Maternal, Newborn and Child Health

THEMATIC HEALTH AND NUTRITION REPORT
SC149901

January-December 2016

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Ting Dong, 18, is pictured with her first child who was delivered by trained midwives at the Ke Chong Health Centre in northeast Cambodia. Ting Dong had preeclampsia, a pregnancy condition characterized by oedema on both feet, so she was referred for proper care by the local commune in Borkeo district, with support from the community emergency referral scheme which is managed by the commune council and supported by UNICEF Cambodia.

Prepared by:

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Acronyms

CDHS	Cambodia Demographic and Health Survey
CMAM	Cambodia Community Management of Acute Malnutrition
COMBI	Communication for Behavioural Impact
EVM	Effective Vaccine Management
HRC	High-risk Community
IMCI	Integrated Management of Child Illnesses
IPPC	Integrated Post-Partum Care
MAM	Moderate Acute Malnutrition
MNCH	Maternal, Newborn and Child Health
MNTE	Maternal Neonatal Tetanus Elimination
NIP	National Immunization Programme
NNP	National Nutrition Programme
SAM	Severe Acute Malnutrition
UNICEF	United Nations Children's Fund
VHSG	Village Health Support Group
WHO	World Health Organization
SOP	Standard Operating Procedures

Executive summary

Cambodia has progressed towards achieving Millennium Development Goals 4 and 5 on reducing child mortality and improving maternal health, respectively. Over the past five years, neonatal mortality has declined from 27 per 1,000 live births to 18 per 1,000 live births; the infant mortality rate has declined from 45 per 1,000 live births to 28 per 1,000 live births; and the under-five mortality rate has declined from 54 per 1,000 live births to 36 per 1,000 live births.

UNICEF adopted a multi-pronged approach to create synergy and translate lessons learned from service delivery to adjust policy and strengthen service delivery systems. The implementation of essential maternal, newborn and child health (MNCH) interventions comprised: a) data analysis to inform improved programming and service delivery; b) integrated post-partum care for both mothers and newborns, at both the facility and community level; c) communication for behavioural impact and promoting of good practices; d) integrated management of childhood illnesses focusing on low-outcome operational districts serving an estimated 83,716 mothers and newborns from the most-deprived populations; e) maternal and neonatal tetanus elimination; f) screening and management of severe acute malnutrition (SAM); evidence generation to inform polities, guidelines, and strategies and the development of new guidelines and tools; and g) technical support, monitoring and evaluation. Encouraging midwives to participate in integrated outreach activities in remote villages with low antenatal services has contributed to better maternal and child health adherence and service coverage.

With thematic support from the Korea Committee for UNICEF, significant highlights in 2016 include: 1) maintaining the status of maternal neonatal tetanus elimination (MNTE) and improvement of service delivery to hard-to-reach populations through integrated outreach; 2) midwifery capacity development and improvement of quality delivery and postpartum care for mothers and newborns; 3) emergency referral for at risk pregnancies and sick newborns from the community to an appropriate health facility; 4) health sector strengthening, coordination and management; 5) improvement of SAM screening and management; 6) concerted efforts for eliminating specific micronutrient deficiency; 6) evidence generation and development of new guidelines and tools; 7) behaviour change communication and promotion of infant and young child feeding; and 8) technical support, monitoring and evaluation.

Strategic context of 2016

According to the Cambodia Demographic and Health Survey (CDHS), major improvements occurred in health outcomes for children and women in Cambodia from 2010 to 2014. Poor households have benefited from these improvements, but the gap in some maternal and child health outcomes for the richest compared to the poorest, the urban population compared to the rural and the educated compared to uneducated women and their children remains wide. The 2014 CDHS indicates that antenatal care from a trained health care professional reduces risks substantially for both mother and child during pregnancy and delivery.

