C A M B O D I A

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Routine immunization outreach increases vitamin A capsule and Mebendazole coverage among children 12-59 months and is therefore an effective system for multiple service delivery in Cambodia

In Cambodia, vitamin A capsules (VAC) are distributed to children aged 6-59 months for preventive purpose during March and November through routine immunization outreach by health center (HC) staff of the Ministry of Health (MoH). In 2001, with support from USAID and in collaboration with the National Nutrition Program (NNP)/MoH, Helen Keller International (HKI) started a support strategy to strengthen the existing national VAC distribution program and to increase VAC coverage. By 2006, the program had been implemented in 34 Operational Districts (ODs), covering 45% of the country's eligible children, and increased coverage per OD to 52-97%. In 2003, NNP and HKI collaborated with other MoH departments and added, for the first time, the topic of deworming to the existing VAC training to improve VAC as well as Mebendazole coverage. This bulletin describes the results of this initiative.

Background

After the National Micronutrient Survey in 2000, the NNP and HKI combined efforts to strengthen the national VAC distribution program and developed a new support strategy. This strategy aims primarily at capacity building of health staff, improved VAC logistic and management system, outreach support, community awareness raising and mobilization through community volunteers, Information, Education and Communication (IEC)/ Behavior Change Communication (BCC) materials and mass media as well as regular monitoring and supervision. VAC coverage rates of 52-97% in supported ODs (with 15 of the 22* ODs where data collection was completed by 2005, exceeding the national target of 80%) reflect the success of this strategy.

Because of the successful VAC support strategy and VAC campaign months, the routine immunization outreach appeared to be a good opportunity for the delivery of other periodic services to the communities, and the addition of other intervention was discussed. Early 2003, HKI and UNICEF helped facilitating the dialogue between the MoH departments NNP, National Immunization Program (NIP), National Center for Parasitology, Entomology and Malaria Control (CNM), and the Essential Drug Bureau (EDB) on adding Mebendazole to training of the existing VAC support strategy. In the

* 22 ODs include Siem Reap OD which was divided into two ODs, Siem Reap OD and Angkor Chum OD in 2005, i.e. after HKI's program intervention.

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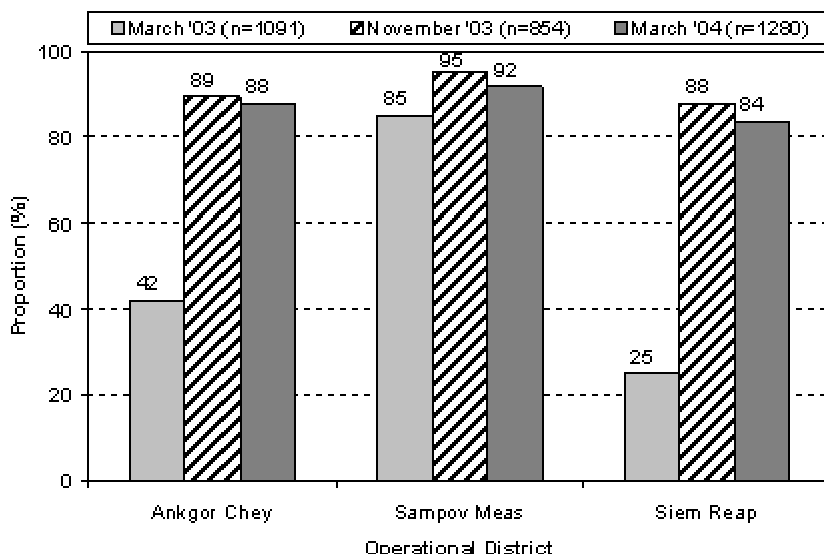
Figure 1. VAC coverage among children 12-59 months in three ODs.



same year, MoH and HKI included for the first time Mebendazole in the VAC training for three new ODs: Sampov Meas, Angkor Chey and Siem Reap.

In 2004, the new MoH "Guidelines for outreach services from health center" were issued which indicate that all children 1 to 5 years should receive one dose of deworming twice a year in March and November at the same time of vitamin A distribution through outreach activity.

Program and Evaluation Approach Used

After initial discussions, HKI and NNP invited EPI, CNM and EDB as co-trainers for the training of health staff from Provincial Health Department (PHD) and OD level (training of trainers). The common VAC training was expanded with topics on Mebendazole and each of the invited co-trainers focused on specific topics. While NNP/HKI provided training mainly on vitamin A and its importance for mother and child health, NIP focused on routine immunization outreach, EDB on logistics and CNM on deworming.

