



Integrated Child Health Project

Activity and Evaluation Report III

Diarrhea Control & Diarrhea Treatment Kits

FY-2004 Child Survival and Health Grants Program (CSHGP)
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Siem Reap, Cambodia
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I. Summary

The Cambodian Red Cross is implementing an Integrated Child Health (ICH) Project in Angkor Chum Operational Health District of Siem Reap Province, Cambodia. The American Red Cross and the United States Agency for International Development (USAID) provide technical and financial support. The goal of the ICH Project is to reduce child morbidity and mortality in a sustainable fashion in Angkor Chum Operational Health District. Diarrhea prevention and control is critical to achieve Strategic Objective 3: improved management of the sick child.

The ICH Project uses a comprehensive, community-based approach to prevent and control diarrhea. Through an extensive network of nearly 2,000 Red Cross volunteers, the ICH Project promotes improved health practices related to hygiene, handwashing, recognition of diarrhea danger signs, case reporting, treatment, and referral for severe cases. The Diarrhea Treatment Kit (DTK) or *Orasel*® is promoted as a home care option as part of the overall ICH Project diarrhea prevention and control strategy.

This report covers all diarrhea prevention and control activities with a focus on *Orasel*® Diarrhea Treatment Kit (DTK) promotion and selling. These activities began in earnest in April, 2006. Since that time, Red Cross volunteers completed 28,992 home visits to promote illness recognition and danger signs, hygiene and handwashing, as well as home care, including the promotion of *Orasel*® and Oralit. Home visits were complemented with seven hygiene edutainment sessions with a total of 890 participants. Initially, twenty villages were targeted for *Orasel*® promotion and selling (DTK villages). An additional 20 villages were added in September. Four-hundred thirty-four (434) *Orasel*® Diarrhea Treatment Kits were sold from May through September in these villages.

Challenges to implementation included the onset of rainy/rice planting season coinciding with the introduction of *Orasel*®, uncertainty about product re-supply, as well as a lecture style approach to volunteer training.

Despite these limitations, a two-stage, random cluster survey revealed *Orasel*® brand recognition by 68 percent of mothers in DTK villages as compared to 26 percent in non-DTK villages. Recognition of zinc was lower: only 34 percent of mothers in DTK villages recognized zinc as compared to 13 percent in non-DTK villages.

Related to use of oral re-hydration salts (ORS includes both *Orasel*® and Oralit), 72 percent of mothers in DTK villages reported using ORS during their child's last diarrhea episode. Only 56 percent of mothers in non-DTK villages reported this practice. However, at the baseline (March, 2005) only 33 percent of mothers reported giving ORS during their child's last diarrhea episode. A representative sample of the same geograph area shows that this rate has increase by 24 percent: 57 percent of mothers now report ORS use.

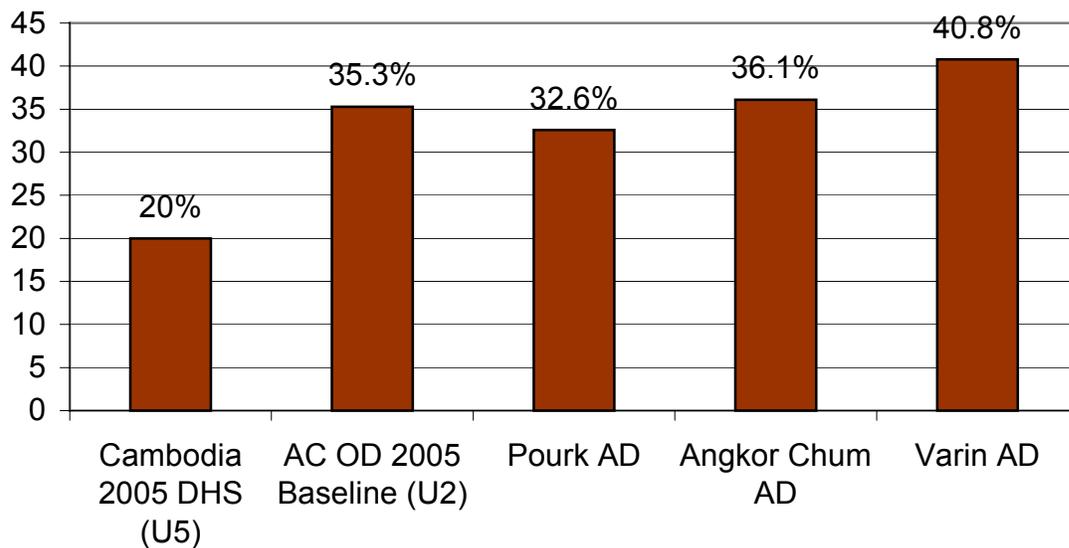
Also of interest is the increase from 41 percent (baseline) to 68 percent (survey) for mothers reporting to give more breast milk during their child's last diarrhea episode. Mothers reporting increased fluid and food intake also went up, by 16 percent and 41 percent respectfully. However, food intake following the last episode of diarrhea decreased (insignificantly) by 9 percent.

II. Background

Diarrhea is estimated to account for 25 percent of all childhood death in Cambodia.¹ Diarrhea causes dehydration, which can quickly lead to death if not properly managed. Oral re-hydration therapy (ORT) has proven to be highly effective to prevent and treat dehydration. It is estimated that 15 percent of all diarrhea associated childhood death could be averted if ORT was used during each diarrhea episode. Furthermore, zinc has now been proven to reduce both the duration and severity of diarrhea episodes as well as reduce reoccurrence for several months following use.² Approximately nine percent of diarrhea associated childhood death could be averted by treatment with zinc.³

The Cambodian Red Cross, with technical and financial support from the American Red Cross, is implementing an Integrated Child Health (ICH) Project in Angkor Chum Operational Health District of Siem Reap Province, Cambodia. The ICH Project is supported by the American people through the United States Agency for International Development (USAID) Child Survival and Health Grants Program. The goal of the ICH Project is to reduce child morbidity and mortality in a sustainable fashion in Angkor Chum Operational Health District of Siem Reap province, Cambodia.

