

Kingdom of Cambodia  
Nation Religion King



Ministry of Planning

# Cambodia Nutrition Investment Plan (CNIP)

First Annual Progress Report  
2003

and

Work Plan 2004

National Council of Nutrition  
Inter-Ministerial Technical Committee  
Ministry of Planning

May 14, 2004

## List of Acronyms

ANC	ante-natal care
BFCI	Baby-Friendly Community Initiative
BFHI	Baby-Friendly Hospital Initiative
BMI	body mass index
CARD	Council for Agriculture and Rural Development
CESVI	Cooperazione e Sviluppo
CC	Commune Council
CMDGs	Cambodia Millenium Development Goals
CNIP	Cambodia Nutrition Investment Plan
FIVIMS	Food Insecurity and Vulnerability Information and Mapping System
FSNPSP	Food Security and Nutrition Policy Support Project
GMP	growth monitoring and promotion
GTZ	German Technical Cooperation
HKI	Helen Keller International
IDA	Iron Deficiency Anemia
IDD	Iodine Deficiency Disorders
IMTC	Inter-Ministerial Technical Committee]
IYCF	Infant and Young Child Feeding
LBW	low birth weight
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
Mol	Ministry of Interior
MoIME	Ministry of Industry, Mines and Energy
MoP	Ministry of Planning
MoWVA	Ministry of Women and Veterans Affairs
MPA 10	Minimum Package of Activities module 10
MRD	Ministry of Rural Development
NCN	National Council of Nutrition
NIP	National Immunization Program
NMCHC	National Maternal and Child Health
NNP	National Nutrition Program
NNPA	National Nutrition Plan of Action
NPRS	National Poverty Reduction Strategy
NSCIDD	National Sub-committee on Iodine Deficiency Disorders
OD	operational district
PEM	Protein-Energy Malnutrition
PHD	provincial health department
PIP	Public Investment Plan
PNCC	Provincial Nutrition Coordination Committee
UNICEF	United Nations Children's Fund
USI	Universal Salt Iodization
VAC	Vitamin A Capsule
VAD	Vitamin A Deficiency
VDC	village development committee
VHV	village health volunteer
VHSG	village health support group

WIF	weekly iron/folate supplementation
WFP	World Food Program
WHO	World Health Organization

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## 1. Introduction

The launching of the five-year Cambodia Nutrition Investment Plan (CNIP/2003-2007) in March 2003 is a reflection of the strong commitment by the Royal Government of Cambodia to tackle the high rates of malnutrition in the country, especially among children under-five and women. The plan, an update of the CNIP prepared in 1998 and the National Nutrition Plan of Action (NNPA) of 1995-1996, is intended to help Line Ministries and relevant stakeholders identify their roles and responsibilities and guide their interventions towards improving the nutrition situation in Cambodia.

CNIP, which emphasizes a community-based approach with support from the national level, has the following objectives for the next five years<sup>1</sup>:

- To incorporate nutrition considerations in the second national Socio-Economic Development Plan, as well as in the Poverty Reduction Strategy Paper;
- To reduce the levels of Protein Energy Malnutrition (PEM) in children under 5 years of age from the current level of 45% (underweight) to 31%;
- To reduce the levels of malnutrition of women of reproductive age from 21% to 15% as measured by a body mass index (BMI) of below 18.5 kg/m<sup>2</sup>;
- To virtually eliminate deficiencies of iodine and vitamin A over five years;
- To reduce the levels of anemia in children 6-59 months from current level of 63% to 42%, in childbearing age women from 58% to 40% and in pregnant women from 66% to 43%;
- To increase the coverage of antenatal care so that weight gain during pregnancy can be monitored and to increase by 20% the number of women gaining 9 kg or more during gestation as compared with estimated levels in 2000;
- To reduce the levels of low birth weight (LBW) from the current estimated 15 % to 10 %;
- To triple the % of mothers giving colostrum from the current level of 11% to 35%;
- To increase the number of mothers exclusively breast-feeding their infants for six months from the current estimated 2% to 25%.

Several steps were taken in 2003 to bring nutrition to the forefront of discussions among policy-makers and to incorporate nutrition goals and objectives in national strategies, frameworks and information systems. The implementation of CNIP was one of five key strategies highlighted by the Prime Minister during his opening speech at the Second National Seminar on Food Security and Nutrition in Cambodia, organized by the Council for Agriculture and Rural Development (CARD) in June 2003. Key nutrition indicators were included in the National Poverty Reduction Strategy (NPRS) and the Cambodia Millennium Development Goals (CMDGs).

The year 2003 also saw much stronger cross-sectoral coordination and collaboration among stakeholders at all levels. Members of the Inter-Ministerial Technical Committee (IMTC)<sup>2</sup> on Nutrition met twice during the year and are in the process of

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<sup>1</sup> Note: all current data is from Cambodia Demographic and Health Survey/CDHS (2000)

<sup>2</sup> IMTC members: MoP, MoWVA, MoC, MoIF, MAFF, MRD, MoSLVY, MoIME, MoH, MoEYS, CoM

developing a monitoring plan for CNIP. Working groups on Micronutrients and Infant and Young Child Feeding have been meeting on a regular basis. More awareness and links have also been created at the provincial level. The Provincial Nutrition Coordination Committees (PNCC) in Kampong Thom and Kampot have been re-activated and are developing their first annual work plans to address malnutrition and food insecurity in their provinces, while PNCCs in other provinces are also used as vehicles for information dissemination and community awareness. The National Nutrition Program (NNP) of the Ministry of Health (MoH) held its first mid-term review with the participation of Provincial Health Department staff, paving the way for future collaboration on nutrition program activities.

This first Annual Progress Report was prepared with input from Line Ministries, UNICEF, WHO, WFP, Helen Keller International (HKI) and GTZ/FSNPSP and is based on each Ministry and agency's monitoring of the implementation of the 2002/3 CNIP work plan<sup>3</sup>.

## **2. Overview of Progress Made in 2003**

### **2.1 Micronutrient Deficiencies**

#### **2.1.1 Iodine Deficiency Disorders (IDD)**

Only a small number of households in Cambodia (12% according to CDHS 2000) are adequately using iodized salt, which is far below the CNIP target of 80% household use by 2007. Production of solar salt in Cambodia is mainly concentrated in Kampot with some smaller salt producers (salt boilers) in six provinces. With production of iodized salt in 2003 at 14,609 metric tons (measured up to December 2003), the country is still far from reaching the 65,000 metric tons required to meet national salt consumption rates. Meanwhile much non-iodized salt continues to be imported with little enforcement at the border.

Some important developments did occur in 2003, not least the endorsement by the Prime Minister of the Sub-Decree on the Management of Exploitation of Iodized Salt on October 20, 2003. The sub-decree requires that all salt either produced in or imported into Cambodia for human and animal consumption must be iodized. Although in effect only since the date of signature, a lead-time of one year is planned for the dissemination of the sub-decree to ensure that enforcement, which will go into effect as of October 2004, is successful. A dissemination workshop on the sub-decree was organized for salt producers, provincial department representatives and law enforcement officials in Kampot in December 2003; additional workshops are planned in other provinces. To help achieve the Universal Salt Iodization (USI) program, consultancies specifically focusing on the enforcement of the sub-decree and the marketing of iodized salt are planned for 2004.

To assist the country with improved quality salt production and iodization, an expert salt producer from Sri Lanka visited Cambodia in July 2003 and developed a report

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<sup>3</sup> Even though an annual work plan for CNIP had been prepared for 2002, this was modified to cover the year 2003 as the official launching took place at that time, thereby recognizing 2003 as the first year of implementation.

outlining specific technical recommendations for national salt producers and suppliers. The National Sub-Committee on IDD (NSCIDD), the main working group supporting IDD control activities, will monitor these recommendations closely. A monitoring and reporting system for iodized salt production was also implemented mainly in Kampot, Phnom Penh and Kandal.

### **2.1.2 Iron Deficiency Anemia (IDA)**

IDA prevalence among children, pregnant women and women of reproductive age in Cambodia continues to be very high. The MoH reviewed and confirmed its national protocol on iron supplementation of pregnant women in September 2003 stating that pregnant women are to have at least 90 tablets of iron/folate during pregnancy and 42 tablets postpartum. The NNP has collaborated with the Safe Motherhood Program to provide ante-natal care (ANC) counseling and distribution of iron/folate at health centers, while the Micronutrient Technical Working Group has drafted a leaflet on IDA for pregnant women. The provision of supplements during health center outreach is also being strengthened. Despite this, however, studies have found compliance among pregnant women to be very poor.

No official policies have yet been developed for preventive iron/folate supplementation for women of reproductive age who are not pregnant and for children under five years of age. In February 2003, MoH and MoP organized a national workshop on IDA with key stakeholders in Phnom Penh. As a result of this workshop, two research protocols were developed to test the efficacy of iron supplements and help formulate a national policy on iron/folate supplementation for children under five years of age. One protocol, conducted for children 6 months to 2 years of age in Kampong Chhnang OD in Kampong Chhnang province by CESVI in cooperation with the University of Medicine in Milan, Italy, began in July 2003 and is expected to conclude in March 2005. As of December 2003, a total of 154 children of both sexes have been recruited and randomly assigned to one of three treatment groups receiving multi-micronutrient (MMN) sprinkles on a daily basis: 1) folic acid + iron + multivitamin/mineral (5 ingredients); 2) folic acid + iron; and 3) placebo. The second protocol, conducted by GTZ/FSNPSP in cooperation with UNICEF and WHO, began in October 2003 and is providing over a period of 20 weeks twice-weekly foodlets to 250 children ages 6 to 23 months in Angkor Chey and Chhouk OD in Kampot province. The children have been randomly assigned to receive 1) iron, 2) iron and multivitamin/mineral (14 ingredients) and 3) placebo. This protocol will conclude in March 2004, and findings will be disseminated in a national workshop. In 2003, HKI completed an iron formative study with mothers of preschool aged children in rural areas to ascertain their knowledge levels and perceptions of IDA and to explore the potential use and acceptance of a micronutrient sprinkle packet. The findings of this study will be released soon.

