

CAMBODIA

THEMATIC NUTRITION REPORT SC1499040025

January – December 2016



A child is screened for nutritional status during a mass screening in an urban poor community in Phnom Penh; © UNICEF Cambodia/2016/Raab

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Acronyms

CDHS	Cambodia Demographic and Health Survey
CMAM	Cambodia Community Management of Acute Malnutrition
COMBI	Communication for behavioural impact
MAM	Moderate Acute Malnutrition
MNCH	Maternal, newborn and child health
SAM	Severe acute malnutrition
UNICEF	United Nations Children's Fund
VHSG	Village Health Support Group

Executive summary

During this reporting period, the following results were achieved:

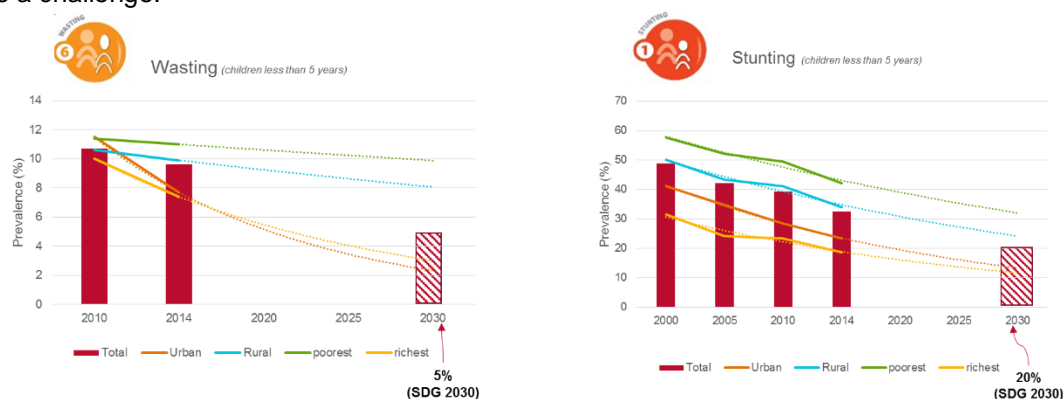
- For the treatment of acute malnutrition:
 - More than 5,000 children have been treated for SAM;
- For the promotion of breastfeeding and complementary feeding:
 - UNICEF installed 28 televisions in health centres in UNICEF target districts to air spots on water, sanitation and hygiene (WASH), nutrition and health for patients to watch while they wait for their appointments. In 2016, more than 70,000 individuals were reached.
 - Formative research on Nutrition was implemented to finalize the new communication strategy for the next 3 years

Strategic context of 2016

Cambodia has been on a positive trajectory for a number of health and development indicators. However, in the interest of achieving the country's 2025 Sustainable Development Goals (SDGs), there is a need to accelerate efforts related to nutrition. Paramount to the success of those efforts is the critical analysis of evidence on determinants, shifts and trends related to the nutritional status of women and children in the country. Two in-depth analyses^{1,2} done by UNICEF and Institut de recherche pour le développement (IRD) using data from four rounds of the Cambodia Demographic and Health Survey (CDHS) have already yielded the following insights:

- Socio-economic inequalities continue to fuel high rates of child malnutrition.
- Despite declining since 2000, the prevalence of child stunting (low height-for-age) is still high.
- Household wealth is the main socio-economic factor associated with child undernutrition.
- Child nutritional status is strongly related to maternal nutritional status.
- Between 2000 and 2005, there was a major decline in child anaemia. Nevertheless, there has been a stagnation in terms of prevalence since 2005, and the 2014 level is still high.
- Overweight prevalence among all children younger than 5 has remained fairly constant and low since 2000, although an increasing proportion of urban children from the richest households are overweight.
- Among women of reproductive age, there has been a significant decrease in the prevalence of thinness and a significant increase in the prevalence of overweight.
- Young age (under 15 years), poverty (the lowest wealth quintile), and anaemia status are positively related to thinness in women, whereas older age and lower levels of education are positively related to overweightness in women.

If Cambodia continues business as usual, the various SDGs that aim to reduce malnutrition will not be met. For most of the indicators, they are off-track. For example, women overweight should not be increasing, but considering actual trends, this seems unlikely (see figure below). It is well known that overweightness and obesity in women impact the future health of their children. In addition, the prevalence of wasting demonstrates the limited resources available for the treatment of acute malnutrition in Cambodia; disparities between urban and rural populations will deepen if investment in rural and poor communities does not drastically change. The prevalence will stay above 8 per cent, which is unacceptably high in a future middle income country, and is also above the SDG target of <5 per cent. Reducing stunting below 20 per cent will also be a challenge.



