

CAMBODIA
Maternal, Newborn and Child Health

Thematic Health and Nutrition Report
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January–December 2018



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Immunization officer Vathana Ke from Kbal Romeas health centre, Stung Treng province, conducts an outreach session in flooded Roumpoat village, Kbal Romeas commune, Sesan district, Stung Treng province

Prepared by

UNICEF Cambodia

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Acronyms

CDHS	Cambodia Demographic and Health Survey
MNCH	Maternal, Newborn and Child Health
MNTE	Maternal Neonatal Tetanus Elimination
SAM	Severe Acute Malnutrition
UNICEF	United Nations Children's Fund

Executive summary

Cambodia has made significant progress towards achieving Millennium Development Goals 4 and 5 on reducing child mortality and improving maternal health.

Over the past five years, neonatal mortality has declined from 27 deaths per 1,000 live births to 18 deaths per 1,000 live births; the infant mortality rate has declined from 45 deaths per 1,000 live births to 28 deaths per 1,000 live births; and the under-five mortality rate has declined from 54 deaths per 1,000 live births to 36 deaths per 1,000 live births.

UNICEF adopted a multi-pronged approach to create synergies and translate lessons learned from service delivery into policy adjustments. The approach also strengthened service delivery systems.

The implementation of essential maternal, newborn and child health (MNCH) interventions comprises: 1) data analysis to inform improved programming and service delivery; 2) integrated post-partum care for mothers and newborns at both the facility and community level; 3) communication for behavioural impact and promoting good practices; 4) integrated management of childhood illnesses focusing on low-outcome operational districts serving an estimated 83,716 mothers and newborns from most-deprived populations; 5) maternal and neonatal tetanus elimination; 6) screening and management of severe acute malnutrition (SAM); 7) evidence generation to inform policies, guidelines and strategies, and the development of new guidelines and tools; and 8) technical support, monitoring and evaluation.

Encouraging midwives to participate in integrated outreach activities in remote villages with limited antenatal services contributed to better maternal and child health outcomes and service coverage.

With thematic support from the Korea Committee for UNICEF, important highlights in 2018 included: 1) maintaining the status of maternal neonatal tetanus elimination (MNTE) and improving service delivery for hard-to-reach populations through integrated outreach; 2) midwifery capacity development and improvements in the quality of 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) improvements in SAM screening and management; 6) concerted efforts towards eliminating specific micronutrient deficiencies; 7) evidence generation and the development of new guidelines and tools; 8) behaviour change communication and the promotion of infant and young child feeding; and 9) technical support, monitoring and evaluation.

Strategic context of 2018

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

The Ministry of Economy and Finance introduced changes to the health sector's bottom-up planning process, programme budgeting and financial reform (including financial rules and regulations). These changes pose 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 programmes support equitable national and sub-national coverage of quality basic health care services. They operate within an effective framework that focuses on hard-to-reach areas and under-served population groups.

There is also an emphasis on strengthening the health system and developing capacity—providing both interim solutions to fill the gaps and evidence to inform policy dialogue and resource leveraging. This will result in better programming and implementation.

Global and regional trends and targets set by the Ministry of Health for MNTE form the basis of health system improvements in three operational districts with the lowest essential MNCH service outputs and the highest risk of maternal and neonatal tetanus. This challenge has been proactively met through the introduction of equity-focused analysis and programming.

Results achieved in the sector

The two main outputs within Outcome Area 1 are Health and Nutrition. Specifically, these are MNCH and Nutrition.

Maternal, newborn and child health

1. Reaching the hard-to-reach

Integrated outreach remains one of the key strategies for reaching population groups living in hard-to-reach areas with basic but essential MNCH services, especially in remote villages where access to health care remains a challenge.

The outreach teams comprise at least one midwife to provide counselling, prenatal care, including tetanus toxoid vaccine, and post-natal care for mothers and their newborn babies. The participation of midwives in outreach activities in remote villages, where coverage of antenatal care is low, contributed to an increased uptake of maternal and child health services among target populations.