A decision to expand the WIF (weekly iron/folate supplementation) program, which aims to help reduce anemia rates in women of reproductive age, was recently approved by MoH. Weekly iron/folate (WIF) among schoolgirls in 7 secondary schools in Kampong Trabek OD in Prey Veng province started implementation in November 2003 and will run until October 2004, using IEC materials developed and printed during the pilot program in 2001-2002. NNP, in collaboration with the School Health Department of the Ministry of Education, Youth and Sport (MOEYS), conducted training of trainers for staff from 6 provincial health departments, 6 OD and

2 PED, who in turn trained 33 staff from 11 health centers in the province as well as 116 teachers and 103 class leaders. A baseline survey was also conducted with 300 schoolgirls.

Discussions are currently under way among key stakeholders with regards to a trial on iron fortification of different foods (e.g. fish sauce) as well as the possibility of iron supplementation in primary schools and will be followed up in 2004.

### **2.1.3 Vitamin A Deficiency (VAD)**

Vitamin A Capsule (VAC) distribution is the main strategy used in Cambodia today to address VAD. UNICEF, HKI and other organizations are currently supporting the National Nutrition Program (NNP)/MoH to improve the VAC distribution program nationwide, but coverage remains low. For the first round of VAC distribution in March 2003, VAC coverage for children increased to 70% (routine distribution plus SIA/Supplementary Immunization Activities – Measles Campaign, TT campaign), and the second round in November was 42%. National coverage for postpartum mothers was 21% in 2003 (MoH/HIS, 2003). Meanwhile, the twice-yearly VAC coverage rate for children 6-59 months in HKI supported areas (9 operational districts) ranged from 82% to 98% in 2003, while the coverage rate for post-partum Vitamin A mega dose to women in HKI supported areas ranged from 26% to 47%. In 2003, twice-yearly mebendazole for preschool aged children was also formally integrated into the outreach activities along with the VAC distribution program and relevant training was provided.

Dietary vitamin A intake among women and children of Cambodia is far below the recommended daily allowance and the consumption of vitamin A rich foods remains inadequate. The promotion of a dietary approach to VAD (e.g. through home gardening and animal husbandry) is being conducted by a number of organizations including HKI. With HKI technical support, households are encouraged to produce diverse varieties of vegetables, fruit and poultry throughout the year, which leads to increased consumption and income. HKI reports have shown that homestead food production combined with nutrition education has a very positive impact on vegetable and egg consumption among women and children in rural areas.

## **2.2 Protein-Energy Malnutrition (PEM)**

### **2.2.1 Growth monitoring and promotion activities**

Growth monitoring and promotion (GMP) is a principal activity in Mother Child Health and Nutrition programs. Its main objective is to prevent further growth failure through early detection, so that appropriate actions can be taken, and over time a decrease in the prevalence of malnutrition may occur.

At present, some organizations conduct growth-monitoring activities in their target areas. However, only a few international agencies (UNICEF and WFP) cover large geographic areas. In other areas, MoH has not yet implemented growth-monitoring activities. More focus must also still be placed on what to do once malnutrition is detected as a result of growth monitoring. Some agencies give basic health and nutrition education to mothers of malnourished children or refer severely

malnourished children to hospitals, where often times health staff do not know how to manage cases. In November 2003, MoH with support from WHO conducted a national level training course on the management of severe malnutrition, focusing on hospital-based care for malnourished children. Two further courses are planned for mid-2004.

WFP in collaboration with several NGO partners and government health structures currently implement GMP on a regular basis to approximately 35,000 children under-five living in food insecure areas. Regular follow-up training and support in conducting appropriate GMP schemes is also being provided to health center staff and village health volunteers in 22 health centers and 45 communes. The GMP are part of a larger WFP supported Maternal and Child Health project including health and nutrition education and monthly provision of fortified food aid to address problems of malnutrition and micronutrient deficiencies in children under-five and expectant and nursing women. During 2003, approximately 33,000 children aged 6–59 months of age attended monthly growth monitoring and received Fortified Blended food rations. More than 9,000 expectant and nursing women benefited through take-home rations (rice, Corn-Soya-Blend, and Fortified Vit. A Vegetable Oil) and regular nutrition education. More than 1,300 village volunteers received food aid as an incentive to carry out the growth monitoring and nutrition trainings. Furthermore, 10,000 vegetable seed packs were distributed to expectant and nursing women, who were trained on home gardening.

Throughout 2003, WFP supported School Feeding program to around 300,000 primary school students in food insecure areas of 5 provinces. In addition food support has been provided to more than 31,000 Tuberculosis patients in 24 provinces / municipalities, and 2,000 HIV/AIDS affected households as part of the national community home – based care program in 11 provinces to increase access to care and treatment.

### **2.3 Infant and Young Child Feeding**

While breastfeeding is a universal phenomenon in Cambodia, very few infants (2% according to CDHS 2000) are exclusively breastfed up to the recommended period of six months. Colostrum, a highly precious source of vitamin A and other nutrients for the newborn, has traditionally been discarded. In 2003, two national hospitals (the National Maternal and Child Hospital and the Red Cross Health Center), and one provincial hospital (Svay Rieng) were in the process of implementing the Baby-Friendly Hospital Initiative (BFHI); four additional provincial hospitals will be added by early 2005. As the majority of women deliver at home, Cambodia is also dedicated to developing a Baby Friendly Community Initiative (BFCl) in 2004, starting with 12 communes in the Seth Koma target areas. In preparation for the introduction of BFCl, a consultant will be signed up in 2004 to assess current breastfeeding interventions at the community level and identify areas for improvement. Regulations on the Marketing of Products for Infant and Young Child Feeding were drafted and are slowly making progress towards becoming law. The Ministry of Women and Veteran's Affairs (MoWVA) provided 823 volunteers in 62 districts of eight provinces (Kandal, Prey Veng, Svay Rieng, Kampot, Kampong Cham, Kampong Chhnang, Battambang and Siem Reap) with basic training in breastfeeding and nutrition for

pregnant women. These volunteers have continued with the dissemination of information on these issues to target women in their communities.

The National Policy on Infant and Young Child Feeding practices was approved by MoH in early 2002 and has since been distributed to all provincial health departments and some health centers. A National Infant and Young Child Feeding (IYCF) Technical Working Group has been formed and is meeting on a monthly basis.

#### **2.4 Training and Capacity Building**

From November 2000 to December 2003, a total of 208 health staff (45 trainers and 163 participants) at national and provincial levels were trained in a 40-hour breastfeeding counseling course. 179 health staff from NMCHC, Red Cross health center and National Pediatric Hospital were trained in an 18-hour breastfeeding counseling course and 30 health volunteers working with poor urban communities also received a two-day training course. Five staff from MoH and five staff from other organizations, successfully completed a Complementary Feeding Counseling Course in Hanoi.

The Director of the National Maternal and Child Health Center together with staff from NNP and NIP (National Immunization Program) participated in a study tour to Nepal in November 2003 organized by HKI to learn about Nepal's Vitamin A Program, including Female Community Health Volunteers (FCHVs), how the program is linked to the overall health system, the monitoring and evaluation of the system and various BCC (behavior change communication) methods. The lessons learned during this trip will be used to discuss areas of the Cambodian program where elements from the Nepal program can be adapted. The NNP, with support from UNICEF and WHO, will continue to provide training on breastfeeding counseling and complementary feeding counseling, while the PMTCT (Prevention of Mother to Child Transmission) working group is providing training on HIV and infant feeding counseling.

An international training course on the Management of Severe Malnutrition was completed in December 2003 with participants from Cambodia, Laos and the Philippines. Participants from Cambodia included staff from the national level and staff from five provincial referral hospitals. Two further courses are planned for mid-2004. MoH also conducted IDD training for health staff in six convergence provinces and linked IDD training of health center chiefs to the school health and deworming program in twelve provinces. MoWVA is expanding its training of male and female volunteers in basic health and nutrition.

In 2003, MoH accepted HKI's training materials and strategy for the VAC distribution program as the official training for the Vitamin A Capsule Distribution Program. A training manual for VAC trainers, health center staff and Village Health Support Groups (VHSG) was finalized and printed.

Much training and awareness building was also conducted by MOEYS. In addition to integrating health and nutrition contents into the national curriculum for primary and secondary schools and distributing 12,000 posters of the three food groups to all primary schools in the country, School Health Department staff conducted three training workshops for 75 early childhood educators and two workshops for 210 teachers in training on hygiene, food safety and first aid kits. Training courses on the integration of general hygiene, deworming and IDD were also organized for

education staff in 19 provinces and cities in cooperation with the National Center for Parasitology, Entomology and Malaria Control and the National Sub-Committee for IDD.