Changes made to the health sector bottom-up planning process, programme budgeting and financial reform (including financial rules and regulations) introduced by the Ministry of Economy and Finance pose greater challenges for programming and programme implementation at all levels, especially service delivery for hard-to-reach and under-served areas. UNICEF's MNCH and nutrition intervention supports national and sub-national equitable coverage of quality basic health care services within a framework of enhanced effectiveness, focused on hard-to-reach areas and under-served population groups. There is also emphasis on health system strengthening and capacity development, providing both interim solutions to fill the gap and evidence to inform policy dialogue and resource leveraging for better programming and implementation.

Global and regional trends and targets set by the Ministry of Health (MoH) for MNTE are the basis for health system improvements required in three operational districts with the lowest essential MNCH service outputs and the highest risk of maternal and neonatal tetanus. This has been used to introduce equity-focused analysis and programming.

Results in the outcome area

There are two main outputs within Outcome Area 1 – Health and Nutrition. These are MNCH and Nutrition.

III.A. Maternal, newborn and child health

1. Integrated outreach to hard-to-reach areas

Integrated outreach remains one of the key strategies for delivering basic but essential health care services to populations living in hard-to-reach areas, especially in remote villages where access to health care facilities is still a great challenge. During 2016, with UNICEF's support, 894 hard-to-reach villages (about 38 per cent of total villages (N=2,371) in 10 UNICEF focus districts), including three districts identified as high risk for maternal and neonatal tetanus, received integrated outreach services at least four times, targeting especially pregnant women, mothers and newborns. Outreach to other villages was funded using national budgets and other funding sources.

The outreach teams comprise of at least one midwife to provide counselling and pre-natal care and post-natal care for both mothers and their newborn babies. Participation of midwives in outreach activities to remote villages, where coverage of antenatal care is low, contributed to an increased uptake of maternal and child health services among target populations. It is estimated that in 2016, the proportion of pregnant women with at least four antenatal care visits will remain the same as in 2015.

2. Maternal and neonatal tetanus elimination in five high-risk districts

Even though Cambodia is certified for the elimination of maternal and neonatal tetanus, sustaining this remains a greater challenge, especially in remote districts with an enduring low proportion of antenatal care visits and a high proportion of home birth deliveries.

The outreach team involves at least one midwife per team who provides antenatal care services, as well as the Tetanus Toxoid vaccine to prevent tetanus. These antenatal services are provided to pregnant women and women of child bearing age and they also receive counselling on appropriate newborn cord care practices. For health facility deliveries, Tetanus Toxoid and counselling are also part of routine integrated post-partum care services provided by midwives before discharge. Thanks to funding support from various donors, including the national committees for UNICEF, UNICEF Cambodia continued to support the implementation of the multi-pronged approach and intervention in the three high-risk districts for maternal and neonatal tetanus and in other northeast provinces to maintain and improve Tetanus Toxoid immunization coverage and to promote appropriate cord care practices.

3. Midwifery capacity development for quality delivery

In 2016, in collaboration with doctors and senior midwives of maternity wards in provincial hospitals, 38 newly assigned midwives in isolated/remote health facilities received support from UNICEF to attend coaching sessions on maternity wards. This was a hands-on practical training approach for newly deployed midwives to build their capacity and competency in providing quality, skilled birth attendance services. Each midwife attended at least 10 deliveries and was coached by experienced midwives during the training. The coaching sessions provided midwives with more skills and the confidence to deliver babies when posted back to remote health facilities. The training covered decision-making skills to refer women and newborns to a hospital when necessary. Provincial and district supervisors followed up on the midwives after the training period in the hospital.

After this hands-on practical training, trained midwives received at least four supportive supervisory visits conducted jointly by provincial and district programme managers/officers and experienced midwives from a referral hospital. During these visits, the coaching team provided technical support as required, refreshed some particular skills, and identified issues for further improvement.

4. Quality post-partum and newborn care

Improvements were made in integrated post-partum care and counselling for pregnant women and mothers at health facilities (for health facility delivery) and during integrated outreach activities, which involved the participation of midwives. In addition, 96 per cent of health centres (N = 182) received supportive supervision/onsite coaching in immediate newborn care. Monitoring the implementation of integrated post-partum care services was conducted using a supervision checklist at least four times per year, by either provincial or district supervisors. The checklist was useful to strengthen their skills and boost their confidence in assisting with deliveries in isolated situations.

