COMMUNICATION FOR BEHAVIOURAL IMPACT (COMBI)

CAMPAIGN TO PROMOTE COMPLEMENTARY FEEDING IN CAMBODIA: 2011-2013

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USAID FROM THE AMERICAN PEOPLE

RACHA Reproductive and Child Health Alliance

Helen Keller INTERNATIONAL

FOREWORD

The Communication for Behavioural Impact (COMBI) Campaign to Promote Complementary Feeding in Cambodia 2011-2013 was developed by the National Centre for Health Promotion (NCHP) and the National Maternal and Child Health Centre (NMCHC) in close collaboration with development partners. The campaign will contribute to improving the nutritional status of Cambodian children by increasing the rate of appropriate complementary feeding practices of infants and young children age 6-24 months.

Child undernutrition remains a serious public health problem in Cambodia. Globally, undernutrition is the underlying cause of an estimated 35% of deaths of children under 5 years of age. Poor nutritional status also contributes to increased child morbidity and reduced cognitive ability and productivity in adulthood. According to CDHS 2005, forty-four percent of children below the age of five years were chronically malnourished (stunted), eight percent acutely malnourished (wasted) and twenty-eight percent underweight. Though great strides have been made in breastfeeding promotion, sub-optimal complementary feeding practices remain an important contributing factor to the high rates of malnutrition in Cambodia. Proper understanding of what and how to give complementary food to children is very important, particularly for children age 6 to 24 months. Mothers and caretakers play a very critical role in making sure that children receive appropriate complementary feeding with a focus on consistency and variety (the three food groups). In order to achieve this, there is a need to develop an effective national communication strategy to promote appropriate complementary feeding practices.

We strongly believe that with active participation and support from all stakeholders at all levels, from national to community levels and with active implementation and monitoring by health workers at all levels, the complementary feeding campaign will have a great success.

Phnom Penh, ……..……..2011

ACKNOWLEDGEMENT

On behalf of the National Centre for Health Promotion, the National Maternal and Child Health Centre and The National Nutrition Programme, I would like to express my heartfelt thanks to all members of the Campaign Management Committee on Complementary Feeding, its Technical Working Group and relevant development partners for their valuable efforts and contribution in the development of this national communication strategy to promote complementary feeding.

This national communication strategy will guide government institutions as well as relevant stakeholders in implementing their infant and young child feeding activities that will contribute to the reduction of child undernutrition and will accelerate achievement of the Millennium Development Goal 1 and 4.

I would like to thank the following institutions and organizations:

- National Maternal and Child Health Centre: National Nutrition Programme.
- National Centre for Health Promotion
- United Nations agencies: UNICEF, WHO
- United States Agency for International Development (USAID)
- Non-Governmental Organizations: RACHA, HKI, URC

I also would like to express my special gratitude to the leadership of the Ministry of Health for its full support provided to the development of this national communication strategy, which greatly contributes to the promotion of child health in Cambodia.

Phnom Penh, ……..2011

LIST OF ABBREVIATIONS

BCC	Behaviour Change Communication
BFCI/IYCF	Baby Friendly Community Initiative/Infant Young Child Feeding
CDHS	Cambodia Demographic and Health Survey
COMBI	Communication for Behavioural Impact
DILO	Day in the Life Of Analysis
HC	Health Centre
HKI	Hellen Kellers International
IPC	Inter-Personal Communication
MCH	Maternal and Child Health
MILO	Moment in the Life Of Analysis
MoH	Ministry of Health
MSG	Mother Support Group
NCHP	National Centre for Health Promotion
NGO	Non-governmental Organization
NNP	National Nutrition Programme
OD	Operational District
PHD	Provincial Health Department
PHPU	Provincial Health Promotion Unit
PNFP	Provincial Nutrition Focal Point
RACHA	Reproductive and Child Health Alliance
TOMA	Top of the Mind Analysis
TIPs	Trial of Improved Practices
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHSG	Village Health Support Group
WHO	World Health Organization

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CAMPAIGN TO PROMOTE COMPLEMENTARY FEEDING IN CAMBODIA: 2011-2013

This national communication strategy was developed by the National Nutrition Program of the National Maternal and Child Health Centre, in collaboration with the National Centre for Health Promotion, UNICEF, WHO, RACHA, HKI and other NGO partners.

1. BEHAVIOURAL OBJECTIVES

1.1 OVERALL GOAL

The campaign will contribute to improving the nutritional status of Cambodian children by increasing the rate of appropriate complementary feeding practices of infants and young children (6-24 months of age), thus will contribute to the achievement of the National Nutrition Strategy 2009-2015, the Cambodian Millennium Development Goals 1 and 4 and the Cambodia Rectangular Strategy.

1.2 BEHAVIOURAL OBJECTIVES

Primary Objectives:

In order to make children healthy, strong and smart, mothers and caretakers will provide improved complementary feeding to children 6 to 24 months of age by:

- Ensuring that the food is thick enough to stay on a spoon, and
- Adding food items from all three food groups

The above behaviours are expected to be increased by 9 percentage points from the baseline data in the key targeted provinces from 2011 to 2013.

Note: Due to the complexity, difficulty and large quantity of recommended behaviours, decision was made to assess only the above 2 primary behavioural objectives.

