin A capsules expiring in March and consequently two ODs (Kep and Banteay Meanchey) had early distribution. Similar problems occurred later in the year when more capsules expired in November 2008 and February 2009. NNP arranged for the November 08 expired capsules to be distributed to primary school children before they expired. The vitamin A capsule that was due to expire in February 09 was distributed during the November 2008 round. UNICEF has ordered additional vitamin A capsules to fill the gap in stock needed for the May 2009 round.
- Some difficulties with access to remote villages were reported during the May 08 round due to the early start of the rainy season.
- During 2008 there continued to be problems with quality and consistency of vitamin A capsules. In some areas the two different doses of the vitamin A capsule (100,000 IU and 200,000 IU) were the same color; in some areas the shape and size of the vitamin A capsule varied and was different from the standard vitamin A capsule size. These problems were reported to the CMS and EDB departments at the MoH.
- Difficulties are regularly encountered with the Child Health Card (Yellow Card) where HC staff sometimes does not have time to complete it when conducting outreach and many mothers regularly lose their Child Health Card (Yellow Card).
- Although the National Vitamin A Communication Strategy was launched in early November 08, it was too late for NNP and several NGO's to print the new communication materials. Consequently in November 08 several provinces supported by NGO's used the old materials and messages.

f) Iodine Deficiency Disorders (IDD)

- Non-iodized salt continued leakages from production fields and illegal importation of non-iodized salt from Viet Nam by many small traders via non-official border points and frequently bartered for other goods, such as rice.
- Poor quality of salt produced which leads to poor quality of iodization. The salt producers are reluctant to make the required investments for improving the quality of salt production. On the other hand, the current quality control mechanisms of iodized salt focus on measuring iodine levels only, but do not address other quality issues (i.e.: humidity, level of impurities, etc.)
- Weak enforcement of the Sub-decree no.69 on Management of Iodized Salt Exploitation which reflects a generally weak 'law enforcement situation' in Cambodia. As of now, there were no cases of 'punishment' (e.g. applying fines or revoking of licences for not complying with the Sub-decree no.69).
- Low commitment on the part of SPCKK for taking over salt iodization costs. As mentioned earlier the cut-off date for handing over salt iodization costs from donors to salt producers has been pushed to mid-2010.

g) Severe malnutrition

- Combined minerals and vitamins (CMV) has been included in the essential drug list last year but the procurement has not been taken place. Thus, it has been continuously problem for the NNP to provide adequate supply for the target hospitals. In 2008, the NNP has received 24 tins of CMV from WHO but this supply will only be enough for 2008.
- Whilst there has been some improvement in some of the hospitals with increased patient identification and admission, implementation continues to be weak in other areas for example recording and reporting, follow up and education to care takers. Problems included:
 - 1) No incentives for staff, to ensure that intensive care as part of management is provided 24 hours
 - 2) High staff turn over in some hospitals thus, the pool of trained pediatric staff reduced
 - 3) Poor follow-up and coordination from the community
 - 4) None or not enough materials/supplies
 - 5) Low rate of admission in many hospitals
 - 6) High rate of dropout (considering that many of the discharged cases are actually dropouts)
 - 7) Restricted work area and lack of space to prepare the feeds, with lack of support for food demonstrations

8) Difficulty in preparing feeds

I. Conclusions and Next Steps

The NNP has achieved most of its objectives set out in the 2008 AOP. The training and implementation of MPA 10 has progressed as planned, with over 70% of health centers trained in MPA 10 and implementing nutrition activities in their target areas by the end of 2008. The MPA 10 training package including job aids have been revised and pre-tested and will be in use in 2009.

Next Steps: Main Activities for 2009

- Finalize and disseminate the National Nutrition Strategy (NNS) 2008-2015.
- Develop the first three years of the NNS the National Nutrition Action Plan with costing.
- Continue to work with the Department of Drugs and Food and other line ministries to implement the Joint Prakas on the Implementation of the Sub-decree on Marketing of Products for Infant and Young Child Feeding.
- Prepare and disseminate the report of the Formative Study on Perception about Anemia and Taking Iron/Folate Supplementation among Pregnant Women and Postpartum Mothers.
- Prepare and disseminate report the Study on the Prevalence of Common Causes of Anemia Among Young Children by World Vision – Cambodia.
- Prepare and disseminate results of the study on Good Food for Children (Combating anemia and micronutrient deficiencies among young children in rural Cambodia through in-home fortification and nutrition education).
- Develop and disseminate Communication Strategy and Communication Materials for Infant and Young Child Feeding (focus on complementary feeding) and National Communication Strategy for Iron/folate for Pregnant and Postpartum Women.
- With the National Institute of Statistics (NIS) disseminate results of the Anthropometric Survey conducted in November and December 2008.
- Disseminate the BFHI and BFCI Implementation Package.
- Disseminate results of the WIF baseline and endline survey/.
- Develop the National Guidelines on the Management of Moderate and Severe Malnutrition, including a review of existing activities related to management of severe and acute malnutrition.
- Develop the National Guidelines on Nutrition and HIV/AIDS.
- Follow up on the recommendations of the nutrition capacity training needs assessment conducted in early 2008, to set up short and long-term nutrition training courses in country.
- Continue to work on pre-service training in nutrition, to include IYCF and nutrition subjects/topics in medical, nursing, and midwifery curriculum.
- Improve nutrition activities in communities through the training and implementation of C-IMCI.
- Improve human resources; increasing capacity and quantity. Conduct a functional analysis of the NNP
- Strengthen the management of Nutrition Supplies/Commodities.
- Conduct a workshop to review of activities in 2009 and planning for 2010.
- Design, implement and evaluate an anemia prevention and control intervention in selected NGO supported areas to improve uptake and increase compliance to 90 tablets of IFA during pregnancy
- Implement the new National Vitamin A Communication Strategy nationwide