Graph 1. Two-week diarrhea prevalence by OD and administrative district



Graph 1, above, shows two-week diarrhea prevalence at the national level, Angkor Chum Operation District (OD), and the three administrative districts (AD) that comprise Angkor Chum OD. Diarrhea prevalence increases from each AD from south to north and progressively further from the national highway.

¹ Millennium Development Goal 4: Reducing Child Mortality in Cambodia, Child Survival Partnership High Level Consultation, Phnom Penh May 31-June 2, 2004

² UNICEF, Clinical Management of Acute Diarrhea, WHO/UNICEF Joint Statement, May 2004

³ Jones G et al. How many child deaths can we prevent this year?, *Lancet* 2003; 362: 65-71

The ICH Project uses a comprehensive, community-based approach for diarrhea prevention and control. Through an extensive network of nearly 2,000 Red Cross volunteers, the ICH Project promotes improved health practices related to hygiene, handwashing, recognition of diarrhea danger signs, case reporting, treatment, and referral for severe cases. The *Orasel*® Diarrhea Treatment Kit (DTK) is promoted as a home care option as part of the overall ICH Project diarrhea prevention and control strategy.

DTK is sold using a social marketing scheme developed by PSI/Cambodia. DTK bundles 2 packs of low osmolarity ORS with 10 tablets of 20 mg. dispersible zinc and a consumer insert containing information on correct use, danger signs, prevention, and messages on continued feeding. The DTK offers a “1-2 punch”: rehydration and reduction of severity. DTK is sold in the villages with the intent of making DTK more available than antibiotics and anti-diarrheals.

Zinc is a new product in Cambodia. The concept of water-soluble tablets is not common, especially in the rural areas. Additionally, the treatment recommendation (one tablet dissolved in water for children 6 months to 5 years of age for 10 consecutive days even if diarrhea episode has stopped⁴) is not consistent with the treatment recommendation for ORS (continuous until diarrhea episode has stopped). These issues complicate communication for correct and concomitant use of both products. PSI/Cambodia has undertaken formative research in Siem Reap to make the packaging and insert easily understandable with minimum text.

DTK was launched with a comprehensive communication strategy including radio and television broadcasts, mobilization activities through mobile video units, training of shopkeepers (via RACHA), and training of Red Cross volunteers. Additionally, PSI has provided promotional items, tee-shirts, caps, water bottles, banners, baby wear, etc., to increase recognition of the brand name *Orasel*®.

⁴ ZinCfant 20mg information sheet, www.nutriset.fr, last update 11/2004
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III. Activity Overview

This report includes the results of diarrhea prevention and control activities, including the piloting of DTK. These activities began in earnest in April. Prior to that time, a letter of understanding was signed among Population Services International (PSI), the Cambodian Red Cross (CRC), and the American Red Cross (AmCross). ICH Project staff were trained as trainers in diarrhea prevention and control, including oral re-hydration therapy. Colorful didactic materials, emphasizing key diarrhea control messages, were designed as job aids to be used by Red Cross volunteers (see Annex B). This training was planned and conducted with technical staff from the Provincial Health Department (PHD) and Operational District (OD).

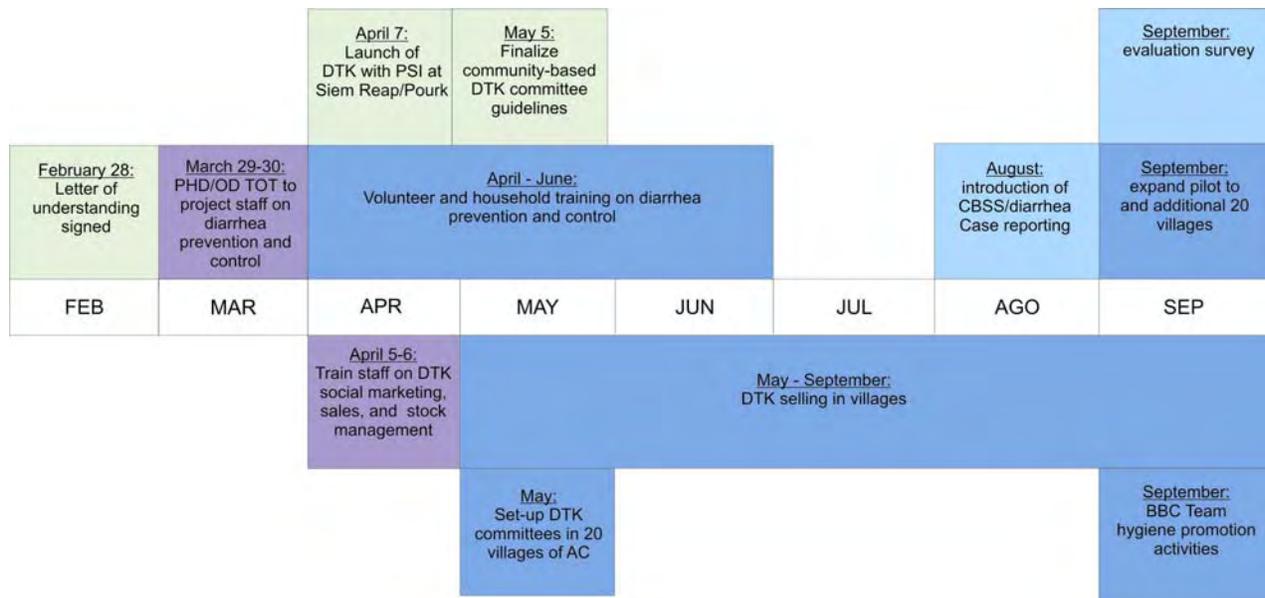
From April through June, field officers trained nearly 2,000 Red Cross volunteers, covering 254 villages of Angkor Chum OD. Red Cross volunteers are responsible for completing homevisits to negotiate improved health practices with all households with children under five and/or women of reproductive age. Each volunteer is assigned to approximately 20 households in their own village.