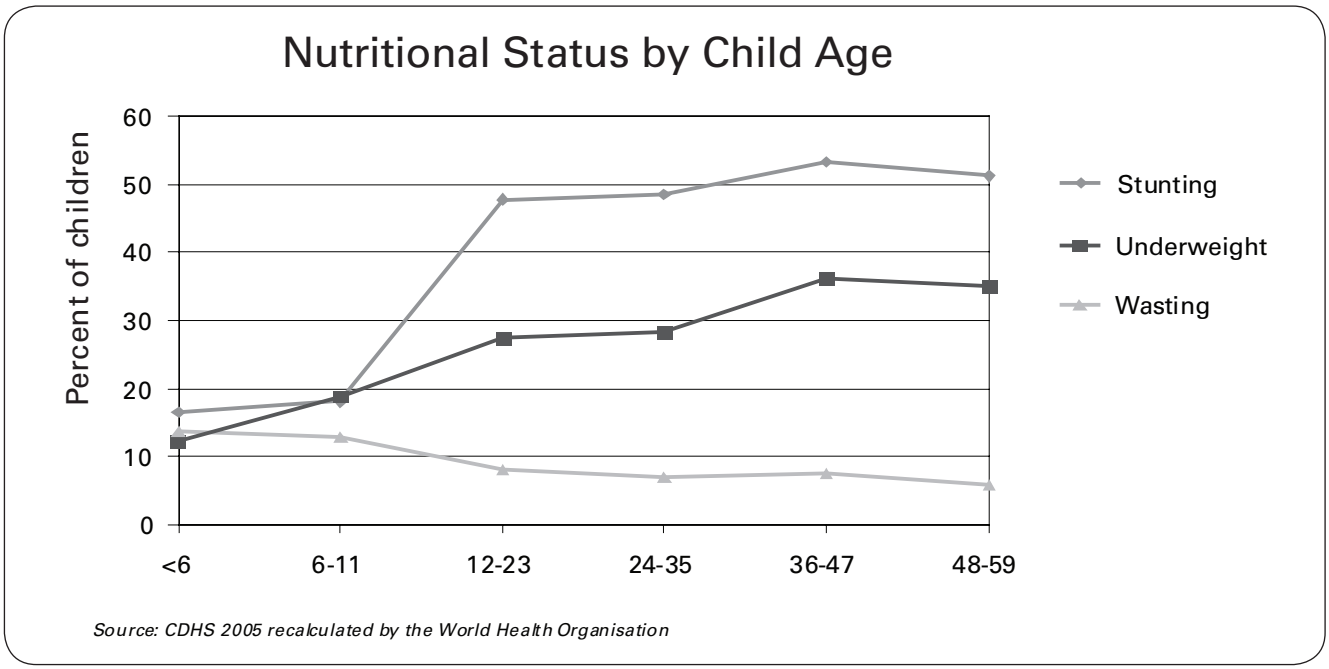
Secondary Objectives:

In order to make children healthy, strong and smart, mothers and caretakers will:

- provide age appropriate quantity and frequency
- prepare a separate bowl (Chan Chang Koeh),
- sit with the child to patiently encourage the child to eat with actions and words
- wash their hands before preparing food and feeding their child, and
- re-heat thoroughly food that has been stored for more than 2 hours

2. SITUATION ANALYSIS

Maternal and child undernutrition remains a serious problem in Cambodia, which is classified as one of the 36 high burden countries in the world for maternal and child undernutrition. This is confirmed by the results of the Cambodia Demographic and Health Survey 2005, with 44 percent of children below the age of five years chronically malnourished (stunted), 28 percent underweight and 8 percent acutely malnourished (wasted). Age of the child is an important factor in the levels of malnutrition. As shown in graph below, the prevalence of stunting increased drastically in the period between 6-23 months when children's growth is rapid. Underweight increased more gradually, reaching a peak after 24 moths of age. Inappropriate and/or inadequate feeding practices contribute to high rates of stunting and underweight, which are highlighted by the increases in undernutrition occurring at the same age that complementary feeding starts.



Source: CDHS 2005 recalculated by the World Health Organisation

Adequate nutrition during infancy and early childhood is fundamental to the development of each child's full human potential. It is well recognized that the period from birth to two years of age is a "critical window" for the promotion of optimal growth, health and behavioural development. Longitudinal studies have consistently shown that this is the peak age for growth faltering, deficiencies of certain micronutrients, and common childhood illnesses such as diarrhoea. After a child reaches 2 years of age, it is very difficult to reverse stunting that has occurred earlier (Martorell et al., 1994). The immediate consequences of poor nutrition during these formative years include significant morbidity and mortality and delayed mental and motor development. In the long-term, early nutritional deficits are linked to impairments in intellectual performance, work capacity, reproductive outcomes and overall health during adolescence and adulthood.

In the last two decades, marked improvements have been made in understanding effective interventions to improve infant and young child feeding. Progress has been made in promoting effective interventions,

particularly in improving breastfeeding practices. This has resulted in a large increase in the rate of exclusive breastfeeding in some countries, including Cambodia. Unfortunately, the same pattern cannot be said for complementary feeding, in which the recommended behaviours are more complex. Therefore, a strategy to improve complementary feeding should be carefully developed and more implementation time is required to see any significant impact.

