National Communication Strategy for the Promotion of Vitamin A in Cambodia

October 2008 – November 2010

Prepared by the National Nutrition Program

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Table of Contents

Foreword

Vitamin A deficiency is a serious public health problem in Cambodia. A national survey conducted in 2000 reported that 22% of children had sub clinical vitamin A deficiency. The CDHS 2005 found that 8% of women reported having night blindness during their last pregnancy.

Vitamin A deficiency is a major contributor to child mortality. Improving the vitamin A status of deficient children has been shown to improve resistance to disease and significantly reduce illness and mortality at low cost. Post partum vitamin A supplementation can improve maternal stores of vitamin A, reduce maternal morbidity, improve breast milk vitamin A concentrations and improve infant liver stores of vitamin A.

A variety of strategies are needed to eliminate vitamin A deficiency including: vitamin A supplementation, dietary modification, food fortification and prevention and timely treatment of disease. The goal of the Ministry of Health is to reach 85% coverage of vitamin A supplementation for children 6- 59 months by 2010 and 80% coverage for post partum women.

During the last few years good progress has been made in strengthening health systems for vitamin A supplementation rounds and standardizing vitamin A program training materials, job aids and monitoring and evaluation tools. The national communication strategy is an important addition to the Ministry of Health's national vitamin A program. In the past various communication materials and channels were utilized to disseminate vitamin A messages, but there was a lack of a national communication strategy with standard updated messages

and a coordinated plan. The first National Communication Strategy to Promote Vitamin A (2008 – 2010) complements the current vitamin A program activities, and if successfully implemented will contribute to an increased coverage of vitamin A supplementation for young children and post partum women by increasing awareness of the important benefits of vitamin A supplementation, and increasing demand for vitamin A supplement.

For the successful implementation of the strategy there needs to be active involvement, interest and strong support from health staff at all levels, village volunteers, community leaders, NGOs, donor organizations and the media. For the communication activities to be effective it is essential that the standard messages and materials be disseminated nationwide using a variety of communication channels and media; this is expensive, and it is essential that the strategy is well funded.

It is a great pleasure to introduce the first National Communication Strategy for the Promotion of Vitamin A - 2008 – 2010. I wish the National Nutrition Program, the Nutrition Working Group and all partners every success in implementing this important and exciting strategy.

Phnom Penh ----- / ------ / 2009

Professor Eng Huot
Secretary of State for Health

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Acronyms and abbreviations

CCSS	Cambodia Child Survival Strategy
CDHS	Cambodia Demographic and Health Survey
CMDG's	Cambodia Millennium Development Goals
HCMC	Health Center Management Committee
HIS	Health Information System
HKI	Helen Keller International
IMCI	Integrated Management of Childhood Illness
MoH	Ministry of Health
MPA 10	In - service Minimum Package of Activities Training Module for health center staff (Nutrition)
NGO	Non government organization
NID	National Immunization Day
NNP	National Nutrition Program
NWG	Nutrition Working Group
RACHA	The Reproductive and Child Health Alliance
RHAC	The Reproductive Health Associaton of Cambodia
USAID	United States Agency for International Development
VAC	Vitamin A capsules
VAD	Vitamin A deficiency
VHSG	Village health support group
WVC	World Vision Cambodia

National Communication Strategy for the Promotion of Vitamin A in Cambodia

Background:

Vitamin A deficiency is a serious public health problem among women and children in Cambodia. In 2000 twenty-two percent of rural children 6-59 months of age were found to have sub clinical vitamin A deficiency indicated by a low serum retinol of <0.70 µmol/L (Cambodia National Micronutrient Survey, 2000).

Vitamin A deficiency is a major contributor to child mortality. Improving the vitamin A status of deficient children has been shown to improve resistance to disease and reduce illness and mortality significantly, and at low cost. The elimination of vitamin A deficiency is essential to improving the survival, growth and development of children and the well-being of children and their families. Post partum vitamin A supplementation is also important. Evidence suggests that postpartum vitamin A supplementation can improve the maternal stores of vitamin A, reduce maternal morbidity, improve breast milk vitamin A concentrations and improve infant liver stores of vitamin A.

Preventive vitamin A supplementation began in Cambodia in the mid 1990s as part of National Immunization Days. Since then vitamin A supplementation for children 6-59 months and post-partum women has been integrated into routine immunization outreach activities. Although Cambodia has been implementing Vitamin A supplementation activities since 1996, and the Health Information System (HIS) data shows positive trends in coverage in both post-partum women and children over time; in some districts there are wide variations in coverage between twice yearly distribution rounds and between districts and provinces. The most recent Cambodia Demographic Health Survey (CDHS 2005) reported that only 35% of children aged 6-59 months received vitamin A in the past six months and 27% of women received vitamin A post-partum.

Current policy guidelines in Cambodia recommend vitamin A to be given as a curative supplement for persistent diarrhea, measles, severe malnutrition and night blindness. Curative vitamin A supplement and post partum vitamin A supplement (within the first six weeks following delivery) is provided at health centers, hospitals, and through routine outreach activities combined with immunizations and mebendazole. Preventive vitamin A supplementation is provided for children 6-59 months during routine outreach activities at village level in combination with immunizations and mebendazole distribution around the months of May and November. Before 2008 supplementation activities were scheduled every March and November (at eight month intervals) rather than the recommended six monthly interval. To correct this the National Vitamin A Policy was revised in 2007 and from 2008 onwards the supplementation activities are scheduled around May and November.

In the past, Ministry of Health policy mandated that in order to protect women and children from receiving an overdose of vitamin A, community health volunteers were not allowed to distribute vitamin A. In the latest revision to the Vitamin A Policy in 2007, community health volunteers were given a clearly defined role to support vitamin A supplementation and provide vitamin A supplements during mop-up activities.

The Cambodian government's goal is to reach 90% coverage of vitamin A for children aged 6-59 months and for post partum women by 2015. In 2006 the NNP initiated discussions with health development partners to develop a plan to achieve a national coordinated vitamin A supplementation program. The coordinated plan includes the development of a National Communication Strategy for Vitamin A Supplementation to re-energize vitamin A communication strategies and activities and ensure nationwide coverage of consistent messages and materials.