HKI incorporated questions related to Mebendazole into the existing vitamin A survey. In the three new supported ODs, a baseline survey was conducted before the onset of the intervention, to collect information about the unsupported March 2003 distribution round. Follow-up surveys were conducted after the first and second supported distribution round, November 2003 and March 2004, respectively.

According to the national outreach guidelines, VACs have to be administered to children 6-59 months old, whereas Mebendazole has to be given to children 12-59 months old. For comparison purposes, results presented below refer to children 12-59 months old only, with age being calculated based on date of birth.

Findings

Figure 1 shows VAC coverage rates among children 12-59 months old in Angkor Chey, Sampov Meas and Siem Reap ODs**.** The VAC support program was successfully implemented in the three new ODs, as in all ODs, coverage rates exceeded after program introduction the national target of 80%, ranging from 84-95% (Figure 1). Prior to program support (March '03), coverage in Angkor Chey and Siem Reap OD was only 42% and 25% respectively. In Sampov Meas OD, baseline coverage was already 85%. This was because prior to the formal agreement of

Figure 2. Mebendazole coverage among children 12-59 months in three ODs.

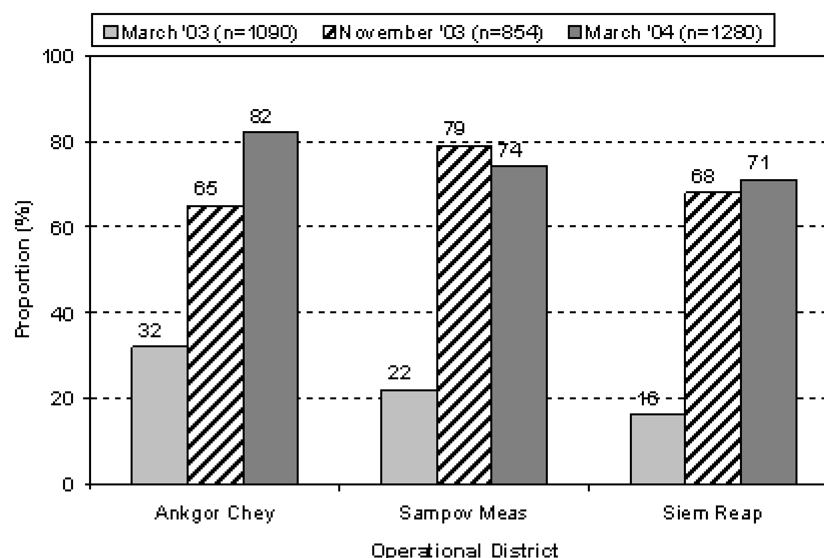
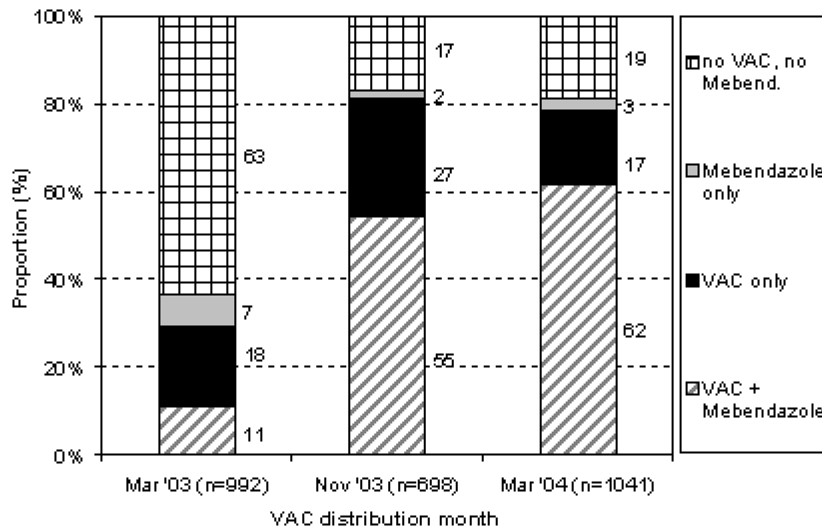


Figure 3. VAC and Mebendazole coverage among children 12-59 months (Angkor Chey and Seam Reap OD).