A rapid situation analysis was carried out in 4 provinces using the DILO, MILO and TOMA (Day in the Life Of Analysis, Moment in the Life Of Analysis, Top of the Mind Analysis) methodology. In addition, a Trial of Improved Practices (TIPs) was conducted by the National Nutrition Programme in Svay Rieng Operational District, where a complementary feeding project was already being implemented. Results from these studies are summarised as follows:

- Most of the poor mothers worked far away from home to earn a living for the family. Their work included working in the rice fields, fishing and selling labour. Consequently, they left their children at home and asked other people in their extended family (older children, grandmother, aunty, etc.) to take care of them. **Poor mothers did not have enough time to separately cook complementary food for their children.**

- Most of the middle-class mothers were able to take more time for the care of their children or could work from home to earn a living for the family. Example of their works included sewing palm leaves (used to make the roof of a house), selling groceries, making local wine, raising pigs, etc. Thus, **middle-class mothers have enough time to separately cook complementary food for their children.**

- In some provinces, mothers who have more than two children were more knowledgeable than mothers with the first child. Middle-class mothers were more knowledgeable than poor mothers. However, both middle-class mothers and poor mothers did not practice complementary feeding appropriately as recommended by the National Nutrition Programme, showing that **knowledge of appropriate complementary feeding does not mean that it will be practiced.**

- Middle-class mothers provide a more varied diet than poor mothers. Their complementary food contained semi-solid rice mixed with family soup and sometimes (not always) with boiled pumpkin, potato, egg, fish, meat, cooking oil and vegetables. Some very poor mothers tended to give plain or slightly salty, watery porridge (Borbor). **For some mothers money is a constraint to appropriate complementary feeding.**

- A common feeding practice is to give children food prepared for adults by taking from the family pot and mashing it to make it more child suitable. **When asked to do separate cooking of complementary food, some mothers do it only for a few months, but then revert to feeding from the family pot.** Most mothers tended to provide family food to their children when they reach 10-12 months, because they and other older adults in the family thought that their children were big

enough to eat with the family. Difficulties in cooking complementary food were rarely mentioned because most mothers did not cook properly as advised by the village health volunteers or the health workers. Most mothers simply cooked semi-solid rice or steamed rice mixed with soup taken from family food. For very poor mothers, they cooked watery porridge (borbor) and mixed it with salt. The main constraints were time and money because poor mothers had to go away from home to earn a living in addition to the income generated by their husbands. In addition, the quantity of complementary food was too small to inspire the extra work burden.

- **Most mothers started providing complementary food to their children when they reached 6 months old.** It took 30-45 minutes to feed children with complementary food at a time because children ate slowly, played while eating and sometimes did not want to eat and tried to crawl away. Most mothers provided 1-2 spoons of complementary food at a time to their children when they were 6 months and then progressively increased to only half of a small bowl (Chan Chang Koeh) when they reached 11 months, which did not follow the National Nutrition Programme's guideline of one bowl (Chan Chang Koeh) at that age (11 months). **The amount of complementary food was not determined by the mothers. It depended on the children who still wanted to eat or stopped eating.** A mother said that "when he closes his mouth, shakes his head and crawls away, it means that he stops eating".

- It took from 30 minutes to 1 hour to separately cook complementary food. Some mothers prepared it once a day to feed their children 2-3 times per day. But some mothers were still confused whether they should prepare it every time before feeding their children or they should prepare it only once and feed several times a day. **They were also not clear whether re-heating complementary food was necessary.** However, preparing complementary food using family food did not take much extra time because mothers could do it while she was preparing food for the family.

- Buying ready to eat food from the market was cheaper and easier. **In the morning, if porridge (Borbor) was sold in the village, most mothers preferred to buy it to feed their children and used it as their breakfast.** This porridge is common in Cambodia. It is made of rice and fish (sometimes chicken or pork), slightly salty and is not expensive. However, this kind of porridge is usually watery. The price was around 300 Riels per small bowl. In this case, mothers only cooked complementary food for their children for lunch and dinner. Some mothers gave their children extra food such as boiled or raw banana, potato, pumpkin, dessert (sweet pumpkin pudding, coconut banana..) and other soft biscuits available in the village.

- Most ingredients for complementary food were bought from the market (except rice) such as eggs, pumpkin, potato, morning glory. Some ingredients could be bought from the village market or from a mobile bicycle vendor. Some other ingredients were only available in the market, far away from the village (about 1-10 kilometres). **In summary, most of the food items needed for complementary feeding need to be purchased.**

3. AUDIENCE SEGMENTATION

The primary audiences of the campaign are mothers and caretakers of children aged 6-24 months.

The secondary audiences of the campaign are:

- Women of reproductive age
- Grandmothers
- Fathers
- Family members
- Mother Support Groups (MSGs)
- Village Health Support Groups (VHSGs) where there are no MSGs
- Village chiefs
- Commune Focal points for Women and Children

The campaign will encourage the primary audiences to adopt and maintain the behavioural objectives and will promote their active engagement and participation, which will be sought through home visits and group meetings.

The secondary audiences will provide the mothers and caretakers with support and create an enabling environment where there will be a sense of pride and ownership within the community for the adoption and maintenance of the intended behaviour change.

4. MESSAGE CONTENTS

Messages that are developed should be based on the following priorities:

a) Consistency
b) Variety
c) Quantity (age appropriate)
d) Frequency (age appropriate)
e) Safety (storage and re-heating; hand-washing/hygiene)
f) Active feeding
g) Having a separate bowl for the child

Research shows that mothers/caretakers prefer to prepare complementary food for their children by using family food. Therefore, promotion of "Special Bobor" as the only recommended complementary food is not practical. Family food could also be promoted, especially for older children. However, it needs to be prepared in a specific way to ensure consistency, variety, quality, and hygienically prepared. This will provide more options to mothers/caretakers, thus increasing their chances of adopting the recommended behaviours.