Despite Cambodia's wide variety of IEC materials for promotion of vitamin A supplementation, it was found during formative research that communities did not know the benefits of vitamin A and are unaware of its important contribution to protecting health and promoting child survival. There were many misconceptions about vitamin A such as it can prevent polio. It was also found that IEC materials for vitamin A were not widely distributed or visible. The most common message used by health staff and volunteers is that vitamin A prevents night blindness. It is important to note that reduced resistance to common childhood diseases such as diarrhea and respiratory infections occurs long before symptoms of night blindness are reported, and parents and caretakers may perceive that because their child does not have night blindness, their child does not need vitamin A supplement.

NNP and the Nutrition Technical Working Group agree that it is timely and important to update and standardize key messages and communication strategies for Vitamin A supplementation promotion.

The National Communication Strategy for the Promotion of Vitamin A

The strategy's purpose is to re-energize and revigorate vitamin A communication activities and to create increased discussion and awareness among a variety of stakeholders including parents, communities, local authorities, volunteers and health staff about the important role vitamin A plays in promoting child health and survival. This will be achieved by re-branding and redesigning all vitamin A communication materials using a standardized vitamin A theme and color for vitamin A promotion, with consistent key messages, training materials and IEC materials. A variety of channels and media will be used to deliver the key messages and a number of development partners will collaborate with the NNP in this endeavor. The communication strategy includes a multi-stakeholder comprehensive National Vitamin A Communication Plan 2008-2010. The national plan will enable the National Nutrition Program and other government agencies and partner to efficiently coordinate their vitamin A communication activities and commit human and financial resources to reach national coverage. It is expected that effective implementation of the strategy will contribute to increased demand for vitamin A supplementation and strengthen the capacity of health staff, volunteers and community leaders to promote vitamin A supplementation, therefore improving the health and survival of young children.

The Process:

A participatory process which involved a variety of people was used to develop the communication strategy. Participants included the Nutrition Working Group whose members include WHO, UNICEF, IRD,RHAC, RACHA, WVI, HKI, CARE, Medicam, A2Z, USAID BASICS, the National Immunization Program, the National Reproductive Health Program, the National Center for Health Promotion, HAGAR and the Clinton Foundation. The process began with a literature review of relevant documents and vitamin A IEC and training materials. Information and suggestions for strengthening communication activities was gathered from NGO partners through the completion of electronically delivered questionnaires. Following this the National Nutrition program conducted two days of formative research in two districts of Takeo and Kompong Speu provinces, which included in-depth interviews with health center staff village volunteers and mothers of young children and village leaders. Following the field work a situational analysis was developed utilizing all the available information. The National Nutrition Program with technical assistance from A2Z Micronutrient Project then planned and implemented a two day Vitamin A Communication Strategy Development Workshop with twenty six partners and MoH intra-departmental staff. During the workshop the Academy for Educational Development BEHAVE Framework was used for guiding the process of drafting the communication strategy.

Creative Brief:

The strategy is divided into two sections: section 1 'The Creative Brief;' and section 2. 'The Operational Plan'. The operational plan features 7 core components: mass media; communication materials; entertainment and edutainment, advocacy and national events; training and capacity building; partner coordination; and monitoring and evaluation. Each of the components, although presented separately in the plan, is mutually reinforcing and each of the components needs to be successfully implemented for the strategy to be succeed. The process of messages and materials development including pre-testing and material dissemination are not included in the operational plan, but will be planned and coordinated by NNP in collaboration with various development partners.

Creative Brief Highlights:

'The Creative Brief' is a summary of the purpose, main content and key features of the communication strategy. The creative brief also serves as a link between research that has been conducted with key stakeholders and the communication strategy. In this instance, formative research was carried out by NNP in two districts of Takeo and Kompong Speu provinces, Cambodia. The research revealed several important issues that were taken into consideration when preparing the creative brief. The key findings are summarized below:

- The majority of the mothers interviewed did not know the benefits of vitamin A.
- There were misconceptions about vitamin A including that it can prevent polio and measles
- Only a few community members has seen IEC materials about Vitamin A. The people who reported seeing materials could not remember the messages
- There was a lack of recognition of the national vitamin A logo
- Very few people interviewed knew the vitamin A distribution months or how many times a child should receive vitamin A in one year
- The two most common messages remembered were that vitamin A can prevent night blindness and green vegetables contained vitamin A.
- Mother and families reported regular viewing of TV but were not interested in the advertisements and health messages and changed channels to avoid watching the advertisements
- Mothers reported that the most effective and preferred source for information was interpersonal communication by the health staff and village volunteers
- Although village volunteers are important partners in mobilizing communities and providing health education, they knew very little about vitamin A and could not state the benefits of vitamin A

- The key message that health center staff provides to communities is that Vitamin A can prevent night blindness
- Vitamin A is perceived by the health center staff as an additional task low priority task which provides little benefit
- Mop up activities are not well done and health staff reported they lacked time to follow up children who did not attend the outreach session

The creative brief is included in Appendix One.

The Operational Plan:

Media:

Successful communication activities depend on utilizing a variety of communication channels and a variety of media. Certain channels of communication are more effective in transmitting information, while others are better at encouraging people to try new skills, participate and provide alternatives to community norms.

Television and radio allow information to be shared with large segments of the population simultaneously and at a relatively low cost per head. Training videos and other educational tools can help facilitators ensure that participants have the appropriate skills and information needed on new topics. Job aids and other print and audio materials will help to standardize messages given during interpersonal contacts such as during home visits. Community events, competitions and celebrations combine fun with information sharing and advocacy and help reinforce messages and positive behaviors.

The priority groups identified for the vitamin A communication strategy are parents/caretakers of children from 6-59 months and post partum women and partners. The supporting audiences are health center staff, district supervisors; health center management committees and village volunteers. A combination of interpersonal activities will be delivered through home visits, special community events, competitions and distribution of print materials that are "family oriented" and introduce some "big benefits" aside from the health benefits such as: cost saving on health expenses, social acceptance, positive self image and peace of mind. Informative and user friendly job aids for health staff and village volunteers, and television and radio spots that are creative and fun are included in the operational plan. The strategy uses a variety of mutually reinforcing communication channels and if used well, will increase the likelihood that the communication strategy will achieve its intended impact. Message consistency as well as strong partner coordination and collaboration will be important for the success of the strategy.