In May, community-based DTK committee guidelines were drafted and finalized; these were used to set-up DTK committees in 20 pilot villages of Angkor Chum. DTK sales have been ongoing since that time. Selected staff were trained by PSI in DTK social marketing, sales, and stock management. Those staff, in turned, trained the village-based DTK committees responsible for selling *Orasel* in their village.

In August, the community-based surveillance system (CBSS) was pilot tested. The CBSS records diarrhea cases as well as ORS use in addition to other health statistics by RC volunteers.

In September, the behavior change communication team launched village-based hygiene promotion activities. Twenty (20) additional villages were added to the pilot in September as well. A field visit with Secretary of State for Health, High Excellency Prof. Eng Hout and National Child Survival Chairman, Dr. Hong Rathmony with PSI and RACHA was completed on September 15. An evaluation survey was conducted on diarrhea control and DTK at the end of September. Survey results are included in this activity report.

Illustration 1. Diarrhea control and DTK timeline

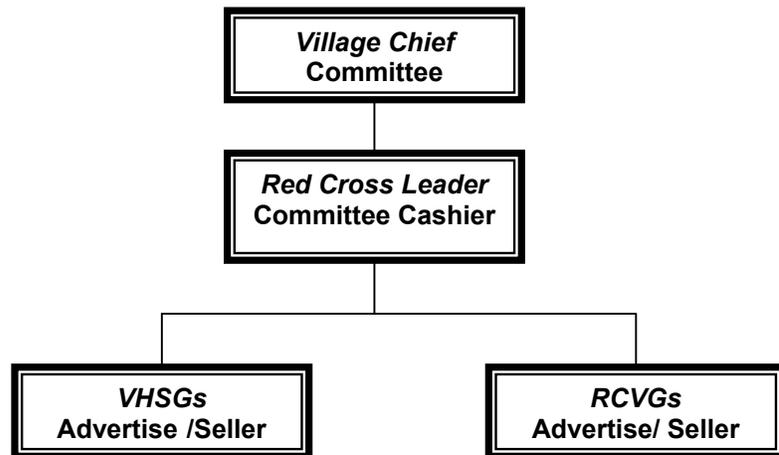


IV. Design

Initially, twenty (20) villages were selected to pilot DTK selling. The village number was limited to ensure sufficient product supply to satisfy demand. Pilot villages were selected based on perceived need (less well off) and geograph dispersion within Angkor Chum AD. In September, an additional 20 villages in Angkor Chum were added to the pilot.

Within each target village, ICH Project field officers facilitated the formation of a committee. Each committee consists of the village leader, RC volunteer leader (RCVL), RC volunteers, and a Village Health Support Group (VHSG) member. The field officers facilitated this process. The village leader is the committee chairman and oversees all activity; the RCVL is responsible for managing stock, cash transactions, issuing receipts, and safekeeping sales revenue. Cash is kept in a locked box provided by the project. The VHSG and RC volunteers are responsible for promoting the product among the households they work with and bringing potential customers to the RCVL leader to purchase DTK.

Illustration 2. Community DTK Committee Structure



DTK is sold for 1,500 Cambodian Riel; three hundred (300) riel are given to the person who brings the customer to the RCVL to purchase DTK as an incentive. The balance of 1,200 riel is kept in the locked box. This money can be used by the Red Cross volunteer groups to pay transportation costs to the health center for severe diarrhea cases or other illnesses.

Presently, there are 40 pilot villages, with 378 committee members in all seven communes of Angkor Chum AD.

V. Results

The ICH Project's monitoring and evaluation (M&E) system collects routine activity data to track project outputs. The system also collects outcome and impact data through periodic surveys in order to verify progress towards achievement of the project objectives. This is done by comparison of data with baseline levels.

A. Routine Activity Reporting

Diarrhea prevention and control activities shown below include: (1) the number of home visits completed by Red Cross volunteers with a focus on diarrhea control, including DTK promotion⁵, throughout 254 villages; (2) the number of community-based hygiene activities completed by the Behavior Change Communication team; and, (3) the number of DTK units sold in the pilot villages. Data presented in this section of the report was collected through routine reporting systems and are actual counts.

The total number of home visits related to diarrhea prevention and control between April and September, 2006 was 28,992. Topics covered were illness recognition and danger signs, diarrhea prevention (hygiene and handwashing), and home care (including promotion of *Ora*sel® and Oralit).

The Behavior Change Communication (BCC) team launched community-based hygiene and *Ora*sel® promotion activities in September. These edutainment sessions promote key diarrhea prevention and treatment messages using dynamic and interactive approaches to encourage improved practices. Table 1 below summarizes community participation during these sessions.