During the reporting period, with UNICEF support, 3,215 integrated outreach sessions were held in 1,125 hard-to-reach villages and villages with low immunization coverage for children aged under 1 year. These were in Cambodia's five north-eastern provinces. Villages in three districts identified as being at high risk of maternal and neonatal tetanus received at least four rounds of integrated outreach services. During the sessions, the team delivered basic, essential MNCH services, including immunizations for young children, micronutrient supplementation (vitamin A, iron-folic acid), deworming and diarrhoea management, and health promotion messages. Midwives who participated in the outreach team provided antenatal check-ups for pregnant women, and tetanus toxoid vaccinations and post-partum care for mothers and newborns. The outreach team also screened the nutritional status of children under 5 years.

Through these outreach sessions, 19,132 children aged 0–11 months were vaccinated. This included 850 newborns with hepatitis vaccine; 6,150 children aged under 1 year with the third dose of pentavalent vaccine (a conjugated vaccine with five individual antigens to offer children protection against multiple diseases); and 6,093 children aged under 1 year with their first dose of the measles-rubella vaccine. There were 6,039 children aged under 2 years who received their second dose of measles-rubella vaccine.

There were 73,343 children aged under 5 years who received vitamin A supplementation, while 67,245 children of the same age group received deworming tablets. During the same sessions, midwives in the outreach teams provided antenatal and post-partum care for 6,122 mothers and their newborn babies. Midwives also provided tetanus toxoid vaccine to women of reproductive age and pregnant women. A total of 3,583 pregnant women and 12,929 women of child-bearing age in the five north-eastern provinces received the tetanus toxoid vaccine during the outreach sessions. During these sessions, 51,790 children aged under 5 years were screened for their nutritional status by measuring their weight, height and mid-upper arm circumference. Of these children, 881 were identified as having SAM and were referred for appropriate treatment.

2. Sustaining maternal and neonatal tetanus elimination status in high-risk districts

Even though Cambodia is certified as having eliminated maternal and neonatal tetanus, a greater challenge is sustaining this status, particularly in remote northeastern provinces where there is an enduring low proportion of antenatal care visits, a high proportion of home births, and inappropriate cord care practices.

Regular monitoring by local health managers and programme staff of the coverage of newborn babies who are protected against tetanus at birth, as well as continued efforts to improve the coverage of the tetanus toxoid vaccination for pregnant women and women of child-bearing age, are both critical interventions. Capacity development in using local data is a particularly important contributor to improving local capacity in monitoring.

The implementation of integrated outreach with the involvement of a midwife in the outreach team is essential to the provision of antenatal services to pregnant women, as well as the tetanus toxoid vaccine for women of reproductive age and pregnant women. Midwives also provide post-partum care services for post-partum mothers and their newborn babies, together with counselling on appropriate newborn cord care practices.

During health facility visits for antenatal check-ups, as well as for deliveries, tetanus toxoid and counselling on preventing tetanus and on appropriate newborn cord care practices was provided. This was also part of routine integrated post-partum care services provided by midwives before discharge. Thanks to funding support from various donors, including UNICEF National Committees, UNICEF Cambodia has continued to support the implementation of this multi-pronged approach and intervention in the three high-risk districts for maternal and neonatal tetanus. It has also continued support in other north-eastern provinces to maintain and improve tetanus toxoid immunization coverage, increase the proportion of newborns who are protected at birth against tetanus and promote appropriate cord care practices.

3. Midwifery capacity development for quality delivery

Improving the quality of health facility delivery in remote health facilities has been a concern, as many newly graduated midwives deployed to remote health facilities have limited practical experience and skills, and may not be confident in assisting with a delivery on their own. In collaboration with the provincial MNCH programme, and with doctors and senior midwives at maternity wards in provincial hospitals, a capacity building programme for midwives working in frontline health facilities (health centres) has been initiated. It includes hands-on practical training at provincial hospitals, on-site coaching, and supportive supervision.

Midwives newly deployed in remote health facilities in Kratie and Ratanak Kiri provinces received support from UNICEF to attend hands-on practical training in maternity wards at provincial referral hospitals for 20 days. This practical training allows trainees to build confidence, experience, capacity and skills so that when they return to their facilities they can assist deliveries confidently and competently. During the training period, each midwife should assist at least 10 deliveries on their own under close supervision from an experienced midwife. They also learn how to identify pregnant women and newborns who are at risk and require immediate referral for hospital care.

When the trained midwives returned to their own facilities, a coaching team, comprising a programme midwife and experienced hospital midwives, visited regularly. The coaching team provided technical support by refreshing some particular skills, reviewing critical technical aspects that the midwives learned and observing midwives as they worked. They also identified issues or challenges the midwives had.