Training and Capacity Building:

As revealed in the formative research the health center staff are perceived by the community as the most reliable sources of health information, and interpersonal communication is the overwhelming channel of choice for receiving health information. The community also perceived that village volunteers are an important and trusted source of information. Even though mothers interviewed did not know about vitamin A they reported taking their child to the outreach session simply because the village volunteer or village chief requested them to attend. Negatively the research also found that health center staff and village volunteers often lacked up to date information about vitamin A, and focused on delivering the message about prevention of night blindness. Village volunteers were found to have many misconceptions about vitamin A, and few could remember what they had learnt during training. In order for the vitamin A communication strategy to be effective, health workers and village volunteers will need updated knowledge and effective job aids and communication skills.

Currently the vitamin A training curricula has been integrated into the revised MPA 10 training curriculum and the village volunteer (IMCI Training Curriculum) micronutrient module is in the process of being updated. For both these training curricula there will be standard job aid with consistent messages. When both curricula are finalized they will be the standard national curricula for in-service nutrition training for both health center staff and village volunteers. This will help to ensure that messages about vitamin A are consistent throughout the health system and village volunteer network. Plans for updating knowledge and skills of village volunteers and health center staff are included in the operational plan. A cascade model of training will be used for refresher trainings for both health center staff and village volunteers, with the village volunteers being trained and monitored by health center staff. Supportive supervision is key to success and sustainable vitamin A activities; the communication plan also includes development of user friendly job aids for district supervisors.

Partner Coordination and Information Sharing Component:

NNP will be responsible for coordinating and monitoring the implementation of the National Vitamin A Communication Strategy. The strategy's success will depend upon the involvement, interest, and support of health staff at all levels, village volunteers, community leaders and the many development partners including international organizations, donors, NGOs and the media. The promotion of consistent and accurate messages among all of these groups is very important.

Key donors and partners for the vitamin A supplementation program include the HSSP (World Bank), USAID, WHO, UNICEF, A2Z Micronutrient Project, HKI, RACHA, RHAC, World Vision Cambodia, International Relief and Development, Medicam, CARE, ACCESS, BASICS, Health Unlimited and Health Net International. USAID through partners sub-contracts is currently providing financial support for vitamin A activities to 57% of operational districts (44 out of 77 districts).

Because of the lack of a national vitamin A communication strategy up until 2008, communication materials and messages have often been developed on an adhoc basis, according to the needs and ideas of the various partners without any coordination of messages, channels or themes. This has resulted in a variety of IEC materials with inconsistent and sometimes confusing messages. The national communication strategy for vitamin A will contribute to achieving a national standardized vitamin A program by ensuring widespread dissemination of standard updated consistent messages.

Partner coordination and information sharing will be facilitated by the NNP through the Nutrition Working Group monthly meetings held at the National Maternal and Child Health Center (NMCHC). Coordination and information sharing within the health system will take place at yearly National Nutrition Review Workshops and during supervision visits to provinces, districts and health centers

Monitoring and Evaluation Component:

Monitoring and evaluation is important to track progress being made toward implementing the plan and is also as a way of motivating partners and acknowledging good work. A combination of process and impact indicators will be used for the monitoring and evaluation of the communication strategy. Key indicators will be identified by NNP and partners. Indicators will be collected on a bi annual basis during the preparation and implementation of the vitamin A rounds in May and November.

The NNP will compile and store data on the NNP data base, and share it with all relevant partners so that everyone involved is kept up-to-date on progress being made. Suggestions for process indicators include # and type of people trained about vitamin A; including the specific training attended, # and type of audio and visual materials produced and distributed, #of radio spots and programs broadcast, etc.

Data from the 2005 Cambodia Demographic Health Survey (CDHS) disaggregated by province will provide baseline information for the vitamin A communication strategy.

A mid term evaluation of the impact of the communication strategy will be conducted after 12 months of implementation in July – August 2009 in some targeted large population, low coverage districts. The evaluation will provide the opportunity to refine or revise the communication activities as needed.

APPENDIX ONE

National Communication Strategy for the Promotion of Vitamin A Creative Brief

Background:

Vitamin A deficiency is a serious public health problem among women and children in Cambodia. In 2000 twenty-two percent of rural children 6-59 months of age were found to have sub clinical vitamin A deficiency as defined by low serum retinol of <0.70 µmol/L (Cambodia National Micronutrient Survey, 2000). Vitamin A deficiency is a major contributor to child mortality. Improving the vitamin A status of deficient children has been shown to improve resistance to disease and reduce illness and mortality significantly, and at low cost. The elimination of vitamin A deficiency is essential to improving the survival, growth and development of children and the well-being of children and their families.

Post partum vitamin A supplementation is also important. Evidence suggests that postpartum vitamin A supplementation can improve the maternal stores of vitamin A, reduce maternal morbidity, improve breast milk vitamin A concentrations and improves infant liver stores of vitamin A.

Population groups at special risk of VAD and its complications:

- Children under five years of age
- Pregnant women - because of the extra requirements during pregnancy and lactation
- Sick children and adults

Benefits of adequate vitamin A intake include:

- Significant reduction in overall child mortality
- Reduced severity of infectious illness, especially measles and chronic diarrhoea – with reduction in rates of hospital admissions and outpatient consultations
- Reduced prevalence of anaemia

The vitamin A supplementation program

Preventive vitamin A supplementation began in Cambodia in the mid 1990s as part of National Immunization Days. Since then vitamin A supplementation for children 6-59 months and post-partum women has been integrated into routine immunization outreach activities. Although Cambodia has been implementing Vitamin A supplementation activities since 1996 and the Health Information System (HIS) data shows positive trends in coverage in both post-partum women and children over time; there are wide variations in coverage between twice yearly distribution rounds, and between districts and provinces. The most recent Cambodia Demographic Health Survey (CDHS 2005) reported that only 35% of children aged 6-59 months received vitamin A in the past six months and 27% of women received vitamin A post-partum.

Vitamin A is currently provided at health centers, hospitals, and through routine monthly health center outreach. Current MoH vitamin A guidelines in Cambodia recommend vitamin A to be given as a curative supplement for persistent diarrhea, measles, severe malnutrition and night blindness. It is recommended that children 6-59 months receive preventive vitamin A supplementation twice a year during vitamin A supplementation rounds, which are implemented through routine immunization outreach. Before 2008 supplementation activities were scheduled every March and November (at eight month intervals) rather than the more effective and recommended six monthly intervals. To correct this, from May 2008 the supplementation activities are scheduled around May and November.

