CONCEPT NOTE

Project Title: Community Maternal and Child Health Project
Location: Koh Kong, Kep and Kampot province, Cambodia
Project Period: 24 months

1 Relevance of the Action

1.1 General analysis of the problems: Cambodia has made much progress in its development following three decades of conflict and civil war which left the country without the institutional capacity for its social and economic development. However, Cambodia is still far behind in terms of development in the region. Currently ranked 129 out of 177 countries in the United Nation Human Development Index (HDI) 2006, according to the global HDR (Box 2.2), Cambodia is one of the poorest countries in Asia with an average per capita income of $1,550 (PPP) in 2006. Thirty-three percent of the populations are undernourished, and only 47% have access to clean drinking water (rural: 54%) and no more than 22% has a toilet facility within the household premises (rural: 25%). National poverty rates in 2004 showed that 35% of the population lived below the poverty line, with 91% of the poor found in rural areas. Seventy-four percent of the total population is engaged in agricultural production. For many with farm land, plots have become too small to effectively provide sustainable livelihoods. Although rice cultivation is the primary source of income for many households, it is still based on traditional methods. The national rice yield is low and even in large rice producing provinces, 30% of communes face chronic food shortages. Moreover, the public health care system in Cambodia is weak and its budget is one of the lowest in the region at $4.09 per capita (2004). The system is made up of provincial or operational district hospitals supported by health centres at the community level, but the health centres are rarely staffed with adequately qualified personnel, and typically provide little diagnostics and basic treatment only.

1.2 Specific problems to be addressed: Cambodia is one among the poorest countries in Asia and has poor health indicators. The areas proposed for the implementation of this project are among the poorest in the country with low figures for health and nutrition indicators.

In Cambodia nutrition problems are closely related to the poor general health status of the population. With many mothers working outside the home, grandmothers and siblings play important roles in childcare. Husbands are the major decision makers, but maternal grandmothers play an active role in decision-making with regard to health seeking behaviour, and women help manage the family finances. Newborns are given rice or sugar water until the breast milk comes in. Colostrums is sometimes considered "milk gone bad" and therefore discarded. The common traditional complementary food, a watery rice soup called "borbor", is low in nutritional value. In some families vegetables and fruits are perceived as causing worms in the child and therefore avoided1. Popular belief attributes illness in young children to possession by spirits or imbalances of hot and cold, and home remedies centre on these beliefs.

Unhygienic and unsafe environments place children at risk. Ingestion of unsafe water, inadequate availability of water for hygiene, and lack of access to sanitation contributes to about 1.5 million child deaths and is a risk factor for 88% of diarrhoeal mortality. Other health-related behaviours, such as birth spacing and poor breastfeeding practices, are also important risk factors for child mortality.

Women in rural areas continue to die in unacceptably large numbers during childbirth. Children are malnourished, particularly in provinces. Poor students enrol in primary schools, but poverty compels them to leave school at an early age. Finally, land issues continue to pose serious challenges to ordinary people’s livelihoods. Excessive fragmentation, inequality and landlessness, as well as land conflicts are some manifestations of the contested issue natural resources have become. Developing rural areas, therefore, is an issue of serious concern that has yet to be adequately addressed.

1.3 Target groups and final beneficiaries: This action will be implemented in six (6) Operational Districts in the provinces of Koh Kong, Kep and Kampot, rural areas situated in south of Phnom Penh, which have high levels of infant and maternal mortality ratio in Cambodia. Final direct beneficiaries include 12,454 children under the age of five (5,741), pregnant mothers (3,644), post-partum mothers

(2,679), health professionals (30), village health volunteers (180), traditional birth attendants (100) and
80 community leaders who will benefit from MCH project. Four partner organizations will benefit by
having their capacity built both through direct institutional support and also through experience gained
implementing work with Operational District (OD) in the target areas. The Ministry of Health (MoH) and
will also benefit at district, provincial and national level through support to the implementation of key
strategies as they relate to access to health, service planning and improved service delivery for poor
people as well as through training and involvement of staff in the activities of the action.

