



# Insecticide Treatment Campaign Activity Report

**FY-2004 Child Survival and Health Grants Program (CSHGP)  
Grant No. GHS-A-00-04-00007-00**

Siem Reap, Cambodia  
May, 2006



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## Summary

The Cambodian Red Cross implemented an insecticide treatment campaign on March 25 and 26, 2006. The activity resulted in the treatment of 1,702 mosquito nets in 12 of the most malaria vulnerable villages of Angkor Chum and Varin administrative district of Siem Reap province. The total number unduplicated, direct and indirect beneficiaries is 8,898. Approximately 3,915 people sleeping under these newly treated mosquito nets are protected from malaria. The intervention is expected to prevent the deaths of five children under the age of five years.

The campaign was undertaken with the strong collaboration and support from the National Malaria Center, the Siem Reap Provincial Health Department, the Angkor Chum Operational Health District, and Health Centers of Angkor Chum, Both, Svay Sor, and Varin, as well as the American Red Cross. The activity was carried out as part of the USAID-funded Siem Reap Integrated Child Health Project. The National Malaria Center (CNM), through local health authorities, donated the insecticide, valued at over half of the total activity cost. The cost per mosquito net treated (including training, field activity, and insecticide) is \$1.15; or \$0.51 per direct beneficiary.

This activity supports the joint malaria control action plan which was developed by stakeholders following the recommendations of malaria formative research recently completed in the Angkor Chum and Varin administrative districts.<sup>1</sup> The activity and joint action plan are directly linked to the Integrated Child Health Project's malaria control strategy, intermediate results, strategic objectives, and goal.

## Background

Cambodia has the worst malaria mortality and morbidity rates in Southeast Asia and one of the highest rates of malaria drug resistance in the world.<sup>2</sup> According to the National Health Statistics Report 2003, malaria is the third most common cause of outpatient attendance, the fifth main health problem among inpatients, and the second most common cause of hospital mortality.

The American Red Cross (ARC) is working with the Cambodian Red Cross (CRC) to implement an Integrated Child Health (ICH) Project funded by United States Agency for International Development (USAID). 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. Insecticide treatment of mosquito nets is

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<sup>1</sup> Kolesar R. January, 2006 *Understanding Malaria Prevention and Control in Rural Cambodia: A formative research study*, Siem Reap, Cambodia

<sup>2</sup> <http://www.cambodia.net/malaria/facts.html>, retrieved January 17, 2006

linked to the Integrated Child Health (ICH) Project's malaria control strategy, and support the achievement of the project's intermediate results, strategic objectives, and goal.<sup>3</sup>

In September 2005, a formative research study was undertaken to fine tune malaria control interventions in Angkor Chum and Varin administrative districts. The American Red Cross and Cambodian Red Cross worked in partnership with numerous stakeholders to carry out the study. The National Malaria Center, the Siem Reap Provincial Health Department, and the Angkor Chum Operational District with support from the Belgian Technical Cooperation (BTC), Reproductive and Child Health Alliance (RACHA), and Population Services International (PSI) were all involved in various aspects of the research.

The study findings and recommendations were reviewed by during a one-day stakeholder workshop at the Angkor Chum Operational Health District office. That workshop resulted in the development of a malaria control joint action plan detailed in table 1 below.

**Table 1. Planned Activities and Responsible Parties**

<b>Number</b>	<b>Activities</b>	<b>Responsible</b>
<i>1.</i>	<i>Health education</i>	
1.1	Prevention, early identification, and referral training to field officers	ARC/CRC OD, RACHA
1.2	Prevention, early identification, and referral training to CRC volunteers	CRC, VMW
1.3	Prevention, early identification, and appropriate care-seeking (to shift demand to health centers, VMWs, and <i>malarine</i> sales agents) training to households	CRC volunteers
1.4	Engage community leaders in implementation	ARC/CRC
1.5	Media messaging (radio, advertisements)	PSI
1.6	Mobile Video Unit (MVU)	PSI
1.7	IEC materials development, provision of prototype	RACHA, CNM
1.8	Train VHSGs on diagnosis, primary care, and referral	further discussion
<b>Number</b>	<b>Activities</b>	<b>Responsible</b>
<i>2.</i>	<i>Insecticide treatment</i>	
2.1	Provision of insecticide (ARC to write request letter)	CNM, PHD
2.2	Organization of treatment stations linked to HC outreach	OD, ARC/CRC
2.3	Community mobilization to bring mosquito nets for treatment	ARC/CRC
2.4	Develop insecticide-treated sling for children removed from under the net at night	PSI
2.5	Pre-test and pilot insecticide-treated sling in 10 villages to demonstrate impact; explore potential for scale-up following results of pilot	ARC/CRC