REVIEW OF NATIONAL NUTRITION PROGRAM AOP 2008: ACHIEVEMENT OF OBJECTIVES AND TARGETS

NAME OF CENTRAL LEVEL INSTITUTION: NATIONAL NUTRITION PROGRAM, NATIONAL MATERNAL AND CHILD HEALTH CENTER

(a) Objectives	(b) Indicators	Results			Target '08	Budget	
		Year 2006	Year 2007	Year 2008		Last Year's Budget	Last Year Expenditure
HEALTH SERVICE DELIVERY							
1. To increase the national VAC coverage for children 6-59 months through twice yearly distribution.	<ul style="list-style-type: none"> ▪ Percentage of children aged 6-59 months receiving one dose of vitamin A in the past 6 month. 	HIS 79% (78 & 79%)	HIS 88% (100 &76) (Measles Campaign 1 st R)	HIS % (R1-80% &R2=66% - not completed)	85%		
2. To increase the coverage for postpartum mothers within 6 weeks of delivery through monthly outreach activities.	<ul style="list-style-type: none"> ▪ Percentage of postpartum mothers receiving one dose of vitamin A within 6 weeks of delivery. 	53%	60%	57% (not completed)	65%		
3. To improve VACs availability at HC through strengthening OD quarterly request and distribution as well as annual and mid-year VAC needs projection.	1) Percentage of health centers that have adequate VACs for year round distribution.	100%	100%	100%	100%		
4. To support the provision of appropriate care for sick and malnourished children including timely referral and rehabilitation of severe malnourished children.	1) Number of referral and national hospitals receive training and follow up support, in order to effectively manage the treatment of severe malnutrition.	9 hospitals	15 hospitals	15 hospitals	15 hospitals		
	2) Number of referral and national hospitals manage the treatment of severe malnutrition.	9 hospitals	13 hospitals	15 hospitals	15 hospitals		
5. To increase coverage and compliance (90 tablets) of iron/folate supplementation for pregnant women.	1) Percentage of pregnant women who receive 90 iron/folate supplements during pregnancy.	HIS 69%	HIS 63%	HIS 65% (not completed)	75%		
	2) Percentage of pregnant women who take 90 iron/folate supplements during pregnancy.	No data	No data	No data	50%		

6. To increase coverage and compliance (42 tablets) of iron/folate supplementation for postpartum mothers.	1) Percentage of postpartum mothers who receive 42 iron/folate supplements after delivery.	HIS 57%	HIS 45%	HIS 49% (not completed)	80%		
	2) Percentage of postpartum mothers who take 42 iron/folate supplements after delivery.	No data	No data	No data	50%		
7. To expand the WIF supplementation for secondary schoolgirls in the first three MPA 10 targeted provinces in 2005 and two in 2006.	1) Number of secondary schools in the five target provinces enrolls in the WIF program.	75 schools (69%)	240 schools 100% (~ 56,833 school girls)	240 schools 100% (~ 56,833 school girls)	240 schools		
	2) Percentage of secondary schoolgirls received weekly Iron/folate supplements.	Distribution was not started.	Distribution was not started.	Distribution started 1 st quarter but report not available.	80%		
	3) Percentage of secondary schoolgirls who take weekly Iron/folate supplements.	Distribution was not started.	Distribution was not started.	Report not available	70%		
8. To implement a study to test the effectiveness of in home fortification delivered through the health system to reduce anemia and other micronutrient deficiencies in children 6- 24 months (Good Food for Children in Svay Rieng)	1) # of children enrolled in the data and blood collection	Study not started	Children not enrolled in the study	1075	1200		
	2) # of children receiving MMN powders (Sprinkles)	Study not started	Distribution not started	1339	1505		
9. To increase quality iodized salt production to reach the national requirement (100,000 tons/ year).	<ul style="list-style-type: none"> ▪ Production of iodized salt reaches the national requirement of 100,000 tons in 2007. 	105,984 (120%) (target 100,000 tons)	113,050 (113%)	120,000 (120%)	100,000 tons		
10. To increase household use of iodized salt to 80% by 2008.	<ul style="list-style-type: none"> ▪ Percentage of households use iodized salt. 	No data	No data	74% School-based survey 2008	80%		
BEHAVIORAL CHANGE							
11. To increase rate of early initiation of breastfeeding, including feeding colostrums within one hour of delivery.	<ul style="list-style-type: none"> ▪ Percentage of women breastfeeding within one hour of life increase from 11% in 2000 to 35% in 2008. 	No data	No data	No data	35%		
12. To increase exclusive breastfeeding rate of infants in the first six months of life.	<ul style="list-style-type: none"> ▪ Percentage of women exclusively breastfeeding in the first six months of life increases from 11% in 2000 to 25% in 2008. 	No data	No data	No data	25%		