In the past the MoH policy mandated that in order to protect women or children from receiving an overdose, community health volunteers were not allowed to distribute vitamin A, In the last revision to the Vitamin A Policy in 2007, community health volunteers were given a more defined role to help with vitamin A supplementation and provide vitamin A during mop-up activities.

The Cambodian government's goal is to reach 90% coverage of vitamin A Supplementation for children aged 6-59 months by 2015. In 2006 the NNP initiated discussions with health development partners to develop a plan for achieving a national coordinated sustainable vitamin A supplementation program. This coordinated program includes the development of a National Communication Strategy for Vitamin A Supplementation.

Current BCC activities for vitamin A

There are currently 16 UN/NGO partners supporting the National Nutrition Program to implement vitamin A supplementation activities in Cambodia, and approximately 72 out of 77 operational districts receive some support for vitamin A rounds (93% of districts Supported). Main communication activities are:

- Training of health staff about vitamin A, with various training curricula used including MPA 10 training curricula and NGO training curricula
- Training of village health volunteers using a variety of training curricula and IEC materials/messages
- Community health education sessions using a variety of materials
- Mothers Day contests
- Comedy for health
- Various IEC materials including banners, posters, t.shirts, caps, village volunteer registers, leaflets etc using a variety of messages. Most of the messages focus on prevention of night blindness and promotion of vitamin A rich foods. There are also a few posters and leaflets aimed at vitamin A supplementation for post partum women
- Two TV spots about vitamin A and radio spots about vitamin A. The TV sports have not been updated in the last few years. There is a consensus among NNP and the various partners that key messages and BCC strategies for the Vitamin A programs need to be updated and standardized. Currently the only message that people remember is vitamin A prevents night blindness. It is important to note that resistance to common childhood diseases such as diarrhea and respiratory infections occur long before symptoms of night blindness are reported. There is a risk that parents may perceive that because they or their child do not have night blindness, they don't need to receive vitamin A.

1. Key findings from formative research conductedin March 2008

- Communities, mothers and village volunteers don't know the benefits of vitamin A for child health and survival, and have misconceptions about vitamin A such as vitamin A can prevent polio and measles
- Most people interviewed had not seen IEC materials about vitamin A. A few people reported seeing vitamin A communication materials but could not describe the material or remember the messages
- Mother reported regular viewing of TV but switched channels due to lack of interest when advertisements or health messages were shown
- Mothers reported that the most effective and reliable channel for information was the health staff and village volunteers
- Village volunteers are recognised as very important partners in mobilizing communities and providing health education, but they knew very little about vitamin A; many volunteers could not state the benefits of vitamin A supplementation or signs of vitamin A deficiency
- The main message that health center staff are providing to communities is that vitamin A prevents night blindness

- Vitamin A supplementation is perceived by health center staff as an additional non priority task, from which they receive little benefit
- 'Mop up activities' were not well done and health center staff reported a lack of time to follow up children who did not attend the outreach session

2. Key Audiences:

Priority Groups

- Parents/caretakers of children 6-59 months
- Post partum mothers

Supporting Groups

- Health center staff, Health Center Management Committee, district supervisors, village health volunteers (VHVs) and private health clinic providers

3. Overall Program Goal

To reduce infant, young children, and maternal mortality rates through reducing maternal and young child malnutrition.

4. Vitamin A Program Objective

To increase and expand coverage of vitamin A for children 6-59 months to 85% national coverage by 2010 and to increase coverage of vitamin A supplementation to 80% for postpartum women within 6 weeks of delivery by 2010.

5. Behavior Change Objectives:

By the year 2010 in the priority intervention areas:

- 85% of parents/caretakers in the priority intervention areas will take their children (6-59 months) to the village outreach session or health center to receive vitamin A supplementation twice per year
- 80% of post partum women in the priority intervention areas will receive vitamin A, mebendazole and IFA within the first six weeks of delivery
- 90% of health centers in the priority intervention areas will conduct outreach activities for vitamin A supplementation in 100% of the villages in their catchment area during the vitamin A months of May and November and conduct mop up activities for children who missed supplementation
- 90% of villages in the priority intervention areas will have a village volunteer who maintains an updated lits of under-five children and pregnant women and participates in mobilizing communities during vitamin A rounds and provides health education

- 90% of district supervisors in the priority intervention areas will be involved in monitoring and evaluating the vitamin A supplementation activities using a standard vitamin A monitoring checklist
- 50% of selected private clinics in the priority intervention areas will provide vitamin A to eligible children 6-59 months and to postpartum women and report on activities to the MoH

Challenges:

1. There is a common misperception among health staff, village volunteers and communities that vitamin A is not a priority intervention.

Although the vitamin A supplementation activities have been implemented in Cambodia since the early 90's this misconception remains. Health staff and volunteers report that immunizations are a priority outreach activity and that vitamin A supplementation is an add-on that creates additional work for them with few benefits. Village volunteers have very little knowledge about the benefits of vitamin A even though they report providing health education to communities. Communities are mostly ambivalent about vitamin A; they do not know the benefits of vitamin A for child health and survival. They do not actively seek vitamin A supplementation for children 6-59 months.

2. The utilization of nationally generated population data as the denominator for calculating number of eligible children 6-59 months in each village:

Districts and health centers estimate the target population for vitamin A using the population data provided by the MoP as the denominator. The denominator is thought to be inaccurate and usually overestimated. The MoH HIS denominator also differs from the local population figures which further confuses the issues around the actual coverage of vitamin A supplementation. This situation is very de-motivating. A national census is currently in the process of being implemented and new census data will be available in 2009 -2010.

3. Lack of incentives and high attrition rates of the village volunteer:

The village volunteers are key to ensuring successful vitamin A supplementation at community level. In NGO supported areas the volunteer receives a small incentive for participation in the vitamin A supplementation activities, in unsupported areas there is no incentive for the village volunteer. There needs to be increased advocacy with the HCMC and local administration to identify feasible and sustainable ways to support community volunteers work and recognize their important contribution.