1.4 Relevance of the proposal to the needs and constraints of the target country and target
beneficiaries: This action is designed to contributes to achieving the Ministry of Health’s Health
Strategic Plan (HSP) 2008-2015 to ‘promote healthy lifestyles’, ‘make services more responsive and
closer to the public’, prevent ‘selected chronic and non-communicable diseases’, and involve
members of the community in improving community health and access to health services.

1.5 Demonstrate the relevance of the proposal to the priorities and requirements in the Guidelines.
With reference to the EC’s objectives of this call, this action aims to reduce poverty for disadvantaged
vulnerable people through activities designed to improve primary healthcare including sanitation and
disease prevention through partnering with local NGOs to build capacity of health care providers,
implement needs based activities and engage with government in planning, delivery and targeting
health services. Furthermore the project addresses the cross-cutting issues of (1) gender equality by
advancing woman’s status in the community that will greatly influence her healthcare seeking
behaviour and thus have an influence on her pregnancy, and also through education to improve
people’s understanding and women’s status and quality of life; (2) fight against HIV and AIDS by
raising awareness of community people; and (3) integration of environmental questions through
training and cooking demonstration will be introduced in a way that finding local nutritious food will not
destroy the environment.

2. Description of the action and its effectiveness
2.1 Description of the proposed action: Following a situational analysis in two of the targeted
provinces, this action will work in 6 Operational Districts of Koh Kong, Kampot and Kep Provinces,
targeted due to its high level of poverty through a range of direct interventions designed to improve the
health care of underserved groups. Substantial health promotion activities to enable poor people and
their families to understand their health care needs and improve their coping strategies will also be
implemented.

2.2 Description of the overall objective of the action, outputs and expected results: The overall
objective is to address poverty amongst disadvantaged people in Cambodia. The specific objective is
to improve maternal and child health in 6 Operational Districts in Koh Kong, Kampot, and Koh Kong
Provinces through Maternal and Child Healthcare (MCH) initiatives. The expected results and outputs
are:

Result 1: Strengthened capacity of our local non state actors working on primary health care to
design and implement evidence-based health and nutrition interventions with quality: SIDO
Cambodia would utilize this project as an opportunity to build the internal capacities of project
partners’ staff to more effectively design and implement evidence-based health and nutrition
interventions for sustained health and nutrition impacts in the target communities. Six project staff
trained in planning and reporting, project review meetings to engage in critical action learning and
revise implementation of the action. Result 2: Improved knowledge and practices of families with
children (0-59 months) on appropriate hygiene, child feeding, and child caring: The project will
implement approaches to “empower communities” to attain better health and nutrition status for
themselves. It aims to achieve substantial improvements in the nutritional status of infants and young
children by improving the feeding practices of mothers and other caregivers. Special emphasis will be
given to children in the age group of 0-23 months with interventions such as early and exclusive
breastfeeding, timely initiation of complementary feeding at six months along with continuation of
breastfeeding, appropriateness of quantity, quality and diversity of complementary foods and feeding
practices during and after episodes of illnesses. The project outcome will also be contributed by
addressing some of the underlying causes of poor families. Result 3: Improved access to good
quality health services and information for mothers and children under the age of 5: As
evenvisioned in the SIDO’s Health Strategy, MCH project will work towards “transforming systems and
structures” to better respond to the needs of communities to attain and maintain optimal health and
nutritional status. The project envisages a favourable and conducive environment for mothers and
families to access necessary services and information to keep them healthy and well nourished.
Central to the achievement of this outcome would be a more responsive and capable public health
system, supported by community level institutions and a well-coordinated group of supporting
organizations. The efforts would be to better equip and transform individuals, community institutions,
The project will achieve its capacity building objective by: (a) training the project partners staff in health and nutrition interventions, working with OD and healthcare providers, and establishing and working with volunteers and leaders in the communities; (b) conducting training of Health Centre staff to provide them with the skills to train VHV and TBAs as health care providers, (c) providing training to project partners on monitoring and evaluation, including baseline surveys and final evaluations; (d) holding regular management meetings between SIDO and the four partners to review progress, and identify problems and solutions.

