REPORT
ON
BABY FRIENDLY COMMUNITY INITIATIVE CASE STUDY TRIP TO CAMBODIA\textsuperscript{1}
16\textsuperscript{TH} -19 \textsuperscript{TH} SEPTEMBER, 2014
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**ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>Ante Natal Care</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
</tr>
<tr>
<td>BFCI</td>
<td>Baby Friendly Community Initiative</td>
</tr>
<tr>
<td>BFHI</td>
<td>Baby Friendly Hospital Initiative</td>
</tr>
<tr>
<td>CBO</td>
<td>Community based Organization</td>
</tr>
<tr>
<td>CC</td>
<td>Commune Council</td>
</tr>
<tr>
<td>CCWCFP</td>
<td>Commune Council for Women and Children Focal Point</td>
</tr>
<tr>
<td>CDHS</td>
<td>Cambodia Demographic Health Survey</td>
</tr>
<tr>
<td>CMDG</td>
<td>Cambodia Millennium Development Goal</td>
</tr>
<tr>
<td>CWCFP</td>
<td>Committee for Women and Children Focal Points</td>
</tr>
<tr>
<td>EBF</td>
<td>Exclusive Breast Feeding</td>
</tr>
<tr>
<td>FFS</td>
<td>Farmer Field School</td>
</tr>
<tr>
<td>FBS</td>
<td>Farmer Business School</td>
</tr>
<tr>
<td>HC</td>
<td>Health Centre</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno-deficiency virus</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and Young child Feeding</td>
</tr>
<tr>
<td>IYCN</td>
<td>Infant and Young Child Nutrition</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal Child Health</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MIYCN</td>
<td>Maternal Infant and Young Child Nutrition</td>
</tr>
<tr>
<td>MJP</td>
<td>Maddox Jolie Pitt Foundation</td>
</tr>
<tr>
<td>MNP</td>
<td>Micronutrient Powders</td>
</tr>
<tr>
<td>MSG</td>
<td>Mother Support Group</td>
</tr>
<tr>
<td>MUAC</td>
<td>Mid Upper Arm Circumference</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
</tr>
<tr>
<td>OD</td>
<td>Operational District</td>
</tr>
<tr>
<td>PHD</td>
<td>Provincial Health Department</td>
</tr>
<tr>
<td>RACHA</td>
<td>Reproductive Health and Child Alliance</td>
</tr>
<tr>
<td>TBA</td>
<td>Traditional Birth Attendants</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children Fund</td>
</tr>
<tr>
<td>VC</td>
<td>Village Chief</td>
</tr>
<tr>
<td>VHSG</td>
<td>Village Health Support Group Volunteer</td>
</tr>
<tr>
<td>WV</td>
<td>World Vision</td>
</tr>
</tbody>
</table>
**Introduction**

Study visit to Cambodia on Baby Friendly Initiative

A new Initiative Baby Friendly Community Initiative (BFCI) is being developed to serve as a model for improving infant feeding practices in the community health services in Kenya. The aim is to provide women with a comprehensive support system to improve maternal nutrition and breastfeeding practices at community level. To inform the implementation of the BFCI package, participatory action research involving focus group discussions and interviews with mothers, community leaders and other members of the community and health care professionals have been conducted. Further, a study trip was undertaken to Cambodia which has had success in its implementation of BFCI so that lessons that will inform its implementation could be learnt.

**Purpose of the visit**

The purpose of the visit was to learn on the implementation of Baby Friendly Community Initiative by the Kingdom of Cambodia and learn the success stories.

**Baby Friendly Community Initiative Study - methods used**

1. Presentation
   - National Nutrition Programme
   - Provincial Health Department Bottonbang Province
   - Provincial Health Department Oddormeachevy Province
   - Partners MJP, FAO, MALIS, MALTISER International
2. Visit to the facility to observe implementation of BFHI
3. Visit to the community to learn implementation of BFCI
4. Interviews with specific groups
   - Mother Support Groups (BFCI Volunteers)
   - Individual Mothers
   - Post natal mothers
   - Farmer Groups
   - Mother Child Pair Group (Mothers who have benefited from BFCI)
1. Background and situation analysis of IYCN in Cambodia

Health Minister H.E Mam Ban made the following statement “We’ve ended polio, we’re ending measles, and we hope to end deaths from malaria quite soon…but under nutrition is more stubborn. It’s difficult because it’s a multi-ministry issue…”

General background information for Cambodia

- Total population (2008) 13.40 million
- No of Districts - 159
- No of Communes - 1417
- No of villages - 14073
- No of Health centres 965
- No of Hospitals - 69

Maternal mortality; there has been good progress in reduction of maternal mortality between 2008 and 2010

![Figure 1.1: Trends in Maternal Mortality (Source CDHS)](image)

Child Mortality: 2005-2010, Good progress on track for MDG 4
Significant reductions in child mortality mainly attributed to the strong performance of the national immunization programme, successful breastfeeding promotion, and factors outside the health sector including poverty reduction, improved education and better roads. Slower progress in neonatal mortality which requires more sophisticated approaches.

**Figure 1.2 Child mortality trends (CDHS)**

Malnutrition is quite evident in many provinces in Cambodia. Eight provinces have been severely affected by malnutrition. Oddar meanchey, Banteay meanchey, Pursat,kapong Chhanang, Kampong Spea, Phonom Pehn, Kandal and Svay Rieng.
Fig 1.4: Prevalence of wasting in Cambodia provinces

1.2 Situation analysis of breast feeding practices
Cambodia has made great progress in improving breast feeding and complementary feeding practices through community nutrition interventions.

Global and National Recommendations for Infant and Young Child Feeding (IYCN) that Cambodia is implementing through BFHI and BFCI are:

1. Initiate breastfeeding within one hour of birth
2. Exclusive breastfeeding for the first 6 months
3. Appropriate complementary feeding from 6 months of age, with continued breastfeeding up to two years or beyond
4. Appropriate feeding of infants and children living in exceptionally difficult circumstances
Goal and objective of Cambodia IYCN BFCI programme

Goal:
- To reduce infant and child morbidity and mortality and malnutrition rate through protecting, promoting and support breast feeding and improving optimal infant and young child feeding practices

Objectives:
- To increase rate of early initiation of BF
- To increase EBF rate of infant in the first 6 months of life
- To increase percentages of care takers providing appropriate (frequently, quantity, quality, consistency safety, and timely) complementary feeding starting at 6 months with continue breastfeeding for at least two years.
- To support the provision of appropriate care for sick and malnourished children in 15 existing hospitals.

