

Child Survival and Development

THEMATIC NUTRITION REPORT

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January–December 2018



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Acronyms

CDHS	Cambodia Demographic and Health Survey
IYCF	Infant and young child feeding
MoIH	Ministry of Industry and Handicraft
MoH	Ministry of Health
RUTF	Ready-to-Use Therapeutic Foods
SAM	Severe Acute Malnutrition
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene

Executive summary

Thanks to global thematic support, UNICEF Cambodia has been able to co-finance several activities in 2018 including: i) sustaining the gain in the number of children being treated for severe acute malnutrition (SAM); ii) promoting appropriate complementary feeding practices for children aged 6–23 months through new channels; and iii) supporting the enforcement of salt iodization legislation.

From January to December 2018, about 4,744 children were treated for acute malnutrition. UNICEF and local partners have developed locally made food supplements that will be used to treat malnutrition, and UNICEF is supporting the development of a facility to produce the local RUTF. UNICEF has also started increasing the number of children being reached with behaviour communication interventions in north-eastern provinces.

Strategic context of 2018

A number of Cambodia's health and development indicators have been on a positive trajectory. However, there is a need to accelerate nutrition and maternal, newborn and child health-related efforts to achieve the country's Sustainable Development Goals by 2025. Paramount to the success of those efforts is a critical analysis of evidence on determinants, shifts and trends related to the nutritional status of women and children across the country.

An in-depth analysis of the Cambodia Demographic and Health Survey (CDHS) revealed that socio-economic inequalities continue to fuel high rates of child malnutrition. Although the prevalence of child stunting (low height-for-age) has been declining since 2000, it is still high. Similarly, household wealth is the main socio-economic factor associated with child under-nutrition, and child nutritional status is strongly related to maternal nutritional status. The relationship between infant and young child feeding (IYCF) practices and stunting suggests the need for a redoubling of efforts to promote optimal IYCF practices. CDHS data on what children are fed and Cambodia Socio-Economic Survey data on household food consumption suggest that achieving optimal IYCF practices must address both the frequency and diversity of child feeding, not just age-appropriate breastfeeding.

Health and social equity have been identified as drivers or root causes of malnutrition. The persistence of an urban-rural divide with respect to stunting, wasting and being overweight is an important consideration for future efforts in nutrition. The heterogeneity that exists in urban settings (differences between informal settlement of urban areas and wealthier segments of urban populations) also warrants further exploration to inform future action.

If Cambodia continues business as usual, the various Sustainable Development Goals that aim to reduce malnutrition and improve maternal, newborn and child health will not be met, as most of the indicators are either stagnated or off-track, such as the prevalence of women being overweight and the prevalence of child wasting. This demonstrates both the limited resources available for the treatment of acute malnutrition in Cambodia and the disparities between urban and rural populations.

Results in the outcome area

1. Treatment of severe acute malnutrition

Results: 4,744 children treated for SAM in 2018.

i. Mass screening

In 2018, with UNICEF support, one round of mass screening for SAM of children younger than 5 years was implemented in three provinces (Ratanakiri, Mondul Kiri and Kratie) and in Phnom Penh. There were 54,235 children screened, representing 79.3 per cent of children under 5 in Kratie, 55.3 per cent in Mondul Kiri and 40.4 per cent in Ratanakiri (65.2 per cent of the targeted population in the three north-eastern provinces). As a result of this exercise, 489 SAM children were identified. The prevalence of acute malnutrition was higher among males.

In 2018, the governor of Ratanakiri decided to invest in preventing malnutrition, using data from mass media to prioritize communes.

ii. Treatment of SAM

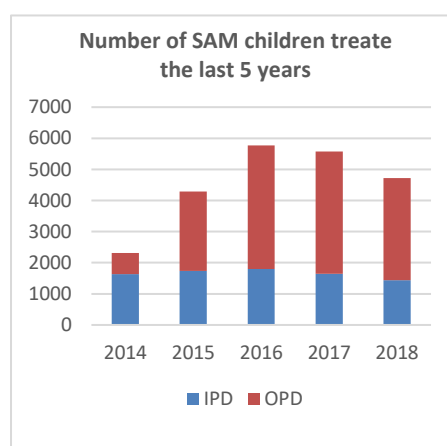
During 2016, 2017 and 2018, there were 16,076 children treated for SAM, of which 69.6 per cent were outpatients. Thanks to additional UNICEF support for mass screenings in the area, 69.4 per cent of children treated were in the five north-eastern provinces during the past three years. In Kratie, 26 per cent of SAM were managed and treated. This figure was 85 per cent in Ratanakiri and Mondul Kiri.