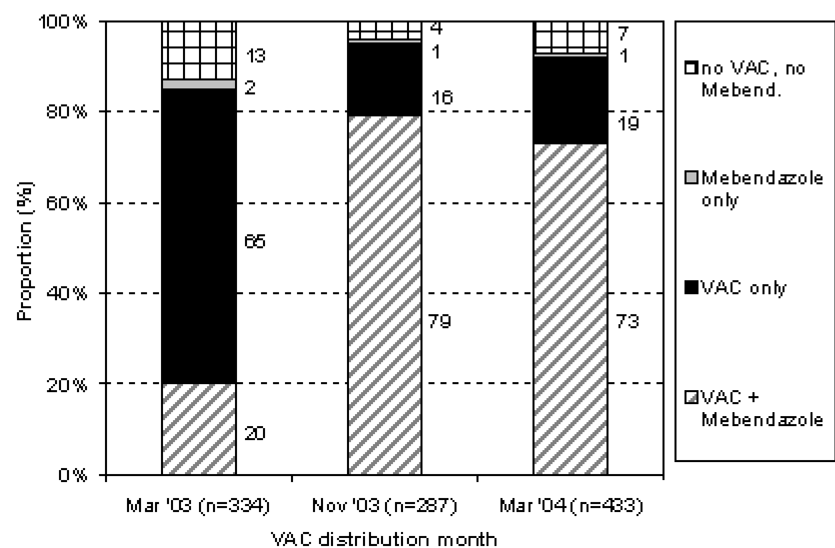
collaboration between HKI and Reproductive and Child Health Alliance (RACHA), RACHA already supported VAC distribution in this OD.

The coverage rates of Mebendazole among children 12-59 months old in the March ’03, November ’03 and March ’04 VAC distribution months are presented in Figure 2. Clearly, after the upgraded VAC program was introduced, Mebendazole coverage increased significantly from 16-32% at baseline (March ’03) to 65-82% in November ’03 and March ’04.

Figures 3 and 4 show the combined coverage of VAC and Mebendazole in March ’03, November ’03 and March ’04 distribution rounds in Angkor Chey and Seam Reap ODs (Figure 3) and Sampov Meas (Figure 4). Results of Sampov Meas OD are displayed separately from the other two ODs because of the different coverage at baseline.

In Angkor Chey and Seam Reap ODs in March ‘03, 63% of all children 12-59 months old had neither received VAC nor Mebendazole, and only 11% had been given both. In the second supported distribution round (March ’04) the reverse was observed, 62% of all children had received both, while 19% had not received either.

Figure 4. VAC and Mebendazole coverage among children 12-59 mo in Sampov Meas OD.



In Sampov Meas OD VAC coverage in March ’03 was already 85%. However, only 20% received Mebendazole in addition to VAC, and 2% received Mebendazole only. In November ’03, after the refresher training on the VAC program during which also deworming was discussed, 79% of the children received both VAC and Mebendazole.

The data show that the Mebendazole component was successfully added to the VAC support program (training) and therefore that routine HC outreach is an effective tool for the delivery of VAC and Mebendazole to preschool aged children in Cambodia during the VAC distribution months March and November.

Out of all children 12-59 months old who received VAC, 94% received it from the HC outreach team in the village while the remaining 6% were given VAC at the HC or hospital when they came for reasons of illness. Important factors for successful delivery of outreach services include training and knowledge of health staff, technical and financial outreach support (perdiem, transportation), monitoring and supervision, sufficient supply as well as community awareness and mobilization through Village Health Support Groups (VHSGs), IEC/BCC materials and mass media.

Conclusions

1. Since VAC as well as Mebendazole have to be administered to preschool aged children twice a year and since the VAC distribution program through routine immunization outreach proofed to be successful and reaches a large proportion of the target population, combining the delivery of Mebendazole with VAC is very feasible.
2. Adding additional topics (e.g. Mebendazole distribution) to the existing NNP/HKI VAC training for health staff as collaborative effort of NNP, HKI and other relevant MoH departments highly benefits program outcomes and helps to better use available resources, thus increases sustainability.
3. The collaboration of relevant government departments (NNP, CNM, EDB and NIP) is crucial for a successful delivery of multiple services through routine immunization
4. Capacity building and knowledge of HC staff as well as outreach support are essential for the successful delivery of multiple services through routine immunization outreach.

Recommendations

1. For successful delivery of Mebendazole during the VAC outreach months March and November and for using available resources effectively, continue adding deworming to the VAC training and strengthen capacity of health staff at all levels.
2. Discuss with relevant government departments and stakeholders the addition of other important topics to the VAC training in order to improve health staff's knowledge, program results as well as utilization of available resources.
3. Disseminate the information on the effectiveness of routine immunization outreach as tool for multiple service delivery and strengthen the collaboration of all government departments and other partners involved.
4. To increase the cost-effectiveness and sustainability of routine immunization outreach, explore the feasibility of integrating additional services such as multi-micronutrient supplementation, bednet insecticide treatment, community education on infant and young child feeding, or others.

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