Table 1. Behavior Change Communication team community-based hygiene promotion activity

No.	Target Area		Number of participants						
	Village	District	6-14 Y	Adult	RCVL	RCV	Parents	VL	TOTAL
1	Being	A/C	108	0	1	6	4	1	120
2	Bott	A/C	106	0	0	1	13	1	121
3	Romduol Thmeiy	A/C	50	0	0	0	3	0	53
4	Don Peng	A/C	117	6	1	6	31	1	162
5	Prolit	A/C	146	0	1	2	2	0	151
6	Trapeang Ressey	Pourk	131	10	1	10	25	1	178
7	Reul	Pourk	89	4	2	1	8	1	105
TOTALS			747	20	6	26	86	5	890

Table 2. DTK sales by month in pilot villages

Month	DKT units sold	Notes
May	83	DTK selling committees are set-up, trained, and sales begin
June	122	Increased sales attributed to promotion and satisfaction with use
July	44	Decreased sales attributed to mothers working in the field
August	59	Decreased sales attributed to mothers working in the field
September	126	Increased sales attributed to launching of community hygiene activities and expansion to additional 20 villages
TOTAL	434	

⁵ Although DTK selling was undertaken as a project activity for only 20 villages until September, DTK was promoted by Red Cross volunteers in all 254 villages to support the DTK selling through shopkeepers organized by PSI and RACHA.

Table 2 above summarizes DTK sales by month in the pilot villages. A total of 434 DTK units were sold from May through September, 2006. A detailed record of sales by village and month is included as Annex A to this report. The decrease in sales from June to July is primarily attributed to the onset of the rainy season, which is when villagers transplant rice to the field, and are likely to have less time to care for simple diarrhea cases properly.

B. Evaluation Survey Methodology

Data presented in this section was collected through a two-stage cluster sample survey undertaken from September 28-30. The survey was planned, organized, and supervised by the ICH M&E officer and forms part of the ICH Project's M&E system. Five OD staff completed interviews with the mothers. A half-day training session took place on the afternoon of September 27 to review the survey instrument and complete logistics planning with the survey team.

The original survey design included a random sample of 15 villages in Pourk and Angkor Chum ADs. An additional 10 villages were randomly selected from the pool of 20 DTK selling villages. Varin District was excluded from the sample due to severe road conditions resulting from the rainy season. Access to any village randomly selected in Varin could not be guaranteed at the time of the survey. Within each selected village, the interviewers randomly selected five mothers with children under two years of age.

An additional two villages were added due to difficulty in locating sufficient mothers with children under two years of age at the time the interview team visited the village. In each case, the nearest village was added. A total of 125 mothers with children under two years of age were interviewed in 17 villages of Angkor Chum and Pourk Districts.

C. Data Analysis

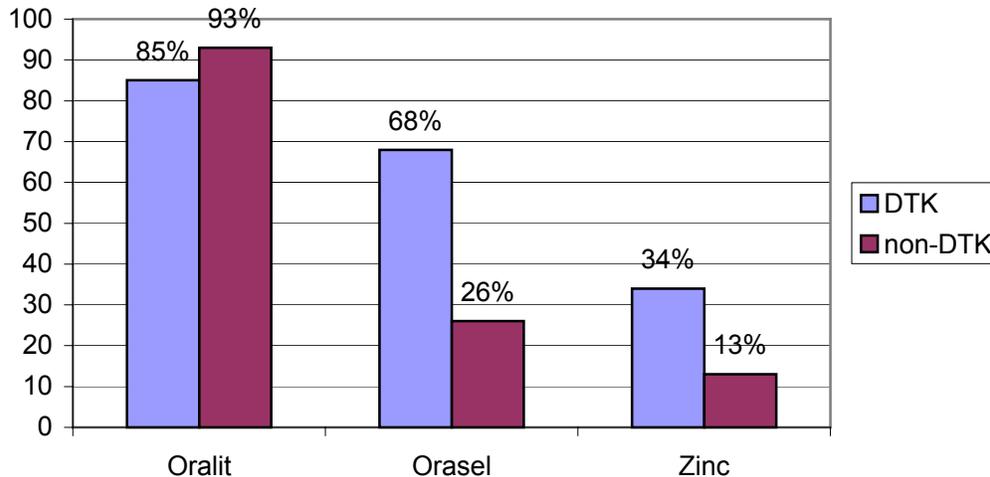
Data was entered into Excel to calculate simple proportions. Data was analyzed by: (1) comparison between DTK villages and non-DTK villages. For this comparison, the data was separated into DTK villages and non-DTK villages; (2) the original sample of 15 villages was reconstructed in order to achieve representative data for both ADs. This was done in the interest of comparing statistics with baseline data collected in March, 2005. Baseline data used in this report also excludes data collected from Varin District.

One small difference between the baseline and diarrhea evaluation survey, is that the baseline survey only asked about actions before and during diarrhea to mothers reporting their child had had diarrhea in the previous two weeks. Due to the limited sample size for the diarrhea evaluation, these behavior questions were asked about the last child diarrhea episode whenever that may have occurred.