4. Improving quality post-partum and newborn care

As part of an initiative to improve referral capacity for neonatal care, UNICEF supported five teams of hospital staff from provincial referral hospitals in Kratie and Ratanak Kiri provinces to attend a modular-based, hands-on practical training programme on paediatric care at the Angkor Hospital for Children in Siem Reap province. This training covered general paediatric care, paediatric emergency care and neonatal care. The teams comprised one medical doctor and one nurse from paediatric wards and between one and two midwives from maternity wards. There is a need to have at least three trained groups of professional health staff to ensure routine clinical shifts in the workplace. With UNICEF support, three groups of health professionals from Kratie provincial referral hospital went through all three courses, while two groups of hospital staff in Ratanak Kiri were trained in two of the three courses.

Support was provided to improve and strengthen the capacity of health centre staff on pre- and post-natal care. With support from development partners including UNICEF, the provincial health department and the operational district office of the north-eastern provinces organized on-site coaching for midwives on antenatal care, post-partum care for pregnant and post-partum mothers, and immediate neonatal care for newborn babies. This was part of the integrated outreach team's delivery of basic, essential maternal and newborn health care services in remote and hard-to-reach communities/villages.

With one midwife per team, the outreach team can deliver an integrated package of MNCH services: immunization, micronutrient supplements (vitamin A, iron-folic acid tablets), deworming and diarrhoea management, health promotion messages, antenatal care for pregnant women, post-partum care for mothers and newborns, and nutritional status screening. Having midwives in the teams led to improvements in on-going integrated post-partum care and counselling for pregnant women and mothers at health facilities (for health facility delivery), and during integrated outreach activities.

5. Midwifery forum

The quarterly midwifery meeting provides a platform for coordination. It also acts as a forum to review issues or challenges identified during supportive supervision of midwives at health centres, and to formulate solutions. Midwives can discuss any challenges they face in their day-to-day work. The programme coordinator may introduce refresher training on a particular subject or skill identified by the supervisor as being critically in need of strengthening. By participating in this session, midwives have an opportunity to review particular cases and learn from their peers so that their competency, knowledge and skills are reinforced.

UNICEF and other development partners continue to support this forum to strengthen midwifery coordination and to continue capacity development and quality improvement.

6. Emergency referral from remote communities

Emergency referral is an integral part of the health care system. To date, there have been improvements in health facility coverage and referral systems—from facility to facility. However, establishing and improving emergency referral from the community to the health facility remains a critical barrier in timely access to appropriate health care services, particularly in remote 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 assessed selected emergency referral systems to analyse their feasibility, cost-effectiveness and sustainability, and to gather good practices and challenges. Lessons learned were used to inform a review of the Ministry of Health's strategy, policy and guidelines which would lead to the formulation of a cost-effective, sustainable and equity-focused pilot model of a community emergency referral system.

During the reporting period, UNICEF continued to support the implementation of the emergency referral mechanism in three remote health centres in the two north-eastern provinces of Kratie and Ratanak Kiri. This mechanism refers pregnant women at risk and newborns with danger signs from the community to the nearest health facility. With this support, 175 pregnant women who required urgent care were referred from communities to nearby health centres. Of these, 22 pregnant women with complications and danger signs were referred to provincial referral hospitals for obstetric care. Since the beginning of this emergency referral system in the third quarter of 2016, 492 at-risk pregnant women and 15 newborn babies with danger signs have been saved.

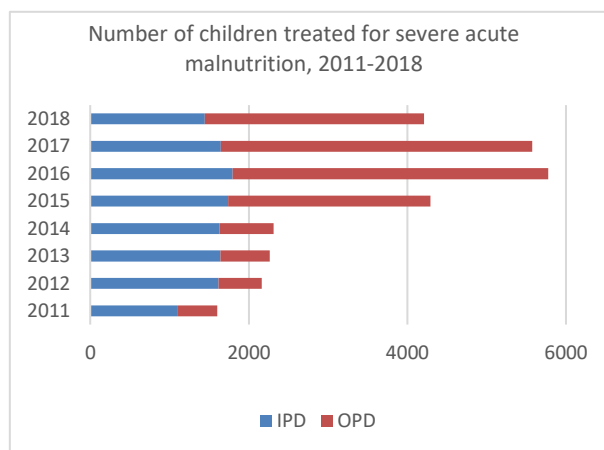
Nutrition

1. Management of severe acute malnutrition

Screening and managing children with SAM

UNICEF advocated for SAM screening for children aged under 5 years, as the number of children in this cohort was far below the estimated number. Initial screening sites were in Phnom Penh and the three north-eastern provinces of Ratanak Kiri, Kratie and Mondol Kiri. During the reporting period, 51,790 children aged under 5 years living in these provinces were screened, increasing the cumulative number of children aged under 5 years screened to 155,797 between 2016 and 2018.