UNICEF estimated trends of key nutrition indicators from 2015 to 2030

¹ Greffeuille, Valérie, et al., 'Persistent Inequalities in Child Undernutrition in Cambodia from 2000 till Today', *Nutrients*, 2016.

² Greffeuille, Valérie, et al., 'Inequity between Cambodian women for nutrition and antenatal care over the last 15 years (2000-2014)', *Nutrients*, 2016.

Results in the outcome area

Result 1: treatment of severe acute malnutrition

Results: More than 5,000 children treated for SAM over the last year.

i. Mass screening

With UNICEF support, periodic mass SAM screening of children younger than 5 was initiated during the first six months in Phnom Penh and two northeastern provinces, Ratanakiri and Kratie, and then extended to Mondolkiri in November. During the first three quarters of 2016, 46,809 children were screened and approximately 64.6 per cent of under-fives in the northeastern provinces and four operational districts in Phnom Penh were screened, and 1,095 SAM children were identified. The increased number of identified and treated SAM children led to the stock-out of RUTF at health facilities in most provinces due to the NNP's underestimation of the amount of RUTF needed at health centres.

Based on experience during mass screening, combined measurement using both weight-for-height and MUAC is desperately needed in order to improve identification of SAM children. This evidence is being used to inform the revision of SAM management policy and guidelines, which is currently underway.

ii. Treatment of SAM

1) Inpatient treatment

In 2016, the NNP began monitoring UNICEF resource allocation to hospitals in 19 of Cambodia's 25 provinces for the treatment of inpatients and follow-up visits in order to increase the capacity of national stakeholders. The 36 hospitals involved in the programme treated 1,356 children as inpatients in the first three quarters of 2016 (47.1 per cent girls). As shown in the following table, 2016 results are better than for the same period last year, except for follow-up visits, which declined slightly.

Indicators	Three quarters 2013	Three quarters 2014	Three quarters 2015	Three quarters 2016
Number of children referred to hospital	1,041	1,182	1,318	1,356
Drop-out rate	5.65%	3.72%	3.26%	2.80%
Children with 1 follow-up visit (%)	52.6%	83.4%	71.1%	83.9%
Children with 2 follow-up visit (%)	52.9%	74.9%	66.1%	76.2%
Children with 3 follow-up visit (%)	42.4%	61.4%	50.0%	61.8%

2) Outpatient treatment

Of the SAM children identified during UNICEF mass screening, 56.9 per cent received treatment (684 children from Phnom Penh, Kratie and Ratanakiri) due to referral issues and limitation of RUTF availability. With a combined approach (inpatient treatment and mass screening), UNICEF treated from 7 per cent to 27 per cent of the yearly caseloads:

	Population Under 5 HMIS 2015	Prevalence of SAM	Number of SAM cases according to DHS	Yearly caseloads	Case treated in Q1-3 2016	%
Kratie	41,524	2.7	1121	2915	358	12%
Phnom Penh	160,729	1	1607	4179	308	7%
Preah Vihear/Steung Treng	32,826	1.3	427	1110	226	20%
Mondolkiri/Rattanak Kiri	24,812	1.4	347	903	246	27%
	259,891		3,503	9,107	1,138	

Note: HMIS: Health Monitoring System

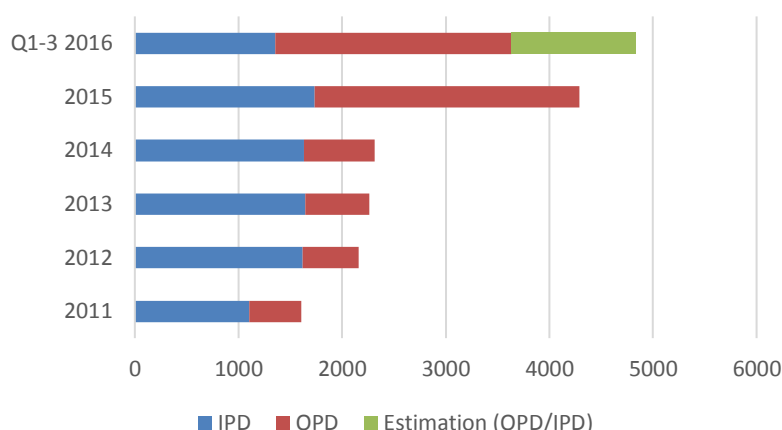
In addition to the outpatients treated through UNICEF mass screening, during the first semester of 2016 over 3,100 children were treated for SAM in 16 provinces of which (from semester 1):