1. DTK villages versus non-DTK villages

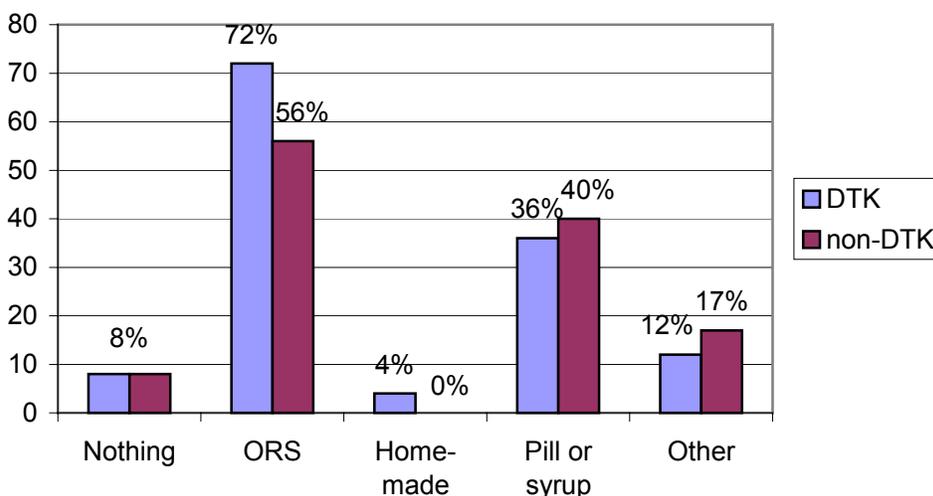
Mothers were asked if they had ever heard of Oralit, *Orasel*®, and/or zinc. Recognition of Oralit was similar between DTK and non-DTK villages; 85 percent and 93 percent. Recognition of *Orasel*®, the DTK brand name, was significantly higher in DTK villages: 68 percent of mothers in those villages had heard about *Orasel*®, as compared to 26 percent of mothers in non-DTK villages. Similarly, recognition of zinc was 21 percent higher in DTK villages as compared to non-DTK villages.

Graph 2. Recognition of Oralit, *Orasel*®, and zinc



Mothers were asked: "what did you give your child the last time s/he had diarrhea?". With the exception of ORS use, DTK and non-DTK villages are similar. Use of ORS (either *Orasel*® or Oralit) was higher in DTK villages: 72 percent compared to 56 percent. Of concern is the high proportion of mothers, between 36 to 40 percent, who reported giving either a pill or syrup during the last diarrhea episode.

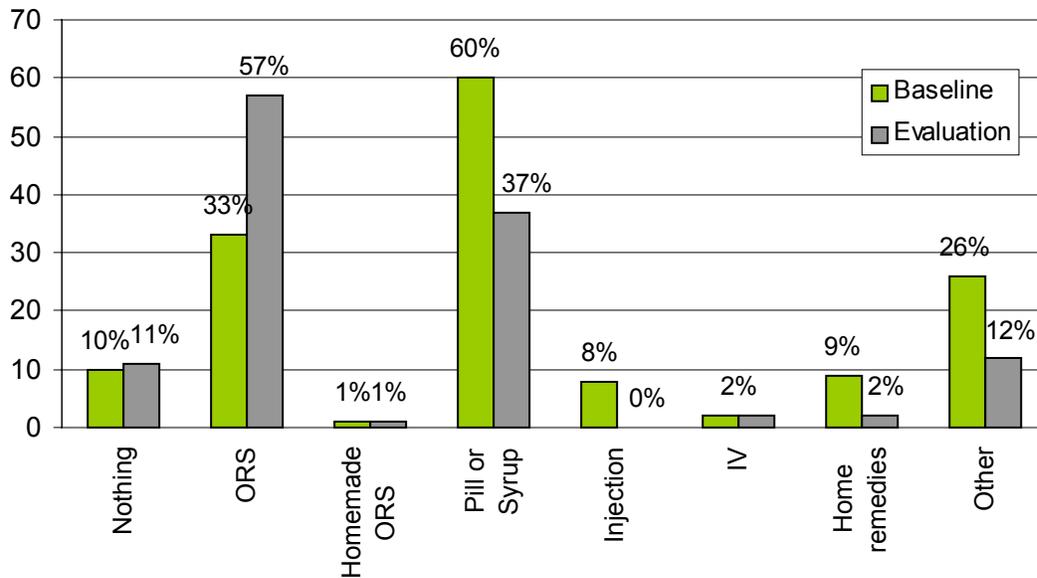
Graph 3. Diarrhea treatment



2. Baseline versus evaluation

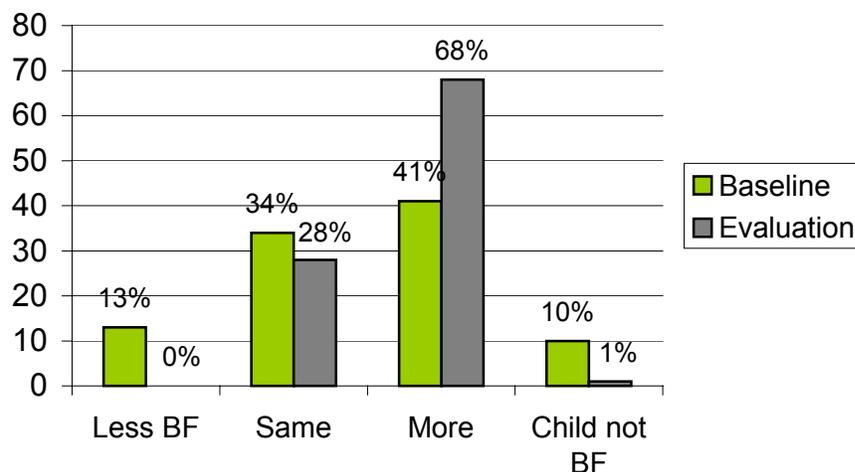
In order to evaluate progress since the baseline survey, mothers were asked "what was given to treat diarrhea during the last episode?" Graph 4 below shows ORS use (including DTK and Oralit) increased from 33 percent to 57 percent. There was a corresponding significant decrease from 60 percent to 37 percent of treating with a pill or syrup. Injection went from eight percent to zero. "Other" treatments also decreased from 26 percent to 12 percent. A secondary analysis revealed no significant differences between DTK and non-DTK villages.