As an initiative to improve neonatal care referral capacity, four teams (comprising a medical doctor, nurse and midwives) from two provincial hospitals were supported to attend a series of two-week practical training exercises on essential paediatric and new-born care in the Angkor Children's Hospital in Siem Reap province. At the same time, the provincial maternal and child health (MCH) teams conducted an assessment of the situation of the existing infrastructure and organizational capacity to provide newborn care services in one provincial hospital in Kratie, with support from the national newborn working group.

5. Quality quarterly Midwifery Alliance Coordination Team (MCAT) meetings

There was an increase in the number of midwives graduating from the Regional Nursing/Midwifery School. Many of them were assigned to remote provinces, which led to more midwives participating in quarterly MCAT meetings. In 2016, UNICEF provided support to organize MCAT meetings in five operational districts with the participation of 341 midwives. The preparation of MCAT meetings involving relevant key staff from the referral hospital, province and district managers is key to ensuring a better quality MCAT meeting.

The MCAT meetings provide invaluable opportunities for midwives to review cases and learn from their peers, which reinforces competency-based training, knowledge and skills.

6. Emergency referral from remote communities

In 2016, UNICEF provided support to initiate an emergency referral mechanism in three remote health centres – in the two provinces of Kratie and Rattanakiri – to refer pregnant women and newborns with danger signs from the community to the nearest health facility. Since the beginning of this referral system, 74 pregnant women have benefited from emergency referral support.

Emergency referral is an integral part of the health care system. Emergency referral from home to the health facility remains a common problem in Cambodia, particularly in rural areas where there is no regular transport available. According to the 2014 CDHS, 38.7 per cent of women aged 15-49 said transportation was a barrier to them accessing health services, with poor and hard-to-reach populations particularly affected. UNICEF and the National Maternal and Child Health Centre conducted an assessment of selected emergency referral systems to analyse their feasibility, cost-effectiveness and sustainability and also to gather good practices and challenges. The lessons learnt will inform a potential review of MoH strategy, policy and guidelines and formulate a cost-effective, sustainable and equity-focused pilot model of a community emergency referral system.

7. Solar lighting system for health service delivery

Among the health facilities identified as being in critical need of solar panels, 18 received a solar panel in 2016. The availability of solar panels will allow health centres to function more effectively, especially during night services of births. The communities in the health centre coverage areas also have more confidence in the quality of health care staff when bringing patients to health centres.

III.B. Nutrition

1. Treatment of severe acute malnutrition

Results: More than 5,000 children treated for severe acute malnutrition (SAM) over the last year.

i. Mass screening

With UNICEF's support, periodic mass SAM screening of children younger than five was initiated during the first six months in Phnom Penh and in the two northeast provinces of Rattanakiri and Kratie. The screening programme was extended to the eastern province of Mondulkiri 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 northeast 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 a depletion of stocks of Ready-to-Use Therapeutic Foods (RUTF) at health facilities in most provinces due to the National Nutrition Programme's (NNP) underestimation of the amount of RUTF needed at health centres.

Based on the experiences during the mass screening programme, combined measurement using both weight-for-height and mid-upper-arm circumference (MUAC) is desperately needed in order to improve the identification of SAM children. This evidence is being used to inform the ongoing revision of SAM management policy and guidelines.

ii. Treatment of SAM

Inpatient treatment

In 2016, the NNP began monitoring UNICEF resource allocation to hospitals in 19 out 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	3 quarters 2013	3 quarters 2014	3 quarters 2015	3 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 one follow-up visit (%)	52.6%	83.4%	71.1%	83.9%
Children with two follow-up visits (%)	52.9%	74.9%	66.1%	76.2%
Children with three follow-up visits (%)	42.4%	61.4%	50.0%	61.8%