4. Inaccessibility of some remote villages:

some villages are difficult to access during the rainy season. In 2008 the vitamin A supplementation rounds changed to May and November. In 2008 the rainy season started early in May, this may have negative effect on outreach activities

Concept for the vitamin A communication strategy

The vitamin A communication materials will be bright, colorful and eye catching, with a design that surprises and catches attention. The new vitamin A concept will emphasize the big benefits of vitamin A such as a happy, healthy, fun loving young child. The colors of the communication strategy will be ORANGE and DARK GREEN (the same color as fruits and vegetables that contain vitamin A). All IEC materials will have an ORANGE background. A standard banner will be designed that will have an orange background and display the new concept (Super Hero Vitamin A) and a key message about the benefit of vitamin A for child health and survival A new vitamin A supplementation song will be composed using a modern popular singer and style of music such as Cambodia RAP. The theme music will be played at health centers, hospitals and in villages during the vitamin A supplementation months. New TV spots will present the new Super Hero Vitamin A concept and play part of the new theme song for vitamin A. The vitamin A rounds will be pleasant and happy events. Children who attend the session will receive a Super Hero Vitamin A balloon. In urban areas local vendors and mobile street vendors will use Vitamin A Super Hero Umbrellas to provide shade.

The key messages will be new and attention grabbing The messages will emphasize the benefits of vitamin A for child health and survival. The messages will also promote some “big benefits” of vitamin A supplementation which are additional to the obvious health benefits such as: peace of mind, love and care, social acceptance, positive self image “Good Parents”, Vitamin A supplementation will be portrayed as a fun activity and a smart thing to do. Vitamin A supplementation will also be portrayed as something easy, quick, efficient, painless and effective. Health staff will be portrayed as caring, kind, gentle, professional, modern and skilled. Village volunteers will be portrayed as kind, caring and knowledgeable; devoting their free time to improve the health of the children in their community. The volunteer’s motivation comes from seeing the children in their community healthy and happy.

Key Benefits:

- Vitamin A saves children's lives
- Children who receive vitamin A supplementation twice per year will be healthier and stronger.
- Children who receive vitamin A twice a year will have increased protection against common disease such as diarrhea and chest infections
- Children who receive vitamin A supplementation twice per year will have less illness, and if ill they will be sick for a shorter duration
- Children who receive vitamin A twice per year will have healthy eyes and be protected against night blindness
- Children who receive vitamin A twice per year will have a reduced risk of dying in the first five years of life
- Mothers who receive vitamin A during the first six weeks after delivery will be healthier and their breast milk will contain vitamin A that will benefit them and their baby

Support Statements:

- Vitamin A is available in all kinds of meat especially red meats, liver, blood and eggs. Meat is the best source of vitamin A, but vitamin A is also available in green and orange vegetables and ripe fruits such as papaya and mango. Because the amount of food needed to consume enough daily requirements of vitamin A is large, vitamin A supplementation is important and necessary for young children 6-59 months. Vegetables and fruit alone are unlikely to meet the vitamin A needs of young children.
- Vitamin A deficiency occurs long before night blindness becomes evident. Night blindness occurs when vitamin A deficiency is already moderate to severe. The protective system of the body is weakened by vitamin A deficiency, and children with vitamin A deficiency are at increased risk of illness and infections before there are visible signs of vitamin A deficiency such as night blindness and eye diseases.
- Vitamin A deficiency causes reduced growth and development and increases the risk of infections and anemia.
- Improving the vitamin A status of deficient children aged 6 months to 6 years dramatically increases their chances of survival. Risk of mortality from measles is reduced by about 50%, from diarrhea by about 40% and overall child mortality by 25-35%. Vitamin A is thus at least as effective as immunization.
- Good vitamin A status is associated with reduction in the rate of hospital admissions and a reduced need for out-patient services at clinics, and therefore lower overall cost of health services.

- Vitamin A deficiency contributes to anemia. Children and pregnant women whose vitamin A status is improved through fortification or supplementation have been shown to experience increases in hemoglobin concentration. Vitamin A deficiency impairs iron utilization and increases severity of anemia

Tone:

Priority groups

- Fun caring, encouraging, lively and interesting
- Family oriented

Supporting groups

- Respectful
- Confident
- Knowledgeable

Media:

Note: Details described in the Operational Plan

Priority groups

Parents and care takers of children 6-59 months and postpartum women

- Interpersonal: community events and meetings, face to face discussions and home visits by village volunteers and health staff, using simple but attractive information leaflets, posters and stickers
- TV and radio spots with Super Hero Vitamin A
- Vitamin A banners – one for each village in priority intervention areas. To be kept by the village chief and displayed throughout the vitamin A supplementation months May and November.
- Balloons for children in red and blue with Super Hero Vitamin A picture on the balloon

Supporting groups:

health staff, village volunteers, health center management committees

- Job aids and communication materials such as posters, brochures booklets and CD Rom with cartoon spot and music
- Text messages with key message and Super Hero picture – sent once per week during vitamin A rounds in May and November

Other:

- Traditional media: songs – specially composed vitamin A song using popular singer and RAP music
- Comedy community theatre using Super Hero Vitamin A puppets
- Community competitions

Creative Considerations:

- *"Show how much you love your child:* ensure your child receives vitamin A twice per year to stay healthy and strong"
- *"Sleep easy and dream sweetly:* vitamin A protects your child from illness and helps him/her stay healthy"
- *"Do the best you can for your child:* bring your child to receive vitamin A twice per year. It's free, safe, painless and quick and easy".
- *"Be Smart, save money:* protect your child's health with vitamin A twice per year: when your child receives vitamin A twice per year s/he will be healthier and happier with less illness. Healthy children save money for the family as less money is spent on health care".
- *"Invest in your child's future now:* bring your child to receive vitamin A supplement to ensure him/her a healthy future"
- *"Help spread the news":* every parent needs to know about vitamin A. Emphasize that every parent can be a role model in their community to promote the health of other children. Parents who make sure their children receive vitamin A are good role models for others.
- *Language:* Translation of messages from English into Khmer must be field tested to ensure that the correct messages are promoted and understood by the priority groups.