Strategies used
The Ministry of Health and the Royal Government of Cambodia have put infant and young child feeding program as one the top priority of nutrition interventions, in order to reduce the very high rates of infant and young child mortality. Much work has been done to improve the political and legal environment for infant and young child feeding practices in Cambodia. This has been done through

1. General Advocacy
2. Specific Policies and Legislation

Three main activities conducted through comprehensive integrated approaches to promote, protect and support appropriate infant feeding

Operational areas & Comprehensive Integrated Approached to promote, protect and support appropriate IYCF practices

Fig 1.5: integrated approach to promote, protect and support IYCN practices
Legislation and policy: Sub-decree on Marketing of Products for IYCF and National IYCF Policy

Facility-based provision of quality IYCF services: Changes in hospital policies/actions through the establishment of Baby Friendly Hospital Initiative (BFHI) and IYCF counseling at health facilities through in-service and pre-service training

Improving family and Community Practices: Community nutrition interventions and the establishment of Baby Friendly Community Initiative (BFCI)

Advocacy and communication strategy: Use of communication strategy, including mass media and behavior change communication (BCC)

Achievements - early initiation and breast feeding
- 49 percentage point increase in exclusive breastfeeding in 5 years
- Threefold increases in breastfeeding initiation within 1 hour and initiation within 1 day
- Improvement in complementary feeding

Early Initiation of breast feeding

The figure below shows trends in early initiation and exclusive breast feeding in Cambodia from 2000-2010

<table>
<thead>
<tr>
<th></th>
<th>CDHS 2000</th>
<th>CDHS 2005</th>
<th>CDHS 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding within 1 hour</td>
<td>11</td>
<td>35.1</td>
<td>65.2</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>11.4</td>
<td>60</td>
<td>73.5</td>
</tr>
</tbody>
</table>

Fig 1.6: Early initiation trends 2000-2010

Exclusive breastfeeding has improved significantly between 2000 and 2005 from 11% to 73%. Early initiation of breastfeeding has also been improved from 11 % to 65%.
Figure 1.8: Trends in early initiation within one day compared within one hour

CMDG target for 1 hour is 62%, with 2010 target of 45%. There is very large increase in breastfeeding within one hour. This may be related to increase in facility deliveries; - CMDG target is 49%, with 2010 target of 45. Incredible progress over the last 10 years is a major cause of the drop in infant mortality.

1.3 Baby Friendly Hospital Initiative (BFHI)

Progress on BFHI
This is a hospital based initiative to support, promote, and protect breastfeeding which is a global recommendation on the Ten Steps to Successful Breastfeeding.

24/69 hospitals have been accredited as “Baby Friendly” (2004-2013)
3 main BFHI indicators have been integrated in the routine data collection within the facility
  • Proportion of infants given pre-lacteal foods in the first three days of life
  • Proportion of new-born breastfed within first hour after birth
  • Proportion of new-born receive only breast-milk by the day of discharge
Current an external assessment of BFHI was conducted using UNICEF tool kit session 5 and 6 hospitals qualified and an accreditation ceremony is being organized to accredit the hospitals.

1.4 Current IYCF community based activities
  • World Breastfeeding Week: since 2001, conducted at all levels
  • NGO community-based nutrition programs
  • Minimum Package of Activities Nutrition Module
  • Community nutrition and IYCF education conducted by HC staff, NGOs and village volunteers
  • Establishment of Baby Friendly Community Initiative (BFCI) through MSGs
Community messages target those playing an important role in the community on IYCN in Cambodia

Fig 1.9: Targeted audience for community messages
BABY FRIENDLY COMMUNITY INITIATIVE (BFCI)

2.1 Baby Friendly Community Initiative in Cambodia
What is BFCI and how does it operate?
• Community-based initiative to support, promote, and protect breastfeeding and to promote adequate complementary feeding practices
• Also includes feeding of sick child, hygiene, early childhood stimulation, referral to MCH, and HIV services
• Works through formation and training of “Mother Support Group”
• Close links to Health Centers and local authorities

2.1.1 BFCI Implementation Package
• 3 components: (1) Guidelines, and (2) Training Modules (four) (3) Communication and Advocacy materials (BFCI flipchart)

2.1.2 BFCI progress to date-
• 21/24 provinces have implemented BFCI since (2004-2013)
• 6987/14080 villages have implemented BFCI

2.1.3 Five main indicators for routine data collection in BFCI
1. % of infants 0-11.9 mo who are put to the breast within 1 hour after delivery (early initiation of breastfeeding)
2. % of infants 0-5.9 mo of age that are exclusively breastfed in the first 6 months of life
3. % of children 0-11.9 mo who receive any pre-lacteal feeds
4. % of children aged 6-8.9 mo who receive complementary food (semi-solid or solid) in addition to breast milk
5. % of children aged 6-11.9 mo of age who ate any animal products in the last 24 hours

2.1.4 The key “Baby-Friendly” indicators
• Proportion of infants 0-11.9 mo who are put to the breast within 1 hour after delivery (early initiation of breastfeeding) (0-11.9 months of age)
• Proportion of infants 0-5.9 months of age that are exclusively breastfed in the first 6 months of life (0-5.9 months of age)
• Proportion of children 0-11.9 mo who receive any pre-lacteal feeds
• Proportion of children aged 6-8.9 months who receive complementary food (semi-solid or solid) in addition to breastmilk.
• Proportion of children aged 6-11.9 months of age who ate any animal products in the last 24 hours
• % of infants 0-11.9 mo who are put to the breast within 1 hour after delivery (early initiation of breastfeeding)
• % of infants 0-5.9 months of age that are exclusively breastfed in the first 6 months of life
• % of children 0-11.9 mo who receive any pre-lacteal feeds
• % of children aged 6-8.9 months who receive complementary food (semi-solid or solid) in addition to breastmilk
• % of children aged 6-11.9 months of age who ate any animal products in the last 24 hours

2.1.5 **Current status of BFCI**

- 21/24 provinces are implementing Baby Friendly Community Initiatives (except Ratanakiri, Mondolkiri and Keb)
- Total BFCI villages in 2013: 6987/14080 villages (50%)

2.2 **How to establish BFCI**

- Select health centers, build partnerships with Commune Councils, and train HC and Commune Council for Women and Children (CCWC)
- If there is already NGO or other support for maternal and child health at a health center, prioritize BFCI for other health centers that do not receive support.
- PHD and OD (Operational District) staff train Health Center Staff, Commune Council, and Committee for Women and Children Focal Points (CWCFP) in BFCI and create linkages among health system and local authorities.
- PHD/OD prioritize health centers where staff have time and are motivated to work on BFCI, and are not already overburdened with other activities.