Outpatient treatment

Of the SAM children identified during UNICEF's 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 seven to 27 per cent of the yearly caseloads as show in the table below:

	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**	

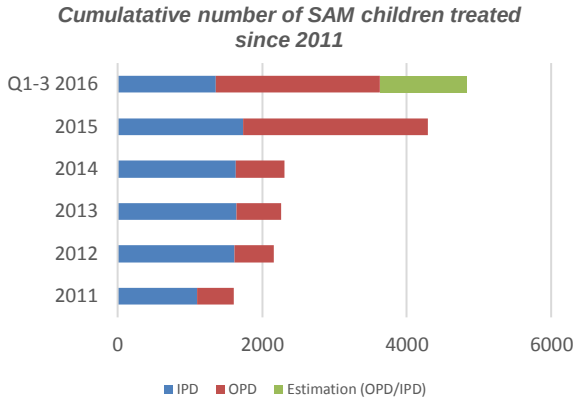
Note: HMIS: Health Monitoring System

In addition to the outpatients treated through UNICEF's 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 received support.

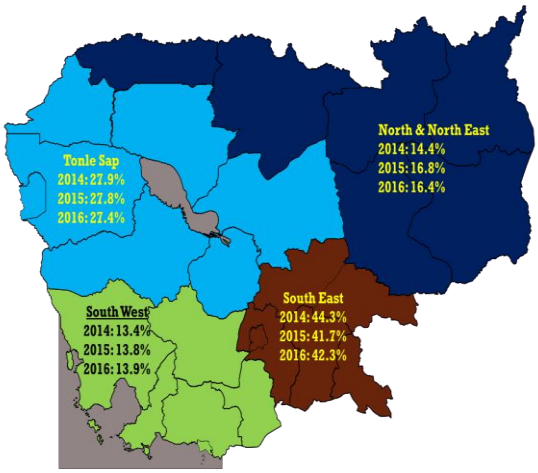
Most of the children were treated as inpatients in the south-eastern provinces as shown in the following map:



Note: IPD: inpatient department, OPD: outpatient department

iii. Development of 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 with a lower capacity than hospital clinical staff, in general. 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 the following four manuals:



- A community handbook for screening purposes.
- An outpatient handbook for SAM children without complications treated at health facilities.
- An inpatient handbook for SAM children with complications treated at hospitals.
- The management of moderate acute malnourished children.

iv. Evidence generation

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

In the *My Health Study* (see the following component), there were significant differences between the three focus provinces in the number of malnourished children identified by MUAC and WHZ approaches. 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)

2. Behaviour Change campaign

In 2016, a national campaign reached women of reproductive age, pregnant/lactating women and child caregivers and over 500,000 children aged six to 24 months have been reached through campaigns in the mass media. In addition, UNICEF, in collaboration with partners Helen Keller International (HKI) and the National Nutrition Programme (NNP), has redefined campaign strategies and new projects are being tested.

Research revealed that over 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, over 70,000 individuals were reached (see the following table):

	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 campaigns

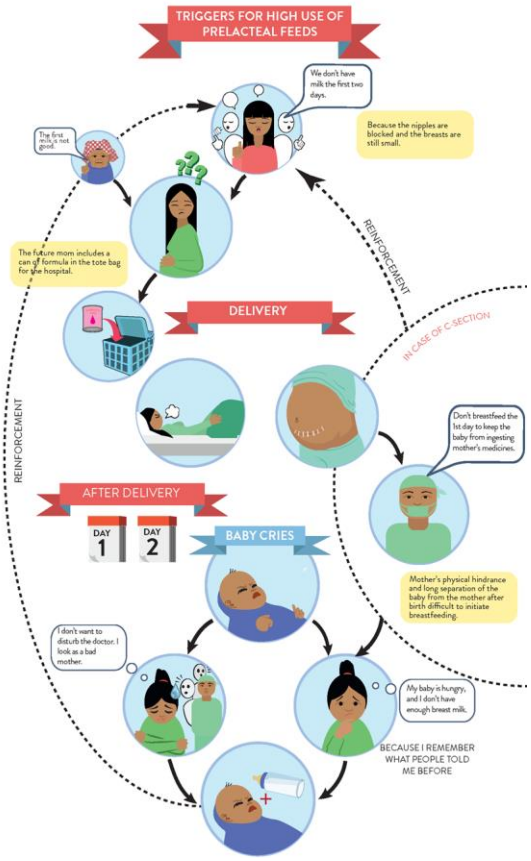
In 2016, UNICEF and the NNP increased the number of mass media campaigns to deliver more intensive messages to encourage appropriate feeding practices. This approach involved additional donors and an increase in media saturation as follows:

- A total of 213 TV spots were aired on TVK in January 2016.
- From September to December 2016, three radio spots were aired during a designated period and in total, 5,760 spots were aired on radio stations in 13 provinces.

Radio is one of the most popular forms of media in Cambodia and it reaches 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 awareness campaigns on UNICEF's social media platforms. Mini-campaigns on proper infant and young child feeding (IYCF) practices were conducted in May, July and August, through Facebook, the most accessed social media platform in Cambodia and these reached over 116,000 people. Examples of the materials used are detailed below.



iii. Formative research

UNICEF and HKI implemented formative research to develop a comprehensive national IYCF strategy to address the main challenges. The study used human-centered design methodology to identify the main barriers and challenges for mothers and other caretakers in urban and rural areas to exclusively breastfeed for the first six months and to continue breastfeeding for 24 months and beyond. The challenges mothers – and caregivers – face in ensuring they feed their children with improved complementary feeding is a prominent issue. The final results of this research will be available in February 2017, but the first draft already shows interesting triggers regarding the following:

- 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 children after six months 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 any, or not enough milk for her baby, just as relatives might have 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 previous image, working on these triggers could increase appropriate breastfeeding practices during the first hours of a baby's life.

Financial analysis

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

Budget: Planned and thematic contribution 2016

Table 1: Planned Budget by Outcome Area – Health and Nutrition[1], Cambodia

Intermediate results	Funding Type[2]	Planned budget (US$)[3]
01-01: Maternal, Newborn and Child Health	RR	438,800.00
	ORR	2,737,956.00
01-02: Nutrition	RR	660,000.00
	ORR	1,282,500.00
Total Health and Nutrition Planned Budget		**5,119,256.00**

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

GL Finance Category	1. VOLUNTARY CONTRIBUTIONS
Year	2016
Thematic Hierarchy	Thematic
Business Area	Cambodia - 0660

Donor	Grant Number	Contribution Amount	Programmable Amount
1. Outcome 1: Health		0	0
Korean Committee for UNICEF	SC1499010072	0	0
Danish Committee for UNICEF	SC1499060095	0	0
Grand Total		**0**	**0**

Note:

- *Korean Committee for UNICEF contributed USD 1,500,000.00 ($500,000 on 30 Dec 2014; $500,000 on 29 Dec 2015 and $500,000 on 24.02.2017).*
- *Danish Committee for UNICEF contributed DKK $15,085.18 on 02 Jul 2015.*

[1] *Planned budget by intermediate results as per approved rolling work-plan 2016-2017*
[2] *RR: Regular Resources, ORR: Other Resources – Regular (and ORE: Other Resources – Emergency if applicable*
[3] *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	(Multiple Items)

Expense Row Labels	Column Labels Other Resources - Emergency	Other Resources - Regular	Regular Resources	Grand Total
01-01 Immunization	159	591,163	15,386	606,707
01-03 Maternal and Newborn health	231	842,098	60,601	902,930
01-04 Child health	34	121,054	7,379	128,466
01-05 Health systems strengthening	48	103,941	109,144	213,133
01-06 Health and emergencies	11	40,911	3,450	44,373
01-07 Health # General	180	344,428	483,031	827,640
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	**1,049**	**3,206,068**	**1,133,593**	**4,340,709**