Inpatient treatment

The 36 hospitals involved in the programme treated 1,444 children as inpatients in 2018 (47 per cent girls).

For the 2016-2018 period:

- 58 children of 1,000 tested had oedema
- 15 children of 1,000 tested were HIV positive



As shown in the following table, the 2018 follow up visit result is lower than the previous year due to staff turn-over. However, the drop-out rate is slightly decreased.

Indicators	2014	2015	2016	2017	2018
Number of children referred to hospital	1,631	1,738	1,797	1,647	1,444
Drop-out rate (%)	3.9	3.3	2.1	1.5	1.1
Discharged as cured (%) ⁱ	N/A	N/A	13.5	15.8	12.1
Children with one follow-up visit (%)	82.2	73.4	80.4	82.3	77.5
Children with two follow-up visits (%)	73.7	69.8	72.7	77.9	67.6
Children with three follow-up visits (%)	60.7	54.7	57.8	59.6	33.1

Outpatient treatment

In 2018, 3,281 children identified and treated as SAM at outpatient units (Health Centre level) in 15 provinces. According to data from the National Nutrition Programme, 53.8 per cent of the children treated as outpatients were considered cured.

iii. Development of new guidelines

The national guideline and handbook on management of SAM, the minimum package of activities for health centres, and standard operating procedures for the immunization supply chain management have been updated and finalized in early 2018 and officially launched in September 2018.

Followed the launch, 580 health staff (436 HC staff in five northeast provinces and 144 from 36 hospitals in 25 provinces) were trained. Training on community engagement was also conducted for 2,570 VHSGs in the five north-east provinces (Kratie, Ratanak Kiri, Stung Treng, Mondul Kiri and Preah Vihear).



iv. Others

The government has also finalized and approved new guidelines for treatment and screening, as well as a web-based monitoring system. In the fourth quarter of 2018, health staff in the five northeast provinces were trained on the implementation. This will help the government to roll out the treatment of SAM nationally and improved the reporting system.

Since 2017, there has been greater engagement from the government. The Ministry of Economy and Finance and MoH agreed to invest US\$125,000 for procurement of SAM treatment commodities. In 2018, US\$160,000 was spent and in 2019, \$167,160 will be allocated, demonstrating government's commitment to increasing the number of children being treated to 8,000 to 10,000 children per year in the coming years.

v. Evidence generation

A trial by UNICEF, MoH and *Institut de Recherche pour le Développement* 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, can be as effective as imported RUTFs in terms of weight gain and improvements in MUAC, weight-for-height, weight-for-age and height-for-age Z scores. Aside from the testing of a novel RUTF product, the trial was the first conducted in Cambodia assessing the effectiveness of SAM treatment among outpatient children receiving treatment for SAM. BP-100™ is a well-known and commonly used RUTF for the home-based treatment of SAM. However, when compared with a locally produced RUTF, there were no differences in the effectiveness of the treatment of SAM, in the primary outcome and most of the secondary outcomes. This indicates that Num Trey could



Launching ceremony presided over by the Ministry of Health



Factory building and its equipment

be an excellent alternative to BP-100™ in the treatment of SAM in Cambodia.

In partnership with UNICEF, MoH has been leasing equipment to a Cambodian social entrepreneur partner to increase its capacity to produce the local RUTF for the government. A factory is completely built and officially launched in December 2018 with presided over by the Minister of Health. It is expected that the company will deliver the first batch of the product to the MoH in early April 2019.