1. **Select BFCI villages**

- Start with villages closer to the health center that is easier for the HC midwife to supervise, and MSG volunteers from those villages are also more able to attend quarterly meetings at the HC.
- Once the midwife gains confidence, the program is well established in the areas close to the HC and improvement is noticed, expand to further villages.
- Is there already NGO or other support for maternal and child health in the village? If so, other villages that do not receive support should be prioritized for BFCI.
- Identify the villages where the people have a low understanding about breastfeeding and complementary feeding practices.
- To select new villages for BFCI, the PHD and OD work together with input from the Health Center and the CWCFP. The villages close to the health center can be prioritized in the beginning, with later expansion to further villages.

2. **Orient community leaders to BFCI**

- Members of the commune committee for women and children, village chiefs
- At the monthly Commune Council meeting, CWCFP should brief the commune council (including village chiefs) about BFCI and the expected support of the Commune Council
- The participation of the village chiefs (VC) and the committee for women and children Focal Point (CWCFP) is very important to the success of BFCI. Health Center staff and CWCFP, with supervision from PHD and OD, orient village chiefs to their role in BFCI.
- The recommended orientation is one-day.
- When organizing the Orientation for Village Chiefs, consider the following:
  - Choose a good location for the orientation- this may be the health center, the pagoda, the commune council office, or even a village leader’s house.
  - The HC staff and CWCFP, with supervision from PHD/OD staff, should lead the orientation.
  - When possible, orient as many village chiefs as possible at the same time, in the same place, to conserve resources.
3. **Select and train MSG (BFCI volunteers).**

   These volunteers may be:
   - Village Health Support Group (VHSG) members, (an equivalent to Community Health Worker (CHW)/Community Health Volunteer (CHV) in Kenya
   - Women volunteers (model mothers)
   - Traditional birth attendants (TBAs)
   - Village chief
   - Religious leaders, and/or other members of the community who can be trained to provide information, education, and counseling to mothers on breastfeeding and complementary feeding.
   - The village chief and the VHSG members are always part of the MSG
   - Since the VHSG are responsible for a wider array of health programs in the community, they should not be the only BFCI volunteers.
   - Additional volunteers should also be identified. Ideally, Model Mothers (MM) should be mothers who have successfully breastfed their children (early breastfeeding within one hour, exclusive breastfeeding until six months, and continued breastfeeding until 2 years).
   - At least one of the BFCI volunteers in the community should be able to read and write. This is very important and whenever possible, this literate BFCI volunteer should be someone other than the VHSG member, so that they can share the responsibilities that require literacy (such as reporting forms).

2.3 **How to maintain BFCI**

   - Participation of Commune Council (specifically, the CCWCFP)
   - Follow-up and supervision after MSG Training
   - Regular meetings for BFCI Volunteers at the Health Center
   - Refresher Trainings
   - Annual BFCI Review Meeting at commune level

Once BFCI villages have been identified and the key players have been trained, the following criteria should be followed for a village to maintain “Baby-Friendly” status. For a community to be considered “Baby-Friendly”, all the criteria set must be met. The CWCFP and the HC (midwife) will review each BFCI village annually to determine whether or not BFCI criteria are being met. The OD staff will then review the checklist and relevant documentation for each village to confirm BFCI status and identify areas (both geographic and programmatic) that need strengthening.

**Sample agenda for quarterly MSG meeting at HC**

Standard agenda items to be discussed at each meeting

- Review minutes from the last quarterly meeting
- Each MSG reports information from Form 1 Appendix
- HC staff checks Form 1 booklet from each MSG, gives guidance to MSG for any corrections that are needed.
- Ask MSG if any problems for BFCI in community. Discuss solutions and plan follow-up actions.
Follow up BFCI training: Pick 1-3 topics from the BFCI training topics. Review knowledge and skills practice with quizzes, games, role play activities, etc.

2.4 Presentation by the Provincial Health Department (PHD) Bottonbang
The PHD had a short presentation on the work that they do in regard to BFCI. They cover four administrative districts and in all these districts they have implemented BFCI. In these districts there are 23 health centres and five health posts with 32 communes and 239 villages all of which are implementing BFCI currently.

2.5 Presentation by partner Maddox Jolie Pitt Foundation (MJP) in Bottonbang
The third presentation was from an organization supporting BFCI called Maddox Jolie Pitt Foundation (MJP) which was created in 2003. The initial focus was conservation work to protect Samlout National Park and as resources became available MJP operations expanded to cover nutrition.
2.6 Achievements in BFCI by MJP

<table>
<thead>
<tr>
<th>Year</th>
<th>Village and sub village</th>
<th>MSGs</th>
<th>Number of MSGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>6</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>2011</td>
<td>8</td>
<td>8</td>
<td>36</td>
</tr>
<tr>
<td>2011-2014</td>
<td>8</td>
<td>8</td>
<td>36</td>
</tr>
</tbody>
</table>

2.5.1 Current BFCI activities
- Supporting BFCI gathering in 8 sites every 2 months
- Weight and MUAC of all under 5 that attend during the BFCI gatherings
- Nutrition education
- Bi-annual meeting with MSGs, Health Centre staff, OD and PhD.
- Discuss MSGs’ views and concerns
- MSGs teaching session