Between 2016 and 2018, some 15,560 children were treated for SAM. Of these, 69 per cent were treated as outpatients at health centres, while the others were admitted to hospitals. Of those treated, 32.7 per cent were in the five north-eastern provinces. These children benefited from UNICEF's additional support for mass screening in the region. In Kratie, 26 per cent of the estimated children suffering from SAM were managed and treated, while in Ratanak Kiri and Mondol Kiri 85 per cent were treated.

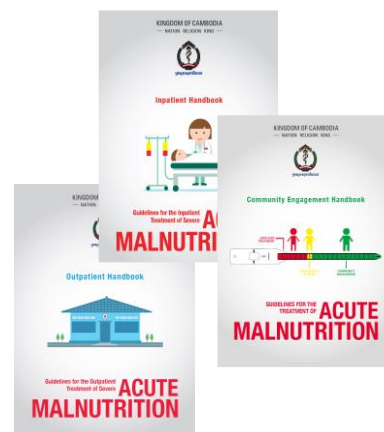


In April 2018, the government approved the roll out of new guidelines for treatment and screening, as well as a web-based monitoring system. The first priority assignment was in the north-eastern provinces. Online screening will help the government increase treatment of children nationally.

Developing new policies and guidelines

UNICEF provided technical support to update and develop the national guideline and handbook on the management of SAM, the minimum package of activities for health centres, and the standard operating procedures for immunization supply chain management.

Based on the findings of the analysis, UNICEF is advocating the Ministry of Health to refocus its strategy on: i) Screening the nutritional status of mothers, especially pregnant women, as the current set of interventions is not sufficient to reduce maternal malnutrition and prevent adverse pregnancy outcomes; ii) Expanding existing strategies and/or developing new strategies to improve mothers' nutrition before and during pregnancy; iii) Developing interventions for children suffering from moderate acute malnutrition, as this is an area needing critical attention; iv) Revising and testing the guidelines; and v) Addressing the bottlenecks of dietary diversity, quality and quantity, as the impacts of these bottlenecks go beyond the frequency of feeding/eating. This has a direct impact on the micronutrient status of young children aged 6–24 months.



The Ministry of Health developed and endorsed three guidelines: A Minimum Package of Activity; an Operational Guideline; and a Clinical Guideline. They were used as standard guidelines to provide primary health care services and other essential MNCH services, including immunization and nutrition.

Build the capacity of health professionals and village health support groups to manage SAM

Thanks to UNICEF support, the SAM management guidelines for the three different levels of management (comprising three books) were finalized and officially launched in April 2018. Following the launch of these guidelines, capacity development was carried out for 580 health staff: 436 health centre staff in five north-eastern provinces; 144 staff from another 36 hospitals across the country; and 2,570 village health support groups. A new platform for recording and reporting cases of SAM being managed in hospitals is in the final stage of development. These initiatives, coupled with efforts to improve the identification of SAM, will contribute to increasing the number of children being treated for this condition in 2019 and 2020.

The village health support groups learned how to identify children suspected of having SAM, how to mobilize people to attend SAM screening sessions, and how to share nutrition and health education messages.