Graph 4. Diarrhea treatment

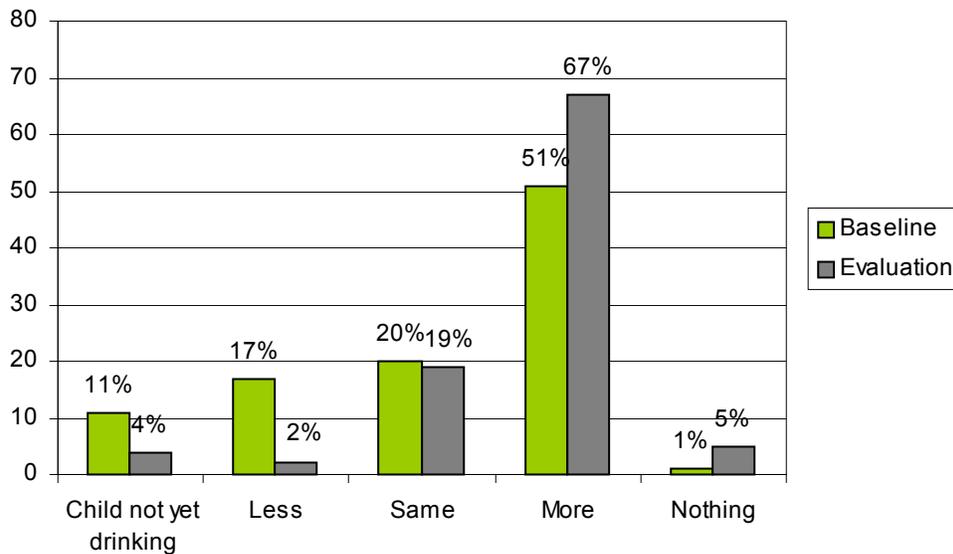


Graph 5 below details mothers' responses to the question "when your child had diarrhea, did you breastfeed him/her less than usual, about the same amount, or more than usual?". In the baseline survey, 13 percent of mothers reported reducing breastfeeding during diarrhea, but by the evaluation survey no mothers reported this practice. Concomitantly, the proportion of mothers reporting increasing breastfeeding during diarrhea increased from 41 percent to 68 percent.

Graph 5. Breastfeeding during last diarrhea episode



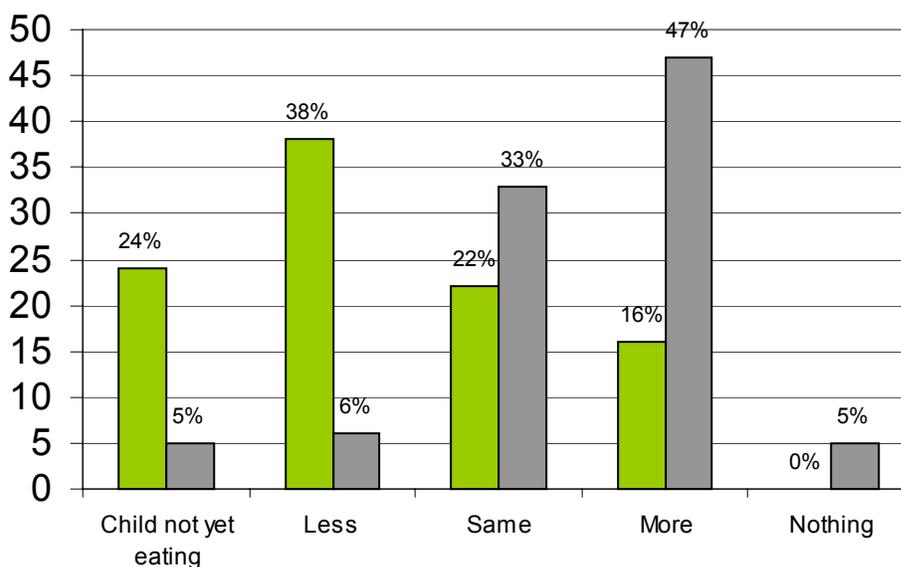
Graph 6. Fluid intake during last diarrhea episode



Graph 6 above details responses to the question "when your child last had diarrhea was he/she offered less than usual to drink, about the same amount, or more than usual to drink?". Similar to breastfeeding, fluid intake during the last diarrhea episode increased: during the baseline survey 51 percent of mothers reported giving more fluids during diarrhea at baseline compared to 67 percent reporting this practice at the time of the evaluation survey.

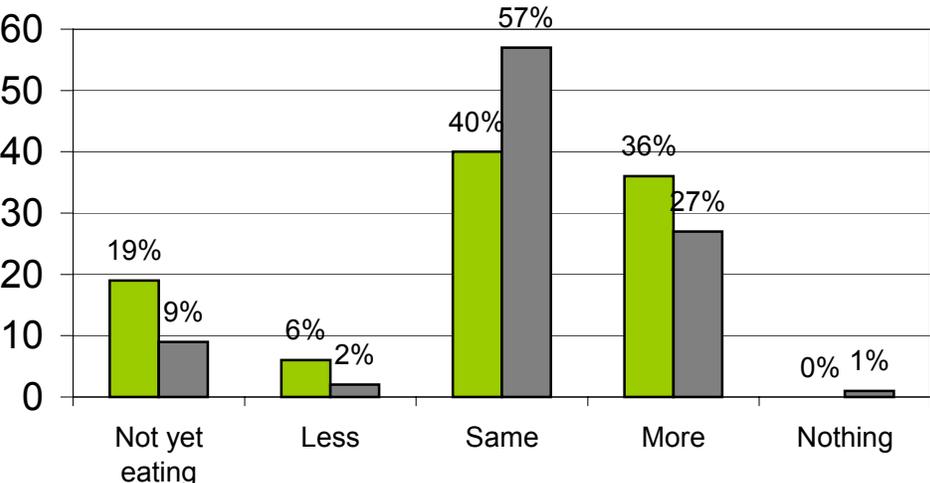
Graph 7 below shows data related to reported food intake of the child during their last episode of diarrhea. Mothers reported a significant reduction in withholding food during the last diarrhea episode: from 38 percent to 6 percent. Similarly, there was a 31 percent increase in mothers reporting giving their sick child more food.