Activities in BFCI gathering
The BFCI gathering is done every 2 months and the following activities are conducted
- Weight and MUAC measurement 0-59 months
- Food cooking demonstration
- Education using BFCI flipchart

Other activities done
- Outreach: Vitamin A and Mebendazole, Immunization, ANC and PNC.
- Sprinkle (Micronutrient powder): By WVS

Total BFCI attendance in 2013

<table>
<thead>
<tr>
<th>Villages</th>
<th>Total attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boeng Run</td>
<td>337</td>
</tr>
<tr>
<td>Prolean</td>
<td>234</td>
</tr>
<tr>
<td>Samlaout</td>
<td>201</td>
</tr>
<tr>
<td>O’tatoeng</td>
<td>230</td>
</tr>
<tr>
<td>Sre Andoung</td>
<td>250</td>
</tr>
<tr>
<td>Sre Reach</td>
<td>196</td>
</tr>
<tr>
<td>O’chrab</td>
<td>276</td>
</tr>
<tr>
<td>Kantuot</td>
<td>496</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2220</strong></td>
</tr>
</tbody>
</table>

Current activities
- Using Yellow card for growth monitoring
- 6 monthly height measurement
- Evaluation of BFCI
- Preparation for community ownership
- Ongoing CHEW education
- Value Meals

2.5.2 Challenges
- Access to BFCI meeting
- Independent evaluation of the project
- Community ownership
DAY TWO: WEDNESDAY 17TH SEPTEMBER, 2014
Visit at Samlot District- HC staff, MSG and Home Visit

3.1 Meeting with Mother Support Group (MSG) at Chheuteal HC

Fig 3.1 MSG (BFCI volunteers) at Chheuteal HC Salmot District in Bottonbang Province

The meeting took place at Chheuteal Health Centre which coordinates the BFCI villages. The participants were the mother support group (MSG) members also known as BFCI volunteers.

From right: HC staff, two village health support group (VHSG) members, Model Mother (MM), Village Chief. (This is the constitution or members of one mother support group attached to Chheuteal Health Centre), others on the left are two OD staff and National Nutrition Programme Manager.

The mother support group was formed in 2010 and it is comprised of the following as per the BFCI guidelines:

- Model Mother
- Village Chief
- Village health support group (VHSG)-members of the health centre (2 members)
- Head of BFCI in the facility
Fig 3.2: preparing for Interview with Mother Support Group at Chheuteal Health Centre

The health centre covers two communes

1. Baidamram
2. Chheautel

The health centre covers 14 villages and two communes with 170,019 members of BFCI. All are BFCI village thus 100% coverage for the 14 villages.

3.2 How the MSG (BFCI Volunteers is established)
First step

- Teach provincial health department staff at the provincial head quarter.
- Health centre staff and operational district staff get training from Provincial Headquarters and these trainings incorporate staff from the health centre to step down training to these mother support group
- Then orientation follows after which they train the mother support groups (BFCI volunteers) who then start implementing.

3.3 Implementation of BFCI by MSG
One MSG covers one village and each month they go around the area of coverage to teach and counsel mothers on maternal infant feeding practices. They also collect monthly data on IYCN from the village which they cover.

Every two months they do cooking demonstration in the community targeting pregnant mothers and under 2 as primary mothers. In addition to BFCI they integrate sprinkle supplementation and do complementary feeding campaign. Women of reproductive age (young mothers), fathers, grandmothers, mothers and sisters who take care of these Kids are secondary targets.
After the cooking demonstration thus one month later the MSG have BFCI meeting in the health centre to discuss what they know, what they don’t know or whether they can do refresher training.

3.4 Frequency of meeting
The mother support group mobilizes all the village mothers to attend the cooking demonstration every two months. The meeting specifically targets the women of reproductive age and the mothers with children under 2 years. However, it is open to all other members including men.

The mother support group (BFCI volunteers) conducts a meeting after the cooking demonstration gathering to report to the health centre on what has been done during cooking demonstration and counseling.

3.5 Data collected for BFCI
Have five forms which collect and report data nationally
1. Form 1: Mother support group to collect data - Individual data
2. Form 2: Compilation from form 1 into one village which is done by health centre staff
3. Form 3: compile all form two data for all villages thus 14 villages to have one data for health centre
4. Form 4: compile all the health centre into one operational district
5. Form 5: It’s a job for provincial head department to have a final form for all the district and the PHD compile all the data to the national level
Attached is the sample form with information that is contained in it. Examples of data collected include
1. Weight when baby delivers and weight when you visit and can compare with yellow card
2. Exclusive breast feeding targeting 0-6 months- in the last 24 hours what did you feed the child with
3. How many times the child ate complementary food in addition to breast feeding
4. Did you eat animal source foods

Two main purposes of the data
1. Want to know whether the feeding practices are good
2. Counseling- to give mother confidence to breastfeed
The group has to understand the indicators well otherwise may not get accurate data at national level

3.6 Roles and responsibilities of members of the MSG
The responsibility of village chief
- To make plans for BFCI activities together with other MSG members
- Mobilize the community members for community gathering on cooking demonstration.
• Participates in the MSG meetings in the health centre every two months
• He is the one who calls the meeting for the MSG
• Requests for materials and food from the community to be used during cooking demonstrations, Ask mothers to bring food, green vegetables, rice
• Allocate responsibilities for community gatherings cooking demonstrations
• They get information who can share and also ask who gonna do cooking demonstrations.
• Get plan from HC and CCWC and share the plan with the community and announces to the community about cooking demonstration and allocating roles to the mothers.