- 54 per cent were discharged
- 27.5 per cent dropped out

- 58.5 per cent had one follow-up visit
- 40.4 per cent had two follow-up visits
- 32.9 per cent had three follow-up visits

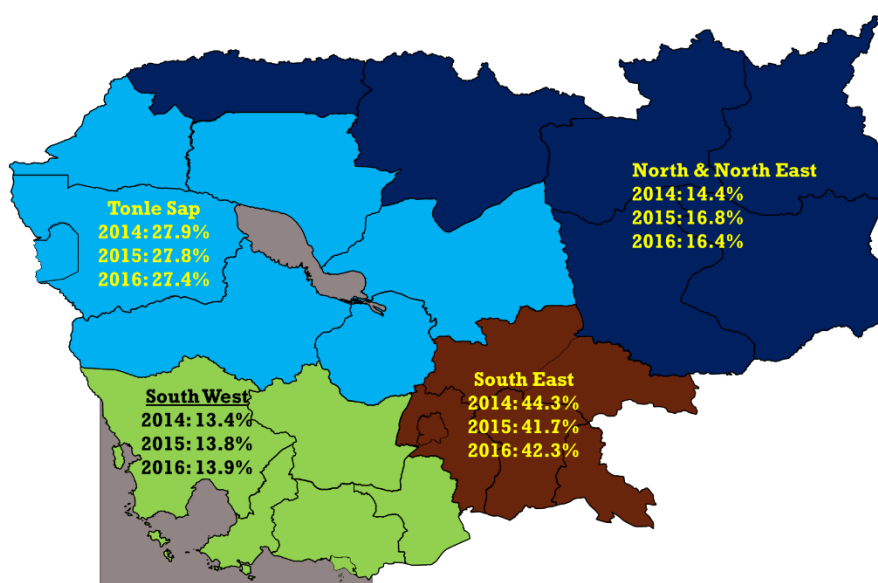
Over the last two years and nine months, 4,725 children were treated as inpatients and more than 6,300 as outpatients. Therefore, after three years of support more than 11,000 children have been supported.

Cumulative number of SAM children treated since 2011



Note: IPD: inpatient department, OPD: outpatient department

Most of the children were treated as inpatients in the southeastern provinces as shown in the following map:



iii. New guidelines

The 2011 community-based management of acute malnutrition guidelines were found to be outdated, overly long and complex, particularly for health centre staff who are of generally lower capacity than hospital clinical staff. Screening for acute malnutrition is very weak and is leading to fewer than expected admissions for SAM treatment. With the support of an international consultant, UNICEF is supporting MOH to update the actual guidelines into four manuals:

- Community handbook for screening purposes
- Outpatient handbook for SAM children without complication treated at health facilities
- Inpatient handbook for SAM children with complications treated at hospitals
- Management of moderate acute malnourished children

iv. Evidence generation

Children with malnutrition are at a much higher risk of dying. The risk increases with severity of the malnutrition, but even children with moderate malnutrition are already at an increased risk. WHO recommends two indicators to identify children with malnutrition: weight-for-height z-score (WHZ) and MUAC. There is controversy as to whether MUAC can replace WHZ completely as indicator. Differences between the two indicators have been attributed to differences in genetic background (African/Caucasian/Asian).

In the MyHealth Study (see following component), there were significant differences between the three focus provinces in the number of malnourished children identified by MUAC and WHZ. As shown below, MUAC cannot replace WHZ to identify children with malnutrition, as most children older than 12 months would have been missed.