RUTF product in wafer type

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

2. Behaviour change campaign

The findings of the formative research on barriers to appropriate practices in Infant and Young Child Feeding (IYCF) conducted jointly with Helen Keller International (HKI) and UNICEF led to a comprehensive communication strategy that aims to promote appropriate feeding practices for young infants and children. Its scope was extended to cover mothers and beyond infant feeding. With these, the new social communication strategy titled Mother, Infant and Young Child Nutrition (MIYCN) is being developed, focusing around four components – (1) Maternal Nutrition, (2) Breastfeeding, (3) Complementary Feeding and (4) Monitoring and Promotion of Child Growth and Development. MIYCS will be finalized in mid-2019 and to be implementing in last quarter of 2019.



Selected type of TV spot to be developed in real human action with Mascot

i. mHealth

UNICEF collaborated with People in Need to implement a project named “Healthy Family Community” (HFC). This project aims to build the capacity of local staff at sub-national level to use a local system for registering pregnant and post-partum women, and mothers of children under two years. People in Need provides training and technical support to key health staff on the use



and benefits of the service. This project was completed in April 2017 with successful registration of more than 1,500 new mothers and pregnant women in Kratie across nine health centres in target areas. Messages focused on key maternal and child health determinants provided weekly for the full period of pregnancy up to the first 1000 days of a child’s life (the window of opportunity).

People in Need research shows that more than 95 per cent of users (including the poorest) are willing to pay up to 250 riel per message to continue with this service. People in Need has made an agreement with SMART Axiata that charges beneficiaries 1,000 riel per month for on-going use, after one month of free messages.

From January to December 2018, the mHealth registration project had been scaled-up to seven provinces across Cambodia (44 ODs) to reach the sustainable amount of people registered in the system while developing business plans with the other phone companies.

During the implementation period, People in Need successfully registered 6,180 new beneficiaries to the mHealth service.

ii. Mobile library and child-friendly playground

There are very few pre-schools in Cambodia, especially in rural communities and many children do not attend any classes until the age of 6 years. Also, there is no public library in the north-east provinces. The Thematic funds has allowed UNICEF to be able to collaborate with SIPAR to promote reading and healthy habits in Kratie and Ratanak Kiri provinces, through establishment of mobile library related a nutrition, health and WASH.

From January to December 2018, SIPAR carried out 96 sessions to increase awareness on health, hygiene and WASH in Kratie and Ratanak Kiri province covering 33 villages and 5,976 children (51.3% per cent girl). In addition, 2,391 caregivers, 1,098 teenagers and 155 authorities also participated in the project.

The topics covered: i) three food groups; ii) hand washing; iii) oral care (brushing teeth); iv) personal hygiene; v) maternal and child health and nutrition; vi) water filtration; and vii) building basic latrines.



People gather at a UNICEF mobile library and outreach session @2017, Sipar

iii. Children's television show

The findings from the longitudinal study indicate that more than 50 per cent of the population surveyed did not receive nutrition, hygiene and sanitation messages during their last visit to a health facility. As immediate response to the need for information, UNICEF supplied 22 televisions to 22 health centres in Kratie and Ratanakiri provinces (using other funding source). These TVs were installed in waiting areas with showing auto-playback spots on WASH, nutrition and health while the parents/caregivers are waiting for health consultation. UNICEF supported development of a series of four nutrition and hygiene educational videos for the School Health Department of the Ministry of Education, Youth and Sport. These educational videos targeted primary school children and their parents/caregivers in a fun and innovative way and they covered: i) exercise and dehydration; ii) food / balanced diet; iii) general hygiene; and iv) body structure.

From concept to implementation.....



SIPAR has been using these videos during night sessions with the mobile library. The additional 10 videos on diverse topics such as gender, disability and bullying are developed and finalized and wider dissemination will be implemented in 2019.