APPENDIX TWO

The National Vitamin A Communication Strategy Operational Plan

October 2008 – November 2010

COMPONENT #1: MASS MEDIA					
Activities	**Expected Output**	**Where**	**Who**	**When**	**Budget estimates for 2 years**
Develop 3 new TV spots 1. Focus on Vitamin A for children 6-59 months Super Hero Vitamin A 2. Focus on Post-partum package including Vitamin A, IFA and Mebendazole 3. Role of village volunteer and health staff in vitamin A supplementation	Three new TV spots broadcast in April, May, Oct and Nov each year 1 minute spot-3 times per day at prime time during the vitamin A month	National	Contract design/ media company to develop the spots NNP and NWG	Oct 08-May 2010 Every May and November	Cost of developing TV cartoon spot Super Hero Vitamin A cartoon spot = $3,500 Vitamin A Song = $500 Estimate Cost of development of 2nd spot- Post partum package = $4,000 Estimate cost of development 3rd spot community volunteers = $4,000

					Broadcasting costs 1 min spot x 4 channels x 4 times per day x 80 days per year x 2 years TVK x 1 min x $65 x 4 x 160 days = $41,600 Bayon x 160 days = $38,400 CTN x 160 days = $202,240 TV3 x 160 days = $41,600 Times 18.00- 18.59 19.30 – 21.59 x 80 days/year x 2 year Approximate total budget for broadcasting TV spots : Total for 2 years TV broadcasting TOTAL = $335,840

9 x 1 minute radio spots with vitamin A theme song – Super Vitamin A, interviews with parents, village volunteers, village leaders and health staff about benefits of vitamin A	Radio spots every day on all local and national radio stations during the months of vitamin A rounds 9 times per day during vitamin A months	National and local radio	Contract a design/media company to develop the radio spots National and Regional Radio stations in collaboration with NNP and partners	Every May and November	1min spot x $5 x 3 radio stations x 9 times per day x 80 days x 2 years FM 102 = $7,200 FM 103 Phnom Pen = $7,200 FM 105 Sambok Khmom = $7,200 Total for 2 years radio TOTAL = $21,600
Text messages to key stakeholders - village leaders, health staff and volunteers with key message and Super Hero Vitamin A	Data base at NNP with contact names and numbers of all health chiefs, village volunteers and village chiefs who have a mobile telephone number – messages delivered once per week for 4 weeks during vitamin A rounds in May and November	NNP data base	? Mobitel INSTEDD Needs more discussion	November 2008 May 2009 November 2009 May 2010	1 SMS = $0.06 x 5,000 people x 16 times per year x 2years Total for 2 years SMS TOTAL = $9, 60

Color newspaper advertisement with Super Hero Vitamin A and key messages about vitamin A and the benefits of vitamin A One page one time per week in each of the major Cambodian newspapers during vitamin A supplementation months	Newspaper adverts abut vitamin A supplementation and child survival in major national newspapers eight times per year - one time per week through month of May and November	Nationally	NNP and partners	November 2008 May 2009 November 2009 May 2010	Rasmey Kampuchea $1,407 day x 16 days x 2 years Total for two years newspaper **TOTAL = $22,512**
COMPONENT # 2 COMMUNICATION MATERIALS					
New print materials to promote consistent messages about vitamin A and child survival using the new national theme of Super Hero Vitamin A • leaflets • poster • vitamin A banner, • stickers with new Super Hero Vitamin A concept • T shirts	Three new posters – 1 for 6-59 months supplementation 1 for post partum vitamin A supplementation 1 promoting the important role of village volunteers 2 new leaflets – one for child supplementtion – one for post partum mothers supplementation		HSSP RACHA RHAC HKI A2Z CARE IRD WVI All print material to be developed through the NNP and NWG	October 2008-September 2010	Leaflet for villages 12,739 villages x 100 x $0.02 x 2 = $50,956 Poster x 3 x $0.3 x 12,739 x 4 per village = $45,860. 4 Posters for HC x 996 x $0.3 x 3 x 4 per health center = $3,585.6 Stickers for villages 12,739 villages x 100 x 0.017 x 2 = $43,312

	Vitamin A banner – one for each village in target areas where there is low coverage. To be of good quality and kept by village chief. Displayed in village during every vitamin A supplementation month. T-shirts for village volunteers and health staff				Banners x 12,739 villages x $3.42 x 1 = $43,567.38 Banner for health center x 996 x $3.42 = $3,406.32 T.shirts 5,000 x $1.5 x 2 years = $15,000 Total cost 2 years communication materials **TOTAL = $205,327**
Advocacy package for all HCMC including – DVD Song Banner Poster Leaflets Stickers T.shirt	Advocacy meetings conducted with all HCMC and village chiefs in priority districts to discuss benefits of vitamin A, roles and responsibility of HCMC and village chiefs, and to distribute advocacy package and demonstrate use of materials at village level. **Note:** All users should receive guidance on how to effectively use the materials	Priority districts	NNP and partners	October 2008 September 2009	# 996 HCMC Cost per advocacy package $8 Advocacy package: T.shirt Leaflets Posters Banner CD Rom Stickers = $7,968 # meetings = 996 x $30 x 2 = $59,760 Total costs 2 years advocacy with HCMC **TOTAL = $67,728**

COMPONENT # 3 ENTERTAINING & EDUCATIONAL APPROACHES					
Concerts, community comedies and competitions shows using vitamin A VCD Super Hero Vitamin A and song, and key messages	At least 2 events/shows performed per target district each year	Targeted intervention provinces for NGOs and IOs	NGO partners	May and November in target villages and districts	40 districts x $100 x 2 x 2 = $16,000
Vitamin A song and TV spot copied on VCD/DVD and cassette tapes distributed to health facilities	VCD/ DVD and cassette tapes copied for all health facilities that have TV/video and cassette tape player	Targeted intervention provinces for NGOs and IOs	NGO partners	May and November in target villages and districts	# 249 health centers with DVD players x $2.2 = $548
Vitamin A Super Hero Balloons for children 6 – 59 months	Given to children who attend for VAC supplementation	Targeted intervention provinces for NGOs and IOs	NGO partners	May and November in target villages and districts	I million per year x 2 years x 0.068 per balloon = $136,000
Vendor umbrella's with Vitamin A message and Super Hero pictures	Placed in urban areas in Phnom Penh and provinces	Targeted intervention provinces for NGOs and IOs	NGO partners		$20 per umbrella x 2,000 umbrellas $40,000 TOTAL EDUTAINMENT **TOTAL = $192, 548**