13. To promote timely and adequate complementary feeding starting at 6 months of age with continued breastfeeding until at least 2 years of age.	<ul style="list-style-type: none"> ▪ Percentage of breastfed infants 6-9 months receiving semi-solid food increase from 71% in 2000 to 95% in 2008. 	No data	No data	No data	95%		
14. To establish Baby Friendly Hospital Initiatives (BFHI) in health facilities	<ul style="list-style-type: none"> ▪ Number of health facilities awarded as baby friendly. 	6 hospitals	7 hospitals	9 hospitals (2 to be accredited in 2009)	13 hospitals		
15. 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) BFCI Implementation Package developed.	Not developed	Not developed	Developed & pre-tested	1 Implementation Package developed		
	2) # of villages implementing BFCI, using the BFCI Implementation Package.	1,171 villages	3,038 villages	3,038 villages	No target		
16. To increase demand for VACs nationwide and to promote community participation during VAC distribution.	1) National Communication Strategy on Vitamin A developed.	Not developed	Not developed	Communication Strategy developed & launched	1 Communication Strategy developed		
	2) TV and radio spots developed & broadcasted during required periods (before and during Round 1 & 2)	4 TV and 3 radio spots broadcasted	2 TV spot broadcasted with support from UNICEF A2Z Micronutrient Project and HSSP	1 new TV spot and radio spot developed & broadcasted for 2 nd round (broadcasting supported from A2Z Micronutrient Project)			
	3) Other communication materials developed and distributed.	Existing printing materials (posters, leaflets, T-shirts, Banner) used	Existing printing materials (posters, leaflets, T-shirts, Banner) used	Existing and new materials used during 1 st and 2 nd round (new materials: <ul style="list-style-type: none"> - 1 banner - 1 poster - 1 flyer - 1 sticker) 			

17. To increase demand for iron/folate supplementation among pregnant and postpartum mothers (PPM).	<ul style="list-style-type: none"> Formative study on anemia conducted. Report prepared and results used for the development Communication Strategy and materials to promote the use of IFA. 	Anemia study has not been conducted. A consultant has not been identified.	Anemia study has not been conducted. A consultant has not been identified.	A consultant identified. Study conducted. Report not completed yet. Communication strategy not developed.	Study conduct & report prepared. Communication strategy developed.		
18. To improve knowledge about IDA and demand for weekly iron/folate supplementation among secondary schoolgirls.	<ul style="list-style-type: none"> IEC/BCC materials used by HC staff and schoolteachers for health education (HE) to schoolgirls. 	HE has not been provided due to lack of supplements.	HE has not been provided as distribution not started.	HE conducted. Baseline & endline survey conducted.	All schoolgirls trained about IDA and WIF.		
19. 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.	<ul style="list-style-type: none"> HC staff, VHSGs, and schoolteachers regularly promote the use of iodized salt. Additional IEC materials developed. TV spots broadcasted. 	HE conducted. Calendar produced & TV spots broadcasted.	HE conducted. Calendar produced & TV spots broadcasted.	HE conducted. Billboards developed by RACHA & WVC.			
20. To improve IYCF practices through the use of a communication strategy, including mass media and behavior change communication (BCC).	<ul style="list-style-type: none"> Communication strategy developed and disseminated. Existing mass media and interpersonal materials broadcasted and used. Annual celebration on World Breastfeeding Week (WBW) conducted 	<ul style="list-style-type: none"> 5 TV & 1 radio spots, documentary, & round table discussion broadcasted & other materials used. WBW conducted at all levels. 	<ul style="list-style-type: none"> 5 TV & 1 radio spots, documentary, & round table discussion broadcasted & other materials used. WBW conducted in at all levels. 	<ul style="list-style-type: none"> Communication Strategy not developed. 3 TV & 3 radio spots broadcasted. 1 new poster & 1 new leaflet on early initiation of BF produced. WBW conducted at all levels. 	<p>New IYCF communication strategy developed & disseminated.</p> <p>TV & radio spots broadcasted. Printing materials distributed. WBW conducted.</p>		
QUALITY IMPROVEMENT							
21. Develop national policy for iron supplementation for children under five, primary school children (6-12 years), and WRA.	<ul style="list-style-type: none"> National Policy on Anemia Prevention and Control for main target groups developed and approved. 	<ul style="list-style-type: none"> Policy not developed. Proposal for a study on multi-micronutrient supplementation for children < 2 years developed. 	<ul style="list-style-type: none"> Policy not developed. Study on multi-micronutrient Supplementation for children < 2 was started late 2007. 	The study continues. Sprinkles (MMN powders) distributed to children in target district of Svay Reing	The study will be completed in 2009. Results will be used to develop the policy.		