Role of VHSG member
• Village Health Support Group (VHSG) members does the same work in addition to supporting the facility staff to compile data
• They also do other community activities for the health system e.g. immunization, water and sanitation

The role of the model mother
• Assists in data collection-completes form 1
• She is a mother who acts as an example to other mothers because of good feeding practices including exclusive breast feeding
• Give feedback for the malnourished cases and give counseling and refer to health centre
• Supports VHSG member in implementation of BFCI
• Assists the VHSG member in counseling mothers in the community
• Participates in MSG meetings

3.7 Strategies for community mobilization to attend cooking demonstrations
• Have a microphone they use to announce to the mothers and the Village Chief is the boss who leads the announcement together with whoever is allocated the responsibilities.
• During announcement for community gatherings they allocate 3 community members to announce and invite mothers - one mobilizer is placed at the extreme end, another in the middle and the other one is at the other extreme end of the village. This enables more coverage for the information to attend the cooking demonstration gatherings

Other methods used in campaign is
• During ceremony
• Cooking demonstrations
• Door to door campaign
• Whispering mothers-model mothers
• Go door to door to collect data every month

3.8 Activities during cooking demonstrations
Gather together all mothers and have to work together first they give information then look at the target thus before pregnancy, pregnancy, after delivery. If they see more pregnant women attending they have to choose the topic related to pregnancy, if more children above 6 months
have to give the topic related to complementary feeding. During cooking demonstrations they have time for counseling or teaching depending on target.

During Cooking demonstration hygiene is taught- what you do before cooking demonstration- washing hand, vegetable, how to know the vegetable is clean hence hygiene is very key in the meeting.

The mothers are taught how to make balanced complementary feeds for the child

- Cut green vegetable into pieces
- Smash make small pieces of meat
- People have to work together and do cooking and they do one by one

3.9 The BFCI key message counseling cards

- Key messages have been put in a counseling flip chart
- One page contains one lesson-an icon shown beside to indicate which lesson- If you want the topic for 6 months you go to the topic as shown by the icon

Lessons contained in the counseling card

- Three food groups-energy, body building protective months
- How to cook
- Hygiene
- How to prepare complementary food-how to prepare one by one
- Importance of complementary feeding-overview and specific recommendations

The pictures in the BFCI flip chart have the following

- Eat well nutrients for two during pregnancy
- Pregnant -3 key messages- have to know all messages in advance-how to feed, skin to skin contact- early initiation, no other foods, and how to breast feed
- All immunization
- Exclusive breast feeding before 6 months
- Positioning and attachment
- Frequency of breast feeding
- Support from the husband
- How to express breast milk
- Complementary feeding After 6 months
- Child development -3 key messages-one month what the child can do
- Community participation
Figure 3.3 National Nutrition Programme Manager demonstrating on how the BFCI flip charts is used at Chhauteal H/C

3.10 Success

- Most mother have changed habits and they follow the recommendations
- Have follow up door to door immediately the mother delivers
- Success in community mobilization campaigns over 80% mothers attend community gatherings for cooking demonstrations
- Have incorporated micronutrient sprinkles in the cooking demonstration meetings
- Engagement of village chief who must be a member of MSG-he is respected by the community

3.11 Challenges

- During cultivation period can have 50-70% attendance during cooking demonstrations
- Culture of putting salt to porridge
- Health system-have Five Health operational district –and administratively there are 32 commune
- The health centre covers two commune only 14 village and in one commune has more than that hence health cannot get all of them
- The health centre should cover the entire commune
3.12 Visit to a household of community member

The visit was conducted to one of the mothers who has benefited from BFCI programme, she exclusively breast fed her child as a result of the education and information she got through the visit by the VHSG member. She says her child who is 1 year 9 months is very healthy and has greatly benefited from the programme.

She says “for my first child I did not know how to prepare balanced meals but now I have been taught through cooking demonstrations and I feed my child well, I have attended all cooking demonstrations”

“Immediately I gave birth the VHSG member/model mother visited me at home and taught me how to breast feed and she told me not to give any food to my child until 6 months and I did that you can see my child is healthy”

“Previously before they came to teach us in the community we didn’t have such information”

As shown above the mother is attributing many of the successes she has had in breast feeding from the support she has received from the MSG.
DAY THREE: THURSDAY 18TH SEPTEMBER, 2014
Visit to Oddarmeanchey Province

4.1 Meeting with Provincial Health Department Oddarmeanchey Province
- Meeting with Nutrition Focal Point/MCH Officials of Provincial Health Department (PHD), Operational District (OD) to present on BFCl/IYCF intervention in Oddor Meanchey Province
  - The meeting at the province was attended by the Provincial Health Department and his team together with four partners.
  - There were three presentations made by the provincial team and partners
  - A visit was made to the hospital and the community to see the integration of agriculture with nutrition and farmer group

Fig 4.1: Provincial Health Department (PHD) of Oddarmeanchey

4.2 Presentation by Provincial Health Department (PHD) Oddarmeanchey
After the launch of national policy, PHD made expansion on a nutritional program with major destinations:
1. Scale-up the intervention to Maternal and children nutritional status
   - Nutrition Counseling
   - Micronutrient Supplementation :for sustainability, improve, prevention
   - Expand the management and treatment of acute malnutrition
2. Improving Infants and young child feeding in whole province (IYCF)
3. Expand the coverage strategies of Baby Friendly Community Initiative (BFCI) and Baby Friendly Hospital Initiative (BFHI)
   - VHSG : 722
   - MSG : 722

   Partners: there are a total of 7 partners supporting nutrition in the province
   - Malteser International (MHD)
   - Medical Teams International (MTI)
   - Plan International Cambodia (Plan)
   - Khmer Buddhist Association (KBA)
   - Food and Agriculture organization (FAO)
   - UNICEF
   - World Vision International

**Main activities**

**Health facility**

- Training MPA10 to HC/ RH staff
- Training C-IMCI (Module 5 to MSGs)
- Training BFCI to VHSG & MSG
- At BFHI refresher to RH staff
- Mather class: (Cooking demonstration to mother group)

**Community activities**

- IYCF(8HC/89 villages): Training to mother who have children more than six month, home garden,
- BFCI (24HC/361 villages): food supplement (cooking demonstration), breast feeding(0-6 month)
- VHSGs (24HC/722 Villages): counseling, education, facilitate in macronutrients powder distribution, collected the monthly report, growth monitoring (Weigh and Height)