The table below summarises the key messages of the campaign:

Media (TV and radio spots)	Personal Promoting or Interpersonal Communication (BFCI/IYCF)	Community Mobilization (Child Health Fairs at health centres)	Out-Door Promotion (Posters)
❍ Mash it and make it thick (consistency) ❍ Enrich it with meat/ fish/ eggs/ vegetables/ oil (variety) ❍ Prepare the meal hygieni-cally (can be shown without having an ex-plicit verbal message) ❍ Actively feed the child (can be shown with-out having an explicit verbal message) ❍ Prepare a separate bowl (Chan Chang Koeh) for the child	❍ BFCI Flipchart with new page on How to prepare a child's meal from the family food (all behaviors) ❍ Leaflet on consistency, variety, and age-appropriate quantity and frequency	❍ Banners ❍ Training video on preparation of meals and feeding practices (all behaviours) ❍ Quiz for mothers with prizes	❍ Importance of complementary feeding ❍ Variety

The table below provides detailed age-specific messages on quantity and frequency (6-24 months) as stated in the National Policy on Infant and Young Child Feeding, 2008:

Appendix 1: Recommended Complementary Feeding Guidelines for Cambodia

RECOMMENDATIONS ON COMPLEMENTARY FEEDING			
Age	Texture	Frequency	Amount at each meal[1]
6 month	Start with thick enriched Bor-bor, well mashed foods, e.g. mashed cooked banana, sweet potato, pumpkin, etc.	Start foods 2 times per day plus frequent breastfeeds at least 8 times per day	Start with 2-3 tablespoonfuls per feed
7-8 months	Thick enriched Borbor , well mashed foods,	Increasing to 3 times per day plus frequent breastfeeds at least 8 times per day	Increasing gradually to 1/2 of Chan Chang Koeh at each meal
9-11 months	Thick enriched Borbor , finely chopped or mashed foods, and foods that baby can pick up	3 meals plus 1 snack between meals plus breastfeeds at least 6 times per day	Increasing gradually to 1 Chan Chang Koeh
12-24 months	Family foods, chopped or mashed if necessary, thick en-riched Borbor	3 meals plus 2 snacks between meals plus breastfeeds as the child wants, at least 3 times per day	1 Chan Chang Koeh
If baby is not breastfed, give in addition 1-2 extra meals per day.			

1 *Adapt the chart to use a suitable local cup/bowl to show the amount. One cup = 250mls; one tablespoon = 10mls. The amounts assume an energy density of 0.6 Kcal/g.*

Thick enriched Borbor that cannot fall/drip off spoon as base add:

- Fish, egg, blood, chopped meat, tofu, and beans
- Vegetables: morning glory leaves, amaranth leaves, pumpkin, yellow sweet potato, and other vegetables
- Cooking oil
- Iodized salt

Snacks: ripe fruits (banana, mango, papaya), fried banana/sweet potato, Angsom, bean/pumpkin sweet soup, etc.

For this strategy, family food could be promoted from 9 months, as below (iodized and non-iodized salt will not be promoted):

Age	Texture	Frequency	Amount at each meal
9-11 months	Thick enriched Borbor , finely chopped or mashed foods, and foods that baby can pick up or family foods, chopped or mashed if necessary	3 meals plus 1 snack between meals plus breastfeeds at least 6 times per day	Increasing gradually to 1 Chan Chang Koeh
12-24 months	Family foods, chopped or mashed if necessary, thick enriched Borbor	3 meals plus 2 snacks between meals plus breastfeeds as the child wants, at least 3 times per day	1 Chan Chang Koeh

5. COMMUNICATION CHANNELS

Where appropriate, all existing and effective channels will be used. These will include village level communication channels using existing volunteer groups such as Mother Support Group and Village Health Support Group, and powerful mass media channels such as TV, radio and print materials. A Child Health Fair will also be organized as a channel to show mothers and care-takers how to prepare appropriate complementary food using training video.

6. BCC MATERIALS DEVELOPMENT

There will be several materials developed and produced to help promote the adoption of good practices in relation to appropriate complementary feeding. Some existing materials will also be used together with the new materials.

6.1 PRINT AND OTHER MATERIALS:

6.1.1 Posters (1): The poster will focus on consistency (make complementary food thick) and variety (linked to the 3 food groups plus cooking oil)

6.1.2 Leaflet (1): The leaflet should accommodate more messages such as the 3 food groups, consistency, variety, quantity and frequency.

6.1.3 Banner (1): new, for Child Health Fairs and the campaign launch

6.1.4 Soap (1): incentive for mothers at Child Health Fairs (quiz show)

6.1.5 T-shirt (1): for VHSG and MSG and for campaign launch

6.1.6 Bag (1): for VHSG and MSG and for campaign launch

6.1.7 Certificate of appreciation (1): for VHSG and MSG. This should be signed by the Chairperson of the Campaign Management Committee.

6.1.8 Memo from MoH (1): this should be signed by the Minister of Health or his representative.

6.1.9 COMBI strategy on complementary feeding (1): in Khmer and English

6.1.10 BFCI flipchart (1): use the existing flipchart with some minor content revision. One additional sheet on "how to prepare complementary food from family food for children from 9 months" will be inserted after page 18. It was agreed to keep its design and colour and use it as the core material of the campaign. Other materials should follow it so that they would have the same look and feel. Campaign logo and branding could be added to the flipchart.

6.2 ELECTRONIC MATERIALS

6.2.1 TV spots: There will be 2 sets of TV spots. Each set consists of 2 TV spots. The first set would be used for the first 6 months and the second set would be used for the rest of the year. This would prevent the audience from getting bored of the spots. Each set would focus on the same messages. The first spot will focus on consistency (make complementary food thick) and the second spot on variety (linked to the 3 food groups plus cooking oil).