Severe Wasting distribution in the severe wasted sample				
province	n	by MUAC alone	by WHZ alone	Both
Phnom Penh	49	55,1 (7,18)	36,73 (6,96)	8,16 (3,95)
Kratie	73	38,36 (5,73)	43,84 (5,85)	17,81 (4,51)
Ratanakiri	82	86,59 (3,79)	9,76 (3,3)	3,66 (2,09)
Moderate Wasting distribution in the moderate wasted sample				
province	n	by MUAC alone	by WHZ alone	Both
Phnom Penh	160	20,42 (2,92)	43,46 (3,6)	36,13 (3,48)
Kratie	262	24,7 (2,37)	43,37 (2,72)	31,93 (2,56)
Ratanakiri	291	26,89 (2,27)	28,2 (2,3)	44,91 (2,54)

Result 2: Behaviour Change campaign

Results: in 2016, a national campaign reaches women of reproductive age, pregnant/lactating women and child caregivers; more than 500,000 children aged 6-24 months have been reached by mass media. In addition, UNICEF with partners HKI and NNP redefine the strategy. New projects are being tested.

More than 50 per cent of the population surveyed had not received nutrition or WASH messages during their latest visit to a health centre. UNICEF installed 28 televisions airing spots on WASH, nutrition and health in waiting rooms. In 2016, more than 70,000 individuals were reached:

	Number of health facilities	Access to message from June to August	Access to message from September to November
Kratie	6	5,559	14,626
Phnom Penh	2	6,284	4,912
Ratanakiri	16	13,173	25,702
Total	24	25,016	45,240

i. Promotion of breastfeeding and complementary feeding through radio

In 2016, UNICEF and the NNP increased the number of mass media campaigns to ensure appropriate feeding practices by including additional donors to the initiative:

- TV spots on TVK: 213 TV spots aired in January 2016
- September to December 2016: Three radio spots were aired during four flights. In total, the spots were on the right radio stations from 13 provinces more than 5,760 times.

Radio is one of the most popular forms of media in Cambodia, reaching most of the population in rural areas (80 per cent), as well a significant amount of the urban population (40-70 per cent, depending on socio-economic status). It is estimated that radio spots have been heard by more than 540,000 caregivers since the start of the programme.

ii. Development of tools for the different players (media, health staff, stakeholders)

During 2016, UNICEF developed several materials to improve breastfeeding and complementary feeding through UNICEF social media. Via Facebook, the most accessed social media platform in Cambodia, mini-campaigns on proper IYCF practices were conducted in May, July and August, reaching more than 116,000 people. Examples of the materials are included here:

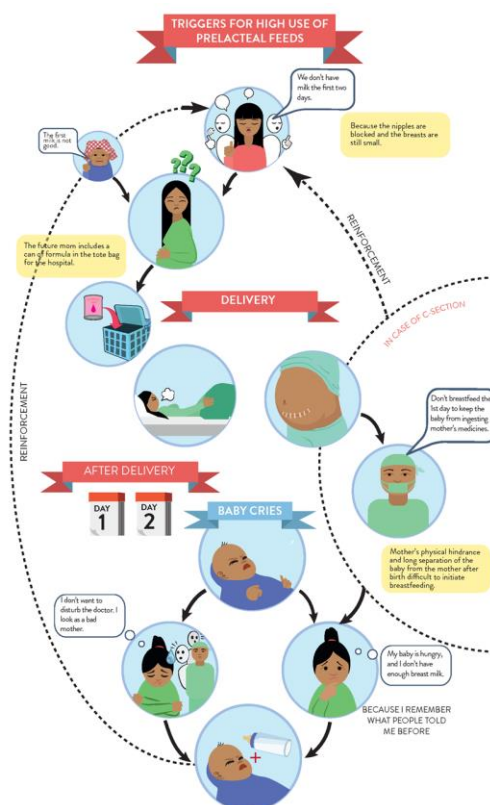


iii. formative research

UNICEF and HKI implemented a formative research to develop a comprehensive national IYCF strategy that tackles the main challenges. The study used Human Centered Design methodology to identify what are the main barriers and challenges for mothers and other caretakers in urban and rural areas to exclusively breastfeed the first 6 months and continuing breastfeeding until 24 months old and beyond. Also what the main challenges for mothers and caregivers are to feed their children with improved complementary feeding. Final results will be available in February 2017, but the first draft shows already interesting triggers the following changes:

- Trigger for high use of pre-lacteal feeds
- Trigger for not gaining weight during pregnancy
- Trigger for not breastfeeding and continuing it
- Trigger for not appropriately feeding (complementary food) their children after 6 month of age
- Trigger for high use of enriched porridge