Graph 7. Food intake during last diarrhea episode



However, when mothers were asked about food intake following the last diarrhea episode, the majority (57 percent) reported giving the same amount as usual; an increase of 17 percent over the baseline statistic. Mothers who reported giving more food decreased (insignificantly) by 9 percent; thus highlighting no progress on this indicator.

Graph 8. Food intake following last diarrhea episode



VI. Constraints

Overall, the implementation of the diarrhea prevention and control strategy, including DTK selling has gone smoothly. However, three challenges have limited progress. First, the onset of the rainy season, which is when villagers transplant rice to the field, coincided with the introduction of DTK. Furthermore, access to several villages has been limited due to road conditions exasperated during rainy season. Red Cross volunteer leaders have reported sales to drop off beginning in July as mothers are busy in the field. It is noteworthy that this is an ongoing challenge effecting rural programming.

Second, uncertainty about restocking DTK delayed expansion to additional villages. The second procurement from PSI was only available in early September. As this issue has been resolved, the project has scaled-up to an additional 20 villages.

Third, ICH Project staff use lecture style communication when working with RC volunteer groups. This approach is limiting the potential for effective communication to truly negotiate improved health practices and motivate behavior changes.

VII. Recommendations

The ICH Project should scale-up DTK selling to all 254 villages of Angkor Chum OD. The project has laid the groundwork for expansion of the DTK pilot to all villages. This has been done by including DTK as a recommended care option for simple diarrhea in the IEC materials and this information has been included as part of the village-based volunteer trainings to all CRC volunteers. Additionally, budget resources have been set aside for DTK procurement to scale. However, expansion will depend on product availability. At the time of writing of this report, PSI reported that the DTK pilot has been extended through December 2006.

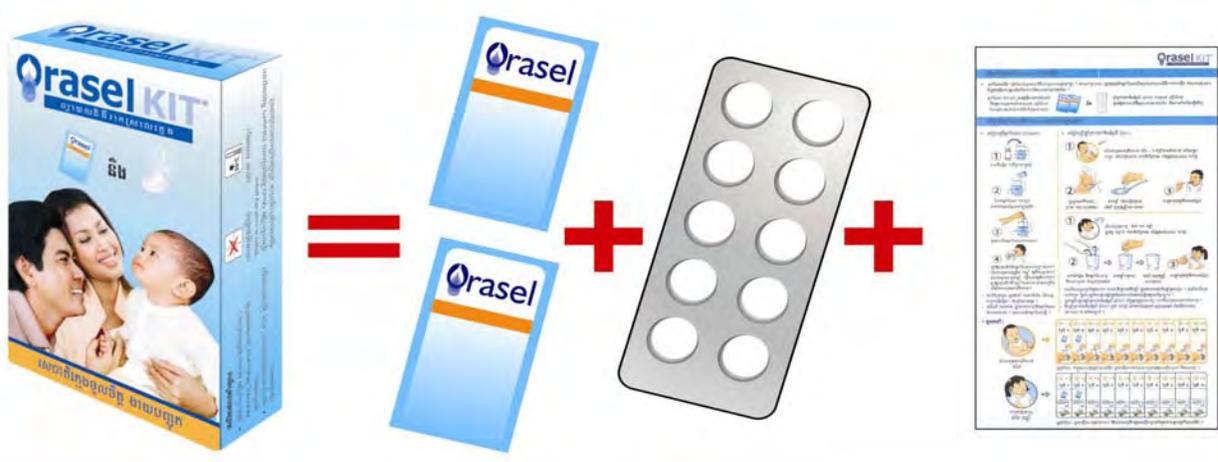
A series of workshops focusing on participatory and empowerment approaches are already underway with ICH Project staff. These workshops focus on strengthening skills and building capacity on interactive adult learning using a behavior change communication approach.

Finally, the ICH Project is intensifying promotion activities in order to further increase diarrhea control and DTK selling. Activities include expansion of BCC team edutainment sessions and refresher trainings to RC volunteer groups focusing using more participatory approaches including DTK practice demonstrations, role-plays, and group discussions.

Annex 1. Sales by village and month

No	Village	May	June	July	Aug	Sep	Total
1	Kouk Kbat	6	4	0	1	2	13
2	Chhuk	7	2	0	0	0	9
3	Char Roka	4	1	2	1	0	8
4	Prey Lvay	4	0	1	2	0	7
5	Kouk Thnong	8	5	0	2	0	15
6	Khchas	5	0	4	5	2	16
7	Bos Lhong	1	3	0	0	0	4
8	Ta Saom	2	4	3	3	0	12
9	Ka Rolum	1	19	1	0	2	23
10	Pnov	3	17	7	7	0	34
11	Khvav	5	5	0	7	18	35
12	Khan Sar	2	5	6	7	2	22
13	Kouk Knang	0	11	4	2	3	20
14	Rovieng Thmei	1	10	0	7	2	20
15	Rulum	1	2	2	0	0	5
16	Prasat Trav	5	1	2	0	0	8
17	Kam Bleub	16	13	2	4	0	35
18	Doun Em	3	9	4	0	0	16
19	Kouk Thmei	0	5	0	7	0	12
20	Lbeuk	9	6	6	4	16	41
21	Doun Svay	0	0	0	0	1	1
22	Kbal Cham	0	0	0	0	7	7
23	Klong	0	0	0	0	0	0
24	Thmei	0	0	0	0	0	0
25	Roka	0	0	0	0	10	10
26	Beng	0	0	0	0	10	10
27	Doun Peng	0	0	0	0	0	0
28	Kouk Yeang	0	0	0	0	6	6
29	Thnal	0	0	0	0	24	24
30	Kouk Thmei	0	0	0	0	2	2
31	Svay Chum	0	0	0	0	0	0
32	Tonle Sar	0	0	0	0	14	14
33	Srae Khvao	0	0	0	0	1	1
34	Srae Prang	0	0	0	0	0	0
35	Teuk Thla	0	0	0	0	0	0
36	Reach Chantul	0	0	0	0	0	0
37	Tum Rab	0	0	0	0	0	0
38	An Tit Sokh	0	0	0	0	0	0
39	Kouk Snuol	0	0	0	0	0	0
40	Nokor Pheas	0	0	0	0	4	4
	Total	83	122	44	59	126	434