Result 1.2: The project will build knowledge on optimal breast feeding practices by: (a) providing training on food preparation and counseling on infant and young child feeding to VHV and volunteer mothers; (b) facilitating coordination among and ongoing support mechanisms for VHV and volunteer mothers to effectively reach and support families with children below five years; (c) developing joint action plans with national programs, UNICEF and other agencies working in the area to promote infant and young child feeding practices; (d) conducting communication activities on breastfeeding; and (e) conducting special communication campaigns, such as the World Breastfeeding Week events.

Result 1.3: The project will build knowledge and skills of food preparation and feeding for children between 6-59 months by: (a) conducting communication activities to raise awareness on appropriate feeding practices with children under five; (b) training community members on food preservation methods; (c) promoting cross-visits of mothers and volunteers for learning from each other; and (d) supporting HC staff and VHV to provide one-to-one counseling to mothers at different stages of life cycle, from pregnancy to children up to 5 years of age.

Result 1.4: The project will increase micronutrient intake through supplementation by: (a) providing inputs to HC to provide awareness on micronutrient supplementation and fortification (Vitamin A, Iron, de-worming, and iodised salt) to community; (b) supporting HC, VHV, and TBA to conduct outreach activity and provide Vitamin A capsule (VAC) to children under five during six-monthly campaigns and ongoing administration at HCs; (c) developing IEC materials on vitamin A and disseminate; and (d) conducting survey among children 6-23 months to ascertain the causes of anemia to determine the appropriate interventions and to inform national policy.

Result 1.5: The project will improve rehabilitation of malnourished children by: (a) identifying and selecting village for implementing nutrition assessment; (b) introducing nutrition concept to community with Positive Deviance Inquiry; (c) providing nutrition training to selected HC staff, VHV, TBA, and volunteer mothers; (d) designing and conducting nutritional session; (e) supporting new behavior through home visits; and (f) sharing lessons and supporting replication in other villages.

Result 2.1: The project will improve health seeking behavior for mother/caregiver with children under five who have Acute Respiratory Infection (ARI) symptoms by: (a) supporting community health education on ARI through VIDEO shows; (b) raising awareness to community on dangerous sign and symptoms of ARI disease; and (c) encouraging family (primary caregiver), VHV, and TBA to refer sick children with dangerous sign and symptom of ARI to Health Center.

Result 2.2: The project will improve access of families to good quality services, supplies and information for the prevention and treatment of malaria, especially for the pregnant and post-partum mothers and children below five years of age by: (a) distributing Long Lasting Insecticide Treated Net (LLIN) to eligible pregnant women and families with children under five; (b) conducting community sensitization activities on malaria prevention through use of IEC materials and communication campaigns; (c) supporting HCs to organize periodic village level screening and treatment of malaria, especially during high malaria; and (d) supporting families to seek treatment for malaria by ensuring referral to HC or referral hospital.

Result 2.3: The project will increase knowledge and practices on management and prevention of diarrhea by: (a) providing ORS package and zinc tablet to HC; (b) distributing of ORS package and zinc tablet through the MOH health care system (HC staff); (c) raising awareness on diarrhea prevention and management among community through community health education and IEC materials; (d) supporting HC to conduct ORT use demonstration with mothers; (e) provide training on...
integrated management of child illnesses (IMCI) and delivery of zinc supplement together with ORS to
HC and Zinc for treatment of diarrhea.

**Result 2.4:** The project will improve access and quality of antenatal and postnatal services and
information by: (a) providing training in collaboration with PHD/OD to HC staff and TBA on antenatal
and postnatal care (ANC/PNC) including recognition of danger signs and early referral; (b) sensitizing to
community on antenatal care, birth preparedness and recognition of danger signs and referral; (c)
providing additional supply of Iron Folic Acid tablets to HCs to fill the gaps in MOH supplies; (d)
supporting HC staff to conduct outreach activity and provide Vitamin A capsule to postpartum mother;
(e) supporting HC staff to conduct outreach activity and provide Iron to pregnant women and to
postpartum mother; and (f) conducting education sessions at community level on the importance of
ANC/PNC.