**Achievements**

<table>
<thead>
<tr>
<th>Activity</th>
<th>HC</th>
<th>Villages</th>
<th>other</th>
</tr>
</thead>
<tbody>
<tr>
<td>BFHI</td>
<td>1 PRH</td>
<td>-</td>
<td>Implementation</td>
</tr>
<tr>
<td>BFHI</td>
<td>24 HC</td>
<td>361</td>
<td>Implementation</td>
</tr>
<tr>
<td>IYCF</td>
<td>8 HC</td>
<td>89</td>
<td>Implementation</td>
</tr>
<tr>
<td>MNP</td>
<td>24 HC</td>
<td>361</td>
<td>Implementation</td>
</tr>
<tr>
<td>SAM</td>
<td>1 PRH 5 HC</td>
<td></td>
<td>Implementation</td>
</tr>
</tbody>
</table>
Challenges

- Limited awareness of the community especially Mother
- Migration: to find work abroad
- Transportation: No motorcycles ……
- In the rainy season
- Interrupted release of fund
- Involvement of community

Planning for 2015

- Expand BFCI: All Health facilities and Villages
- Scale-up BFHI: in Anlongveng Referral Hospital
- Management of Acute Malnutrition: All Health facilities
- Expand MNPs: all villages

4.3 Nutrition Education component of the MALIS project, Cambodia

The MALIS work with Community Based Organizations (CBO-farmer groups) to improve food security and market linkages for vulnerable smallholders. The entry point is the BFCI groups.

The main result areas include

- R1: Increased productivity, diversity and resilience of farming systems
- R2: Improved market linkages, postharvest quality, loss reduction and value adding
- R3: Improved nutrition
- R4: Capacity building and institutional strengthening

Mechanisms used

- Farmer Field Schools (FFS) for improving farming systems (including nutrition, (Disaster Risk Reduction (DRR), business planning, gender)- people come and meet together and also the FAO team go to the village to conduct farming and nutrition education-teach farmers how to grow chicken, rice and cassava. They also provide threshing machine to cut rice as they farm and most of it is lost through poor handling systems during harvest and loose the product hence MALIS strengthens the system,
- Farmer field schools is an informal education system for farmers, is not for children they are not invited to join
- Improving market linkages
- Nutrition training for complementary and family feeding (including FFS modules);
- Capacity building, NGOs, Government, farmer groups and private enterprise as sustainability mechanisms.
  - FFS modules on enterprise development
  - Farmer Business Schools (20 in total) for supply chain development and value adding
  - Market networks and information flows
  - CBO strengthening
- Agricultural fairs and voucher system for provision of inputs. –“There are two season - rain season and dry season. Rain season is from May to November- Harvest time is
November hence when they get the product from the harvesting they come up with a special day. Mothers bring what they have from the produce, they promote cooking demonstration. The fair day is conducted once per year during the harvest season”

- Participation of farmers-try to encourage as many as possible to attend the farmer fair day even those who are not members do attend. It is a chance for those who are not attending the farmer school to learn something, teach new techniques of farming
- Strategies for marketing
  - Use groups and not individuals through agricultural cooperatives, have topics and these have special time for opportunity to talk about the market price, what kind of people to purchase their product
  - During fair invite as many cooperatives as possible to attend so that the farmers can chat on marketing strategies
  - Information system -train the farmers so that they can try and sell and supply
  - Produce directly

**Nutrition Education Component MALIS**

- **Objective:** Is to improve family feeding practices among targeted smallholders.
  1. Focus is on mother/caregiver with children aged 6 to 24 months:
  2. Member of the Farmer Field Schools (FFS) /Farmer Business Schools (FBS)
  3. Member of the CBOs
  4. Village
- **Method of nutrition education** is IYCF, BFCI, poster, kitchen equipment distribution, Fair, Field day, FFS and awareness campaign.

**Trainings**

<table>
<thead>
<tr>
<th>Training category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master trainers</td>
<td>Staff from Provincial Health Department (PHD), partners and NGOs</td>
</tr>
<tr>
<td>Village level volunteers</td>
<td>Community Nutrition promoters</td>
</tr>
<tr>
<td>Mother care giver child pair</td>
<td>Trained by 2 CNPs per village and NGO partner staff</td>
</tr>
</tbody>
</table>

Community engagement to select caregivers
The community is the one which normally participates to select caregivers

**4.4 Community IYCN sessions**
There is a total of 7 sessions in the community training module
1. Good diet for the family
2. Preparation of thick and multi-ingredient porridge “Bobor Khap Krup Kroeueng”
3. Dietary diversity
4. Hygiene and food safety
5. Continuing BF & age appropriate complementary feeding
6. Feeding family foods to children from 9 months
7. Feeding a sick child

IEC materials
- Baby-Friendly Community Initiative (BFCI) Flipchart
- Facilitator’s guide
- Training video by National Nutrition Programme

In the pipeline (for IYCF sessions and advocacy):
- Poster on hygiene and food preparation
- Poster on food safety
- IYCF recipe poster
- Poster on feeding quantity and feeding frequency

4.5 Baby-Friendly Community Initiative (BFCI) implementation

Providing appropriate complementary foods is one of the most important things a family can do for a child, yet it is a challenge in poor communities where nutrient rich foods like eggs, meats, oil, and vegetables are difficult to find or afford. For this reason, BFCI promotes good breastfeeding practices, and emphasizes improved complementary feeding practices as a shared commitment of the community (Source: BCFI implementation guideline, NNP 2009)

- The Ministry of Health and other partners initiated the Baby Friendly Community Initiative (BFCI) in 2004. Having trained supporters (volunteers) in the community and in health centers is very important so that women can receive the best advice and counselling on breastfeeding and young child feeding. Community Health Volunteers have a very important role in supporting mothers with correct information and counselling during pregnancy, at the time of delivery, and in the first years of the child’s life.
- At the end of 2008, the Baby-Friendly Community Initiative (BFCI) was implemented with support from development partners such as UNICEF, RACHA, CARE, Red Cross, and others. Ministry of Health staff in areas implementing BFCI report that mothers knowledge of good breastfeeding practices has improved, but that challenges remain for implementing the initiative, primarily (1) low motivation of Mother Support Group (MSG) volunteers, and (2) participation and commitment of local leaders