6.2.2 Radio spots: Will be adapted from TV spots.

6.2.3 Training video: it should provide more detailed information as follows:

- Provide the importance of breastfeeding and complementary feeding
- Show hygiene practices: washing hand and washing food properly
- Show how to prepare complementary food by providing 2 options: 1) how to prepare special Bobor and 2) how to prepare complementary food using family food.
- Show active feeding
- Show quantity of complementary food per age groups

6.2.4 Video Karaok Song: It would be used for Child Health Fair at the health centre and broadcast on TV. Messages of the song should cover the importance of complementary feeding and why it is important (complementary feeding is important for growth and development of the baby, prevent stunting and make the baby smart). If possible in the Cambodian context, use this concept: complementary feeding can make your baby "as tall as they can be" or "be the best you can be" or "be as smart as they can be".

6.3 MATERIAL DISTRIBUTION

Print materials such as poster, leaflet, banner, T-shirt, bag, soap and BFCI flipchart will be transported to PHD/PHPU/PNFP (Provincial Nutrition Focal Point) and then PHPU/PNFP will distribute them to selected HCs where it will be kept by the HCs for the campaign.

These print materials will be used by HCs, VHSGs & MSGs. The BFCI flipchart will be distributed to Mother Support Groups and VHSGs in the selected villages.

7. PRE-TESTING OF MATERIALS

The messages and new materials need to be pre-tested to ensure that they are understandable, easily comprehensible, realistic and doable for the target audiences.

Pre-testing of all materials will be conducted by NCHP and NNP.

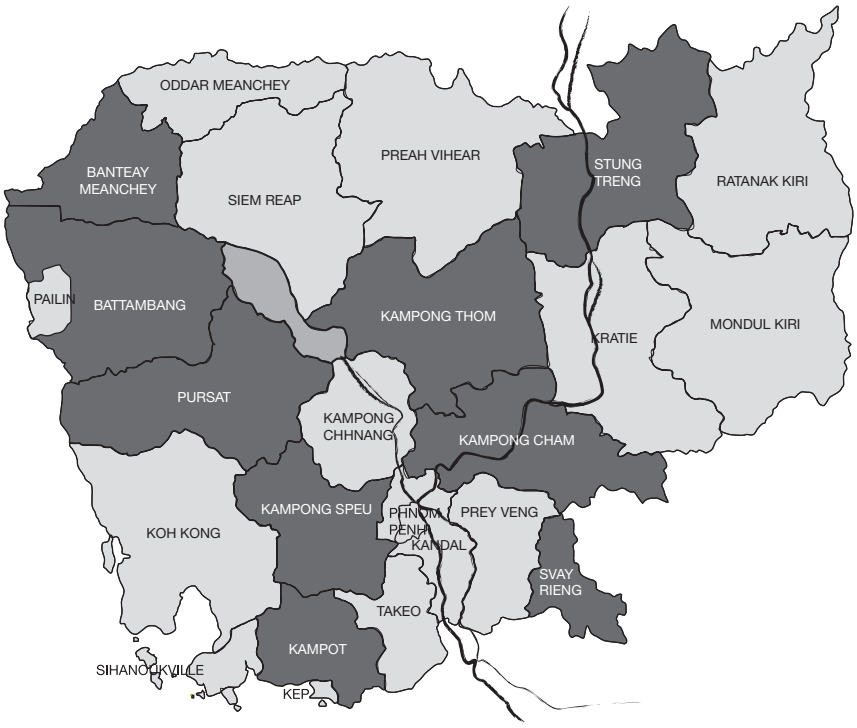
8. IMPLEMENTATION

8.1 TARGET PROVINCES

The campaign will have focused activities in selected ODs of each of the 9 provinces listed below. These provinces have been selected based on the high prevalence of childhood malnutrition. After the campaign, implementation of the communication activities on complementary feeding will not stop, but will be continued as routine activities in those provinces.

TARGET PROVINCES

1. Svay Rieng
2. Kampong Speu
3. Kampong Thom
4. Stung Treng
5. Battambang
6. Kampot
7. Kampong Cham
8. Pursat
9. Banteay Mean Chey



Province	2012		2013		Funding Support	Implementing Agencies
	OD covered	HC covered	OD covered	HC covered		
1- Svay Rieng	3 OD Svay Rieng, Romeas Hek & Chiphou	30 HC /37	3 OD Svay Rieng, Romeas Hek & Chiphou	37 HC/37 (30 follow-up & 7 new)	- 2011: MDG/ UNICEF - 2012 & 2013: to be identified	NNP, NCHP and sub-national levels (PMCH, PNNP, PHPU, OD, HC, VHSG)
2-Kampong Speu	3 OD Kg Speu, Oudong & Kong Pisei	25 HC /50	3 OD Kg Speu, Oudong & Kong Pisei	50 HC/50 (25 follow up & 25 new)	- 2011: MDG/ UNICEF - 2012 &2013: to be identified	
3-Kampong Thom	1 OD Baray	10 HC/19	1 OD Baray	19 HC/19 (10 follow up & 9 new)	- 2011: UNICEF discrete fund - 2012 &2013: to be identified	
4- Stung Treng	1 OD Stung Treng	10 HC/10	1 OD Stung Treng	10 HC/10 (follow up)	- 2011: UNICEF discrete fund - 2012 &2013: to be identified	
5-Battambang	1 OD Sangke	10 HC/15	1 OD Sangke	15 HC/15 (10 follow up & 5 new)	- 2011: UNICEF discrete fund - 2012 &2013: to be identified	
6-Kampot	1 OD Kampot	12 HC/12	1 OD Kampot	12 HC/12 (follow up)	- 2011: UNICEF discrete fund - 2012 &2013: to be identified	
7- Kampong Cham	1 OD Kampong Siem	9 HC/24	1 OD Kampong Siem	24 HC/24 (9 follow up & 15 new)	- 2011: UNICEF discrete fund - 2012 &2013: to be identified	