<sup>3</sup> Kolesar R, Ricca J, Willard A, Edwards N, Ram S, June, 2005 *Siem Reap Integrated Child Health Project, Detailed Implementation Plan*, Phnom Penh, Cambodia

(table 1 continued)

3.	<i>Mosquito nets</i>	
3.1	Procurement of nets	PHD/OD, ARC/CRC
3.2	Free/heavily subsidized distribution to pregnant women via HCs	OD
3.3	Criteria development for free/heavily subsidized distribution to high risk poorest of the poor in the community	OD, ARC/CRC
3.4	Free/heavily subsidized community distribution	VHSG, CRC volunteers
3.5	Social marketing of subsidized nets	ARC/CRC, PSI
3.6	Monitoring for correct use	all
4.	<i>Increase drug availability and access</i>	
4.1	Ensure drug supply in the HCs	PHD, OD
4.2	Increase <i>Malarine</i> distributors in the community	PSI
4.3	Follow-up monitoring	OD to coordinate
4.4	Reduce inappropriate drug supply from community vendors	government authorities

Following-up on the joint action plan, CRC volunteer groups in all 254 participating villages of Angkor Chum Operational Health district were trained in malaria transmission, prevention, and early identification and referral from January through March, 2006. In turn, each CRC volunteer completed approximately 20 home visits to motivate improved health practices among all caretakers in their respective communities. Interpersonal communication with each household was undertaken prior to the insecticide treatment campaign. As detailed in the joint action plan (above), activities 2.1, 2.2, and 2.3 relate to insecticide treatment of existing mosquito nets.<sup>4</sup>

## Activities

### *Training*

ICH project staff were initially trained on malaria control, including an overview of insecticide treatment, from December 26-27, 2005. A follow-up training, focusing on communication skills related to malaria control messaging was conducted on February 3, 2006. A one-day training focusing exclusively on insecticide treatment was jointly planned and organized by the PHD malaria technical expert, the CRC ICH interim project manager, and the AmCross ICH technical training officer. The training was conducted on March 10, 2006 at the Angkor Chum Operation Health District office. Both the training agenda (Annex 1), and the participant list (Annex 2) are attached to this report. The training was interactive with practice sessions to ensure participants mastered the skills needed to undertake insecticide treatment activities in the targeted villages. The training also included preliminary logistics planning for the campaign.

<sup>4</sup> Due to staffing issues, the activity was not linked to health center outreach as originally planned.

*Planning & Logistics*

Twelve (12) of the most malaria vulnerable villages in Angkor Chum and Varin districts were prioritized by the PHD malaria expert. CRC ICH field officers visited each priority village. Working with village leaders and CRC volunteers in each of the target villages, a campaign schedule was developed; village leaders and CRC volunteers announced the treatment activity throughout their respective villages.

Additionally, a mosquito net census was conducted in the target villages from March 13-24. Nets were counted and classified according to condition (new/old) and size (small/medium/large). A total of 1,817 mosquito nets were counted. Annex 3 details the mosquito net census results by village. A summary table is shown below.

Table 2. Summary of mosquito net census and total nets treated by village

No.	Village	Commune	Family member		Number of Children		Total Net Census	Total Nets Treated
			Total	Female	<2 years old	2-3 years old		
1	Kouk Kandal	Loveakrang	779	381	28	76	172	175
2	Kouk Chan	Loveakrang	938	484	75	112	289	265
3	Sre Samuth	Sre Noy	911	451	102	158	132	85
4	Kouk Srok	Varin	1130	568	101	155	208	170
5	Kouk Phnom	Varin	829	409	102	154	146	164
6	Neil	Varin	280	173	30	39	39	95
7	Toul Lmeath	Varin	833	452	82	127	195	133
8	Kanhchunh Run	Prasat	1130	580	95	80	274	172
9	Vean	Svay Sor	447	286	51	91	142	158
10	Cha	Svay Sor	325	176	30	24	75	84
11	Slat	Sre Khvav	755	394	46	72	100	80
12	Sre Braing	Sre Khvav	541	291	0	0	45	121
<b>Totals</b>			<b>8898</b>	<b>4645</b>	<b>742</b>	<b>1088</b>	<b>1817</b>	<b>1702</b>