4.6 Community Health Promoters (CNPs)
- No incentive for promoters but they provide them with training, capacity building and during training they are provided with travelling and accommodation expenses. Actually they are selected from the village where they lead.
• Their role (CNP) are like VHSG – To improve health in the community implemented under the system of government
• Implementing community interventions under the system of government – key focal point to collect the information on the mother under 24 months
• Assist in cooking demonstration
• Village to conduct the household visits
• Referral of sick children to the hospital
• Bringing information from the community to the health centre. The CNP is the ones who collect information of the mother who have children from pregnancy to 24 months
• Assist in implementation of BFCI
• Walk to village house to house teaching on sanitation
• Ensuring food security practice (homestead food productions) at household level for better food access

4.7 Challenges
• Limited in Men involvement
• Transfer of knowledge among caregivers of a child-try to use posta
• Difficulty road condition
• Limit resource

Figure 4.2 Provincial Health Department Team at Oddar Meachey Province

4.8 Malteser International Interventions in Oddar Meachey province
Malteser International is a non-governmental worldwide relief organisation of the Sovereign Order of Malta for humanitarian aid.
• MI is working in around 100 projects in about 20 countries in Asia, Africa and Americas.
• Malteser International Mission is:
o Provide relief to major emergencies in the world and implement reconstruction and rehabilitation measures with a community focus.

2006-2012 projects

- Establish and promote primary health care services and contribute to better health by providing nutrition related programmes.
- Contribute to better health and dignified living conditions by providing access to drinking water, sanitation and hygiene (WASH).
- Project mainly focused on improvement of the health status of women and children.
- HC and Community based activities.
- Multi sectoral comprehensive approach, including Community Based Health Insurance (CBHI), Maternal-and-Child Health (MCH), Food and Nutrition Security (FNS) and the improvement of the water, sanitation and hygiene situation (WASH).

Have 4 project pillars:

- Improved availability of food
- Improved access to food
- Improved utilization of food
- Improved water, sanitation and hygiene conditions

Improved availability of food

- Implemented by local NGO: Agricam (Siem Reap District)
- Activities related to improve availability of food (cash crops and vegetables) and increase agricultural diversification and productivity

Activities:

- Training for farmers
- Distribution of seeds and livestock
- Setting up farmers groups to improve marketing of products
- Distribution of small-scale irrigation systems

Improved access to food

- Activities related to increase utilization and cultivation of cash crops and vegetables and increased availability of protein foods.

Activities:

- Training for farmers (vegetables, fish and chicken)
- Excavation of mini ponds for fish farming and vegetable gardens
- Distribution of seeds, livestock, agricultural equipment
- Setting up key farmer groups

Improved utilization of food

- Activities related to increase knowledge and skills on community level related to nutrition.

Activities:

- Training of established groups: VHSGs, MSGs and TBAs
- Cooking demonstrations
- Nutrition and hygiene education
- Village forums and village clean-ups
- Training, coaching and on-the-job training for HC staff in nutrition topics

**Improved water, sanitation and hygiene conditions**
- Creating preconditions for a hygienic utilization of food and prevention of water related diseases by increasing access to safe and sufficient water.
- Rehabilitation of water supplies in 10 villages and schools
- Extensive hygiene education in 10 schools
- Construction of latrines by using a adapted approach (schools and villages)
- Construction and distribution of household filters (ceramic and bio-sand filters)
- Setting up school gardens

**4.9 Visit to Oddomeachey provincial referral hospital**
The purpose of the visit was to assess the implementation of Baby Friendly Hospital Initiative in the hospital. The visit was made by the PHD oddomeachey, partners from Maltiser International, FAO and MALIS. The visit was made to maternity and the observation was made- the policy on ten steps has been printed very big at the entrance of maternity-inside maternity there are visual aid materials for the ten steps and complementary feeding that have been placed all over the walls in postnatal and prenatal wards. The mothers who had delivered were interviewed and they had actually put the baby unto the breast within 1 hour after birth.

*Fig 4.3 National nutrition programme manager translating during a hospital visit, a posta on the wall next to mothers’ bed in post natal ward.*

Next to the maternity is lactation clinic, the purpose of lactation clinic where mothers are referred to before discharge so that they can be taught and counseled on breast feeding to enable them breast feed the baby effectively.

**The hospital has been accredited as baby friendly by MOH and UNICEF**
4.9 Visit to farmer group

Most members are both in the farmer and BFCI group as BFCI was the major entry point to the farmer group. This has improved self reliance in production of vegetables and crops.

There are 3 farmer groups

- Rice growing farmer group-5 members
- Chicken rearing farmer group-12 members
- Vegetable growing group-12 members

The farmers are taught techniques for minimizing seed wastage e.g. making rice seedlings instead of throwing e.g. Normally tech farmers to put water in the basket with a little bit salt and one egg until the egg just floats, then put the rice- once the seed germinates they are transported to the rice scheme where the seedlings are planted.

The farmers grow the seedlings and sell to others who plant.

The harvest for seed and rice takes around 4 months.

Vegetable growing

The group is made up of 12 members, select the seeds and they grow them until germination is 90%. Use warm water to soak the seed overnight, prepare the soil that has a higher content of clay and mix manual cow, put a little water to make the soil wet. The seeds are covered to avoid sunlight and around 6 days it germinates. Put the soil in the racks above the ground to protect it from the chicken. The racks are kept in a safe place.

Chicken rearing

Select the chicken which is fat 2 male 10 female, fence round that other animal outside may not come. Construct a small house.

Benefit of the programme
• Income generation – when they rear chicken – production rate increases
• The new technique of growing rice reduce losses – plant seedlings as opposed to throwing seeds
• The new techniques of growing rice uses less seeds - 20kg for one acre but for conventional one around 100kg

**Challenges of farmer groups**
• Flooding which reduced the
• Most young people have moved to Thailand hence the new techniques is labor intensive therefore they prefer the throwing
• Regarding vegetable growing the floods caused diseases

![Image of a meeting with farmer group](image)

**Fig 4.4: Session during a meeting with farmer group - behind trays used for growing vegetable seedlings**

**4.10 Visit to mothers in the village (mother caregiver child pair)**
The visit was made to mothers who have benefited from the BFCI programme. The mothers came with health children and attributed this to the Baby Friendly Community Initiative programme.