Province	2012		2013		Funding Support	Implementing Agencies
	OD covered	HC covered	OD covered	HC covered		
8- Pursat	1 OD Sampov Meas	11HC/22	1 OD Sampov Meas	22 HC/22 (11 follow up & 11 new)	RACHA	NNP, NCHP and sub-national levels (PMCH, PNNP, PHPU, OD, HC, VHSG)
	1 OD Bakan	5 HC/10	1 OD Bakan	10 HC/10 (5 follow up & 5 new)		
9- Bantey Meanchey	1 OD Mongkul Borey	10 HC/20	1 OD Mongkul Borey	20 HC/20 (10 follow p & 10 new)		
	1 OD Preah Net Preah	6 HC/12	1 OD Preah Net Preah	12HC/12 (6 follow up & 6 new)		
	1 OD O Chrov	6 HC/11	1 OD O Chrov	11 HC/11 (6 follow up, 5 new)		
	1 OD Thmor Puork	5 HC/10	1 OD Thmor Puork	10 HC/10 (5 follow up & 5 new)		

8.2 CAMPAIGN LOGO AND BRANDING

A campaign logo and branding will be developed and used in all the new materials of the campaign. A local design company will be contracted to develop them, together with other new materials for the campaign.

8.3 PHD/OD CAMPAIGN PLANNING

Dissemination of COMBI plan and orientation of PHD/OD staff of the 9 selected provinces on the campaign planning will be organized by the National Centre for Health Promotion in collaboration with the National Nutrition Programme to guide them to develop the micro planning and all the steps of Complementary Feeding Campaign in their respective provinces.

8.4 ORIENTATION ON IPC-IEC USE

The National Centre for Health Promotion and NNP will organize the orientation on Inter-Personal Communication and use of printed IEC materials to PHD/OD staff and then the PHD/OD will provide the step down training to HC and VHSG accordingly.

8.5 TRAINING OF PHD/OD/HC/VHSG ON BFCI

The National Nutrition Programme will conduct training of trainers to PHD/OD staff on BFCI curriculum in the areas where they have not yet received such training. Then, PHD/OD staff will conduct step down training.

8.6 ADMINISTRATIVE MOBILIZATION AND PUBLIC RELATIONS

8.6.1 Memo from the Ministry of Health: in order to have strong support for the campaign, there will be a memo signed by the Minister of Health or his representative. The memo should outline the importance of complementary feeding and seek support from all MoH staff and concerned development partners. It will be disseminated to all staff at all levels in the MoH and all the concerned development partners.

8.6.2 National campaign launch: the campaign will be launched in Phnom Penh with the presence of the Minister of Health or a Secretary of State and senior MoH officials. Key provincial health officials from all 24 provinces should also be invited. Media will also be invited to widely cover the event and to ensure that the public is aware of this important programme. Press release and press conference will be conducted during the launch.

8.6.3 The national launch will be followed by the provincial launch, which will be done at the selected ODs. A detailed plan needs to be further developed by provincial teams (PHD, PHPU,PNFP).

8.7 COMMUNITY MOBILIZATION

8.7.1 Every quarter (4 times a year), health centre staff will organize a Child Health Fair at the health centre or at any other convenient place. The main purpose of this event is to show mothers and caretakers (using training video) how to prepare appropriate complementary food using the ingredients that are available in their community. A banner will be hung at the event. Mothers or caretakers will be invited to bring their children. They will have an opportunity to interact with the health centre staff, the VHSG and the Mother Support Group regarding appropriate complementary feeding. A training video will be shown to mothers/caretakers followed by discussion. A quiz with prizes will also be organized at the fair. While providing education on complementary feeding, the Child Health Fair should be organized in such a way that the participants can fully enjoy it.

8.7.2 Health Centre chiefs and local government will receive orientation on the complementary feeding campaign during a one-day workshop at the provincial level. Orientation will include instruction on organizing a Child Health Fair and mobilizing community volunteers. The NNP and NCHP will provide orientation to key PHD and OD staff, who will then facilitate this orientation at health centre level.

8.8 PERSONAL PROMOTING (INTER-PERSONAL COMMUNICATION)

8.8.1 In the selected villages, the existing Mother Support Groups and VHSGs will be trained to be personal promoters for complementary feeding. Firstly, they will be trained on BFCI, which is part of the on-going in-service training programme provided by the National Nutrition Programme. Secondly, they will be trained on interpersonal communication by the National Centre for Health Promotion. As per the guidelines of the BFCI, their work will be monitored by the health centre. The NNP and NCHP will provide training of trainer (ToT) to key PHD and OD staff who will then train health centre staff, Mother Support Groups and VHSGs.

8.8.2 The personal promoters will be asked to visit every mother who is pregnant or has a child aged 0-24 months at least once a month at an appropriate time. However, more frequent visits can be made as deemed necessary. They will talk and encourage the mothers to give appropriate complementary food to their babies. They will encourage the mothers to participate in the Child Health Fair. They will use the existing materials developed for BFCI such as the flipchart and leaflet. The latter should be given to the mother for further reading during the visit.