ប្រើប្រាស់អ្វីវ៉ាសែល និងហ្ស៊ីង ផ្នែកទី៥



The top section shows the components of the Orasel Kit: a box, two sachets, a blister pack, and an instruction sheet.

១



ចាក់ទឹក ១លីត្រទៅក្នុងថ្នូ

២



ហែកកញ្ចប់អ្វីវ៉ាសែល ១កញ្ចប់ រួច ចាក់ទាំងអស់ចូលទៅក្នុងថ្នូទឹក

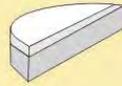
៣



កូរទាល់តែអ្វីវ៉ាសែលរលាយអស់



១



សំរាប់ក្មេងអាយុក្រោម៦ខែ : កាច់ថ្នាំជា២កំណាត់ ហើយត្រូវបញ្ជាក់ ១ចំហៀងគ្រាប់ (១០មីលីក្រាម) ១ថ្ងៃម្តងរយៈពេល ១០ថ្ងៃ

២



ត្រូវច្របាច់ទឹកដោះ ម្តាយ ១ស្លាប់ព្រាបាយ



ដាក់ថ្នាំ ១ចំហៀងគ្រាប់ រង់ចាំ ឬកូរអោយថ្នាំរលាយអស់

៣



បញ្ជាក់ក្មេងអោយផឹកតាមសំរួល

១



សំរាប់ក្មេងអាយុ ៦ខែ ទៅ ៥ឆ្នាំ ត្រូវអោយ ១គ្រាប់ ១ថ្ងៃម្តងរយៈពេល ១០ថ្ងៃ

២



ចាក់ទឹកឆ្អិន ទឹកអ្នករំលែល ឬ ទឹកដោះម្តាយ ២ស្លាប់ព្រាបាយ

ដាក់ថ្នាំ ១គ្រាប់

រង់ចាំឬកូរអោយថ្នាំ រលាយអស់

៣



បញ្ជាក់ក្មេងអោយផឹកតាមសំរួល



ការកំណត់រោគសញ្ញានៃជំងឺរាក

ផ្នែកទី១

ក្មេងចាប់ផ្តើមរាកធម្មតា



បំបៅទឹកដោះម្តាយ	អ្នកវិសេស	អ្នកវិលីត្រ	ទឹកដូង

ក្មេងរាកផ្តិតពោះរលាយឆ្ងាញ់



ក្មេងរាកមិនអាចផឹកបាន



ចល្បួលសុខភាព



ក្មេងរាកផង ក្អួតផង



ក្មេងរាកមានឈាមជាប់សាមក



ដំណើរការនៃការលាងសំអាតដៃ

ផ្នែកទី៤

មុនដំបូងត្រូវរៀបចំសំភារៈសំរាប់លាងសំអាតដៃ



ដួសទឹកពីពាង



ស្រោចទឹកលាងដៃទាំងពីរ



យកជ័រឬសាប៊ូ និងក្បូងមកដុះលាងដៃទាំងពីរ



យកសាប៊ូមកដុះលាងដៃទាំងពីរ



ចាក់ទឹកលាងដៃទាំងពីរម្តងទៀត



យកកន្សែងស្អាតមកជូតដៃទាំងពីរ



ត្រូវលើកបញ្ឈ្នំដៃទាំងពីរឡើងលើ



យកទឹកទៅក្នុងចានដៃទៅចាក់ចោល



វិធានការការពារជំងឺរាកនៅតាមសហគមន៍

ផ្នែកទី២

ត្រូវលាងសំអាតដៃក្រោយចេញពីបង្គន់



ត្រូវលាងសំអាតដៃ



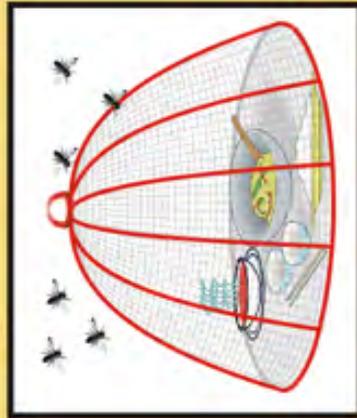
ត្រូវកប់លាមកអោយបានត្រឹមត្រូវ



ត្រូវផឹកទឹកអ៊ុនរាល់ពេល



ត្រូវគ្របម្លូបអាហារអោយបានត្រឹមត្រូវ



តើយើងត្រូវលាងសំអាតដៃនៅពេលណា? ផ្នែកទី៣

ក្រោយចេញពីស្នាក់នៅ



ក្រោយពីលាងដូងកូន



គ្រូលាងសំអាតដៃ



មុនរៀបចំអំនុកអាហារ



មុនពេលបញ្ចុកធុយកូន



មុនពេលបរិភោគអាហារ