For example, there is a common belief in Cambodia that during the first “two days” after giving birth mothers do not have any or do not have enough breast milk. This belief is based on the perception that the breasts are still small and the nipple pores are blocked so no milk can come out, making it hard for the baby to suck. With this belief in the back of their minds, mothers include a can of formula in their tote bag for the hospital. After giving birth, when the baby cries, the mother immediately associates this cry with hunger, which confirms the assumption that she does not have or not enough milk for her baby, just as relatives had told her. Therefore, despite the high level of awareness about breast milk benefits, anxiety over not being able to satiate the ‘hunger’ cry of the baby with breast milk triggers mothers to provide formula milk as a pre-lacteal feed. In addition, a social norm that is contributing to giving babies pre-lacteal feeds for the first two days is the fact that in Cambodian culture, a baby crying is not well perceived. People lose face, especially in public places or in front of ‘senior’ people such as doctors. Thus, mothers and family try to stop their babies from crying by giving them pre-lacteal feeds, especially at the health facility before the doctor comes to check the baby for vaccines. As shown in the image, working on those triggers could increase appropriate breastfeeding practices during the first hours.



Financial analysis

The following table provides information on the budget planning related to health and nutrition activities in 2016 from all funding sources.

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Budget: Planned and thematic contribution 2016

Table 1: Planned Budget by Outcome Area – Nutrition³, Cambodia

Intermediate results	Funding Type ⁴	Planned budget (US\$) ⁵
01-02: Nutrition	RR	660,000.00
	ORR	1,282,500.00
Total Health and Nutrition Planned Budget		1,942,500.00

Table 2: Country-level thematic contribution 2016: Outcome area – Nutrition, Cambodia

Donor	Grant Number	Contribution Amount	Programmable Amount
1. Outcome 1: Health		63,346.23	60,052.67
Thematic MTSP 2014-2017	SC1499040025	63,346.23	60,052.67
Grand Total		63,346.23	60,052.67

³ Planned budget by intermediate results as per approved rolling work-plan 2016-2017

⁴ RR: Regular Resources, ORR: Other Resources – Regular (and ORE: Other Resources – Emergency if applicable)

⁵ ORR (and ORE, if applicable) funded amount exclude cost recovery (only programmable amounts)

Financial implementation

Table 3: 2016 Expenditures by Programme Area

Fund Category	All Programme Accounts
Year	2016
Business Area	Cambodia - 0660
Prorated Outcome Area	04 Nutrition

Expense	Column Labels			
Row Labels	Other Resources - Emergency	Other Resources - Regular	Regular Resources	Grand Total
04-01 Infant and Young child feeding	114	352,249	122,626	474,989
04-02 Micronutrients	51	196,889		196,940
04-04 Community-based management of acute malnutrition	48	182,502		182,549
04-06 Nutrition # General	173	430,834	331,976	762,983
Grand Total	386	1,162,473	454,602	1,617,461

Table 4: Expenditure of Thematic Contributions by Programme Area

Fund Category	All Programme Accounts
Year	2016
Business Area	Cambodia - 0660
Prorated Outcome Area	04 Nutrition
Donor Class Level2	Thematic

Expense	Column Labels		
Row Labels	Other Resources - Emergency	Other Resources - Regular	Grand Total
04-01 Infant and Young child feeding	114	216,686	216,800
04-02 Micronutrients	51	18,524	18,575
04-04 Community-based management of acute malnutrition	48	94,865	94,912
04-06 Nutrition # General	173	196,152	196,325
Grand Total	386	526,227	526,613

Table 5: Expenditures by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2016
Business Area	Cambodia - 0660
Prorated Outcome Area	04 Nutrition

Row Labels	Expense
04-01-01 Infant and young child feeding implementation (including BFHI)	55,151
04-01-02 Breastfeeding	3,003
04-01-03 Complementary feeding and food supplements	231,842
04-01-04 Growth monitoring and promotion	143,017
04-02-02 Elimination of iodine deficiency	195,111
04-04-01 Treatment of Severe Acute Malnutrition	181,152
04-06-01 Nutrition # General	376,137
04-06-04 Nutrition surveys, assessments and surveillance	277,876
04-06-05 Routine nutrition information systems and reporting	2,646
08-01-01 Country programme process	2,122
08-01-02 Annual review	11,371
08-01-04 UNDAF preparation and review	101
08-01-06 Planning # General	35,003
08-02-01 Situation Analysis or Update on women and children	973
08-02-04 DevInfo	893
08-02-08 Monitoring # General	15,852
08-03-01 Cross-sectoral Communication for Development	216
08-03-02 Communication for Development at sub-national level	1,940
08-04-03 Early Childhood Development # General	6,396
08-04-06 Social Protection and ECD	13,697
08-05-01 Supply # General	26,520
08-05-02 Procurement	1,255
08-06-01 Building evaluation capacity in UNICEF and the UN system	283
08-09-06 Other # non-classifiable cross-sectoral activities	28,799
08-09-07 Public Advocacy	2,399
08-09-09 Digital outreach	2,516
08-09-10 Brand building and visibility	496
08-09-11 Emergency preparedness and response (General)	294
09-02-05 CO Programme coordination	693
Grand Total	1,617,755