The objective to identify a formal academic institution for building up public nutrition training and research in Cambodia was not achieved during 2003, nor has any one from the relevant Line Ministries been sent abroad for Master's level training in nutrition. Instead, 6 cadres from Line Ministries and Inter-governmental bodies were supported by GTZ to participate in a short-term training in food security concept and planning in May 2003 in Germany, while an additional 30 officials from different sectors were trained on the same topic in Phnom Penh in July 2003. This training was conducted in collaboration with MOP and trainers from MoWVA and MoH, for Provincial Nutrition Coordination Committee (PNCC) members in Kampong Thom in December 2003 and will be repeated for PNCC members in Kampot early 2004.

During 2003, MoH, with support from WHO, UNICEF, World Bank/Health Sector Support Program (HSSP) and other partners, reviewed the MPA (Minimum Package of Activity) Module 10, which contains most of the nutrition and growth monitoring components. NNP staff received teaching methodology from World Education for three days in December and will begin training on MPA 10 for health personnel at the provincial, operational district and health center levels in Kampot, Kampong Speu, Prey Veng and Kep in 2004. After the training, MPA 10 will be implemented in these four areas.

## **2.5 Community Focus**

The overall strategy of CNIP is to emphasize a community-based approach with actions at the commune and household level and support from the national level. So far this community focus has been primarily in six convergence provinces through the UNICEF/Seth Koma programme, who works in collaboration with the Ministry of Rural Development (MRD), Ministry of Interior (Mol), Ministry of Women's and Veterans Affairs (MoWVA), Ministry of Planning (MoP) and the Seila program. Seth Koma has been using nutritional status as its principal impact indicator.

As of December 2003, Seth Koma coverage extended to 1,150 villages in 117 communes for a total population of 715,000. This included the provision of refresher training to 2,292 Village Health Volunteers (VHVs) on health, hygiene and water use education; the rehabilitation of 127 community wells; and the construction of 350 community wells, 76 school wells and 2,458 latrines. Over 30,000 families received vegetable seeds, tools and training on vegetable gardening. Additional assistance included technical and material support to childcare classes (30% of all children aged 3-5 in the concerned villages), literacy classes, rice banks and training on HIV/AIDS prevention and care.

Seth Koma conducted three assessments on women and children in all of the aforementioned villages during 2003. These assessments included growth monitoring and promotion and the provision of basic health and nutrition services (e.g. immunization, Vitamin A Capsule distribution, health and nutrition education). The results were compiled into Village Action Plans and also served as input to update the Commune Development Plans.

Also in 2003, a quantitative follow-up survey, used for monitoring and evaluating the Seth Koma program, was conducted in the six UNICEF convergence provinces with controls selected from non-Seth Koma villages within these same provinces. The results of the survey served to provide input to the UNICEF Mid-Term Review of 2003, which brought about substantial changes in the positioning of Seth Koma in the overall Country Programme. For the next two years, Seth Koma will work to develop the capacity of commune councils to participate in the realization of all children rights at the local level as opposed to focusing just on child survival as it was doing in the past. Seth Koma will continue to support basic services in response to commune plans but will phase out from household food security activities (mainly because of lack of expertise in this field and lack of budget) to refocus its support on services for water and sanitation and community education (child care, literacy, health education...). Through these activities Seth Koma will therefore continue to contribute to efforts to combat malnutrition in Cambodia.

In order to support community-based nutrition awareness, MRD with assistance from Seth Koma, developed materials on methodology such as focus group discussions, health education and monitoring. In collaboration with the Provincial Department of Health and health center staff, MRD in 2003 also provided training courses on nutrition, colostrum, exclusive breastfeeding, Vitamin A, IDD and deworming to approximately 2,000 Village Health Volunteers (VHVs) in the 6 Seth Koma target provinces.

Plans for CC/VDC members in existing Seila-supported communes to receive new skills in nutrition were not implemented due to a lack of funding. CCs in selected communes, however, were provided with posters on the 11 points for a child-friendly commune, developed by UNICEF, which include health and nutrition messages together with orientation on the messages. The Ministry of Rural Development (MRD), in collaboration with the Ministry of Education, Youth and Sport (MoEYS) and Ministry of Cults and Religion, planned to work with cluster schools and pagodas to incorporate them into any nutrition-related activities; however, this too was not achieved in 2003 due to a lack of funding. Additional work at the community level is being conducted by MoWVA through their training of volunteers in basic health and nutrition.

## **2.6 Monitoring and Evaluation**

### **2.6.1 Coordination at national and provincial level**

Inter-Ministerial Technical Committee (IMTC) meetings were organized by MoP in June and November 2003. Coordination and monitoring procedures were discussed both times, and a decision was made to hold monthly meetings with a rotating chairperson starting in 2004. While a specific monitoring working group or system for CNIP has yet to be established, MoP assigned one staff member from the Secretariat of the National Council for Nutrition (NCN) to be in charge of CNIP coordination and monitoring as of November 2003. The Secretariat has since been working with the Line Ministries for their input on this first Annual Progress Report and to encourage stakeholders to adapt their annual work plans to progressively match the activities outlined in CNIP.

In August 2003, the NNP, with the support of UNICEF, WHO and HKI, facilitated for the first time a Mid-Year Review of its program with key staff from each of the provincial health departments (PHDs). This was the first forum in which the Nutrition Unit shared the national nutrition program activities with the PHDs, discussed successes and constraints and identified solutions. One of the main issues raised during the workshop is the identification of a key nutrition liaison staff person at the provincial and OD levels. The Mid-Year Review was well received by the participants and will be followed up in January 2004 with a national workshop to review the NNP's 2003 activities, to nominate nutrition liaison persons at the provincial and OD levels and to develop a work plan for 2004.

At the provincial level, the PNCCs in Kampong Thom and Kampot, made up of key provincial department directors and chaired by the Provincial Governor, have agreed to organize monthly meetings to discuss and monitor the nutrition situation in their respective provinces. The Kampong Thom PNCC is in the process of developing an inventory of food security and nutrition-related activities in the province and is working on a priority action plan for 2004.

### **2.6.2 Nutrition Information System**

The establishment of a Nutrition Surveillance Information System was not achieved, but key stakeholders participated in several meetings to share ideas on a proposed system. The possibility of piloting a surveillance system in one or two provinces is still under discussion and will be taken up again in 2004.

With the assistance of key stakeholders, CNIP outcome indicators were finalized and detailed indicator sheets were completed. CamInfo, a national database of socio-economic indicators being developed at the National Institute of Statistics (NIS), will be used as a dissemination tool for CNIP indicators from February 2004 on. IMTC members and Secretariat staff, amongst others, will be trained on CamInfo administration and use by NIS in 2004. Key CNIP indicators were also included in the newly established FIVIMS (Food Insecurity and Vulnerability Information and Mapping System) at MAFF. Output and process indicators for CNIP still need to be established. Finally, nutrition indicators and questions were included in the 2003-2004 Household Socio-Economic Survey coordinated by the NIS at MoP.

### **2.7 Funding for CNIP**

There is no specific funding allocated for CNIP, though Line Ministries and organizations are increasingly including CNIP-related activities in their annual budgets and requests for funding. MoP has actively lobbied for the NPRS and the next Public Investment Plan (PIP) to include CNIP activities. CNIP indicators and activities were also incorporated into the 2003-2007 National Poverty Reduction Strategy (NPRS) action plan matrix. The World Bank has allocated funds to support the National Nutrition Program at MoH; while these funds were delayed for 2003, they will be accessible in 2004. At the provincial level, it is hoped that a better understanding of the nutrition situation and closer cooperation between provincial departments (e.g. through the PNCCs) will lead to a prioritization of activities, more emphasis on nutrition and a larger allocation of funds to this area. Much of this effort will, therefore, need to be directed to the Commune Councils and especially the Village Development Committees (VDCs) to ensure that nutrition is incorporated into the Village Action Plans (VAPs).

### 3. Next Steps

The coming year (2004) will see a further strengthening of IMTC capacity to monitor CNIP progress, identify priorities and develop work plans. The training and implementation of MPA 10 in Kampong Speu, Kampot, Prey Veng and Kep will help build the capacity of health staff at provincial, operational district and health center level to include much-needed nutrition and growth monitoring and promotion components in their package of activities. Further training will also be provided to a number of health staff on breastfeeding, complementary feeding and the management of severe malnutrition, while management staff from a number of Sector Ministries and provincial departments will continue to receive training and orientation in nutrition and food security.

While the adoption of the Sub-Decree on the Management of Exploitation of Iodized Salt is a major step towards USI in Cambodia, this goal will not be achieved without strict enforcement of the regulations outlined in the sub-decree and adherence by salt producers, distributors and officials. This will require further awareness building and training of these stakeholders as well as the implementation of an iodized salt monitoring and reporting system and quality control for salt iodization.

Iron deficiency anemia rates among children under-five in Cambodia continue to rank amongst the highest in Asia, and a national policy on prevention of IDA for this age group is urgently needed. With the results from two key research protocols on iron supplementation for infants and young children available in 2004, a unique opportunity exists for the Royal Government of Cambodia to develop such a policy.

Finally, while many key steps are being taken at the national level, it is important to emphasize that CNIP calls for an expansion and scaling up of existing community-based projects and activities such as Seth Koma and Seila. Therefore, links between stakeholders and these programs will need to be strengthened and more emphasis placed on funding nutrition-related activities from the community level and up.