3. Salt iodization

UNICEF successfully advocated with different line ministries and departments: Industry and Handicraft, Health, Commerce, and the Bureau of Standards and Control, resulting in the following major changes:

- The management of salt and salt processing, issued by Ministry of Industry and Handicraft (MoIH) No. 102MoIH/2017: This includes the certification system for iodized salt producers and approval of inspection bodies at factory level. A new national iodized salt logo is to replace the old logo. No producer will be allowed to use the former logo. The sub-decree refers to two new pieces of recently approved legislation:
 - Standards and technical guidelines in processing and packaging, which explains all the information necessary for labelling
 - Law on product quality, safety and service under CamControl, which covers the overall responsibility for food control in Cambodia.

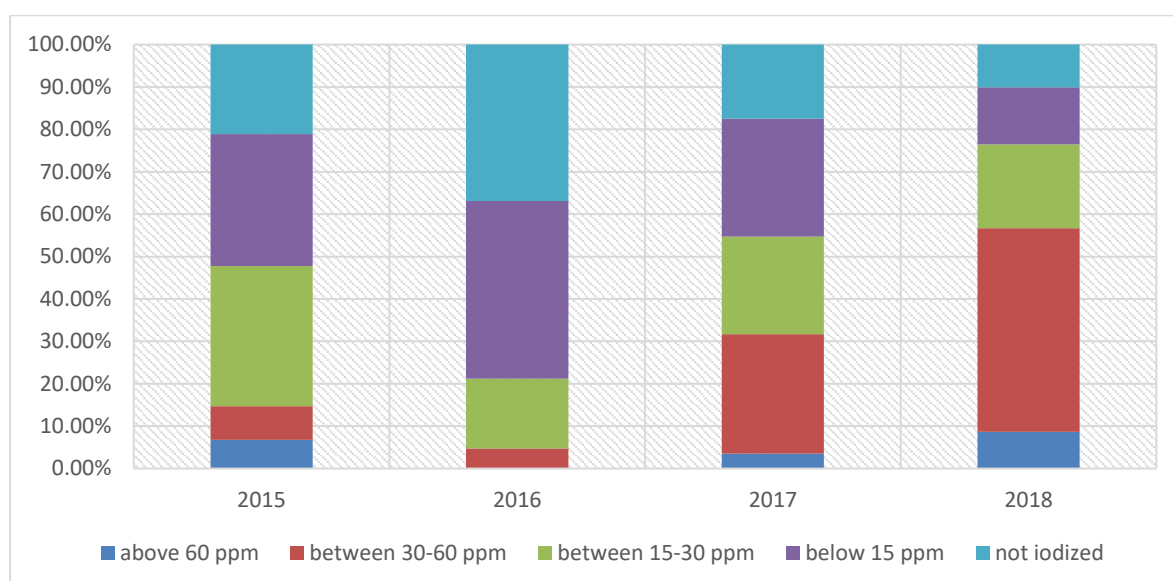
The review of 102MoIH/2017 was signed in Q1 2018 by the Senior Minister of Industry and the Senior Minister of Planning and officially launched in May 2018.

In April 2018, the National Sub-Committee for Control Iodine Deficiency Disorders with support of UNICEF, collected more than 500 samples of salt from different markets in 25 provinces and tested for quantity of iodine content. The results of testing indicate that the level of iodization met Cambodian standards increased from 28.2% in 2017 to 48.1% in 2018 and the amount of salt not being iodized has decreased significantly (see table below).

Although, this is not representing a national data, but it can be used to track the programme progress and advocate the decision makers to provide more support to the programme.

% of salt tested		
Levels	2017	2018
Above 60ppm	3.5%	8.7%
Between 30 and 60ppm	28.2%	48.1%
Between 15 and 30ppm	23.0%	19.8%
Below 15ppm	27.8%	13.4%
Not iodized	17.5%	10.1%
n	457	566

Since the start of this new project, there have been drastic changes that show Cambodia is on track to ensure appropriate iodization of the population (see graph below). The amount of 'no iodized salt' decreased from 21.1 per cent in 2015 to 10.1 per cent in 2018, and the amount of salt with 'at least 15ppm' increased from 41.0 per cent in 2015 to 67.8 per cent in 2018.