Future work plan

- Ensure at least three mass screenings for acute malnutrition in each province
- Assess the efficiency of antenatal care and post-partum care to deliver nutritional messages
- Continue developing innovative food supplements to treat or prevent acute malnutrition

- Support the implementation of a nation-wide communication strategy to improve complementary feeding
- Develop social marketing strategies for micronutrient powders

Table: Planned budget and available resources for Nutrition in 2017

Output 1.3 - Nutrition		Planned ¹	Funded ¹	Shortfall ²
New National guidelines for better nutrition is endorsed and implemented, with integrated specific attention for under 5 years of age children and pregnant women and implemented the 6 priority provinces.	RR	9,476.00	9,476.00	-
	ORR	67,500.00	35,000.00	32,500.00
By 2018 at least 5,000 SAM children annually are treated nationally through ODP and IPD services including 1,000 children from 6 selected IECD provinces	RR	79,331.00	79,331.00	-
	ORR	372,269.00	207,269.00	165,000.00
At least 70% of salt is iodized and comply with national standards	RR	-	-	-
	ORR	185,000.00	60,000.00	125,000.00
Innovation of local food supplements developed to increase quality of complementary feeding and treatment of SAM	RR	-	-	-
	ORR	290,000.00	100,000.00	190,000.00
Inter-sectoral longitudinal study on impact of IECD developed and implemented under the lead of MoH with participation of IECD sectors	RR	105,000.00	105,000.00	-
	ORR	222,500.00	15,000.00	207,500.00
International and national Technical assistance	RR	216,193.00	216,193.00	-
	ORR	73,807.00	68,807.00	5,000.00
Sub-total Regular Resources	RR	410,000.00	410,000.00	-
Sub-total Other Resources - Regular	ORR	1,211,076.00	486,076.00	725,000.00
Total Output 1.3:		1,621,076.00	896,076.00	725,000.00

Expression of thanks

UNICEF Cambodia would like to express its gratitude to National Committee for its generous multi-year contribution to the Cambodia country office's Nutrition Thematic Fund. This contribution is critical and has allowed UNICEF to contribute to the implementation of essential Nutrition, as well as innovative ways to address need and better respond to current bottlenecks. With this funding, the country office will continue to achieve better results for children and women. The flexibility of the fund has allowed UNICEF to act effectively and efficiently in the national response.

Annexes

Annex 1. Human interest stories

Nutrition efforts to build brighter futures for mothers and babies

By Noémi de Verneuil and Arnaud Laillou

Ratanakiri and Phnom Penh, Cambodia, November 2016 – It is early morning in Ka Lay 2 village and 28-year-old Nanja arrives at the meeting point with her husband Niag and their three-month-old boy Syna.

The baby, their third child, looks healthy and energetic and looks at everything around him. Nanja is here to do a follow-up on her health and that of her baby. The visit is part of the project called '*Sokapheap Knhom*', which means "my health" in Khmer.

This project is an innovative joint development involving UNICEF, IRD (Institut de Recherche pour le Développement or French Research Institute for Development) and the Cambodian Government's Department of Fisheries.



Nanja and Niag answer the data collector's questions; @UNICEF Cambodia/2016/de Verneuil

They are collectively involved in a study of more than 4,000 children and pregnant women in Kratie, Ratanakiri and Phnom Penh provinces which involves monitoring their health, nutrition and water/sanitation access. From this study, UNICEF with its local partners will adjust programmes to improve the survival rate and development of children.



A data collector holds a packed of the num Trey (fish snack). One double pack contains 20 wafers; @UNICEF Cambodia/2016/de Verneuil.

Like other families in the village, Nanja and Niag decided to take part in the project three months ago. Niag said: “We don’t lose our time. I don’t know how to explain it. All I can say is that it is good for the health of my wife and my family.