COMPONENT # 4 ADVOCACY WORK AND NATIONAL EVENTS					
Media launch of vitamin A communication strategy with press- TV, radio, newspapers Advocacy package developed Press release Panel of experts to answer journalists questions Exhibition of vitamin A communication strategy materials/TV spots/radio spots – IEC materials Campaign song sang by DJ Sedey Super Hero Vitamin A Puppets	National launch for Vitamin A Communication Strategy media launch resulting in widespread dissemination of the communication strategy through TV, radio and newspaper and magazines	Phnom Penh	NNP MTWG	October 2008	Refreshments x 100 people Entertainment Stationary T. shirts Decorations Room rent Media costs = $3,500
Circular signed by the MoH to inform all staff in each department of the MoH at all levels about the vitamin A communication strategy with key messages	Circular about vitamin A communication strategy and key messages for vitamin A distributed to all staff MoH at all levels of the system	Nationwide	NNP	October 2008	Stationary costs = $350

COMPONENT # 4 ADVOCACY WORK AND NATIONAL EVENTS					
Advocacy meeting with HCMC	Advocacy package developed and distributed to HCMC Meetings conducted with all HCMC and village leaders to discuss vitamin A key messages and role of HCMC and village chiefs	Priority districts	NNP and partners	October 2008 September 2009	As above in edutainment section
Provincial Launch of Vitamin A Strategy with Nutrition focal points from districts and provinces			NNP and partners		$20,000 **TOTAL = $23,850**
COMPONENT # 5 : TRAINING AND CAPACITY BUILDING					
Activities	**Expected Output**	**Where**	**Who**	**When**	**Budget**
MPA 10 training or refresher training for health staff in priority intervention areas	Training or refresher training completed using new updated MPA 10 curriculum and job aids	Priority districts	NNP and Partners	October 2008 September 2010	20 refresher trainings 22 new MPA 10 training Approximately $12,000 per training = $504,000
Village volunteer training using new updated village volunteer curriculum and tools for MMN activities	Training or refresher training completed using new curriculum and job aids for village volunteers	Priority districts	NNP and Partners	October 2008 September 2010	1000 VHSG training sessions x $500 per training = $500,000

Health staff trained in post partum package delivery services	Health staff trained in postpartum package in priority districts	Priority districts	Partners	October 2008 September 2010	TBD
Village volunteers trained in post partum package delivery services	Village volunteers trained in post partum delivery package	Priority districts	Partners	October 2008 September 2010	TBD
Half day advocacy workshop held with private clinic providers in Phnom Penh and provincial towns to introduce vitamin A communication strategy and materials and refresh on vitamin A key messages and recording and reporting systems	Advocacy workshop conducted with private health care providers in target intervention areas	National level	NNP	October 2008	4 workshops x $500 per workshop x 2 years = $4,000
Half day advocacy workshop with national hospitals – Calmette/NMCHC/Red Cross/ Soviet Hospital/Military hospital etc to introduce vitamin A communication strategy and materials and discuss recording and reporting of vitamin A	Advocacy workshop conducted with private health care providers in national government hospital	National level	NNP	October 2008	1 workshop x $500 x 2 times = $,1000 Total cost training for two years **TOTAL = $1,009,000**
					TOTAL BUDGET REQUIRED FOR 2 YEARS = $1,888,005.7

COMPONENT #6: PARTNER COORDINATION AND INFORMATION SHARING					
Activities	**Expected Output**	**Where**	**Who**	**When**	**Budget**
Monthly Nutrition Working Group Meetings	Monthly meetings with partners Discussions and planning for vitamin A put on the agenda for the April and October meetings	NNP	NNP	Monthly	
Support provincial and district nutrition focal points and provincial and district supervisors in target districts provinces to plan, monitor and report on vitamin A communication activities	Provincial and District health staff report on vitamin A communication activities	PHD	PHD/OD, Nutrition Focal Points	October 2008 September 2010	
Provide information about communication strategy activities and events to the Food Security and Nutrition Website, Medicam and other publications	Bi-annual updates on activities with photographs provided to Food Security Website and also Medicam	Phnom Penh	NNP and partners	October 2008 September 2010	
Report on communication activities for vitamin A to the Child Survival Management Committee	Reports provided to the Child Survival Management Committee on progress in implementing the communication strategy	MoH	CSMC	October 2008 September 2010	

Support provinces and districts to include vitamin A communication activities and budget in their AOP for 2009 and 2010	Vitamin A communication activities and budget included in the district and provincial AOPs for 2009 and 2010	Priority provinces and districts	NNP/PHD's and districts with NGO support	Annually in October December	
COMPONENT # 7 MONITORING AND EVALUATION PLAN					
Process indicators	**Means of Verification**	**Where**	**Who**	**When**	**Remarks**
# health center staff trained in revised MPA 10 and job aid for vitamin A supplementation	Training reports	Priority districts	NNP UN/NGO partners	Quarterly entered on NNP data base	
# of village volunteers trained using new volunteers module and job aid	Training reports	Priority districts	NGO partners	Quarterly entered on NNP data base	
# health staff trained in post partum package	TBD	TBD	TBD	TBD	
# village volunteers trained in post partum package	TBD	TBD	TBD	TBD	
# of IEC and type of materials developed	Development and printing reports	National level	NNP NGO partners	Quarterly entered on NNP data base	
# of IEC materials and type distributed	Dissemination reports	National level	NNP NGO partners	Quarterly entered on NNP data base	

# advocacy meetings with HCMC and village volunteers	Meeting reports	Health center level	NGO partners	Quarterly entered on NNP data base	
# communication workshops to disseminate materials and messages with health staff # participants	Workshop reports	National Provincial District Health center	NNP NGO partners	Quarterly entered on NNP data base	
# of community edutainment events held to disseminate vitamin A messages	NGO partner reports	Community level	NNP NGO partners	Quarterly entered on NNP data base	
% communication workshops with private care providers % participants	Workshop reports	National Provincial	NNP NGO partners	Quarterly entered on NNP data base	
% text messages sent to inform of vitamin A activity	NNP data base	National	NNP	Bi annual	
% advocacy events held at national level	Meeting/workshop reports	National	NNP	Bi annual	
% provinces and districts with vitamin A communication plan and budget integrated into AOP	Provincial AOP's	Provinces	NNP NGO partners	Annual entered on data base	