A final coordinating meeting was conducted on the afternoon of March 24 at the ICH project office in Angkor Chum. Twenty-three staff from the Cambodian Red Cross (9), four health centers (8), and the American Red Cross (6) were divided into four field teams. Target villages were grouped by geographic proximity and assigned to the teams. The field team lists and assigned villages are detailed in Annex 4. Due to travel distances, teams were deployed on the afternoon of March 24, and stayed overnight in the villages on March 24 and 25.

A central location in each target village, usually where health center outreach sessions occur, was used to set up the insecticide treatment station. Before beginning insecticide treatment in the village, each team reviewed appropriate mosquito net care and use with

beneficiaries. Mosquito net washing following treatment was discouraged. Typically, each treatment station was running from 1 to 2 hours as many people came late. No villagers were turned away. The teams waited for approximately 20 minutes from the last treatment before packing up and moving on to the next site.

### *Insecticide Treatment*

The National Malaria Center, through the Provincial Health Department and the Operational Health District, provided 60 bottles of icon® 2.5 CS, synthetic pyrethroid lambda-cyhalothrin insecticide (300 milliliters/bottle) to use for the campaign.

## **Results**

### *Beneficiaries*

The mosquito net census counted a total of 1,817 nets in the 12 villages. The total number of nets treated was 1,702, or 94 percent of the target. Some villages reported lower than expected turn out on the campaign day due to villagers visiting or working outside of the village. At least one village had lower than expected turn out due to a funeral.

Assuming that 2.3 people sleep under one mosquito net<sup>5</sup>, the treatment of 1,702 nets is expected to protect 3,915 people. The protective effect of insecticide treatment lasts for a minimum of six months following treatment. Therefore, the total people-years of protection achieved as a result of the campaign is 1,957; or, 3,915 people protected for half a year. Assuming (conservatively) that half of the people sleeping under these nets will be children under five years of age yields the equivalent of 979 children under the age of five protected for one-year. As 1000 mosquito nets are expected to save 5.5 lives over a one-year period<sup>6</sup>, protecting 979 children can be expected to save five lives. Additionally, malaria morbidity, and its associated economic burden, can be expected to significantly reduce in the target villages.

Villagers who came to the treatment station with mosquito nets (participating beneficiaries) were asked their names and number of nets they brought for treatment. Nine-hundred twenty three (923) people brought mosquito nets for treatment, yielding the average number of mosquito nets brought for treatment per participating beneficiary to be 1.84. It is known that many participating beneficiaries also brought their neighbors' nets for treatment (e.g. non-participating beneficiary nets); however, the total number of households which had a net treated was not recorded during the campaign. It is recognized that many households have more than one mosquito net and some household have none.

Table 3 below details coverage achievement by population and households. According to the *Report of the Cambodia National Malaria Baseline 2004*, "sufficient" is defined as 2.3 people per mosquito net. "Within Southeast Asia, a commonly used index of

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<sup>5</sup> The *Report of the Malaria National Baseline Survey 2004* defines 'sufficient' as one net for 2.3 people; therefore, 2.3 has been used to calculate the average number of people sleeping under one net.

<sup>6</sup> Lengeler C. Issue 2, 2004 *Insecticide treated bednets and curtains for preventing malaria*

coverage is the number of people divided by the number of nets (i.e. the people: net ratio). It is also a convention, within Cambodia, and we believe also regionally, to use 'less than 2.3 people per net' as the standard for this index, in order to define programme targets and to estimate procurement needs."

However, interpretation of the net ratio should be made with caution. According to the same *Report of the Cambodia National Baseline Survey, 2004*, "setting a required standard of 1 net for every 2.3 people may be excessively demanding." "The survey data suggest that this is NOT an appropriate cut-off for "sufficient" in this setting, i.e. it is excessively rigorous." And, "that very high levels of net use occur [among children under 5] even with people:net ratios of >2.3." The report further states that, "The overall person:net ratio in the survey population was 2.6, and this was sufficient to give a usage rate in under-five children of almost 90%."

