



# The USAID Micronutrient and Child Blindness Project

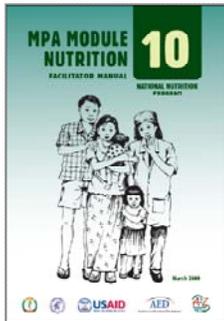


## Tools for Strengthening Country-led Interventions to Reduce Micronutrient Malnutrition

Strong progress has been made in developing and standardizing interventions to address maternal and child undernutrition, including micronutrient deficiencies. Yet in many developing countries, a concerted effort on building knowledge and capacity to integrate quality and sustainable micronutrient interventions into the health system is needed.

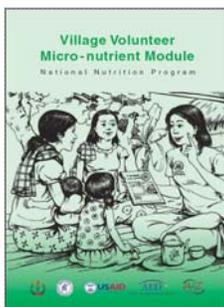
A2Z worked with Cambodia's National Nutrition Program (NNP) and other partners to scale-up government led activities nationwide, and build the capacity of local Cambodian organizations RHAC and RACHA. The following guidelines, tools, and training and advocacy materials are products of this partnership.

### *Mainstreaming Multiple Micronutrients into the Health System*



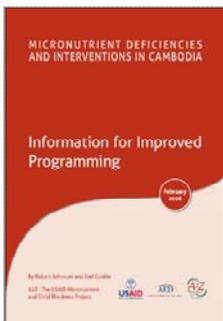
#### ***National Nutrition Training Curriculum***

The Minimum Package of Activities (MPA) Module 10 training package works to strengthen the nutrition skills and knowledge of health centre staff to facilitate integrated nutrition activities in health service delivery, supervision and information. MPA Module 10 focuses on Cambodia's five main nutrition interventions (infant and young child feeding, growth promotion and assessment, vitamin A, iron, and iodine) at the six health centre contact points with pregnant women and caregivers with young children. The package contains a [facilitator manual](#), [slides and notes](#), [job aids](#), [participant manual](#), and [self assessment tool](#).



#### ***National Micronutrient Training Module and Job Aid for Village Volunteers***

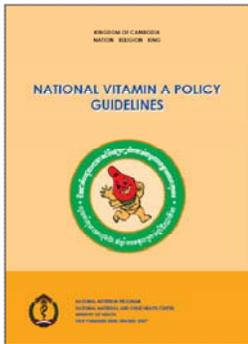
To further extend nutrition skills and knowledge into the health system, the Village Volunteer Micro-Nutrient Module provides training to village volunteers on good nutrition practices, including infant and young child feeding, the role of micronutrients, counseling to prevent maternal and child anemia, how to assist in the preparation of vitamin A rounds, and how to test salt for iodine levels. Health centre staff is responsible for training and follow-up with the village volunteers



#### ***Micronutrient Deficiencies and Interventions in Cambodia: Information for Improved Programming***

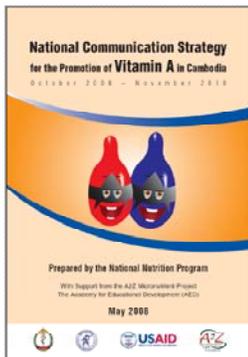
Cambodia is fortunate to have many sources of data on maternal and child health and nutrition. This report synthesizes and analyzes the available data to provide an overview of the prevalence of anemia, micronutrient deficiencies and malnutrition in Cambodia, the status of current efforts in their prevention and treatment, and recommendations to improve the quality of available information, increase equity and coverage, formalize the role of community health workers, and integrate anemia prevention efforts beyond nutrition into health programs, rather than treat as a stand alone nutrition intervention.

## Expanding Vitamin A Coverage for Children 6-59 Months



### Revised National Vitamin A Policy Guidelines

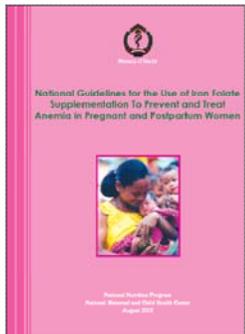
While coverage of vitamin A supplementation has been increasing in recent years, it still falls short of national goals of 90% coverage. To build a stronger, more cohesive program nationally, the National Vitamin A Policy was revised in 2007 to institute changes that will help increase coverage. Changes include updated scientific evidence, experience from program implementation, more precise six-monthly schedules for vitamin A rounds, and clearly defined roles and responsibilities for stakeholders at all levels, including village volunteers.



### National Vitamin A Communication Strategy and Demand Generation Materials

As part of efforts to build a more standardized and comprehensive vitamin A program, Cambodia's NNP with A2Z assistance, designed a national vitamin A communication strategy designed to reenergize vitamin A communication activities, create standardized messages, correct misinformation, and build awareness among a variety of stakeholders, such as parents, communities, local authorities, health staff, and volunteers about the important role of vitamin A in protecting child health.

## Preventing and Treating Maternal Anemia



### National Guidelines for the Use of Iron Folate (IFA) Supplementation to Prevent and Treat Anemia in Pregnant and Post-Partum Women

Anemia remains a major public health problem in Cambodia, with 57% of pregnant women anemic. An estimated 50% of anemia in Cambodia is caused by iron deficiency. The Guidelines address the appropriate uses of IFA supplements to prevent and treat iron deficiency in pregnant and post-partum women. Specifically, the Guidelines provide recommendations for the distribution of IFA supplements at the national, district and local levels.



### National Iron Folate Supplementation Demand Generation Materials

To increase awareness of maternal anemia causes and consequences, and to encourage pregnant and post-partum women to begin taking IFA supplements early in pregnancy, A2Z worked with the NNP and RHAC to develop a package of information, education and communication materials. The package includes three television spots, posters, leaflets, and a daily reminder calendar.

All of the above materials are available at:

<http://a2zproject.org/node/78>

A2Z: The USAID Micronutrient and Child Blindness Project began work in Cambodia in October 2006 to strengthen national nutrition capacity, facilitate the scale-up of nutrition interventions, and develop monitoring, reporting and other information systems that help ensure quality services in government-led vitamin A supplementation, maternal and child anemia prevention, and other micronutrient intervention areas. The following guidelines, tools, and training materials were produced by A2Z in conjunction with Cambodia's National Nutrition Program (NNP) and other partners.

A2Z Activities in Cambodia were funded by USAID/Cambodia and USAID's Health, Infectious Disease and Nutrition (HIDN) Office of the Bureau of Global Health.