<p>25. To improve knowledge among health staff, Provincial Office of Education (POE), and schoolteachers about weekly iron/folate supplementation (WIF) and its distribution.</p>	<ul style="list-style-type: none"> ▪ Number of health staff, POE staff, and schoolteachers receives training anemia prevention and weekly iron/folate supplementation. 	<p>59 staff from PHD, POE, ED & OD trained as trainers. 160 HC staff, 75 school directors, 1,064 schoolteachers trained.</p>	<p>130 trainers (100%) 388 HC staff (100%) 1837 School Directors and Teachers (100%)</p>	<p>No training conducted in 2008.</p>			
<p>26. To increase knowledge & skills of health staff, VHSG and mothers and caregivers of young children about complementary feeding and in home fortification.</p>	<p># of health staff trained # VHSG trained # of IEC materials disseminated</p>	<p>Study not started.</p>	<p>Study started late 2007.</p>	<p># 86 Health center staff # 704 VHSG # # 882 flip charts for IYCF distributed # 3,300 flyers for IYCF distributed</p>			
HEALTH FINANCING							
<p>27. Ensure effective implementation of NNP work plan by preparing reports/documents as required by MoH and other organizations, using correct format and following guidelines.</p>	<ol style="list-style-type: none"> 1) The NNP annual review and planning conducted. A workshop to review nutrition activities in the past year conducted with the planning for the coming year. 2) Report on end of year review using the MoH format/forms prepared and submitted. 3) An annual progress report for the Health Sector Support Project (HSSP) developed. 	<p>NNP AOP 2006 reviewed & 2007 AOP developed. Report of 2006 AOP review submitted with the 2007 AOP. 2006 annual progress report submitted.</p>	<p>NNP AOP 2007 reviewed & 2008 AOP developed. Report of 2007 AOP review submitted with the 2008 AOP. 2007 annual progress report submitted.</p>	<p>NNP AOP 2008 reviewed & 2009 AOP developed. Report of 2008 AOP review submitted with the 2009 AOP. 2008 annual progress report submitted.</p>			

INSTITUTIONAL DEVELOPMENT

<p>28. Develop and strengthen integrated approaches to nutrition activities and sharing of resources/skills through collaborative working with a range of relevant organizations and personnel.</p>	<p>1) Monthly IYCF & Micronutrient Technical Working Group (MNTWG) conducted. In 2008, these 2 TWGs combined into 1 WG – Nutrition Working Group.</p> <p>2) Input provided for the annual progress report and annual plan of the Cambodia Nutrition Improvement Plan (CNIP).</p> <p>3) The monthly Food Security and Nutrition (FSN) Forum and TWG FSN attended.</p> <p>4) The quarterly Inter-ministerial Technical Committee (IMTC) meetings attended.</p>	<p>Meetings conducted monthly</p> <p>Input provided for the annual report and plan of the CNIP</p> <p>The monthly FSN Forum & TWG attended.</p> <p>The quarterly IMTC meetings attended.</p>	<p>Meetings conducted monthly.</p> <p>No annual progress report and annual plan for CNIP.</p> <p>The monthly FSN Forum & TWG attended.</p> <p>The quarterly IMTC meetings attended.</p>	<p>Meetings conducted monthly</p> <p>No annual progress report and annual plan for CNIP.</p> <p>The monthly FSN Forum & TWG attended.</p> <p>The quarterly IMTC meetings attended.</p>			
<p>29. Support provincial/operational district Nutrition Focal Points (NFP) to develop and implement nutrition activities at provincial level.</p>	<p>PHD and OD NFPs participant in the annual review and planning workshop with the NNP and partners.</p>	<p>All PHD & OD NFPs participated in the workshop in February 2007.</p>	<p>All PHD & OD NFPs participated in the review & planning workshop in December 2007.</p>	<p>All PHD & OD NFPs participated in the workshop in December 2008.</p>			
<p>30. Support the adoption and enforcement of the Sub-decree on Marketing of Products for IYCF</p>	<p>Sub-decree on Marketing of Products for IYCF passed and enforced.</p>	<p>Sub-decree disseminated. Joint Prakas developed.</p>	<p>The Joint Prakas approved/disseminated. Some enforcement has started, esp. on labeling. Training course for inspectors conducted.</p>	<p>Two training courses for inspectors conducted.</p>			
<p>31. Collaborate with partners to explore effective, feasible iron fortification of culturally acceptable foods.</p>	<p>Feasibility and efficacy study on iron fortification with fish sauce conducted by GTZ/RACHA and International Life Sciences Institute (ILSI).</p>	<p>RACHA & ILSI expand the project in Kampot & Siem Reap.</p>	<p>The National Sub-Committee for Food Fortification formed (NSFF).</p>	<p>RACHA & ILSI expand the project in Kampot, Siem Reap & Phnom Penh.</p>			