The additional work that UNICEF began in 2016 with line ministries towards legislation and enforcement continued in 2017. This should allow for sustainability of achievements and an increase in the percentage of salt with at least 15ppm.

Financial analysis

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 - Expenditure in Thematic Sector

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

Row Labels	Other Resources - Regular	Regular Resources	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
Other Resources - Regular	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 results area

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

Row Labels	Expense
Other Resources - Regular	798,084
21-01 Maternal and newborn health	146,050
21-02 Immunization	71,111
21-03 Child Health	6,920
21-04 Prevention of stunting and other forms of malnutrition	339,314
21-05 Treatment of severe acute malnutrition	185,565
21-07 HIV prevention	841
21-08 Early childhood development	48,282
Grand Total	798,084

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

Row Labels	Expense
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/ subnational 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 (children under 5), includes complementary feeding and MNPs	263,433
21-04-06 Salt iodization and other large-scale food fortification	118,266
21-04-07 National multisectoral 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 (PTTC)	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
Grand Total	3,982,345

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

Future work plan

- Continue increasing the number of children being treated for SAM
- Support training and implementation of new guidelines
- Support the production of the local RUTF
- Engage with government to increase funding for nutrition activities
- Assess the development of fish powders as a replacement for micronutrient powders on the market for children aged 6–24 months
- Finalize the maternal and IYCN strategy and start a mass media campaign towards breastfeeding and pregnant women's nutrition
- Continue to generate evidence in Cambodia towards the integration of Nutrition, WASH and Health to ensure better early childhood development
- Disseminate the newly developed television show on Integrated Early Childhood Development (IECD)
- Support enforcement of salt iodization legislation.

Expression of thanks

UNICEF Cambodia would like to express its gratitude to the Global Nutrition Thematic fund. This support is critical and has allowed UNICEF to contribute to the implementation of essential nutrition programmes, and to develop innovative approaches to meet 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

HOW A MOBILE LIBRARY IS ENRICHING THE LIVES OF CHILDREN IN CAMBODIA



Kak village, Borkeo district of Ratanakiri. Photo: UNICEF Cambodia/2018/Todd Brown

Chen Rachana is ten years old and studies in the third grade. She lives in Kak village in the Borkeo district of Ratanakiri. The province is located close to the Cambodian and Vietnamese - Laos borders, a nine-hour drive North East of Phnom Penh. Ratanakiri is best known for its beautiful waterfalls, a lake in the middle of a mountain formed by an ancient volcano, and as the destination from which trekkers leave for their jungle excursions.

Rachana's village is composed of elevated wooden houses, built on stilts. Rachana's father runs a small convenience store out of their home, and her mother is currently in the hospital recovering from a stomach illness. Reaching a hospital is a challenge, as Rachana's village is quite remote. Given their community's isolation, many residents don't seek treatment when they are sick because there are no healthcare services nearby and they often don't have the proper documentation to access free healthcare. The remoteness of their village also affects their ability to access other social services that are more readily available to residents of larger cities such as Phnom Penh.



Rachana and her father stand in the convenience store they run out of their home. Photo: UNICEF Cambodia/2018/Todd Brown

Rachana routinely helps her family with chores around the house and with her father's business. But today is a special day. Though the ground is still muddy from the previous night's rain, the village is abuzz with activity as SIPAR, a non-governmental organization that promotes education, health, and nutrition has just arrived.

An innovative approach to education

Supported by UNICEF, SIPAR holds weekly educational activities in the village, geared toward the needs of its residents. Today, they divided the villagers into three groups based on their age. Those between the ages of three to seven gather at the community pavilion to watch a puppet show, listen to Kamishibai storytelling, and take part in other artistic activities such as puzzles and colouring. The adolescents gather in a family's home watching episodes from a TV series produced by UNICEF on the importance of proper nutrition and water, sanitation and hygiene (WASH) practices. And parents assemble in the shade of a stilted home where they attend a course on health and nutrition, learning about the importance of the different food groups, as well as proper WASH techniques.