2. Awareness raising on nutrition, health, water and sanitation

Social communication on nutrition, health, water, sanitation and hygiene

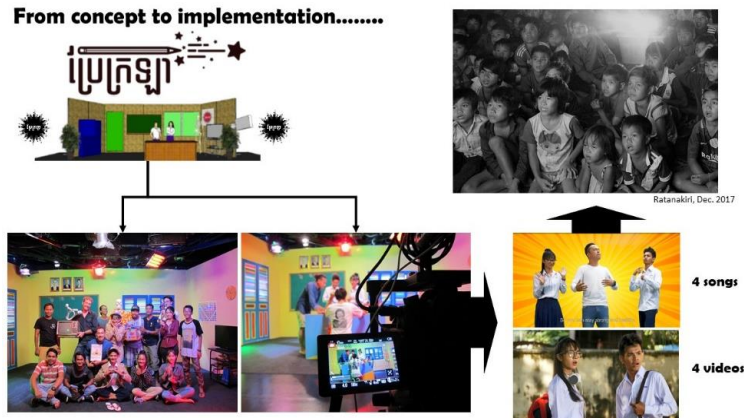
Based on formative research on barriers to appropriate practices in infant and young child feeding, conducted jointly by Helen Keller International and UNICEF, a comprehensive communication strategy to promote appropriate feeding practices for young infants and children was developed. Its scope was broadened to cover mothers and beyond infant feeding. A new social communication strategy to be implemented in early 2019 has been named 'Mother, infant and young child nutrition'.

UNICEF and the government developed a longitudinal study to better understand the reasons behind the limited gains in key childhood development indicators in Cambodian children, and to monitor the impact of interventions more efficiently. The study found that 23 per cent of children aged 0–30 months were infected with giardiasis, and that this could reach a level of one in three in older children. Preventive measures that protect children from extensive exposure to animal faeces may be the most effective way to protect against infection of giardia duodenalis and consequently stunting. This would increase the potential for healthy development in young Cambodian children. Multiple analyses were presented during the National Forum on Food Security and Nutrition, which will help in developing the next National Strategy for Food Security and Nutrition 2019–2023.

Nutrition-related campaign activities

Since 2017, UNICEF has developed a series of short educational videos on health, nutrition, hygiene and sanitation called 'Pre Krala'. These were for the School Health Department of the Ministry of Education, Youth and Sport. The educational videos target primary school children and their parents and deliver messages in a fun and innovative way. By 2018, 14 educational videos had been developed. Besides the four initial videos on exercise and dehydration, food/balanced diet, general hygiene, and the human anatomy, a further 10 videos cover diverse topics such as gender, disability and bullying.

From concept to implementation.....



In collaboration with the NGO, SIPAR, UNICEF continues to support a mobile library. This raises awareness on nutrition, health and WASH for parents of young children and gives children in remote areas in Kratie and Ratanak Kiri provinces an opportunity to access books. The mobile library has creative and entertaining materials that promote reading and enrich children's lives. Sessions held in villages include reading, storytelling and night-time

video shows. The Pre Krala-series of short educational videos was shown during a video session. During the first two-year collaboration, the mobile library reached 83 villages and 3,932 children (55.2 per cent girls). An additional 922 caregivers, 2,490 adults and 166 authorities were targeted each year by SIPAR with messages on nutrition, water and sanitation. The topics covered were: i) three food groups; ii) washing hands; iii) brushing teeth; iv) personal hygiene; v) maternal and child health; vi) water filtration; and vii) creating basic latrines.

3. Initiative to ensure the availability of locally produced therapeutic foods

In 2017, the Ministry of Economy and Finance and the Ministry of Health agreed to invest US\$ 125,000 in treatment applications. In 2018, US\$ 160,000 was invested. This highlights the government's commitment to increasing the number of children being treated to approximately 8,000–10,000 children per year in the coming years.

A trial by UNICEF, the Ministry of Health and the National Research Institute for Sustainable Development demonstrated that a locally produced therapeutic food for the treatment of SAM, made with native ingredients and small indigenous fish replacing milk as a protein source, was as effective as an imported ready-to-use therapeutic food. This was in terms of weight gain, improvements in mid-upper arm circumference, and weight-for-height, weight-for-age and height-for-age Z scores. Apart from testing a novel ready-to-use



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A local factory for ready to use therapeutic food (RUTF) and equipment

therapeutic food product, the trial was the first conducted in Cambodia to assess the effectiveness of treatment among outpatient children receiving treatment for SAM. BP-100™ is a well-known and commonly used ready-to-use therapeutic food for the home-based treatment of SAM. When compared with a locally produced ready-to-use therapeutic food, there were no differences in effectiveness in

terms of primary outcome or of most of the secondary outcomes. This indicates that local ready-to-use therapeutic food could be an excellent alternative to BP-100™ in the treatment of SAM in Cambodia.

In partnership with the government and a local enterprise, UNICEF provided equipment to the Ministry of Health, which leases the equipment to a Cambodian social enterprise partner to improve its capacity to produce local ready-to-use therapeutic food for local supply.