Table 3. Coverage Achievement

No.	Village	Population Census	Target nets to achieve "sufficient"	Total Nets Treated	Percentage of Target reached	Treated Net Ratio	Households	Total Nets Treated	Ratio of nets treated to households
1	Kouk Kandal	779	339	175	51.7	4.5	148	175	1.2
2	Kouk Chan	938	408	265	65.0	3.5	176	265	1.5
3	Sre Samuth	911	396	85	21.5	10.7	171	85	0.5
4	Kouk Srok	1130	491	170	34.6	6.6	208	170	0.8
5	Kouk Phnom	829	360	164	45.5	5.1	195	164	0.8
6	Neil	280	122	95	78.0	2.9	39	95	2.4
7	Toul Lmeath	833	362	133	36.7	6.3	167	133	0.8
8	Kanhchunh Run	1130	491	172	35.0	6.6	219	172	0.8
9	Vean	447	194	158	81.3	2.8	148	158	1.1
10	Cha	325	141	84	59.4	3.9	63	84	1.3
11	Slat	755	328	80	24.4	9.4	138	80	0.6
12	Sre Braing	541	235	121	51.4	4.5	102	121	1.2
<b>Totals</b>		<b>8898</b>	<b>3869</b>	<b>1702</b>	<b>44.0</b>	<b>5.2</b>	<b>1774</b>	<b>1702</b>	<b>1.0</b>

In reference to Table 3 above, *target nets to achieve "sufficient" coverage* was calculated by dividing the village populations by 2.3. *Percentage of target reached* was calculated by dividing *target nets to achieve coverage* by *total nets treated*. The *treated net ratio* average is 5.2 with a range of 2.8 to 10.7.

Although household coverage data was not collected as part of the campaign (see above), the number of treated nets divided by the total number of households reveals the ratio of treated nets to households, averaging 1.0 with a range of 0.5 to 2.4.

Overall, this data suggests that the campaign achieved coverage rates in excess of the 70 percent needed to achieve the community-wide effect<sup>7,8</sup> in ten of the villages. The community-wide effect is an overall reduction in malaria transmission for both net users and non-users, which has been proven to result from high levels of insecticide treated bed nets within a community. Thus, it is likely that all 7,232 villagers from these ten villages will directly or indirectly benefit from the treatment activity. Therefore, the total number unduplicated, direct and indirect beneficiaries is 8,898. This is calculated by adding the total populations of the ten villages achieving coverage rates in excess of 70 percent and direct beneficiaries of Sre Samuth and Slat villages, which achieved *nets treated to households ratios* of 0.5 and 0.6, respectively.

### *Cost-Effectiveness*

Total cost per mosquito net treated (including training, field activity, and insecticide) is \$1.15 (total activity cost divided by total number of nets treated); or \$0.51 per direct beneficiary (total activity cost divided by total direct beneficiaries). The National Malaria Center, through the local health authorities, generously donated the insecticide with an estimated value of \$1080. Therefore, the total cost to the Integrated Child Health (ICH) Project per mosquito net is \$0.50 per unit or \$0.22 per direct beneficiary. A budget estimate for per diems, accommodation, fuel, and supplies for both training and field work related to insecticide treatment is detailed in table 4 below.

Table 4. Training and field activity costs

<b><i>Training</i></b>		
<b>No.</b>	<b>Description</b>	<b>US\$</b>
1	Per diems/accommodation-MOH staff	209.50
2	Per diems/accommodation-ICH staff	80.00
3	Fuel (estimated)	10.00
4	Supplies	124.65
<i>sub-total</i>		<b>424.15</b>
<b><i>Field Activity</i></b>		
1	Per diems/accommodation-MOH staff	209.00
2	Per diems/accommodation-ICH staff	96.50
3	Fuel (estimated)	91.00
4	Supplies	51.45
<i>sub-total</i>		<b>447.95</b>
<i>Total cash cost</i>		<b>872.10</b>
5	Insecticide	1080.00
<b>GRAND TOTAL</b>		<b>1952.10</b>

<sup>7</sup> Maxwell CA et al. (December 2002) *Effect of community-wide use of insecticide-treated nets for 3-4 years on malarial morbidity in Tanzania*, Journal of Tropical Medicine and International Health, Volume 7 No 12, pp. 1003-1008

<sup>8</sup> Hawley WA et al. (2003) *Community-wide effects of permethrin-treated bednets on child mortality and malaria morbidity in western Kenya*, American Journal of Tropical Medicine and Hygiene, 68 (Supp. 4), pp. 121-127