Table 4: Expenditure of Thematic Contributions by Programme Area

Fund Category	All Programme Accounts
Year	2016
Business Area	Cambodia - 0660
Prorated Outcome Area	(Multiple Items)
Donor Class Level2	Thematic

Expense Row Labels	Column Labels Other Resources - Emergency	Other Resources - Regular	Grand Total
01-01 Immunization	159	48,252	48,411
01-03 Maternal and Newborn health	231	189	420
01-04 Child health	34		34
01-05 Health systems strengthening	48	5,897	5,945
01-06 Health and emergencies	11	40,449	40,460
01-07 Health # General	180	4,049	4,229
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	**1,049**	**625,062**	**626,110**

Table 5: Expenditures by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2016
Business Area	Cambodia - 0660
Prorated Outcome Area	(Multiple Items)

Row Labels	Expense
01-01-05 Measles or MMR vaccines and devices	-6
01-01-09 Cold chain support	3,197
01-01-10 Logistics support for immunization	5,128
01-01-14 Immunization # General	593,588
01-03-02 MNTE # General	3,227
01-03-04 Maternal and newborn care including Emergency Obstetric care	295,477
01-03-07 Other maternal and newborn activities	10,125
01-03-08 Home visits, parent and community education for early childhood care and stimulation	569,965
01-04-01 Pneumonia treatment incl. antibiotics	70,979
01-04-10 IMNCI # facilities	56,508
01-05-01 Health management at district or sub-national levels	8,954
01-05-02 Health # MIS	3,219
01-05-04 Health barriers-bottleneck analysis # investment case	158,096
01-05-05 Health systems strengthening # General	10,163
01-06-01 Health cluster coordination # humanitarian action	43,053
01-06-03 Health # Emergency response	-1
01-07-03 Health # General	683,799
04-01-01 Infant and young child feeding implementation (including BFHI)	55,149
04-01-02 Breastfeeding	3,003
04-01-03 Complementary feeding and food supplements	231,631
04-01-04 Growth monitoring and promotion	142,957
04-02-02 Elimination of iodine deficiency	195,111
04-04-01 Treatment of Severe Acute Malnutrition	181,154
04-06-01 Nutrition # General	376,137
04-06-04 Nutrition surveys, assessments and surveillance	277,875
04-06-05 Routine nutrition information systems and reporting	2,646
08-01-01 Country programme process	5,188
08-01-02 Annual review	27,901
08-01-04 UNDAF preparation and review	247
08-01-06 Planning # General	85,578
08-02-01 Situation Analysis or Update on women and children	2,379
08-02-04 DevInfo	2,183
08-02-08 Monitoring # General	39,185

08-03-01 Cross-sectoral Communication for Development	529
08-03-02 Communication for Development at sub-national level	1,940
08-04-03 Early Childhood Development # General	16,482
08-04-06 Social Protection and ECD	33,697
08-05-01 Supply # General	65,917
08-05-02 Procurement	3,401
08-06-01 Building evaluation capacity in UNICEF and the UN system	692
08-09-06 Other # non-classifiable cross-sectoral activities	58,616
08-09-07 Public Advocacy	5,864
08-09-09 Digital outreach	6,152
08-09-10 Brand building and visibility	1,214
08-09-11 Emergency preparedness and response (General)	718
09-02-05 CO Programme coordination	1,694
1073 Maternal and newborn health package	-3
Grand Total	**4,340,709**

Future work plan

V.A. Health related

- Support and strengthen the implementation of the third health strategic plan (HSP3) with emphasis on equity focus programming.
- Support the implementation of the provincial newborn action plan to scale up and strengthen quality newborn and young child services.
- Support the implementation of the EVM Improvement Plan and strengthen the application of supporting tools, for example, Standard Operating procedures (SOP), guidelines, supervision and follow up.
- Support scale up and strengthen the implementation of the integrated post-partum care and early essential newborn care.
- Support implementation of strategies for high-risk areas and service delivery to hard-to-reach areas.
- Support implementation of a nationwide communication on immunization and strengthening quality newborn and child health services in public health facilities (IMCI).