This lease agreement allows the government to have free ready-to-use therapeutic food as a reimbursement, and additional goods required can be procured locally at a cheaper price. The enterprise will market healthy snacks that can increase the energy and micronutrient intake of vulnerable populations, instead of people buying unhealthy salty or sweet snacks that are imported from neighbouring countries. The snacks should be made available in the north-eastern region close to preschool sites, at a cost of 500 riels per packet. This is the same cost as the unhealthy snacks sold in the region. A social marketing scheme will ensure the project continues.

The official inauguration of the social enterprise's factory took place on 17 December 2018, with local supplies of the products to begin by early 2019.

Financial analysis

The following table provides information on budget planning and expenditures related to health and nutrition activities in 2018 from all funding sources.

Budget: Planned and thematic contribution 2018

Table 1: Planned budget for the thematic sector

Intermediate results	Funding type ¹	Planned budget (US\$) ²
01-01: Maternal, newborn and child health	RR	453,554.81
	ORR	1,138,974.99
01-02: Nutrition	RR	390,760.00
	ORR	1,345,140.00
Total health and nutrition planned budget		3,328,429.80

Table 2: Country-level thematic contribution to thematic pool received in 2018

Business area	Grant number	Contribution amount	Programmable amount
Outcome 1: Health		500,000.00	460,000.00
Global - Health	SC149901	-	-
Korean Committee for UNICEF	SC1499010072	500,000.00	460,000.00
Outcome 4: Nutrition		150,000.00	138,000.00
UNICEF - Malaysia	SC1499040076	150,000.00	138,000.00
Total		650,000.00	598,000.00

Note:

- Korean Committee for UNICEF contributed \$500,000 on 30 Dec 2014; \$500,000 on 29 Dec 2015; and \$500,000 on 24 Feb 2017.
- Danish Committee for UNICEF contributed \$15,085.18 on 2 Jul 2015.

Financial implementation

Table 3: Expenditures in the thematic sector by result area






Fund Category	All Programme Accounts
Year	2018
Business Area Hierarchy	Cambodia - 0660
Prorated Goal Area	21 Survive and Thrive

Result area	Other resource	Regular resource	Grant total
21-01 Maternal and newborn health	596,626.67	536,551.81	1,133,178.48
21-02 Immunization	500,578.70	51,313.56	551,892.26
21-03 Child health	25,418.69	9,406.71	34,825.40
21-04 Prevention of stunting and other forms of malnutrition	498,189.44	178,838.08	677,027.52
21-05 Treatment of severe acute malnutrition	461,535.26	397,747.66	859,282.91
21-06 Treatment and care of children living with HIV	5,946.64	(3.34)	5,943.30
21-07 HIV prevention	15,994.90	(8.98)	15,985.93
21-08 Early childhood development	147,445.18	556,763.65	704,208.83
Total	2,251,735.48	1,730,609.15	3,982,344.63

¹ RR: Regular resources, ORR: Other resources – Regular (and ORE: Other resources – Emergency if applicable).

² ORR (and ORE, if applicable) funded amount excludes cost recovery (only programmable amounts).

Table 4: Thematic expenses by result area

Fund Category	All Programme Accounts	
Year	2018	
Business Area Hierarchy	Cambodia - 0660	
Prorated Goal Area	21 Survive and Thrive	
Donor Class Level2	Thematic	

Result area	Expenses
Other resources – Regular	798,084.00
21-01 Maternal and newborn health	146,050.00
21-02 Immunization	71,111.00
21-03 Child health	6,920.00
21-04 Prevention of stunting and other forms of malnutrition	339,314.00
21-05 Treatment of severe acute malnutrition	185,565.00
21-07 HIV prevention	841.00
21-08 Early childhood development	48,282.00
Total	798,083.00