## 4. Annexes

Annex 1      CNIP Annual Planning and M&E

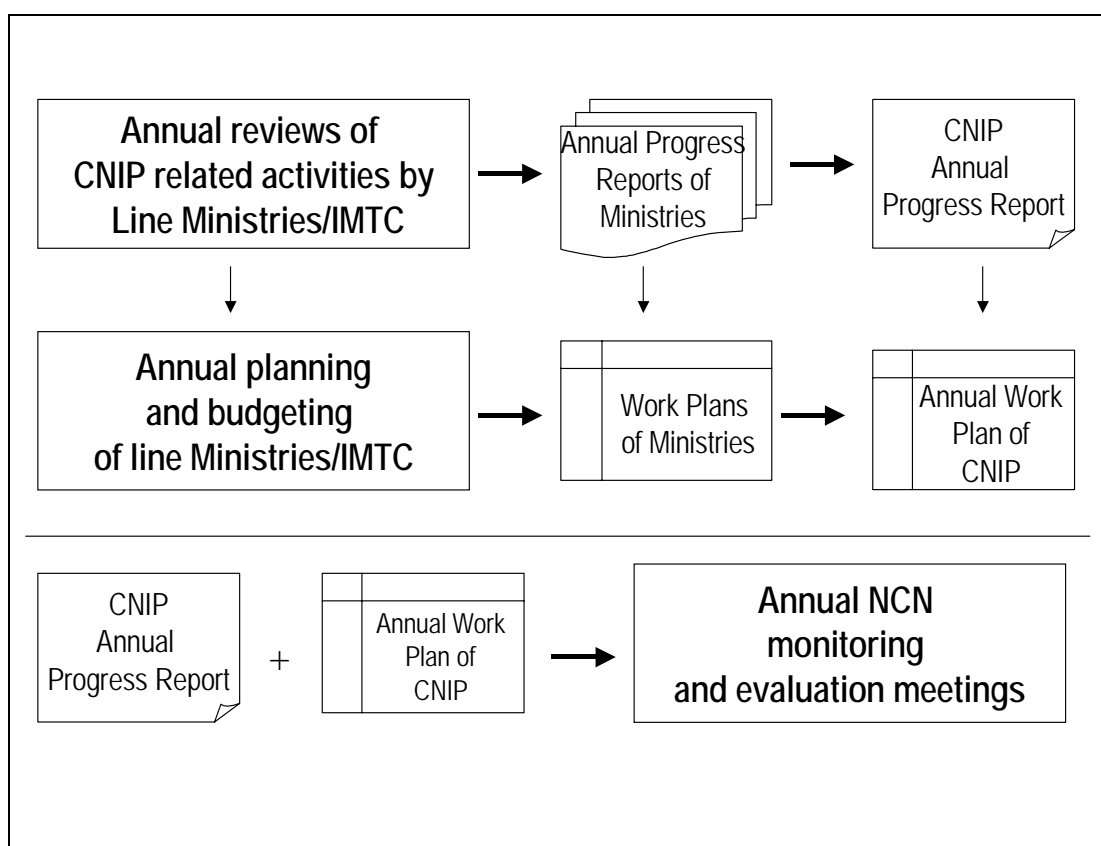
Annex 2      Cam Info CNIP indicator sheet

Annex 3      Review of work plan 2002-2003

## CNIP Annual Planning and M&E

CNIP monitoring and planning system based on:

- Annual plans of operations (work-plans) from line Ministries and compiled CNIP work plan
- Effective coordination between line-ministries and MoP/Secretariat of NCN (e.g. through annual monitoring meetings of IMTC)
- Annual review of work-plans from line ministries and compiled annual CNIP reviews/progress reports



## Monitoring of Implementation of CNIP Work plan 2002/3

No	Activities	Response.	Results	Remarks
	<b>NATIONAL LEVEL</b>			
1	Expansion of BFHI and work on the code regulating the sale of breast milk substitutes and on issues of BF and HIV/AIDS.	MoH	Two national hospitals and five provincial hospitals in process of implementation of BFHI. Regulations on the Marketing of Products for Infant and Young Child Feeding were drafted and slowly making progress towards becoming law.	
2	IMCI strategy adapted to the CNIP's community-based strategies.	MoH	Not achieved	
3	Clearing house (NCHP) for IEC materials on health and nutrition.	MoH	UNICEF, NGOs, and MOH distributed IEC materials related to nutrition to Provincial Health Departments and NGOs	IEC materials on breastfeeding, VAD, IDD, IDA, and others??
4	The National Infant and Young Child Feeding Practices Workshop and Guidelines finalized (MoH)	MoH	Achieved. National Policy on Infant Young Child Feeding practices approved by MoH in January 2002 and distributed to all Provincial Health Departments and some health centers	
5	Strategy paper on improved collection of birth weight data.	MoH	Not achieved	
6	Adoption of food safety strategy	MoH	The strategies was made by National Health Promotion Program/MoH	There will be three consultants supported by WHO&FAO to review the current food safety status and help development food legislation
7	Re-organization of growth monitoring & promotion activities in HCs nationwide	MoH	Training of health staff is planned in 3 provinces in 2004 to start growth monitoring and promotion activities	
8	Guidelines for the management of severe malnutrition and upgrading of facilities.	MoH	Guidelines prepared with support of WHO. Training of hospital staff planned in November 2003	National level training completed. Materials to be translated into Khmer. Two further courses planned mid 2004.
9	IMTC will meet more often during this period to review the modified plans and to design the CNIP monitoring system.	MoP	IMTC-Meeting were organized in June and November 2003 and co-ordination and monitoring procedures discussed. Monthly meetings with rotating chair from 2004 onward	
10	All organizations will adapt their work plans from the 2nd half of 2002 to progressively match activities in the CNIP; then submit these to the inter-ministerial committee (IMTC)	MoP	Not achieved	MoH prepared work plan 2002 and 2003 with some activities matching CNIP
11	Lobby for the PRSP and next PIP to include CNIP activities	MoP	CNIP indicators and activities incorporated in the NPRS ( 2003-2007) action matrix . Plan integration of CNIP activities into yearly public investment programs	
12	Start fundraising activities for CNIP	MoP	World Bank has allocated funds to support National Nutrition Program , MOH	Funds delayed for 2003. Accessible for 2004.
13	Submit CNIP for official approval to Council of Ministers	MoP	CNIP is officially launched in March 2003. CNIP was approved by royal government of Cambodia on Dec 02 2002 and Disseminated of it on Mar 17 2003.	

No	Activities	Response.	Results	Remarks
14	Discuss CNIP with provincial committees for nutrition coordination	MoP	PNCC meeting in Kampong Thom in order to prepare work plan for Nutrition and disseminated the CNIP 2003-2007. And Kampot.	PNCC Kg Thom and Kampot started with regular meetings and are in the process of developing an inventory and priority action plan for 2004
15	Ministries, programs and NGOs will study the CNIP text	MoP	CNIP distributed to all concerned agencies during official launching and as requested	Indicators in the CNIP is included in NPRS and have been used by MoH and other organizations
16	The National Council for Nutrition will select an academic institution to build up its public nutrition training and research capability.	MoP	Not achieved	NNP staff received teaching methodology from the World Education for 3 days in Dec. 2003
17	The chosen academic institution will prepare a diploma course in public nutrition with external TA	MoP	Not achieved	
18	Set-up procedures to access funds for the implementation of CNIP, as well as for the implementation and monitoring procedures	MoP	Under discussion.	
19	Setting up of Monitoring group at MoP	MoP	Under discussion	Selected members from IMTC, Nutrition TWG of MOH ( MCN and IYCF) to be selected. MoP will avail one officer from 11/2003 on in charge of CNIP co-ordination and monitoring
20	Task Force set up to select process and outcome indicators for monitoring	MoP	Outcome Indicators of CNIP established and indicator sheets are completed	CAM-INFO will be used as a data base/dissemination tools for CNIP Indicators from 2/2004 on. Output and process Indicators for CNIP needs to be established
21	Setting up of a Nutrition Information System	MoP	Under discussion nutrition indicators included CSGS and cam-info	Nutrition surveillance information system (NSIS) ideas has been introduce to the key players. Possibilities to pilot surveillance system in 1 or 2 provinces under discussion
22	Adoption of a monitoring plan for CNIP	MoP	Process for monitoring CNIP initiated in June 2003	
23	Three managers sent for masters training in public nutrition.	MoP	Not achieved	
24	Training in nutrition of cadres of MoH, MoP and IMTC	MoP/MoH	2003, 6 multisectoral staff attended TOT training oversea on nutrition concept/planning and a team of 30 officials from relevant sector trained in nutrition concept/planning (GTZ). Bory from MoP, Mr. Dara from NNP, and one person from MRD attended a two week food security and nutrition training in Thailand in 2002. Training course on food security and Nutrition for some ministries' official and PNCC members in Phnom Penh and training in Kampong Thom for PNCC in Dec. Planned for Kampot in Feb. 2004.	Training on MPA module 10 planned in December 2003.
25	Orientation of new Commune Councils in Health/Nutrition	MRD		
26	Work with the new Commune Councils to allocate funds to VAPs/CDPs with emphasis on nutrition	MRD		
27	Ministries will start providing technical support and advice to CDCs putting together commune development plans.		Ongoing in in Seth Koma project areas in 6 UNICEF convergence provinces	
	<b>IDA:</b>			