Children listen attentively to Kamishibai storytelling provided by SIPAR at the community pavilion. Photo: UNICEF Cambodia/2018/Todd Brown

A significant problem in Rachana's village, as in many remote communities, is the lack of awareness around appropriate sanitation and hygiene practices, including the importance of using clean drinking water to avoid preventable illnesses. Many villagers, including Rachana's parents, did have the chance to go to school which means the education programmes have to be tailored to meet their needs.

According to Sin Sophea, the library coordinator for SIPAR, the primary objective of their work is to promote education by gearing their activities towards the needs of the residents they serve. "The small kids don't know much about nutrition", he said, "so we teach them simple things, such as the importance of washing their hands. They also learn how to open a book, hold a pen, or write their name. For the older children, we deliver education through an entertaining video on how to keep healthy, for instance. We try to make the sessions fun and engaging so that the residents will be excited to learn and welcome us back".



Sin Sophea, library coordinator for SIPAR. Photo: UNICEF Cambodia/2018/Todd Brown

While SIPAR’s programme has evolved, their mission began with a “mobile library.” Yet, the mobile library that arrived in Rachana’s village is probably not what one would expect. Instead of being in the back of a van or bus (which SIPAR uses in other locations) the books that arrived in Rachana’s village came in what appears to be a big container— like an oversized metal cooler — strapped to the back of a motorbike. The library is mounted on the back of a motorbike because Rachana’s village remains inaccessible to most other forms of transportation.



Children gather to view SIPAR’s mobile library arriving in their village, mounted on the back of a motor bike. Photo: UNICEF Cambodia/2018/Todd Brown

The library itself works just as one would expect: each week the mobile library comes to the village and residents can borrow a book, and the next week when it returns, they can exchange the book and receive a new one.

Reaching the hardest to reach

Rachana has a tremendous passion for reading. Once the library arrives, her eyes lit up, and she rushes to the front of the line to get the first choice of books from the librarian. During the reading session, many of the younger children crowd around her, and she patiently helps them to decipher the words of the stories they were reading.



Rachana and other children from the village during the 'free reading' period. Photo: UNICEF Cambodia/2018/Todd Brown

“Reading is my favourite thing to do”, says Rachana and that’s why she enjoys teaching other kids to read. In fact, Rachana will read just about any book she can get her hands on, though she especially enjoys books with snakes or fairytales, usually involving a princess. Rachana has been reading for some time, and that is why she is so thankful for the weekly visits from SIPAR. Before the library came to her village, the only books she could read were textbooks from her school since her family doesn’t own any books of their own.

“The mobile library ignited my love of reading,” she explains smiling, “because textbooks aren’t as fun to read as picture books.” Though Rachana’s parents are illiterate, they love to hear her read to them from the books she receives from SIPAR.



Rachana reading to her father in their home in Kak village, Ratanakiri. Photo: UNICEF Cambodia/2018/Todd Brown

Rachana wants to become a teacher when she grows up so that she can teach others in her village the joy of learning. She takes her studies very seriously and attends school every day. Her favourite subject is mathematics.

This exciting project not only opens new avenues for learning — that otherwise children from poor families and remote communities wouldn't have— but it also helps to bridge the knowledge gap surrounding WASH and nutritional issues by bringing information to people where they are, both physically and pedagogically. SIPAR's innovative work has been fundamental in positively shaping the views of people in Rachana's village towards health, nutrition, and education. And in Rachana's view, "they shouldn't change a thing."

Annex 2. Donor feedback form

Title of Report/Project:

UNICEF Office:

Donor Partner:

Date:

Report Feedback Form

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

Please email the completed form to:

Name: Natascha Paddison

Email: npaddison@unicef.org

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

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

5	4	3	2	1	0

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

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

5	4	3	2	1	0

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

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

5	4	3	2	1	0

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

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

5	4	3	2	1	0

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

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

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

ⁱ *According to WHO standards for being cured (two consecutive follow-up visits with WHZ>-2 or mid-upper arm circumference (MUAC)>12.5), most SAM children were not cured. Unfortunately, most children do not do the two consecutive follow-up visits once they reach around WHZ>-2, as mothers do not see them as being sick anymore.