Table 6.1: Planned budget and available resources for Health in 2017

Output 1.4 - MNCH		Planned[1]	Funded[1]	Shortfall[2]
By 2018, key strategies, policies and guidelines implemented in at least two-third of health facilities in selected IECD districts to improve maternal, newborn and child health service with an emphasis on equity for programming (HSS).	RR	62,513.00	62,513.00	-
	ORR	379,211.00	204,634.00	174,577.00
By 2018, at least 80 per cent of health facilities in selected iECD districts provide quality ANC, delivery and PNC services to pregnant women and their newborn including through outreach services.	RR	34,792.50	34,792.50	-
	ORR	222,944.53	80,588.78	142,355.75
By 2018, at least 80 per cent of health facilities in selected iECD districts regularly provide routine immunization services to children from birth to 23 months and women including through outreach to hard-to-reach villages (IOR).	RR		-	-
	ORR	213,615.97	26,000.00	187,615.97
By 2018, all health facilities in selected iECD districts provide quality health care services and follow up care for sick children under-five years of age (Quality case management).	RR		-	-
	ORR	172,972.00	89,170.54	83,801.46
By 2018, all health facilities in selected iECD districts provide continuous quality PMTCT and ARV treatment services for pregnant women and newborn.	RR		-	-
	ORR	195,000.00	88,905.43	106,094.57
By 2018, all health facilities in selected iECD districts have improved WASH facilities[4].	RR	-	-	-
	ORR			-
By 2018, at least 45 health facilities in the IECD focal districts are implementing the *Child Protection Clinical Handbook* for screening, treating, reporting and referral for children subjected to violence and sexual abuse[5].	RR	-	-	-
	ORR			-
Technical support, Programme monitoring.	RR	392,694.50	392,694.50	-
	ORR	740,884.50	235,166.25	505,718.25
Sub-total Regular Resources	RR	490,000.00	490,000.00	-
Sub-total Other Resources - Regular	ORR	1,924,628.00	724,465.00	1,200,163.00
Total Output 1.4:		**2,414,628.00**	**1,214,465.00**	**1,200,163.00**

V.B. Nutrition related

- 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 nationwide communication strategy to improve complementary feeding.
- Develop social marketing strategies for micronutrient powders.

Table 6.2: 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 children under five years of age and pregnant women, and implemented in the six 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 six selected IECD provinces.	RR	79,331.00	79,331.00	-
	ORR	372,269.00	207,269.00	165,000.00
At least 70 per cent of salt is iodized and complies with national standards.	RR	-	-	-
	ORR	185,000.00	60,000.00	125,000.00
Innovation of local food supplements developed to increase the 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 the 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**

[4] Budget is planned within WASH RWP to avoid duplication.
[5] Budget is planned with Child Protection RWP to avoid duplication.

Expression of thanks

UNICEF Cambodia would like to express its gratitude to the Korean National Committee for UNICEF and the Danish Committee for UNICEF for its generous multi-year contribution to the Cambodia Country Office's Health and Nutrition Thematic Fund. This support is critical and has allowed UNICEF to contribute to the implementation of essential MNCH and nutrition programmes, as well as the development of innovative approaches to meet ongoing challenges 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 effort.

Annexes

VII.A. 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 Kalai 2 village and 28-year-old Nanja arrives at the meeting point with her husband Niag and their three-month-old boy Syna.

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Nanja a 28-year-old mother and her husband Niag living in Kalai 2 village, Kalai commune, O Chum district, Ratanak Kiri province participate in the longitudinal study

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.

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.

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

Even living in an urban area in Chey Chomnas, in Banlung district does not protect against malnutrition. Tavy, 24, is pregnant for the first time. She was also found to be undernourished and was given the fish snack supplements. "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.

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.

VII.B. 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!