No	Activities	Response.	Results	Remarks
28	* Strengthen implementation of national guidelines for iron supplementation of pregnant women.	MoH	National protocol is reviewed and confirmed.	Pregnant women to have 90 tablets of iron/folate during pregnancy and 42 tablets postpartum. Iron/folate supplements to be provided during health center outreach will be strengthened.
29	* Expansion of program on weekly iron supplementation of women and development of weekly or daily supplementation of children.	MoH	Weekly Iron/folate (WIF) expansion among school girls in Prey Veng province planned for implementation and last quarter of 2003	(1) National workshop on IDA organized in February 2003; (2) Trial on iron/multivit. supplementation for children under 2 ongoing in Kampot (GTZ). How about the pilot study being conducted by CESVI? Expansion of WIFS is approved by MoH
30	* Production and pre-testing of IEC materials on IDA.	MoH	Materials developed, field tested, printed and used for WIF program	
31	Trial on iron fortification of different foods	MoIME	Not yet existed	Seeking for external support
32	Institutional feeding	MoSALVY	Not achieved	
33	Expansion of female and male volunteers and training for them in basic health and nutrition	MoWVA	Integrated nutrition for pregnant women and breast feeding in 4th curriculum for reproductive health, volunteer training course with 823 participants. The volunteer have been disseminating this information to target women in the coverage area ( 5 provinces ).	Took part in GTZ on planning. Attended the meeting on food security and Nutrition at Germany. Attended the workshop on CNIP of NCN at Cambodian. Participated the training on food security and Nutrition at NIPH. PNCC training workshop Kampong Thom (Dec) and Kampot (Feb) . Participated in the food security and forum at council of minister hall.
	<b>VADD:</b>	MoH		
34	* Post-partum megadose of Vit. A to all women	MoH	Coverage rate 13% in 2002. UNICEF, HKI, and other NGOs support the NNP to improve VAC distribution program nationwide. Coverage rates in HKI supported areas range from 26% to 47%.	
35	* Strengthen twice yearly distribution of vitamin A capsules to 6-59 month olds	MoH	Coverage rate 32%?? In 2002. UNICEF, HKI, and other NGOs support the NNP to improve VAC distribution program nationwide. Coverage rates in HKI supported areas range from 82% to 98%.	
	<b>IDD:</b>			
36	Organization of an inter-departmental Nutrition Working Group	MAFF	Multisectoral National Sub- Committee in IDD is the main working group supporting IDD control activities	Not necessary to form new working group
37	Upgrading curricula to include relevant health and nutrition information and strengthen teachers training.	MoEYS	Integrated IDD subject in the general hygiene and deworming for 13 provinces. Involved directors from 904 schools and cluster schools	To develop school curriculum in 2004
38	* Training of health staff on IDD	MoH	1) IDD training for health staff conducted in six convergence provinces and 2) IDD training of HC chiefs linked to School Health and Deworming program in 13 provinces.	UNICEF supported provinces (Svay Rieng, Kg Speu, Prey Veng, Stung Treng, Utdor Mean Chey, & Kg Thom). Involved 634 HC chiefs and HC staff.

No	Activities	Response.	Results	Remarks
39	* Iodized salt monitoring and reporting system implementation	MoH	Monitoring and reporting system implemented mainly in Kampot, Phnom Penh and Kandal province.	Recommendations on improved quality salt production and iodisation of UNICEF/GTZ consultant in 6/2003 to be followed up by NSCIDD in 2004
40	Quality control for salt iodization	MoIME	Titration quality control conducted by the MoIME. 10 iodine checkers were procured and one was provided to the new salt refinery factory. Have been processed by the MoIME	The remaining iodine checkers are not distributed due to no chemical available in the country and it takes times to process order from overseas
41	Prepare legislation strengthened to prohibit non-iodized salt importation	MoIME	Sub-Decree on the Management of Exploitation of Iodized Salt is signed by the Prime Minister in October 2003	Monitoring system for enforcement of legislation needs to be established and applied (2004)
42	Upgrading of laboratory to carry out food safety tests	MoIME	Not achieved	To ensure that all foods are safe for human consumption, food standards are to be conformed and punishment will be from October 2004.
43	* National seminar on IDD	MoIME	Conducted with 130 participants in November 2002 participated by salt producers and dealers, PNCC, governor from 7 selected provinces and Seth Koma working group in 6 provinces.	Provided awareness on IDD and measure to eliminate IDD by using iodized salt .
<b>COMMUNITY LEVEL</b>				
44	Managers of existing community-based programs will carefully study the CNIP text.	MoP	Document have been distributed to Seth Koma, MRD, and NGOs.	
45	CNIP launching and National conference to evaluate achievements and plan for Year 1 activities	MoP	CNIP launched in March 2003 and workshop conducted to review CNIP (GTZ). Review meeting on CNIP implementation and preparation work plan for the CNIP 2004.	
46	Training of Trainers (TOT)	MRD	In collaboration with NSCIDD to conduct training on IDD for Provincial Nutrition Working Group in Svay Rieng, Prey Veng, Kg. Thom, Kampot, and Siem Reap in 2002.	
47	Carry out VDC elections in new villages	MRD	No VDC election in 2003	
48	Plans for existing Seila-supported communes to give CDC/VDC members new skills in nutrition.	MRD	Not done yet due to lack of funding support 2003.	
49	Training of newly-elected Commune Council members	MRD	In some communes, Commune Councils provided with poster on 11 points for a child friendly commune which includes health and nutrition messages together with orientation on the messages.	CIDA will collaborate
50	Set-up mechanisms of communication and release and accounting of funds.	MRD	Not done yet due to lack of funding support.	MRD plan to start April 2004 collaborate with NGOs.
51	Contact the 110 chosen communes	MRD	Not done yet due to lack of funding support.	
52	Lobby the new Commune Councils for them to contribute to the funding of VAPs	MRD	Ongoing	
53	Work with VDCs to prepare their first VAPs, and fund them	MRD	Seth Koma project has started working with Commune Council including financial and technical support Government allocates funds for Commune Council development plans	Seth Koma project

No	Activities	Response.	Results	Remarks
54	Work with cluster schools and pagodas to incorporate them in work in nutrition	MRD/MoEYS	Not done yet due to lack of funding support.	Collaboration with MoEYS and Ministry of Cults and Religion.
55	Workshops to be conducted to discuss the following:		Not achieved	
56	a. Agree on the 110 communes that will be added in 2003			
57	b. Quantify their respective human resources, transportation, equipment hardware and other needs			
58	c. Set a pace of progression for the expansion process			
59	d. Prepare a plan and budget for 2003			
60	e. Set overall and financial management procedure			
61	f. Set a regular joint meeting schedule			
62	g. Finalize a master plan for Year 1 training needs			
	<b>MANAGEMENT LEVEL</b>			
63	IDD Sub-committee meetings	MoP	NSCIDD monthly meeting to report activities, review work plan, for implementation with main focus on iodized salt production.	
64	Meeting of IMTC	MoP	Organized IMTC's meeting when needed such as CNIP preparation (2003-2007), mid- term review on MOP implementation (2001-2005) report.	Due to time constraints, IMTC could not conduct regular meeting. Last IMTC meeting in 2003 was decided to organize its meeting on regular basis.
65	NCN meeting	MoP	No NCN meeting conducted in 2003	

## CNIP Work Plan 2004

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
	<b>1. Micronutrient Deficiencies</b>																	
	<b>1.1. IDD:</b>																	
1	Identify mechanism of the enforcement of sub-decree on management of iodized salt exploitation	Roles and responsibilities of the relevant agencies will be identified, agreed and coordinated to implement sub-decree	Phnom Penh	NCN/PNCC	X	X	X	X	X									Supported by GTZ & UNICEF
2	Distribute iodized oil capsules to women and school children in high risk areas	Women of reproductive age and secondary school children with signs of simple goiter will receive an iodized oil capsule. 331500 capsules will be distributed.	BMC, S. Reap, K. Thom, P. Vihear, K. Speu, S. Rieng, M. Kiri, and S. Treng	NNP. MoH/MoEYS			X	X	X	X	X	X	X	X	X	X		UNICEF
3	Organize and conduct TOT of health staff from PHD and OD levels on IDD and the importance of iodized salt	15-30 of trainers from each province (PHD and OD) will receive the training.	Kampot, S. Ville, O. Meanchey, M. Kiri, Rattanakiri, S. Rieng, and Takeo	NNP/MoH		X		X			X			X				PAP & UNICEF (Kampot)
4	Facilitate training of health center staff conducted by TOT from PHD and OD levels on IDD and the importance of iodized salt	Five HC staff of each HC will receive the training	Kampot	NNP/MoH			X	X										UNICEF