**Result 3:** The project will increase production and consumption of vegetable and fruit sources of
families by: (a) raising awareness on consumptions of variety of vitamin rich vegetables and fruits
through ongoing community interactions and special events; (b) identifying and provide training on
appropriate vegetable and fruit production to community, especially household with children under
five; (c) increasing access to water for vegetable and fruit production through construction of well,
pond, or others; (d) providing agricultural inputs to needy families with children under five and
pregnant women for home gardening; and (e) conduct monitoring on home gardening and reflection
meeting with the families.

**Result 4.1:** The project will improve capacity of SIDO staff to systematically analyze local health and
nutrition problems and design interventions using scientifically sound approaches by: (a) conducting
baseline household survey and health facility assessments, led by staff (b) providing training to project
staff and partners with focus on epidemiological approach to prioritizing and planning interventions;
and (c) conducting Final evaluation of MCH project through participatory assessment methods.

**Result 4.2:** The project will improve capacity of Communities, Government and other stakeholders to
implement sound health and nutrition interventions to improve child health and nutrition by: (a)
developing and implement a project information system that is integrated with the MOH programs as
well as SIDO staff information systems; (b) participating in Provincial Coordination Committee Meeting
(PROCOCOM) regular meetings; (c) orientating project implementation to key partners; (d) providing
input to HC for HCMC regular meetings; and (d) initiating meeting with NGO partners as necessary.

2.4 **Involvement of implementing partners:** SIDO (Society Integration for Development) will be the
managing partner and responsible for the overall contract management of the project and ensuring the
availability of technical capacity for implementing the activities to a high standard, through provision of
training, ongoing monitoring and mentoring and linking with other technical experts. SIDO project
partners will directly implement and coordinate the project activities in the 6 target provinces and
ensure the participation of vulnerable people, their families as well as the involvement of local and
provincial authorities. They will be instrumental in building relations and supporting dialogue between
the SIDO and local and provincial authorities, as well as creating awareness amongst other NGOs and
donors.

2.5 **Other stakeholders:** The key stakeholder at the village level is the village leaders, commune
councils, VHVs, TBAs and other volunteers. The role of the local and provincial authorities (VDCs,
commune councils, Provincial Health Department and Health Centers) will be to include community
people’s views and needs in their planning and budgeting processes, as well as to improve the
delivery of services in the target villages. The VDCs and commune councils are highly in favor of the
project.

3. **Sustainability of the Action**

3.1 **Initial risk analysis and possible contingency plans:** The MCH project will integrate into and provide
additional impact to SIDO Cambodia’s national strategic plan for 2009 –2014, which places maternal
and child health as one of the key strategic priority over the next five years. The project has made
deliberate efforts to mobilize and engage key community level institutions and individuals towards
maternal and child health challenges. The first step towards this is the increased knowledge and
awareness of mothers and other family members. Moreover, the project envisages greater role for the
community level leaders who have greater influence on the social norms as well as greater control
over the Government health systems. It is anticipated that such an approach would help to sustain the
demand-supply balance where the communities are empowered to practice behaviors and demand
services, and the health systems are more accountable to people. Environmental and social risks are
low this project supports healthcare.
3.2 Main preconditions and assumptions during and after the implementation phase: To be able to implement the project as planned, the project identifies the following preconditions and assumptions: (1) to build internal staff capacities in health will help SIDO to respond appropriately to the various health and nutrition problems of the project areas. Also, by systematically documenting, sharing the best practices of MCH, the proven practices from this project will be replicated beyond the project areas; (2) the partners adapt their community development training skills to work directly with people and health care providers. Staff will receive training on reporting, monitoring and evaluation of the project; (3) conduct community health education on causes and management of diarrhea and respiratory diseases, and prevention of malaria and other diseases. Health interventions have longer-term plans to invest in the project areas.

3.3 Explain how sustainability will be secured after completion of the action: Sustainability of the action will be through: SIDO Cambodia believes that the strengthening of Government health care systems is the best investment to ensure longer-term sustainability of these interventions in the project areas. MCH Project will provide an opportunity for SIDO at national, provincial and OD levels to work more closely with the priorities outlined in the Millennium Development Goals. The efforts to strengthen various national programs, especially national Maternal and Child Health Program will contribute to longer-term sustainability of these critical interventions in the project areas. SIDO will work with local non state actors, MOH partners in supervision, monitoring and evaluation.