“Immediately after delivery I put the child to the breast and then exclusively breast fed for six month without giving anything not even water and that how my baby became health, immediately after conception we are taught to eat nutrient rich food’ we have been taught by MALIS and Malteser project”

“Whenever we gather together in a group, we are given chance to talk about good breast feeding practices to other mothers - role models”.

The mothers also gather for other events and they have a chance to talk about infant feeding practices.
Figure 4.5 Interview with mother child pair in the Village

The MSG members train all of them—Besides being taught during community gatherings, the village health support group and the community nutrition promoters visit them in their families. They are also taught in farmer school gathering where nutrition education is conducted.

**Feeding after 6 months:** They normally use natural foods and ensure that the food is nutrient rich by putting together three food groups e.g. meat, fish, vegetables and rice.

Frequency of attendance of community gatherings for cooking demonstrations is every two months

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**Component of teaching by the community nutrition promoters**

The mothers who volunteer in the community are taken through a 3 months course with 7 modules in order to change behavior. One course is 14 persons and the duration of the course is 3 months
Selection criteria for mothers to attend course: during community gatherings-mothers are asked if they are willing to participate and 14 mother volunteers are selected to be trained

The mothers are brought in one gathering then they are asked to volunteer 14 volunteers are and these are the ones who undergo the 3 months course with 7 modules. The community nutrition promoters (CNPs) train the mothers- the 14 women are to be trained on behavior change and not trainers e.g. how to make thick porridge. These 14 mothers spread news to the mothers who do not volunteer.

Best channel to get information
- 3 months training
- ANC
- During delivery in the hospital

Achievements and lessons learnt

5.1 Achievements met through BFCl
1. BFCl implementation package has been developed-National guidelines, communication and advocacy materials (BFCl flip chart) with MIYCN key messages.
2. 21/24 provinces have implemented BFCl (2004-2013), with 6987/14080 villages implementing BFCl
3. Good progress on BFHI-24/29 hospitals have been accredited as “Baby Friendly” since 2004-2013
4. Increased hospital delivery from between 2005 and 2010 (CDHS 2010)
5. Improved infant feeding practices exclusive breast feeding, early initiation-49% point increase in EBF within a span of 5 years, 3 fold increase in early initiation from between 2005-2010
6. Community campaigns on complimentary feeding through BFCl, cooking demonstrations gatherings and follow up meetings
7. Legislation and policy: Sub-decree on Marketing of Products for IYCF and National IYCF Policy
8. Facility-based provision of quality IYCF services: Changes in hospital policies/actions through the establishment of Baby Friendly Hospital Initiative (BFHI) and IYCF counseling at health facilities through in-service and pre-service training
9. Improved family and community IYCN practices-community nutrition interventions
10. Advocacy and communication strategy: Use of communication strategy, including mass media and behavior change communication (BCC)-targeting those playing an important role in the community IYCN (MSG, Family, husband, media, household help, friends, work, health professional
11. Inclusion of community administration in advocacy for infant feeding –Village chiefs must be members of MSG, commune council members
12. Integration of agriculture in BFCl including fair days
13. Inclusion of 3 indicators for IYCN in routine data collection-proportion of infants given pre lacteal feeds in the last three days of life, proportion of new born babies breast fed within the first hour after birth,. proportion of new born babies received only breast milk by the day of discharge.
14. Establishment of national routine data collection for BFCI with five main indicators on early initiation, pre-lacteal feeds, exclusive breast feeding, timely introduction of complementary foods, and eating animal source foods
15. Strong monitoring and evaluation component of BFCI with clear information flow
16. Reduction of maternal mortality from 461/100000 in 2008 to 206/100000 in 2010
17. Good progress on track for MDG 4-significant reduction in child mortality attributed to strong performance of national immunization, successful breastfeeding promotion and factors outside health sector including poverty reduction, improved education and better roads.

5.2 Lessons learnt
1. Baby Friendly Community Initiative (BFCI) is a national programme as opposed to it being a programmatic project.
2. The BFCI has been well integrated into the administrative system of the Kingdom of Cambodia not only in the health ministry thus commune and villages well integrated and this has improved the political buy in supporting infant feeding practices
3. The integration of village chiefs and commune council as members of mother support groups is very key in the achievement of the goals of BFCI.
4. The Village Health Support Group (VHSG) member who is an equivalent of a Community Health Worker (CHW)/Community Health Volunteer (CHV) is also a member of mother support group and also a member of the Health Centre and this has enabled coordination mechanism for BFCI to run smoothly
5. Frequent meetings for evaluation of BFCI progress is key in sustaining the MSG
6. Advocacy and complementary feeding campaigns have been successful through- this has been promoted through community gatherings for cooking demonstrations and in some provinces through farmer fair day or use of community nutrition promoters (CNPs)
7. Education sessions through mother support groups (MSG) and Community Nutrition Promoters (CNPs) have been conducted successfully with 80% attendance of mothers most of the times- this is attributable to thorough campaign and advocacy using the village chiefs and other MSG members
8. The mother support group (MSG) is like a board or council of a BFCI village and not a group of mothers (leaders of a BFCI village). It also includes fathers and a BFCI village covers the entire village but not just a group of mothers.
9. Monthly routine BFCI data collection is very key as it contributes to behavior change of the mothers when they know they are being monitored monthly.
10. The Food and Agricultural Organization (FAO) has taken lead to support the communities integrate agriculture to BFCI-through establishment of farmer groups,
farmer schools, fair days, nutrition education using community nutrition promoters and cooking demonstrations gatherings.

11. Cambodia has established clear monitoring and evaluation system for BFCI with clear data flow from the village to health centre, district, province and then national level.

Conclusion and way forward

1. To end malnutrition especially stunting which has been stubborn for years BFCI must be embraced as a national programme and more community advocacy on IYCN
2. Use community strategy is as entry point for advocating BFCI
3. The report on study visit to Cambodia to be disseminated widely to a large stakeholder’s forum. This should include other studies that have been done on BFCI in Kenya- The aim is to bring in the buy of BFCI into the health system and influence its adoption as a national programme
4. Dissemination of BFCI to be done widely to have a political buy

Cambodia is a beautiful country with grape vines fields, and beautiful temples

Bottonbang grape vines field  Angkor Wat temples