Table 5: Expenses by specific intervention codes

Fund Category	All Programme Accounts	
Year	2018	
Business Area Hierarchy	Cambodia - 0660	
Prorated Goal Area	21 Survive and Thrive	
Specific intervention codes		Expenses
21-01-01	Community- and home-based maternal and newborn care	230,302
21-01-02	Facility-based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	121,021
21-01-05	Maternal and newborn care policy advocacy, evidence generation, national / sub-national capacity development	3,772
21-01-99	Technical assistance – Maternal and newborn health	608,137
21-02-02	Immunization supply chain, including cold chain	115,285
21-02-05	Immunization operations	420,700
21-03-02	IMNCI facilities	5,195
21-03-12	HSS – Public finance management for health	2,871
21-03-16	HSS – Management information systems	23,275
21-04-01	Breastfeeding protection, promotion and support (including work on Code)	16,763
21-04-02	Diet diversity in early childhood includes complementary feeding and MNPs	263,433
21-04-06	Salt iodization and other large-scale food fortification	118,266
21-04-07	National multi-sectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	208,460
21-04-08	Data, research, evaluation, evidence generation, synthesis and use for prevention of stunting and other forms of malnutrition	3,824
21-05-01	Care for children with severe acute malnutrition	263,962
21-05-02	Capacity building for nutrition preparedness and response	207,115
21-05-04	Data, research, evaluation, evidence generation, synthesis and use for SAM and nutrition in emergencies	6,401
21-05-99	Technical assistance – Treatment of severe acute malnutrition	248,441
21-06-03	HIV health and community system strengthening to improve access and adherence	5,946
21-07-08	Maternal HIV testing and counselling (PITC)	15,993
21-08-04	ECD data, evidence, and knowledge generation and dissemination	195,502
21-08-05	ECD policy and system strengthening	97,800

21-08-99	Technical assistance – Early childhood development	217,028
26-01-01	Country programme process (including UNDAF planning and CCA)	138,113
26-01-02	Programme reviews (Annual, UNDAF, MTR, etc.)	2,274
26-02-01	Situation analysis or update on women and children	2,734
26-02-04	Stimulating demand for and capacity to use data	8,959
26-02-08	Programme monitoring	2,006
26-03-05	Innovation, multi-media content production and dissemination	18,888
26-03-99	Technical assistance – Cross-sectoral communication for development	39,098
26-04-01	CO/RO Supply – technical assistance and collaboration in supply chain, procurement of goods and services, and logistics	262,572
26-05-01	Building evaluation capacity in UNICEF and the UN system	40,596
26-05-03	Country programme evaluations (including UNDAF evaluations)	23,129
26-06-04	Leading advocate	4,819
26-06-05	Leading voice	7,025
26-06-06	Supporter engagement	17,322
26-06-07	Leading brand	15,528
26-06-09	CRC, CEDAW or CRPD – reporting	1,690
28-07-04	Management and operations support at CO	-1,897
Total		3,982,345

Future work plan

Maternal, newborn and child health

- Support and strengthen the implementation of the third Health Strategic Plan, emphasising equity-focused programming and the provincial Newborn Action Plan to Scale Up and Strengthen Newborn and Young Child Services
- Support the implementation of the Effective Vaccine Management Improvement Plan and strengthen the application of supporting tools, standard operating procedures, guidelines, supervision and follow up
- Support the scale-up of integrated post-partum and early essential newborn care, and strengthen its implementation
- Support service delivery in hard-to-reach areas
- Support the implementation of a nationwide communication strategy on immunization and strengthening quality newborn and child health services in public health facilities
- Promote nutrition status screening for pregnant women, with appropriate counselling.

Nutrition

- Conduct mass screenings to identify children with acute malnutrition
- Assess the efficiency of antenatal and post-partum care in delivering 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: Planned budget for 2019

Outcome 1	Funding types	Planned budget	Funded budget	Shortfall
Output 1: By 2023, national and sub-national administration and partner accountability strengthened to equitably support the implementation of high-impact MNCH and nutrition services/interventions.	RR	430,459.30	430,459.30	-
	ORR	416,898.60	209,898.60	207,000.00
Output 2: By 2023, national and sub-national service provider capacity strengthened to deliver equitable quality and accessible essential maternal and newborn care services, including nutrition, especially in north-eastern provinces, including during emergencies.	RR	293,967.62	293,967.62	-
	ORR	2,331,275.18	944,076.71	1,387,198.47
Output 3: By 2023, family, community and service provider capacity strengthened to promote safe health and nutrition behaviours and practices among pregnant and lactating women, their families, communities, caregivers and service providers at home, in communities, schools and health facilities.	RR	30,000.00	30,000.00	-
	ORR	826,135.50	425,135.50	401,000.00
Sub-total: Regular resources		754,426.92	754,426.92	-
Sub-total: Other resources – Regular		3,574,309.28	1,579,110.81	1,995,198.47
Total for 2019		4,328,736.20	2,333,537.73	1,995,198.47

Expression of thanks

UNICEF Cambodia would like to express its gratitude to the Korean National 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 meeting on-going 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.