## Annex 1. Training agenda

# INTEGRATED CHILD HEALTH Insecticide Net Treatment Refresher Course Date: 10 March, 2006

**Objective:** to provide the CRC field officers, outreach staff and OD staff refresher on insecticide bed net treatment and campaign planning

**Venue:** Angkor Chum Operation District Office

**Date:** March 10, 2006

**Chair Person:** Pen Monorom, Technical Training Officer of ARC

**Facilitator:** Dr. Sam Chheng, PHD Trainer

**Logistics:** Mr. Chum Sophal

**Participant :** 06 CRC Field Officers  
02 CRC Operation Managers  
04 ARC staffs  
02 OD Staffs  
08 Health Center staff (from 4 HCs)  
Total: 22 participants

<b>TIME</b>	<b>CONTENTS</b>	<b>FACILITATOR</b>
8:00 –8:15	Registration	Mr. Sophal
8:15-9:30	Lesson: Insecticide Treatment Process	Dr. Sam Chheng
9:30-9:45	Break and Snack	Mr. Sophal
9:45-10:00	Game	Mr. Monorom
10:00-12:00	Lesson: Insecticide Treatment ( continue )	Dr. Sam Chheng
12:00	Lunch	
2:00 – 3:30	Practice in The classroom	Dr. Sam Chheng
3:30 – 3:45	Break and Snack	Mr. Sophal
3:45 – 5:00	Present the plan for Insecticide Treatment Campaign	Mr. Pen Monorom
5:00-5:30	Final Evaluation	Dr. Sam Chheng

**Annex 2. Participant training list**

**Integrated Child Health Project**  
**Name list of Participants for Insecticide Treatment**  
**Refresher**  
**Date: March 10, 2006**

<i>No</i>	<i>Name (English)</i>	<i>Name (Khmer)</i>	<i>Sex</i>	<i>Position</i>	<i>Signature</i>
1	Mr. Sor Sara	លោក ស សារា	M	AmCross ICH Project Coordinator	
2	Mr. Chum Sophal	លោក ជុំ សុផល់	M	AmCross Admin-Manager	
3	Mr. Pen Monorom	លោក បណេរម្យ	M	AmCross ICH Technical Training officer	
4	Mr. Kim Morn	លោក គីម ម៉ុន	M	AmCross Driver	
5	Mr. Roth Rumnea	លោក រ៉ត រម្យនា	M	AmCross ICH A/Project manager	
6	Mr. Phoung Sam On	លោក ភួង សំអួន	M	CRC ICH Project Operation Manager	
7	Mr. Soung Sar	លោក ស្ងួង សរ	M	CRC ICH Field Officer	
8	Mr. Oun Eat	លោក អួន អឺត	M	CRC ICH Field Officer	
9	Mr. Eang Kang	លោក អាំង កង	M	CRC ICH Field Officer	
10	Mr. Ouch Yorn	លោក អ៊ុច យន	M	CRC ICH Field Officer	
11	Mr. Phoeun Chy	លោក ភៀន ជី	M	CRC ICH Field Officer	
12	Mr. Kroch Soan	លោក ក្រូច ស៊ុន	M	CRC ICH Field Officer	
13	Dr. Sam Chheng	វេជ្ជបណ្ឌិត សំឆេង	M	PHD Malaria Expert	
14	Mr. Krouch Samoeun	លោក ក្រូច សាម៉ឿន	M	OD	
15	Mr. Va Kimhout	លោក វ៉ា គីកហួត	M	OD	
16	Mr. Eth Doth	លោក អ៊ុត ឌុច	M	Varin Health Center staff	

17	Mr Ny Danin	លោក នី ដាណិន	M	Varin Health Center staff	
18	Mr. Peuy Penh	លោក ពើយ ពេញ	M	Both Health Center staff	
19	Mr. Thang Chamroun	លោក ថាង ចំរើន	M	Both Health Center staff	
20	Mrs. Lem Sophal	អ្នកស្រី ឡែម សុផល	F	Svay Sor Health Center staff	
21	Mr. Keo Mork	លោក កែវ មុក	M	Svay Sor Health Center staff	
22	Mr. Nop Vanny	លោក ណុប វ៉ាន់នី	M	Angkor Chum Health Center staff	
23	Mrs. Muth Phalla	អ្នកស្រី មុត ផលា	F	Angkor Chum Health Center staff	
24	Mr. Robert Kolesar		M	AmCross ICH Project Director	
25	Mr. Hang Sana		M	CRC ICH Liaison Officer	