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
5	Conduct quality control of iodized salt at production sites, markets, and households	Quality control will be conducted monthly at three main production sites in kampot. Quality control will be conducted at provincial and district markets quarterly in provinces in # 3. Quality control will be conducted at household level every six months in Kampot and Stung Treng (20-30% of households in each village).	Kampot, S. Ville, O. Meanchey, M. Kiri, Rattanakiri, S. Rieng, Takeo, and Stung Treng	NSCIDD/ NNP and PNCC	X	X	X	X	X	X	X	X	X	X	X	X		UNICEF
6	Develop additional IEC on IDD (printing and mass media materials)	Calendar for 2005 will be developed and printed. All three TV spots will be copied on to a VCD and distributed to interested provinces.	NNP/NSCIDD	NNP/MoH /NSCIDD /UNICEF	X	X	X							X	X	X		PAP & UNICEF
7	Organize and conduct IDD Day	IDD Day will be organized in May.	NNP/NSCIDD	NNP/MoH /NSCIDD					X									UNICEF
8	Provide training to village chiefs, VHVs, TBAs, and shop vendors on IDD and importance of iodized salt	# of village chiefs, VHVs, TBAs, and shop vendors will be trained.	Ponhea Krek OD(Kg. Cham)	NNP/MoH						X	X	X						World Relief
9	Provide training to village shop keepers. Organize iodized salt promotion in communities in these areas	# of village shop keepers will receive training. Iodized salt promotion in communities in these areas will be conducted.	Sam Pov Meas OD (Pursat), Angkor Chey OD (Kampot), Siem Reap OD (Siem Reap)	NNP/MoH						X	X	X						RACHA
10	Organized and conduct a National Workshop to Disseminate the approved sub-decree on the management of exploitation of iodized salt	National Workshop to Disseminate the approved sub-decree on the management of exploitation of iodized salt will be conducted.	PP	NSCIDD		X												UNICEF & GTZ

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
11	Provide training to PNCC in 6 provinces on IDD and iodized salt	30-35 PNCC members from each province of these six provinces will receive the training.	PNP, Kandal, P. Vihear, M. Kiri, Pailin, and Pursat	NSCIDD						X	X	X	X	X	X	X		UNICEF & GTZ
12	Strengthen IDD program as part of school health in primary school	# of primary school teachers will receive refresher training on IDD and importance of iodized salt. Teachers and school children will conduct quarterly monitoring of iodized salt brought from home by children and report results to NNP.	MPA 10 provinces; Kampot, Kep, K. Speu, and P. Veng	NNP/MoH/MoEYS/ CNM						X	X	X	X	X	X	X		UNICEF
13	Training of health staff on IDD as a part of MPA 10 training	PHD, OD, and HC staff will receive reinforcing messages as part of MPA 10 training.	Kampot, Kep, Kampong Speu and P. Veng	MoH and NSCIDD					X	X	X							WB for three provinces & UNICEF for P. Veng
14	Iodized salt monitoring and reporting system implementation between provincial staff and NNP	Provincial staff will conduct quarterly monitoring of iodized salt availability in their province with support from NNP. Provincial staff submit report to NNP every three months.	Kampot, Kep, and Kampong Speu and P. Veng	MoH and NCSIDD							X		X			X		WB and UNICEF
15	Improve iodized salt use through health education and MoH circular	Circular on iodized salt developed by MoH (to comply with the sub-decree). Health education sessions will be conducted by HC staff.	Nationwide	MoH					X	X	X	X	X	X	X	X		UNICEF and WHO
16	Upgrading of laboratory to carry out food safety tests, including iodized salt	Laboratory at the MoIME is equipped with appropriate equipment to conduct necessary test on iodized salt.	Phnom Penh	MoIME														UNIDO
17	NSCIDD meeting	Regular monthly meeting to discuss the IDD and salt iodisation issues will be conducted	MoP	NSCIDD	X	X	X	X	X	X	X	X	X	X	X	X		UNICEF/ GTZ

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
18	Study on salt pricing- packaging-marketing, and on consumer purchasing and usage patterns/ attitudes	information on salt pricing- packaging-marketing and on consumer purchasing and usage attitudes is available for better strategy development	P.Penh and some target provinces	UNICEF									X	X				Supported by UNICEF ( short consultancy)
<b>1.2. IDA:</b>																		
19	Collaborate with Safe Motherhood to improve iron-folate coverage& compliance through health education & monitoring &supervision.	Iron -folate coverage will be improved by: 1) Roles and responsibilities of the NNP and SM will be identified, agreed, and coordinated to improve iron-folate coverage. 2) Information on iron-folate distribution will be included in the HIS form. 3) HC staff will report iron-folate distribution through HIS. 4) Monitoring and supervision of HC activities related to iron-folate distribution will be conducted regularly with the SM. 5) Each OD will submit request for iron-folate tablets on time and distribute them to HCs on time for use at ANC in health center and during monthly outreach activity.	Phnom Penh and nationwide	NNP/SM/ MoH				X	X	X	X	X	X	X	X	X		PAP
20	Strengthen implementation of national guidelines for iron supplementation of pregnant women in three MPA 10 provinces.	1) Health staff in these three provinces will receive training on IDA and iron-folate supplementation as part of MPA 10 training. 2) PHDs will receive support from NNP and SM to ensure provision of supplements during outreach. 3) Support provided to PHD to ensure effective planning and distribution	1) Kampot, Kep, and K. Speu 2) nationwide	NNP/MoH				X	X	X	X	X	X	X	X	X		WB, WHO, UNICEF, and NGOs
21	Continue to work on the preparation for the study on IDA among women.	Meeting with key partners to discuss Terms of Reference of the consultant and process of the hiring will be conducted.	Phnom Penh	NNP/MoH														WB

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
22	Continue to implement WIF program in 8 secondary schools in one OD in P. Veng province.	Schoolgirls in these 8 secondary schools will receive WIF and their hemoglobin level will be improved by the end of the project (one year).	Kg. Trabek OD (Prey Veng)	NNP/MoH/ MoEYS	X	X	X	X	X	X	X	X	X	X			12,000	UNICEF & WHO
23	Expand WIF program to other provinces for secondary school girls	1) A proposal seeking external funding for WIF in one province will be submitted to CIDA. 2) If receive funds, plan of action for this expanded WIF program will be developed and implemented.	K. Speu, Kampot, and Kep	NNP/MoH/ MoEYS			X	X										CIDA
24	Pilot study for iron supplementation in preschool children by CESVI	Result is documented and will be used as reference for formulation of IDA prevention policy.	Kg.Chhnang OD (Kg. Chhang)	CESVI/NNP/ MoH	X	X	X	X	X	X	X	X	X	X	X	X		Supported by CESVI
25	IDA trial among children under 2 years old by GTZ	Twice weekly iron supplementation among children under 2 is documented and will be used as reference for formulation of IDA prevention policy	Angkor Chey and Chhouk OD (Kampot)	GTZ/NNP/ MoH	X	X	X	X	X	X							20,000	Supported by GTZ & UNICEF&WHO
26	National Workshop on IDA to discuss about the formulation of national policy on iron supplementation for preschool and school children	Iron supplementation experiences will be shared and recommendations for policy development will be made.	Phnom Penh	NNP/MoH									X				6,000	Supported by GTZ & UNICEF&WHO
27	Seek more funding for preschool children iron supplementation	Proposal(s) seeking funds for preschool and primary school supplementation will be developed by stakeholders and submitted to potential donors.	Phnom Penh	NNP/MoH/ UN agencies/ NGOs								X	X					
28	Production and pre-testing of IEC materials on IDA for pregnant women.	1) IEC materials to raise awareness and compliance of iron/folate supplementation for pregnant and postpartum women will be developed. 2) A leaflet on IDA for use by HC staff will be developed and printed.	All provinces	NNP, SM, and MTWG					X	X	X							WHO and UNICEF

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
29	Trial on iron fortification of different foods	The result of the trial will be discussed at national level	Phnom Penh	MolME														Seeking for external fund
	<b>1.3. VAD:</b>																	
30	Strengthen vitamin A capsule distribution for postpartum mothers	VAC coverage among postpartum mothers will be increased by: 1) Health staff in three MPA 10 target provinces will receive training on VAD as part of MPA 10. 2) Through support from other IOs and NGOs, NNP will provide technical assistance and support to other provinces (incl 13 HKI supported ODs). 3) Monitoring and supervision will be conducted during monthly outreach, 4) HC will record the VAC distribution and submit report to OD and OD will submit the report to PHD and PHD to MoH.	Kampot, Kep, and K. Speu, and other areas (Takeo, K. Thom, K. Cham, P. Veng, Kandal, Siem Reap (Kralanh), Kratie (Kratie), Koh Kong (Smach M. Chey, Sre Ambel), BMC (M. Borei), Pursat( Sampov Meas), Battambang (Song Ke), Phnom Penh (Chheung, Lech, Tbong), Kandal (Kandal))	NNP, IOs, and NGOs			X	X	X	X	X	X	X	X	X	X		IOs and NGOs
31	Strengthen twice yearly distribution of vitamin A capsules to 6-59 month olds	VAC coverage among children 6-59 months will be increased.	Same as # 30	NNP, IOs, and NGOs			X								X			IOs and NGOs

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
32	Conduct training of trainers in 7 provinces supported by UNICEF and 10 ODs supported by HKI	Four staff from each PHD and four staff from each OD will receive the training of trainers. Four HC staff from each HC will receive the training conducted by the trainers from PHD and OD.	Same as # 30	NNP/UNICEF/HKI	X				X									Supported by HKI/UNICEF
33	Conduct training for health staff in 7 provinces supported by UNICEF and 10 ODs supported by HKI	Four HC staff from each HC will receive the training conducted by the trainers from PHD and OD.	Same as # 30	NNP/UNICEF/HKI	X	X			X									Supported by HKI/UNICEF
34	Conduct training for VHSGs in UNICEF supported areas and 10 HKI supported ODs	Two to four VHSG from each village will receive the training conducted by the trainers from PHD and OD.	Same as # 30	NNP/UNICEF/HKI		X			X									Supported by HKI/UNICEF
35	Conduct refresher training for HC staff in UNICEF supported areas and 7 HKI supported ODs	Four HC staff from each HC will receive refresher training conducted by the trainers from PHD and OD.	Same as # 30	NNP/UNICEF/HKI								X						Supported by HKI/UNICEF
36	Conduct refresher training for VHSGs in UNICEF and 7 HKI supported ODs	Two to four VHSG from each village will receive refresher training conducted by the trainers from PHD and OD.	Same as # 30	NNP/UNICEF/HKI								X						Supported by HKI/UNICEF
37	Conduct health education by using BCC materials and mass media campaign.	Health education sessions will be conducted by HC staff and VHSGs. TV and radio spots will be broadcasted one month prior to the distribution rounds in March and November and during the distribution months.	Same as # 30 and nationwide	NNP/UNICEF/HKI		X	X							X	X			Supported by HKI/UNICEF
38	Assist UNICEF and MI consultant team to conduct VAC distribution rapid assessment	Report of findings and recommendations of the rapid assessment will be prepared and shared with all stakeholders.	P. Veng	NNP/UNICEF/MI			X											Supported by MI/UNICEF