REVIEW OF NATIONAL NUTRITION PROGRAM AOP 2008: SITUATION ANALYSIS

NAME OF CENTRAL LEVEL INSTITUTION: NATIONAL NUTRITION PROGRAM, NATIONAL MATERNAL AND CHILD HEALTH CENTER		
<i>Infant and Young Child Feeding (IYCF)</i>		
What did go well and why? (Strengths)	What did not go well and why? (Weaknesses)	How to build on successes and learn from mistakes? (Future Action)
New updated National Policy on IYCF policy finalized in 2008.		
Successfully organized training programs on BHFI review assessment and for nutrition and health professionals from the national (NNP, NMCH) and provincial level (PHD, OD) to serve as BFHI assessors.	Too few resource persons from hospitals to be trainers, Some provinces have only one person representing the hospital for BHFI training.	Increase number of resource persons (co-trainers) to be trained from each hospital, maternity staff, and NFP's to ensure better implementation, coordination and reporting of the program activities. Continue to conduct more training course to improve knowledge and skills to serve as BFHI assessors.
2 hospitals passed the assessment for BHFI (2 hospitals in target for 2008, 100% achievement).		On-going training programs for hospitals to achieve BHFI status.
All 24 PHDs provinces and ODs trained in how to conduct WBW activities.	Not all provinces conducted WBW activity because of limited funds.	OD of each province to develop budget for implementing WBW activities.
Capacity building for 7 PHD and PMTCT trainers on IYCF integrated course, and capacity building for 22 counselors.	Only 1 course conducted out of 2, for lack of sufficient funding.	Seek alternate sources of funding. Include activity in 2009 AOP.
Developed new BCC materials for WB Week (banner and T-shirt).	New BCC materials for 2008 not received on time.	Keep follow up with HSSP to deliver BCC materials on a timely basis.
Finalized BFCI Implementation package.	Editing of the final draft package delayed.	Finalize, translate, disseminate and conduct training within the first quarter of 2009.
Attempts to develop IYCF Communication Strategy for the Promotion of Infant & Young Child Feeding practices 2009-2011.	Communication strategy has not been written due to lack of time and resources of NNP and partners.	NNP will work with the NCHP to develop the strategy in 2009.
3038 villages (accumulated number since 2004) successfully implemented BFCI.		Scaling up baby friendly community villages in areas supported by UNICEF and NGOs as well as in MPA 10 target provinces.