**Annex 3. Mosquito net census and campaign treatment result by village**

No.	Village	Commune	Family member		Number of Child		Number of Nets						Nets Treatment Campaign Result	
			Total	Female	<2 year	3-2 year	New Nets			Old Nets				Total of Net
							Small	Mediem	Big	Small	Mediem	Big		
1	Kouk Kandal	Loveakrang	779	381	28	76	3	1	0	18	129	24	172	175
2	Kouk Chan	Loveakrang	938	484	75	112	13	31	14	18	139	74	289	265
3	Sre Samuth	Sre Noy	911	451	102	158	30	11	34	30	7	20	132	85
4	Kouk Srok	Varin	1130	568	101	155	0	0	0	76	130	2	208	170
5	Kouk Phnom	Varin	829	409	102	154	1	0	0	15	123	7	146	164
6	Neil	Varin	280	173	30	39	0	0	0	4	34	1	39	95
7	Toul Lmeath	Varin	833	452	82	127	50	1	22	94	3	25	195	133
8	Kanhchunh Run	Prasat	1130	580	95	80	34	7	5	106	64	58	274	172
9	Vean	Svay Sor	447	286	51	91	37	20	5	20	40	20	142	158
10	Cha	Svay Sor	325	176	30	24	49	0	0	0	5	0	75	84
11	Slat	Sre Khvav	755	394	46	72	0	0	3	20	0	77	100	80
12	Sre Braing	Sre Khvav	541	291	0	0	0	0	0	14	2	29	45	121
<b>Totals</b>			<b>8898</b>	<b>4645</b>	<b>742</b>	<b>1088</b>	<b>217</b>	<b>71</b>	<b>83</b>	<b>415</b>	<b>676</b>	<b>337</b>	<b>1817</b>	<b>1702</b>



#### Annex 4. Field teams lists

<b>Integrated Child Health Project</b>					
Participant List					
For March 25-26 Net Insecticide Treatment Campaign					
<b>Group I</b>					
No	Nam	Organization	Location	Village	Commune
1	Chum Sophal	ARC, Admin Officer	Phnom Penh	1-Kouk Kandal 2- Kouk Chan 3- Sre Samuth	1-Sre Noy 2-Lovea Krang
2	Hel Kim Morn	ARC, Driver	Angkor Chum		
3	Phuong Sam On	CRC, ICH Om	Angkor Chum		
4	Suong Sar	CRC, ICH FO	Angkor Chum		
5	Eth Doth	Chief HC	Varin		
6	Ny Danin	HC Staff	Varin		
<b>Group II</b>					
No	Nam	Organization	Location	Village	Commune
1	Robert Kolesar	ARC, Project Director	Angkor Chum	1-Kouk Phnom 2-Kouk Srok 3- Neil	1- Varin Commune
2	Roth Rumnea	CRC, ICH OM	Angkor Chum		
3	Uon Eat	CRC, ICH FO	Angkor Chum		
4	Peuy Penh	Chief HC	Both		
5	Thang Chamroen	HC Staff	Both		
6	Pen Monorom	ARC ICH TTO	Angkor Chum		
7	Sok Kumthea	ARC ICH Ad/Finance	Angkor Chum		
<b>Group III</b>					
No	Nam	Organization	Location	Village	Commune
1	Hang Chansana	ICH Liaison Officer	Phnom Penh	1-Toul Lmeath 2- Kanhchornh Run 3- Veau 4-Cha	1-Varin 2-Prasat 3- Svay Sor
2	Eam Kang	CRC, ICH FO	Angkor Chum		
3	Lem Sophal	HC Staff	Svay Sar		
4	Kao Mok	Chief HC	Svay Sar		
5	Kroch Samoeun	OD staff	Angkor Chum		
6	Phon Navuth	ARC Driver	Phnom Penh		
<b>Group IV</b>					
No	Nam	Organization	Location	Village	Commune
1	Kroch Soun	CRC, ICH,FO	Angkor Chum	1-Slath 2- Sre Braing	1- Sre Khvav
2	Phoeun Chhy	CRC, ICH,FO	Angkor Chum		
3	Nop Vanny	HC Staff	Angkor Chum		
4	Uch Yorn	CRC, ICH,FO	Pouk District		