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
39	Assist USAID and Most consultant team to conduct the review of VAC distribution	Report of findings and recommendations of the rapid assessment will be prepared and shared with all stakeholders.	Pursat and Sihanouk Ville	NNP/USAID/HKI			X											Supported by USAID/HKI
40	Conduct quarterly review of VAC stock at CMS	Stock review will be conducted every three months and appropriate actions will be taken.	CMS	NNP			X		X			X			X			
41	Submit annual request for VACs to Essential Drug Bureau	Projection of needs for VACs will be calculated and request will be submitted	NNP	NNP	X													
42	Attend the IVACG meeting (International Vitamin A Consultative Group) in Peru														X		10,000	WB
	<b>2. PEM</b>																	
	<b>2.1. Growth monitoring</b>																	
43	Re-organization of growth monitoring & promotion activities in HCs nationwide	Health staff from four target MPA 10 provinces will be trained (as a part of MPA 10 training) and monitored. Growth monitoring and promotion will be implemented by HCs with support for logistics and management from NNP	Kampot, Kep, Kampong Speu, Prey Veng	NNP/MoH				X	X	X	X	X	X	X	X	X		WB/ UNICEF (P. Veng)
44	Child Growth Monitoring	- 33,000 Children between 6-59 months of age have received quarterly growth monitoring and monthly take home fortified food rations - 9,500 Expectant and nursing mothers will receive health education and take home fortified food rations as part of the national community home base care in 11 provinces to increase access to care and treatment	Banteay Meanchey, Siem Reap, Kampong Thom, Kampong Speu	PNCC / MOH, WFP, 5 NGOs	X	X	X	X	X	X	X	X	X	X	X	X	2,067,151	Supported by WFP
	<b>2.2. School health</b>																	

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
45	Develop Extra curricula and Poster on Food Safety and General Hygiene	Extra curricula and poster on Food Safety and General Hygiene will be developed and distributed to the whole country	Countrywide	MoEYS	X	X	X										13,875	Supported by UNESCO and PAP
46	Develop School Kits on Diarrhea prevention and poster latrine cleaning	School Kits on Diarrhea prevention and poster on latrine cleaning will be developed and distributed for primary schools.	Phnom Penh	MoEYS			X	X	X								15,000	
47	Workshop on Focusing Resources on Effective School Health ( FRESH )	Report of the workshop and Booklets and Brochures will be developed	Phnom Penh	MoEYS	X												8,158	Supported by UNESCO
48	Develop School Health policy and distribute to stakeholders	School Health policy will be developed and distributed to stakeholders	Phnom Penh	MoEYS				X	X	X							14,300	Supported by DFID and UNICEF
49	Strengthening school health structures at all levels	School health structures will be improved	Countrywide	MoEYS				X				X			X		9,000	Supported by UNICEF
50	Strengthening Inter- Ministerial working group on School Health	Cooperation among relevant stakeholders will be improved	Countrywide	MoEYS			X			X			X			X	3,000	Supported by UNICEF
51	Monitoring and Evaluation on School Health activities.	Feedback of all activities will be achieved	Countrywide	MoEYS		X	X		X	X				X	X	X	5,000	Supported by UNICEF
52	Train teachers on Food Security, General Hygiene and diseases prevention	The teachers will be capable to do the cascade training	6 Regional Teacher Training Centers	MoEYS				X					X	X			70,875	Supported by UNICEF and PAP
53	Regional Workshop on FRESH	Information sharing and strengthening cooperation among countries.	Phnom Penh	MoEYS									X	X			30,000	Supported by UNESCO
<b>2.3 Institutional Feeding</b>																		
54	Supply food to children and adolescents at Cham Choa Rehabilitation Center	120 children and adolescents received food	Cham Choa	MoSALVY	X	X	X	X	X	X	X	X	X	X	X	X		Seeking external support
55	Supply food to orphans at Public Orphanages	2381 orphans received food	21 centers	MoSALVY	X	X	X	X	X	X	X	X	X	X	X	X		Seeking external support
56	Supply food to disabled people at rehabilitation centers	842 disabled received food	3 centers	MoSALVY	X	X	X	X	X	X	X	X	X	X	X	X		Seeking external support

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
57	Supply food to disabled people at the vocational training centers	Disabled staying in 13 centers received food	Provincial, National Nad regional centers	MoSALVY	X	X	X	X	X	X	X	X	X	X	X	X		Seeking external support
58	Hot Breakfast to primary school students in food insecure areas	320,000 primary school students have received hot breakfast to enable them to continue attend and complete basic education grades	Kampot, Takeo, Kampong Speu, Kampong Cham, Kampong Thom, Siem Reap	MOEYS, IOs, UN, NGOs	X	X	X	X	X	X	X			X	X	X	6,017,907	Supported by WFP
59	Supplementary feeding to Tuberculosis (TB) patients under the DOTS treatment	30,200 TB patients have received monthly food ration to complete DOTS treatment and successfully be cured	Nationwide	CENAT / MOH	X	X	X	X	X	X	X	X	X	X	X	X	2,239,614	Supported by WFP
60	Supplementary feeding provided to the PLWAs and their household members who are part of the national community home – based care program.	4,000 PLWA households have received monthly food rations, increased their access to care and treatment to improve their nutrition and health status and preserve their assets	Banteay Meanchey, Siem Reap, Kampong Thom, Kampong Speu, Kampong Cham, Prey Veng, Kandal, Takeo, Phnom Penh, Svay Rieng, Kampot	NCHADS / MOH, NGOs	X	X	X	X	X	X	X	X	X	X	X	X	851,256	Supported by WFP
3. IYCF																		

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
61	Expansion of BFHI and work on the code regulating the sale of breast milk substitutes and on issues of BF and HIV/AIDS.	1) Continue BF, CF, and HIV & infant feeding training courses with health workers at national and provincial levels. 2) Three BFH by end 2004. 3) Begin the work on BFCI. 4) Continue to pursue the approval of the Law. 5) Conduct workshop to raise awareness about the codes & guidelines among policy makers	1) National: NMCH, NPH, Red Cross HC. 2) Provincial: S. Reing.	MoH (NNP and PHD)	X	X	X	X	X	X	X	X	X	X	X	X		WHO, UNICEF, and NGOs
62	(The National Infant and Young Child Feeding Practices Workshop and Guidelines finalized (MoH) - done in 2003) Ensure that the policy is implemented by each PHD	Workshop with all PHDs and Directors of RHs to provide support and guidance on how to implement the policy	NMCH	NNP, UNICEF, WHO, and NGOs					X									UNICEF, WHO, and NGOs
63	Strengthening coordination in code of ethic for marketing of infant feeding substitutes.	Conduct inter-ministerial workshop on Law of Marketing for IYCF.	Phnom Penh	NNP/MoH									X					UNICEF, WHO, and NGOs
64	(Guidelines for the management of severe malnutrition - done in 2003) and upgrading of facilities and further training to improve clinical practices.	Translation of training materials will be completed and two courses on the Management of Severe Malnutrition completed with staff from RHs	NPH and Angkor Children Hosp.	CDC, NPH, and NNP						X	X							WHO/ WB
	<b>4. Training&amp;Capacity Building</b>																	
65	The National Council for Nutrition will select an academic institution to build up its public nutrition training and research capability.	The training institution is identified	Phnom Penh	NCN														
66	The chosen academic institution will prepare a diploma course in public nutrition with external TA			NCN														

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
67	Three managers sent for master in public nutrition			NCN/MoH														
68	Training in nutrition of cadres of MoH, MoP, and IMTC	30 officials are trained on FSN concept/planning	P. Penh	NCN					X									Supported by GTZ
69	Build the capacity of the national staff on FSN	3 officials from NCN and CARD are trained and become TOT of food security and nutrition concept/planning	Inwent, Germany	NCN				X	X								15,000	Supported by GTZ
70	Build the capacity of the provincial coordination committee on FSN	30 PNCC members and NGOs staff are trained	Kampot	NCN		X											4,000	Supported by GTZ
71	Training VDC/CC on nutrition	Knowledge of Nutrition	Kg. Cham	MRD		X	X										1,900	looking for funds
72	Training VDC/CC on planning	Knowledge of planning	Kg. Cham	MRD					X	X							2,500	looking for funds
73	TOT training for provincial staff	PRA methodology	Kg. Thom	MRD							X	X					3,000	looking for funds
74	Refresher TOT for Implementing Partners, Health Center Outreach Staff, Village Health Volunteers	17 Implementing Partners staff, 62 Health Center Outreach Staff, 1484 Village Health Volunteers have sufficient capacity to conduct child growth monitoring to provide good knowledge and understanding on nutrition, health hygiene and practices to mothers	Phnom Penh, Banteay Meanchey, Siem Reap, Kampong Thom, Kampong Speu	Health Center /MOH, NGOs, WFP					X	X	X						10,060	Supported by WFP
<b>5. Community Focus</b>																		
75	Female and male volunteers continue dissemination of basic information on reproductive health and nutrition in their community.	women of reproductive age in 8 provinces will get information on these issues.	Kandal, Prey Veng, Svay Rieng, Kampot, Kg Cham, Kg Chhnang, BB, Siem Reap	MoWVA	X	X	X	X	X	X	X	X	X	X	X	X		Self-supported
76	VDC election	50 villages	Kg. Chhnang	MRD									X	X			4,500	looking for funds
77	VDC training for new villages	50 villages	Kg. Chhnang	MRD											X	X	10,000	looking for funds