Package of guidelines, circulars, monitoring forms, warning forms, complaint forms developed, and under review by the MoH, for implementation and enforcement of the Sub-decree.	Package under review by the MoH.	Dissemination of the approved materials from the MoH to relevant ministries, institutions, and companies.
Trained inspectors from relevant ministries in the enforcement of the sub-decree.	Very limited activities on the implementation of the Sub-decree after the training courses.	Enforcement procedures strictly followed by inspectors from relevant ministries and check for violations and take necessary actions.
Two NNP officials selected to be members of the new MoH committee to review marketing materials submitted by the milk companies.	There is a need to develop the MoH Committee Terms of Reference and share them with relevant partners.	Develop TOR and share with partners.
In collaboration with the NPH and CDC refresher training was conducted on the Management of Severe Malnutrition to 9 hospitals (K Cham, Kratie, Stung Treng, Bantey Meanchey, Kampot, Svay Reing, NPH, Kandal, Taeko) with a total of 85 participants.	Many of the hospitals implementing the management of severe malnutrition did not follow the recommendations and did not complete all the essential reports so many children had poor weight gain and were discharged early.	New hospitals should receive technical support from the NPH, NNP, and CDC. Regular monitoring and supervision to these new hospitals should be conducted by national level.
There was good sharing of experiences and discussion about implementation issues including progress made successes, constraints, lessons learned, monitoring/supervision, and referral system among hospitals managing severe malnutrition during the annual review workshop.	The growth charts by WHO have been updated since 2007 but these have not been distributed to all hospitals managing severe malnutrition.	Provide new growth charts to all hospitals managing severe malnutrition during supervision visits with education on their appropriate use
	Low motivation of the staff for completing the essential tasks as part of the management of severe malnutrition	Work with partners to investigate additional financial support as an incentive.
	No indicators for evaluation of the severe malnutrition program exist to help compare progress over time	Develop tools of assessment and indicators to use during supervision and as part of the evaluation for financial incentives.
Orientation workshop conducted with hospitals not trained in the management of severe malnutrition was conducted. 84 participants (74 health staff from 36 referral hospitals and staff from relevant NGOs).	The orientation workshop was just one day and insufficient time to allow training on the emergency management of severe malnutrition prior to referral to trained sites.	Allow two days for the orientation workshop and conduct specific training to provide the hospitals not trained in severe malnutrition to be able to provide emergency management prior to referral.
In collaboration with NCHADS, NPH, CDC, Clinton Foundation and partner NGOs continued the Initial Demonstration of Using Plumpy' nut for the Treatment of Acute Malnutrition (AM) in Cambodia Children in four different implementation sites.	Many difficulties encountered with the initial demonstration, included, poor compliance and adhere to the trial. The trial was also conducted primarily at the health facility site.	Complete the initial demonstration and undertake a thorough investigation of the results and make recommendations. Investigate the expansion of Plumpy' Nut in a community setting.
	There are no guidelines available for the management of acute malnutrition in Cambodia.	Work with partners to help develop guidelines/recommendations for the management of acute malnutrition.

<i>Iodine Deficiency Disorders (IDD)</i>		
Required quantity of potassium iodate, rapid test kits and spare parts procured and distributed.		
Advocacy meetings with Government representatives and Salt Producers conducted as well as Costing/pricing analysis of iodized salt conducted and its results disseminated to key partners.		
Assessment on quality control of iodized salt conducted and results is distributed to all relevant actors for developing of plan to strengthen implementation of external and internal quality control. Supervision visits to salt producers conducted. External and Internal QC/A Training for salt producers and partners (Provincial CamControl and Provincial Departments of Industry) conducted.		
Quality Control of iodized salt at selected sites conducted and reports submitted to NSCIDD/NNP.		
Training for PHD/OD and HC staff conducted. - HC staff able to test iodized salt using testing kits in their catch-ment areas and relevant monitoring and reporting system set up.		
National School- based study on the use of iodized salt by households and iodine nutrition conducted nation wide. Additional IEC materials developed (2 TV spots) by UNICEF.		
Trainings of IO/NGO staff (IOM) on IDD and the importance of iodized salt conducted through mainstreaming of Food Security and Nutrition.		
<i>MPA 10 and Growth Assessment and Promotion</i>		
MPA 10 training manuals have been successfully reviewed, revised, and pre-tested. Job Aids have also been developed to support the training materials and activities.	The process of the review and revise has been long but the products are in high-quality.	Continue the work on layout, design and editing of Khmer version. All final products should be completed by early 2009.

Training in MPA 10 for two new target provinces in 2008 (Kandal and 2 Ods in Prey Veng) has been conducted.	Training in Prey Veng has been completed but for Kandal only 50% of trainers and health center staff were trained due to insufficient funds.	Training of another 50% of trainers and health centre staff will continue in 2009. The NNP has to make sure to request sufficient funds and to work with PHDs and ODS to ensure that they also budget enough funds for activities.
The new revised Yellow Card (Child health Card) has been pre-tested with some key informants and final draft has been developed.	The final draft was planned to be pre-tested with health center staff and care takers in December 2008 but due to workload of the NNP, the pre-test has been postponed to January 2009.	After the pre-testing, the card will be finalized and submitted to the MoH for approval and printing.
General Nutrition		
Training needs assessment conducted and report is available but no follow activities have been conducted.	Recommendations of the training needs assessment have not been followed up due to many other priorities for the NNP to be completed in 2008.	The NNP will work with partners to follow up on the recommendations.
NNP 2008 AOP and annual progress report were prepared and submitted with input from partners.		
Good progress on the development of the National Nutrition Strategy 2008-2015.	The strategy has not been finalized as planned for 2008.	Continue to work on the strategy and to finalize it in early 2009.
An 'End Year Review (2008) and Planning (2009) Workshop' conducted.	Not many partner organizations joined the workshop because the workshop was conducted in Kampong Cham.	The NNP may need to consider the venue of the workshop and inform partners long in advance.
The NNP 2009 AOP was drafted and submitted.	There are some difficulties in using the new MoH format to prepare 2009 AOP as well as in understanding the funding availability and mechanism of the new HSSP2.	The NNP will need to follow up with the Department of Planning on the new planning format and also with the HSSP on the follow up actions.
Nutrition Working Group meetings organized and conducted. The IYCF and Micronutrient TWGs has been combined into one working group; the Nutrition Working Group. The TOR of the working has been developed and shared with partners.	The finalized TOR has not been shared. Participants the Nutrition Working Group meeting varied; sometimes only a few people participated.	The NNP will share the finalized TOR and meeting schedule and agenda should be prepared long in advance, for example meeting schedule for the whole year or for the first six months of 2009 should be prepared in early 2009.
	Functional Analysis of the NNP has not been conducted.	The NNP will continue to work with partners on this analysis as well as on the new arrangement of NNP staff (Organizational Structure).