“I was worried that my wife could be at risk when she would deliver. After we get into this project, I was less worried for my wife”.

Nanja was screened three months ago when she was still pregnant. Based on the measurements of her weight, height and mid-upper arm circumference (MUAC), she was found to be undernourished, with a MUAC of less than 23 centimetres.

As part of the project, she received a stock of food snack supplements to help her gain some weight.

Project researcher Aleth Som said: “Nanja was malnourished when we met her for the first step of our study in Ratanakiri.

“And we found that lots of pregnant women are malnourished in the targeted areas in the three provinces (over 20 per cent). The food

snack supplement was adapted for pregnant women with certain needs, it is very rich in vital nutrients and has been developed specifically to fit with local eating habits.”

Made from fish, rice, beans and other micronutrients, the snacks are a complementary food for pregnant women like Nanja. She said: “It is delicious. The taste is sweet and not too fishy.”

Today, her baby is screened by the team to ensure that the episode of malnutrition accounted during pregnancy didn’t impact negatively on him.

He weighed 3kg at birth and is 5.3 kg now and his nutritional measurements are also normal for a baby of his age.

“When I see the baby growing-up, I feel very happy,” said his father Niag.

Thanks to the follow-up on her weight and MUAC size, the team is able to provide good advice to Nanja and encourage her to keep taking strong nutrients like the fish snack supplements which can provide sufficient energy to put on weight while she is breastfeeding her baby.

For other women, maintaining good health and nutrition status during and after pregnancy is an even bigger challenge.

Romas Vy, from the Charay ethnic group, is 19 years-old and she gave birth one and a half months ago to an underweight baby that requires close monitoring.



Niag takes his son to be measured; A data collector measures the mid-upper arm circumference of Nanja’s baby boy Syna; @UNICEF Cambodia/2016/de Verneuil



pregnancy.

Unlike Nanja, Romas didn't use this intake on a regular basis as recommended as she found it challenging.

She said: "The taste was not my favourite and therefore I don't eat it always, even if it helps me to have more energy.

"Being pregnant is difficult; I was working in the field to grow cassava and needed to clean and wash in the house, but I felt always tired and needed to rest a lot and couldn't eat that much."

Researcher Ahlet Som, (left) and the village health worker (right) discuss health issues with Romas Vy (centre); @UNICEF Cambodia/2016/de Verneuil



Because of her nutrition status, the team leader also gave her the fish snacks during her

time. She was also found to be undernourished and was given the fish snack supplements.

Even living in an urban area in Chey Chomnas, in Banlung district does not protect against malnutrition. Tavy, 24, is pregnant for the first

"I went to take part in the project because lots of people say it's good, including the chief of my village. Every month I go to the health centre.

"They give me advice to eat more vegetables. But I went to see the project *Sokapheap Knhom* and they explained to me that I was malnourished, so they gave me the fish snack supplements."

Tavy is encouraged by her husband and mother-in-law to eat the snacks almost every day.

"I like the *num trey* and it makes me thirsty and so I drink more water. I think there are a lot of vitamins in it so I take it because it is good for my health.

"Before I didn't have an appetite, but after taking it, I had more of an appetite."

The birth of Tavy's child is scheduled in two weeks. She is planning to take the food supplements for two weeks to have more energy before delivery and is also considering taking the snacks after giving birth.

Thanks to the support of several UNICEF national committees – including those of Australia, Canada, Hong Kong, and South Korea – the *Sokapheap Knhom* project has been able to engage over 5,000 households in the three provinces of Kratie, Ratanakiri and Phnom Penh.

Tavy (left) answers researcher Ahlet Som's questions at her home in Banlung district; @UNICEF Cambodia/2016/de Verneuil

This approach has enabled thousands of pregnant women gain access to quality health care, and nutrition and hygiene advice and services which is providing a better start in life for those yet to be born.

More human interest stories in below links (high-resolution photos available by request)

<http://unicefcambodia.blogspot.com/2016/05/nutrition-services-safety-net-for.html>

<http://unicefcambodia.blogspot.com/2016/07/getting-it-right-from-start-generating.html>

<http://unicefcambodia.blogspot.com/2016/11/combating-severe-acute-malnutrition-in.html>

Annex 2. Donor Feedback Form

Title of Report/Project:

UNICEF Office:

Donor Partner:

Date:

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name:

Email:

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!