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
78	Project proposal training to VDC or CC	Knowledge on project proposal of VDC (for existing VDC)	Kg. Thom	MRD	X			X	X								15,000	looking for funds
79	Development of community-based training manual on Nutrition		Kg. Speu	MRD						X			X				100,000	looking for funds
80	Follow up on nutrition-related activities and/or issues		Kg. Cham	MRD			X		X		X		X		X		100,000	looking for funds
81	Rural water supply and sanitation		Kg. Speu	MRD		X	X	X	X	X	X	X	X	X	X	X	150,000	looking for funds
82	Develop proposal for food security and nutrition in order to create awareness on household food safety to target community.			MRD					X				X				150,000	looking for funds
83	Develop proposal for food security and nutrition in order to create awareness on household food safety to target women	Target women in 8 provinces are able to prepare safe food for their family	Kandal, Prey Veng, Svay Rieng, Kampot, Kg Cham, Kg Chhnang, BB, Siem Reap	MoWVA													100,000	looking for funds
84	Develop advocacy kit including nutrition messages to be used for advocacy with provincial decision makers.	1,000 copies of advocacy kit disseminated to decision makers at national, provincial, and district levels.	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MOI				X	X	X								UNICEF/ Seth Koma
85	First women and child assessment including nutrition status of children age under five and women at reproductive age	Commune committee for women and children conduct child and women assessment in 1150 villages	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MWVA PWVA			X											UNICEF/ Seth Koma

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
86	Training commune committee for women and children on health and nutrition related issues.	Plans for children and women nutrition integrated in the commune investment plans in 117 communes	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	PWVA PHD								X	X	X				UNICEF/ Seth Koma
87	Youth participation in the women and child assessment on health and nutrition	Adolescent girls participated in the child and women nutrition assessment	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	PWVA								X	X	X				UNICEF/ Seth Koma
88	Construct and renovate safe water points	453 new wells constructed to provide safe water to 9,060 families.	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MRD PDRD	X	X	X	X	X	X	X	X	X	X	X	X		UNICEF/ Seth Koma
89	Conduct water use and hygiene education training to all water user groups for new and renovated water points	652 water user groups trained on WUHE	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MRD PDRD	X	X	X	X	X	X	X	X	X	X	X	X		UNICEF/ Seth Koma
90	Procure and distribute families latrine slabs and pipes	4,177 families receives latrine slabs to construct family latrines	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MRD PDRD				X	X	X	X	X						UNICEF/ Seth Koma

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
91	Construct water points/wells in 66 schools	Water points/wells constructed in 66 schools	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MRD PDRD	X	X	X	X	X	X	X	X	X	X	X	X		UNICEF/ Seth Koma
92	Conduct Water Use Hygiene Education training to teachers	Teachers of 66 schools trained on WUHE	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MRD PDRD	X	X	X	X	X	X	X	X	X	X	X	X		UNICEF/ Seth Koma
93	Construct school latrines	School latrines constructed in 17 schools	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MRD PDRD				X	X	X	X	X	X	X	X	X		UNICEF/ Seth Koma
94	Develop water quality testing protocol and procedures and train MRD/PDRD staff on how to conduct water testing and communicate on water quality issues.	Water quality testing is implemented for all new and renovated wells supported by Seth Koma	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MRD PDRD	X	X	X											UNICEF/ Seth Koma
95	Renovate wells in 12 safe areas and construct additional latrines in 3 safe areas	Improved water and sanitation for families affected by floods regrouping in safe areas	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MRD PDRD	X	X	X	X	X	X								UNICEF/ Seth Koma

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
96	Conduct Water Use Hygiene Education for local authorities and families using safe areas	Floods affected villagers aware of how to maintain and use their wells and latrines during floods in safe areas	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MRD PDRD	X	X	X	X	X	X								UNICEF/ Seth Koma
97	Agriculture training on improving household food security for families with malnourished children	Families with malnourished children received household agriculture training to improve families food security	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	MRD PDRD	X	X	X	X	X	X								UNICEF/ Seth Koma
98	Literacy classes conducted with the nutrition messages including in the curriculum	250 literacy teachers contracted to POE	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	POE	X	X	X	X	X	X								UNICEF/ Seth Koma
99	Support post literacy activities which will be focused on skill related to household food security	50% of newly graduated literacy students involved in the post-literacy activities	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	POE				X	X	X	X	X	X	X	X	X		UNICEF/ Seth Koma
100	Organize childcare classes to provide opportunities to children to practice hygiene among other practices	724 community based childcare group will be established	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	PDWVA POE				X	X	X	X	X	X	X	X	X		UNICEF/ Seth Koma

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
101	Develop guidelines on the revision of community-based childcare activities including parental education on nutrition.	Guidelines developed and accepted by concerned national ministries	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	PDWVA POE				X	X	X	X	X	X					UNICEF/ Seth Koma
102	Refresher training of VDC/VHV on selected health issues and how to mobilize community on use of health services	90% of outreach sessions are supported by VDC/VHV mobilization	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	PHD PRD	X	X	X				X	X	X	X	X	X		UNICEF/ Seth Koma
103	Contribute to the implementation and expansion of community IMCI	30 new health centers start implementation of Community IMCI	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	PHD PRD				X	X	X	X	X	X	X	X	X		UNICEF/ Seth Koma
104	Support the piloting of Baby Friendly Community Initiative (BFCl) in Kompong Speu	BFCl piloted in Kompong Speu	Kg. Speu	PHD PRD				X	X	X	X	X	X					UNICEF/ Seth Koma
105	Organize event for Breast Feeding Week at commune level	WBW activities organized in 117 communes in 6 provinces	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	PHD PRD				X	X	X								UNICEF/ Seth Koma
106	Print and disseminate report on Seth Koma follow up survey	Seth Koma Follow Up Survey is disseminated and presented to concerned counterparts at the provincial level	Kg. Thom, Kg. Speu, Svay Rieng, Prey Veng, Stung Treng, Od. Meanchey	PHD PRD	X	X	X	X	X	X								UNICEF/ Seth Koma
	<b>6. M&amp;E</b>																	

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
	<b>6.1. Coordination</b>																	
107	Include CNIP activities in PIP.	CNIP is included in to PIP	MoP	NCN														
108	Discuss CNIP with PNCC. Regular PNCC meeting to monitor nutrition in province.	PNCC work plan is developed to monitor the nutrition activities in the province. Inventory of activities established	Kampot,Kg Thom	NCN	X	X	X	X	X	X	X	X	X	X	X	X		Supported by GTZ
109	Setting up monitoring group at MoP			NCN														
110	Set-up procedures to access funds for the implementation and monitoring procedures	Fund accessed		NCN														
111	Task force set up to select process and outcome indicators for monitoring	Process and outcome indicators are identified & agreed		NCN														
112	Adoption of monitoring plan for CNIP	Monitoring group established & meeting regularly		NCN														
113	Organize NCN meeting	NCN holds at least one meeting	MoP	NCN Secretariat														Supported by GTZ
114	Compile annual report of CNIP 2004 and next work plan	the report and work plan are agreed and distributed to all IMTC members	IMTC secretariat	NCN Secretariat									X	X	X	X	3,000	Supported by GTZ
115	Strengthen coordination and collaboration in nutrition activities	IMTC members attend the meeting regularly	Phnom Penh	NCN Secretariat	X		X		X		X		X		X		1,000	
	<b>6.2. Nutrition Information System</b>																	
116	Setting up of a Sentinel Nutrition Surveillance system	Pilot in 2 provinces: develop proposal and find consultant.	TBD	NCN					X									
117	Development of CamInfo, a national indicator database including CNIP indicators and related data sources.	CamInfo is launched and is used as a tool to monitor CNIP, amongst others.	Phnom Penh (distributed to LMs, IOs, NGOs)	NIS/MoP			X	X	X	X	X	X	X	X	X	X		Supported by GTZ and UNICEF
118	Follow up survey of MCH project	Progress in improving the nutritional status of children, expectant and nursing women and their awareness about nutrition, health and hygiene issues is measured through selected indicators.	Banteay Meanchey, Siem Reap, Kampong Thom, Kampong Speu	WFP								X	X	X			35,000	Supported by WFP

No	Activities	Expected Output	Location	Responsible	Time (month)												Budget USD	Remarks
					1	2	3	4	5	6	7	8	9	10	11	12		
	<b>7. Other</b>																	
119	Adoption of food safety strategy	Three consultants review current status of food safety and help draft food legislation and action plan for food safety 2004-05	MoH	FDD/NCHP		X												WHO &FAO