8.9 OUT-DOOR PROMOTION AT VILLAGES

8.9.1 Poster promoting complementary feeding will be distributed and displayed in the villages every quarter (4 times a year).

8.10 MASS MEDIA

8.10.1 Mass media will complement the communication activities in the villages and health centres. The strategy that will be used is M-RIP (massive, repetitive, intensive and persistent). TV spots, radio spots, training video, karaok song will be used.

8.11 COLLABORATION WITH LOCAL AUTHORITIES

Collaboration with local authorities including provincial governors, district governors, commune and village chiefs should be considered through (1) CFC launching (2) quarterly/monthly meetings at HC, (3) during Child Health Fair and (4) during monitoring/spot check conducted by NNP/NCHP/PHD/OD to HC and community.

9. CAMPAIGN MANAGEMENT AND WORK PLAN

9.1 MANAGEMENT

The campaign will be managed by a Campaign Management Committee appointed by the MoH (same committee as ANC campaign). The Committee will comprise of high level officials from the NCHP and NMCHC and representatives from concerned organizations such as UNICEF, WHO, RACHA, HKI, etc. The Committee will give policy guidance to the campaign. A technical focal point located at NCHP or NMCHC should be responsible for coordinating the day-to-day implementation of the campaign and serves as the Committee's secretariat. The Committee should meet on a quarterly basis to review the progress, constraints, challenges and lessons learnt from the campaign.

9.2 WORK PLAN

The above list of communication activities is laid out in a detailed implementation work plan with appropriate scheduling of activities and identification of persons responsible for implementation at all levels (annex 1). It is resulted from a series of workshops and discussions with NCHP, NMCHC, NNP, other UN agencies and concerned NGOs. It is also linked to the joint development of the AOP (Annual Operational Plan) for Complementary Feeding Campaign at both national and provincial levels.

10. MONITORING AND EVALUATION

10.1 MONITORING/FOLLOW UP

10.1.1 Monitoring will be carried out randomly (spot check) by central level staff of NCHP and NMCHC and staff of PHD, ODs and health centres in their respective province.

10.1.2 Each health centre should arrange regular monthly meetings of all the VHSGs and MSGs to monitor the progress of the campaign. The meeting reports will then be sent to OD for compilation, who will later share the information with PHD and National Programmes.

10.1.3 Tools for monitoring including data collection will be developed.

10.1.4 Reporting mechanism will be established.

10.2 EVALUATION

The campaign will be partially evaluated using the baseline and endline surveys of the Joint Programme for Children, Food Security, and Nutrition. The Joint Programme baseline was carried out in May of 2010 and the endline is scheduled for May of 2013. This will provide the baseline and endline evaluation of the complementary feeding campaign.

The target of the campaign is that:

The proportion of breastfed children aged 6-24 months who receive appropriate complementary feeding* will increase 9 percentage points from 2011-2013 (3 years) in the key targeted provinces.

*Note:

- The above target is based on the objective of the National Nutrition Strategy 2009-2015 (page 13), which sets an increase of 2 percentage points per year. This campaign seeks to add an additional 1 percentage point per year, so that the annual target will be 3 percentage points.

ANNEX 1:
CAMPAIGN WORK PLAN AND COSTING FOR 2011

Activities	Responsible Institutions	2011												Costing (US$)	Funding Source
		J	F	M	A	M	J	J	A	S	O	N	D		
1. Campaign logo/branding design	Company/ UNICEF with input from NCHP/NNP/Partners				x	x								Included in material production	UNICEF Discrete Fund and MDG Fund
2. Administrative mobilization															
Memo from MoH	NCHP/NNP/UNICEF/TWG									x	x			0	
National campaign launch	NCHP/ NNP/UNICEF/RACHA/ WHO/HKI													0	
Community campaign launch	PHD/OD and partners													0	
3. Community mobilization															
Child Health Fair	PHD/OD/HC													0	
4. Personal Promoting (IPC)															
Presentation of COMBI plan to targeted provinces	NCHP/NNP									x				3,000	
Develop training curriculum and materials	NCHP/NNP									x	x			4,000	
Training of trainer (Participants: PHD + OD)	NCHP/NNP										x	x		14,000	
Step down training to HC and MSG	PHD/OD											x	x	60,000	
Refresher training to HC & MSG	PHD/OD													0	
IPC by MSG	MSG													0	
5. Out-Door Promotion															
Display poster in the villages	MSG													0	
6. Mass Media															
Broadcast TV spots, radio spots and Karaok song	UNICEF/Partners													0	

Activities	Responsible Institutions	2011												Costing (US$)	Funding Source
		J	F	M	A	M	J	J	A	S	O	N	D		
7. Material Production and printing															UNICEF Discrete Fund and MDG Fund
Development and production of electronic and print materials	Company/UNICEF with input from NCHP/NNP/Partners				x	x	x	x	x	x	x	x		140,000	
Printing and distribution of print materials	UNICEF									x	x	x		150,000	
8. Monitoring and Evaluation															
Random check by NCHP and NNP of the activities carried out by MSG and PHD-OD	NCHP/NNP/ UNICEF													0	
Random check by PHD, OD and HC of the activities carried out by MSG	PHD/OD/HC													0	
Based line survey	WHO- Joint Program for Children, Food Security & Nutrition														$80,000 from WHO- MDG Fund (baseline conducted in May 2010)
End line survey	WHO- Joint Program for Children, Food Security & Nutrition														
9. Programme management															UNICEF Discrete Fund and MDG Fund
Establish a COMBI Management Committee	NCHP/NNP		x	x										0	
Quarterly meeting of Management Committee	NCHP/NNP			x			x			x			x	12,000	
													Total	**383,000**	