Outcome indicators - short term results					
% of village volunteers interviewed who can name two benefits of vitamin A	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	
% of mother/parents interviewed who can name 2 benefits of vitamin A	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	
% of mothers/parents interviewed who know the months and location of vitamin A distribution	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	
% of mothers /parents who have retained yellow card	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	
% of mothers interviewed who report being influenced by vitamin A media messages	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	
% of mothers interviewed who report receiving message about vitamin A from health staff or village volunteer within the last two months	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	
% of cards that have last vitamin A round recorded	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	

% of HCMC who can name two benefits of vitamin A	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	
% of mothers/parents who can accurately describe TV spot and explain key messages	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	
% of mothers who report viewing TV spot more than six times during last 2 months	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	
% of mothers/parents who can describe radio spot and explain key messages	Communication strategy evaluation in selected districts	Selected districts	NNP A2Z	June – July 2009	

APPENDIX THREE

Partner support for vitamin A supplementation and communication activities 2009

Province	District	Health Centers	HC supported	Villages	Partner agency	Districts suported by partner agency	Districts un-supported
Banteay Meanchey	Mongkul Borey	19	19		RACHA	1	
	Ochrov	12	12		RACHA	1	
	Preah Net Preah	12	12		RACHA	1	
	Thmar Pouk	10	10		RACHA	1	
Battambang	Sangke	15	15		RHAC	1	
	Thmar Kaol	17	17		RHAC	1	
	Moung Russey	13	13		RHAC WVI - 1HC	1	
	Sampov Loun	8			Unsup-ported		1
	Battambang	23			WVI	1	
Koh Kong	Sres Ambel	6	6		CARE RACHA	1	
	Smach Meanchey	6	6		CARE RACHA	1	
Kompong Cham	Kompong Siem	22	22		RHAC	1	
	Prey Chhor	15	15		RHAC	1	

	Choeung Prey	13	13		RHAC	1	
	Chamgar Leu	13	13		RHAC	1	
	Kroch Chhmar	9	8		RHAC	1	
	Tbong Khmom	16	16		RHAC	1	
	Ponhea Krek	14			Unsup-ported		1
	O Reang Oh	8	8		RHAC	1	
	Srey Sentor	13	13		RHAC	1	
	Memot	8			Unsup-ported		1
Kompong Chhnang	Kompong Chhnanag	14	14	IRD/ WVI	HKI WVI - 6 HC's	1	
	Kompong Tralach	11	11		HKI WVI - 9 HC's	1	
	Boribo	9	9		HKI WVI 3 HC's	1	
Kompong Speu	Kompong Speu	22	22		HSSP UNICEF WVI - 5 HC's	1	
	Kong Pisey	19	19		RHAC	1	
	Oudong	9	9		HSSP UNICEF	1	
Kompong Thom	Kompong Thom	21	21		HSSP UNICEF WVI - 6 HC's	1	
	Baray	19	19		HSSP UNICEF	1	
	Stung	10	10		HSSP UNICEF	1	
Kampot	Kampot	10	10		HSSP/A2Z	1	
	Chhouk	15	15		HSSP/A2Z	1	
	Kg Trach	12	12		HSSP/A2Z	1	
	Angkor Chey	10	10		HSSP/A2Z	1	

Kandal	Takhmao	14	14		HSSP/A2Z	1	
	Saang	12	12		HSSP/A2Z	1	
	Koh Thom	12	12		HSSP/A2Z	1	
	Kean Svay	17	17		HSSP/A2Z WVI - 2 HC's	1	
	Ksach Kandal	9	9		HSSP/A2Z WVI - 3 HC's	1	
	Ang Snoul	8	8		HSSP/A2Z	1	
	Ponhea Leu	10	10		HSSP/A2Z	1	
	Muk Kampoul	6	6		HSSP/A2Z	1	
Kep	Kep	4			Unsup-ported		1
Kratie	Kratie	12	12		HSSP	1	
	Chhlong	10	10		HSSP	1	
Mondulkiri	Sen Monorom	6	6		Contracted Health Net	1	
Oddar Meanchey	Oddar Meanchey	10	10		HSSP/ UNICEF	1	
Pailin	Pailin	3	3		RHAC	1	
Phnom Penh	Kandal	10	10		HSSP/A2Z	1	
	Cherng	8	8		HSSP/A2Z WVI - 2 HC's	1	
	Lek	10	10		HSSP/A2Z	1	
	Tbong	9	9		HSSP/A2Z	1	
Preah Vihear	Preah Vihear	12	12	WVI	HU/WVI	1	
Prey Veng	Prey Veng	17	17		RACHA	1	
	Neak Loung	17	17		RACHA	1	
	Pea Reang	15	15		RACHA	1	
	Kg Trabek	11	11		RACHA	1	
	Preah Sdach	9	9		RACHA	1	
	Kamchay Mear	11	11		RACHA	1	
	Mesang	10	10		RACHA	1	

Pursat	Sampov Meas	21	21		RACHA	1	
	Bakan	10	10		RACHA	1	
Rattanakiri	Rattanakiri	10			Un-supported		1
Siem Reap	Siem Reap	19	19		RACHA	1	
	Angkor Chnum	10	10		RACHA	1	
	Kralanh	10	10		RACHA	1	
	Soth Nikum	17	17		RACHA	1	
Sihanouk Ville	Sihanouk Ville	10	10		RHAC	1	
Stung Treng	Stung Treng	10	10		HSSP UNICEF	1	
Svay Reing	Svay Reing	20	20		HSSP UNICEF	1	
	Romeas Hek	9	9		HSSP UNICEF	1	
	Chi Phou	8	8		HSSP UNICEF	1	
Takeo	Daun Keo	15			Un-supported		1
	Kirivong	20			Un-supported		1
	Batie	13			Un-supported WVI – 2 HC's		1
	Ang Roka	9			Un-supported		1
	Prey Kabas	13			Un-supported		1
TOTALS 24 provinces	77 Districts	949 Health Centers	811 sup-ported health centers 85%			67 87% of districts sup-ported	10 13% of districts un-suported

APPENDIX FOUR

IEC Materials

APPENDIX FIVE

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