Vitamin A and Vitamin A Deficiency

Good collaboration with partners, regular meetings, through the Nutrition Working Group meetings.	Due to many things to be done urgently, the vitamin A topic was rarely included in agenda for the NWG meetings. However, the attendance of the partners in the NWG was low.	Work with NWG to include vitamin A topics in NWG meetings on the regularly basis, before and after the distribution rounds: April, June, October and December.
Recording and reporting in some province improved and faster reporting than previous years.		
Good collaboration with NFP's, HC's and VHSG's.		
	The early start of the rainy season in May 08 caused some problems of access to remote villages and also meant that in some areas villagers were busy planting the rice earlier than usual which made it more difficult to reach eligible children.	
	Because of the late development of IEC materials for the new communication strategy, the new materials were not used in most NGO supported areas for the November 08 round. There were also limited funds available for the broadcasting of the new Vitamin A TV spot which meant that broadcasting was limited.	Advocate for nationwide coverage of the Vitamin A Communication Strategy in 2009. Identify additional funds to support communication materials and activities
	Problems continue with quality, consistency and near to expiry date of VAC. In 2008 due to near expiry date of VAC, Nov 08 VAC expiry date were distributed to primary school children; Feb 08 expiry date VAC was distributed in Nov 08 round and UNICEF have requested additional VAC to meet the shortfall for the May 09 VAC round. In some areas problems occurred with quality and consistency with capsules of the same color rather than the standard red and blue according to dose. The size and shape of the VAC also varied in some areas.	Conduct a follow up consultancy to provide TA to NNP to strengthen MMN stock management and to develop training materials, guidelines and tools to be used for improved MMN stock management at district and health center level. Strengthen communication and collaboration with the CMS, EDB. and provide timely feedback on MMN stock outs and quality of supplements
	Recording and reporting of post partum VAC distribution continues to be a problem. There are an increased number of women delivering at health facilities due to the government incentives for delivery at HC which was	Work in close collaboration with NGO partners to implement the Post Partum Care Package which includes VAC, IFA and Mebendazole

	introduced in 2007. Despite women reporting they received VAC after delivery there lack of recording and also probably poor reporting of distribution in some areas.	Increase awareness of post partum care package by working with relevant partners to develop IEC materials and TV/radio spots for PNC in 2009
Successful revision of the MPA 10 Training Package and development of new job aids including a job aid for vitamin A supplementation was achieved by the good collaboration and participation of various partners.		
	Poor quality monitoring of VAC rounds due to the use of inconsistent checklists and district supervisors reported lack of time to conduct monitoring during the VAC rounds.	Work in close collaboration with partners to revise and update the MPA monitoring checklist. Advocate with PHD's and partner NGO's about the importance of promoting district supervision of VAC rounds and ensuring that adequate funds for monitoring and supervision of VAC are included in the provincial AOP's.
	Minimal mop up conducted to ensure that missing children receive VAC. This is due to lack of accurate information in each village about children who missed the VAC round. Also lack of funds to follow up following the VAC rounds	Work with districts and NGO partners to standardize the community volunteers register for VAC activities. During planning meetings with VHSG review and practice the filling in of register. Following VAC round and mop up activities registers should be kept at HC or village leaders house until preparation for the next round to ensure that records are not lost if VHSG leaves the village.
<i>Iron and Anemia Prevention and Control</i>		
Good collaboration with partners and regular meetings through NWG. National Steering Committee set up to coordinate the development of a National Communication Strategy for IFA. Committee consisting of RACHA, RHAC, HKI, WHO, UNICEF and A2Z.	Increasing workload with too few staff at NNP national level to manage work.	Advocate for additional NNP staff for Anemia Prevention and Control Program. UNICEF will support Functional Analysis to identify number of staff needed. Restructuring of NNP organizational chart will be done in 2009.
The 2007 National IFA Guidelines for pregnant and postpartum women implemented in most provinces and districts due to good communication with provinces and NGO partners National guidelines integrated into documents such as Safe Motherhood Policies and MPA 10 revised training manuals.	Some health centers not yet received information about new IFA guidelines because lack of dissemination of National Guidelines at local level.	Provinces will budget to conduct dissemination workshops for IFA guidelines. Budget included in PHD and OD AOP's 2009 and 2010