ANNEX 1:
CAMPAIGN WORK PLAN AND COSTING FOR 2012

Activities	Responsible Institutions	2012												Costing (US$)	Funding Source
		J	F	M	A	M	J	J	A	S	O	N	D		
1. Campaign logo/branding design	Company/ UNICEF with input from NCHP/NNP/Partners													Included in material production	UNICEF Discrete Fund and MDG Fund
2. Administrative mobilization															
Memo from MoH	NCHP/NNP/UNICEF/TWG													0	
National campaign launch	NCHP/ NNP/UNICEF/RACHA/ WHO/HKI	x												7,000	
Community campaign launch	PHD/OD and partners	x												33,000	
3. Community mobilization															
Child Health Fair	PHD/OD/HC	x			x			x			x			132,000	
4. Personal Promoting (IPC)															
Presentation of COMBI plan to targeted provinces	NCHP/NNP													0	
Develop training curriculum and materials	NCHP/NNP													0	
Training of trainer (Participants: PHD+OD)	NCHP/NNP													0	
Step down training to HC and MSG	PHD/OD													0	
Refresher training to HC & MSG	PHD/OD										x	x		30,000	
IPC by MSG	MSG	x	x	x	x	x	x	x	x	x	x	x	x	15,000	
5. Out-Door Promotion															
Display poster in the villages	MSG	x			x			x			x			14,000	
6. Mass Media															
Broadcast TV spots, radio spots and Karaok song	UNICEF/Partners	x		x		x		x		x		x		170,000	

Activities	Responsible Institutions	2012												Costing (US$)	Funding Source
		J	F	M	A	M	J	J	A	S	O	N	D		
7. Material Production and Printing															UNICEF Discrete Fund and MDG Fund
Development and production of new electronic materials	Company/UNICEF with input from NCHP/NNP/Partners					x	x	x	x	x	x	x	x	70,000	
Re-printing and distribution of print materials	UNICEF										x	x	x	100,000	
8. Monitoring and Evaluation															
Random check by NCHP and NNP of the activities carried out by MSG and PHD-OD	NCHP/NNP/UNICEF	x		x		x		x		x		x		10,000	
Random check by PHD, OD and HC of the activities carried out by MSG	PHD/OD/HC	x		x		x		x		x		x		60,000	
Based line survey	WHO- Joint Program for Children, Food Security & Nutrition													0	
End line survey	WHO- Joint Program for Children, Food Security & Nutrition													0	
9. Programme management															UNICEF Discrete Fund and MDG Fund
Establish a COMBI Management Committee	NCHP/NNP													0	
Quarterly meeting of Management Committee	NCHP/NNP			x			x			x			x	12,000	
													Total	**653,000**	

ANNEX 1:
CAMPAIGN WORK PLAN AND COSTING FOR 2013

Activities	Responsible Institutions	2013												Costing (US$)	Funding Source
		J	F	M	A	M	J	J	A	S	O	N	D		
1. Campaign logo/branding design	Company/UNICEF with input from NCHP/NNP/Partners													Included in material production	UNICEF Discrete Fund and MDG Fund
2. Administrative mobilization															
Memo from MoH	NCHP/NNP/UNICEF/TWG													0	
National campaign launch	NCHP/NNP/UNICEF/RACHA/ WHO/HKI													0	
Community campaign launch	PHD/OD and partners													0	
3. Community mobilization															
Child Health Fair	PHD/OD/HC	x			x			x			x			132,000	
4. Personal Promoting (IPC)															
Presentation of COMBI plan to targeted provinces	NCHP/NNP													0	
Develop training curriculum and materials	NCHP/NNP													0	
Training of trainer (Participants: PHD + OD)	NCHP/NNP													0	
Step down training to HC and MSG	PHD/OD													0	
Refresher training to HC & MSG	PHD/OD													0	
IPC by MSG	MSG	x	x	x	x	x	x	x	x	x	x	x	x	15,000	
5. Out-Door Promotion															
Display poster in the villages	MSG	x			x			x			x			10,000	
6. Mass Media															
Broadcast TV spots, radio spots and Karaok song	UNICEF/Partners	x		x		x		x		x		x		170,000	

Activities	Responsible Institutions	2013												Costing (US$)	Funding Source
		J	F	M	A	M	J	J	A	S	O	N	D		
7. Material Production and Printing															UNICEF Discrete Fund and MDG Fund
Development and production of new electronic materials	Company/UNICEF with input from NCHP/NNP/Partners													0	
Re-printing and distribution of print materials	UNICEF													0	
8. Monitoring and Evaluation															
Random check by NCHP and NNP of the activities carried out by MSG and PHD/OD	NCHP/NNP/UNICEF	x		x		x		x		x		x		10,000	
Random check by PHD, OD and HC of the activities carried out by MSG	PHD/OD/HC	x		x		x		x		x		x		60,000	
Based line survey	WHO- Joint Program for Children, Food Security & Nutrition														
End line survey	WHO- Joint Program for Children, Food Security & Nutrition					x									WHO-MDG Fund ($70,000)
9. Programme management															To be identified
Establish a COMBI Management Committee	NCHP/NNP													0	
Quarterly meeting of Management Committee	NCHP/NNP			x			x			x			x	12,000	
													Total	**409,000**	

NOTE: The above costing does not include RACHA funding support in 2 provinces of Pursat and Bantey Meanchey and WHO-MDG Fund to conduct baseline and endline surveys.