Annex 1. Human interest story

Integrated outreach programme improves access to antenatal care for women in remote villages

By Ponlok Leng and Latifah Azlan

Kratie province, Cambodia – Khut Sokhorn is a 39-year-old rice farmer from Kampong Damrey village in Boeung Char commune, Kratie province. Though it lies along the Mekong River, her village is remote and difficult to reach. The closest town is many kilometres away, accessible only by a combination of traditional wooden boats and motorcycles, taking several hours. This means that Sokhorn and the 93 other families in her village are isolated from essential services, including basic maternal, newborn and child health services.

The nearest health facility is a long way from the village. A regular boat service across the river operates only once each morning, and hiring a boat outside this regular service is too expensive for most villagers. During the raining season, the journey is complicated because the water level increases and the currents are too strong. During the dry season, the water level is very low, and the river becomes rocky, with strong streaming that makes it difficult and risky for boats to navigate.

The secluded nature of Kampong Damrey village impacts heavily on its villagers, including pregnant women. Because travelling is so difficult, women rarely receive appropriate antenatal care and counselling during pregnancy and most women give birth at home with the help of a traditional birth attendant or experienced villagers. However, these birthing assistants may not be trained or well-equipped to deal with complications during labour and delivery.

Recently, Sokhorn became pregnant with her seventh child. She and her husband struggle to take care of their large family and attending antenatal care at the nearest medical facility was too expensive for them. Luckily, Sokhorn was able to benefit from regular visits by an outreach team to her village. During these outreach visits, Sokhorn could have a pregnancy check-up as well as counselling on how to take good care of herself and her unborn baby, how to recognize danger signs during pregnancy and to plan for delivery with her family.

Mr. Katiya Va, the Chief of Kampong Cham health centre, leads the outreach team. “The outreach team provides integrated outreach services for pregnant women, mothers, newborns and children,” he said. “These services include vaccinations for children aged under 5 years, antenatal care for pregnant women, post-natal care for mothers and their newborn babies, nutritional status screening and deworming, micronutrient supplements for women and children, general health education and health promotion sessions for villagers,” he continued.

Advocacy efforts by the Kampong Cham health centre and UNICEF mobilized the commune council of Boeung Char commune to allocate a part of its social budget to services provided by the district. This enabled poor and vulnerable women to reach appropriate health care services when required. It was this support that allowed Sokhorn to reach the nearest health centre at Sambo to deliver her child. Thanks to various support initiatives, Sokhorn did not have to pay for the health care services and treatment she and her newborn baby received at the health centre.



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39-year-old Khut Sokhorn holding her eight-month-old son. She is one of many women who benefited from the government's Maternal and Newborn Health and Nutrition programme, which is supported by UNICEF.

Sokhorn and her husband are grateful for the outreach services they received: the opportunity to have her pregnancy checked, to learn about risks during pregnancy and delivery, and to help her deliver her baby safely at the health centre.

"We know there are risks when delivering at home," Sokhorn said. "Last year a woman in the village died during childbirth. But without all the services I got and the support I received, I would have delivered my baby at home because my family cannot afford the travel and the services," she said.

Commune councillor Mrs. Tay Siengly said the commune council planned to increase financial assistance to the programme to serve more families in the eight villages in Boeung Char commune.

"In addition to existing funds, we have asked each village to create a community self-saving fund," Mrs. Tay said. "The self-saving fund will be used to assist people in the village in the event of an emergency, including women who have problems related to their pregnancy or delivery, so they can avoid unnecessary risks and dangers."

Sokhorn's son is 8 months old now. During pregnancy, she received six prenatal check-ups with midwives who visited Kampong Damrey village during outreach. At each session she received iron supplements, and she also received a vaccine to prevent her from contracting tetanus. Sokhorn's positive experience has led her to advocate for these services.

"I want to share my experience of antenatal care with other pregnant women in my village, so that they understand the benefits," she said. "I will tell them to consult with aunt Tay Siengly, the commune councillor who lives in our village, to get support if they do not have enough money to go to the health centre for delivery," she added.

Annex 2. Donor feedback form

Please find the link to online donor feedback forms:

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