<p>Recording and reporting in improved in some province because of regular integrated supervision conducted in MPA 10 provinces.</p> <p>Some provinces using electronic system for sending HIS.</p>	<p>Accurate recording and reporting remains a problem in some districts that have not received regular supervision.</p> <p>Still late submission of HIS data in some provinces.</p>	<p>Expansion of MPA 10 provinces in 2009 will contribute to strengthening supervision of nutrition activities. MPA 10 supervision checklist will be reviewed and revised in 2009.</p>
<p>Increased distribution of IFA to pregnant and postpartum women in all provinces due to increased demand from women for IFA and increased number of women accessing health centers for antenatal care and delivery.</p> <p>WVI donated 15 million IFA to meet shortfall.</p>	<p>Stock outs of IFA in many provinces during 2008. Slow or delayed distribution of IFA from CMS. An assessment of MMN stock management identified mismanagement of IFA stock at all levels. Some health centers with stock out report purchasing IFA using the users fees.</p>	<p>MSH consultant will work with NNP to strengthen management of MMN stock in early 2009. RACHA and A2Z Micronutrient Project will support this activity. NNP will conduct capacity strengthening for province and district staff in targeted districts using new tools introduced for MMN management.</p>
<p>NNP integrated data base developed and data entered with the support of A2Z Micronutrient Project and RACHA IT staff.</p>	<p>NNP not yet using integrated data base due to lack of NNP staff time to spend in the NNP office for training sessions.</p>	<p>NNP need more training on using the new data base. A2Z Micronutrient Project will identify M and E consultant to support this activity in 2009.</p>
<p>Anemia and TIPS study completed with good participation from all stakeholders. The report not yet finalized due to delay in transcribing the data from Khmer to English because of the NNP busy workload.</p>	<p>Delayed development of communication strategy for IFA due to political problems in Thailand. Mahidol was going to support this activity but it was cancelled in September 08.</p>	<p>A communication strategy for the prevention and control of anemia will be developed to ensure consistency in messages used by different organizations and to endure quality of IEC/BCC materials. RACHA have agreed to fund the communication development consultant in 2009 and will work in close collaboration with the A2Z and the National Steering Committee.</p>
<p>WIF baseline survey successfully conducted in target areas: secondary schools in 5 provinces (Kampong Thom, Kampong Speu, Kampot, Kep, and Pursat) in one OD in Kampong Thom.</p> <p>Endline survey conducted in five provinces in late 2008 with TA from WHO consultants.</p> <p>Distribution of WIF started from January 2008 – March 2008.</p>	<p>Monitoring of distribution did not take place in Pursat due to lack of budget.</p> <p>4 provinces reported that the budget for monitoring of WIF received but not enough.</p> <p>The distribution should start in January but some provinces did not receive confirmation from the NNP about when to start the distribution.</p>	<p>Results of the baseline and endline survey will be shared with relevant stakeholders.</p>

<p>Successful distribution of WIF to women of reproductive age (WRA) living in communities in one OD (Baray Santouk) in Kampong Thom through the health system. Experience gained from this activity will be used for future programming and policy formulation related to this target group.</p>	<p>Community/VHSG in OD Baray Santuk K.Thom did not receive enough information about WIF as training only conducted to HC level. Although WIF distributed to women in the community they did not have enough information about WIF compliance.</p>	<p>The NNP has included in 2009 workplan the request for 9 million weekly iron/folate tablets but do not know if CMS will purchase WIF. The NNP will continue to discuss with key partners on the formation of the national policy on anemia prevention and control for WRA.</p>
<p>Good progress in implementing Good Food for Children study (MMN Project) in Svay Rieng Province because of strong collaboration and partnerships. First round of data collection completed in Aug 08 and second round began in September 2008. 1,075 children completed first round data collection.</p>	<p>Budget constraints continued during 2008. Short of money for data collection activities – still need \$ 30,000. The GFC Steering Committee is working on identifying the additional funding required. Problem with 'sticky sprinkles' micronutrient powders because of poor quality of packaging. This was discussed with the company who supplied the sprinkles. The company has agreed to provide credit to the NNP to replace the sticky sprinkles with no cost when NNP next order sprinkles. Procurement delay with MoH budget. T-shirts and bag for HC, VHSG and mothers not yet printed. Short of budget for NIPHL and lab consultant. WHO will cover these costs from October 2008 – August 2009.</p>	<p>Identify additional budget for data collectors for June – August 2009.</p>