

Section I: Identification and JP Status

Joint Programme for Children, Food Security and Nutrition in Cambodia

Semester: 2-12

Country	Cambodia
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	Joint Programme for Children, Food Security and Nutrition in Cambodia
Report Number	
Reporting Period	2-12
Programme Duration	
Official Starting Date	2010-01-01
Participating UN Organizations	<ul style="list-style-type: none">* Unallocated Funds* FAO* ILO* UNESCO* UNICEF* WFP* WHO

Implementing Partners

- * A2Z
- * Council for Agricultural and Rural Development
- * Garment Manufacturers' Association in Cambodia
- * Helen Keller International
- * Ministry of Agricultural, Fishery and Forestry
- * Ministry of Education (MoE)
- * Ministry of Health (MOH)
- * Ministry of Information (MoI)
- * Ministry of Labour and Vocational Training
- * Ministry of Tourism (MOT)
- * National Mother and Child Health Center
- * RACHA
- * Radio FM Mohanokor Station
- * Trade Unions

Budget Summary

Total Approved Budget

UNICEF	\$2,501,874.00
WHO	\$789,660.00
FAO	\$493,270.00
WFP	\$638,790.00
ILO	\$345,610.00
UNESCO	\$230,157.00
Unallocated Funds	\$639.00
Total	\$5,000,000.00

Total Amount of Transferred To Date

UNICEF
WHO
FAO
WFP
ILO

UNESCO

Unallocated Funds

Total **\$0.00**

Total Budget Committed To Date

UNICEF \$0.00

WHO \$81,596.00

FAO \$0.00

WFP \$0.00

ILO \$0.00

UNESCO \$0.00

Unallocated Funds \$0.00

Total **\$81,596.00**

Total Budget Disbursed To Date

UNICEF \$2,356,517.00

WHO \$684,123.00

FAO \$483,122.00

WFP \$511,486.00

ILO \$339,166.00

UNESCO \$223,815.00

Unallocated Funds \$0.00

Total **\$4,598,229.00**

Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would require you to advise us if there has been any complementary financing provided for each programme as per following example:

Please use the same format as in the previous section (budget summary) to report figures (example 50,000.11) for fifty thousand US dollars and eleven cents

Type	Donor	Total	For 2010	For 2011	For 2012
Counterpart	USAID	\$420,570.00	\$0.00	\$0.00	\$420,570.00
Counterpart	Pooled Fund	\$160,000.00	\$0.00	\$0.00	\$160,000.00

DEFINITIONS

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through UN agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.

2) COST SHARING – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.

3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

Beneficiaries

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
No. of VHSGs trained on micronutrients, BFCl, and/or malnutrition treatment	2,000	2,098	Health Workers/Women	Access to Health Services
No. of VHSGs trained on micronutrients, BFCl, and/or malnutrition treatment	2,000	2,098	Health Workers/Men	Access to Health Services
No. of trained Occupational Safety and Health (OSH) workers in BCC plans on BF, CF and IFA	180	565	Health Workers/Women	Behaviour Change Communication Initiatives (Hand Washing, Etc)
No. of trained Occupational Safety and Health (OSH) workers in BCC plans on BF, CF and IFA	180	72	Health Workers/Men	Behaviour Change Communication Initiatives (Hand Washing, Etc)
No. of acutely malnourished children treated in health center or hospital	4,146	0	Children under 5/female	Therapeutic Feeding Programmes

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
No. of acutely malnourished children treated in health center or hospital	4,146	0	Children under 5/male	Therapeutic Feeding Programmes
No. of children 6-59 months received Vitamin A supplementation and Mebendazole for deworming in the past 6 months	55,572	60,204	Children under 5/female	Access to Health Services
No. of children 6-59 months received Vitamin A supplementation and Mebendazole for deworming in the past 6 months	55,572	60,204	Children under 5/male	Access to Health Services
No. of children 6-24 months received multiple micronutrient powders (sprinkles)	23,692	78,405	Children under 2/female	Fortification of Foods With Micronutrients/Supplementation Programmes
No. of children 6-24 months received multiple micronutrient powders (sprinkles)	23,692	78,405	Children under 2/male	Fortification of Foods With Micronutrients/Supplementation Programmes
No. of pregnant women who received Iron Folic Acid supplementation (90 tabs)	38,851	26,803	Pregnant Women	Access to Health Services

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (1000 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

Plases describe three main achievements that the joint programme has had in this reporting period (max 100 words)

- 1.Integration of new policies on malnutrition treatment and micronutrient supplementation into operational guidelines, including the Outreach Guidelines and Clinical Practice Guidelines of the Ministry of Health.
- 2.Integration of malnutrition treatment and micronutrient supplementation activities into health financing mechanisms such as Service Delivery Grants and Health Equity Fund. Facilities can now get reimbursed for delivering nutrition services.
- 3.Leveraging of resources to both continue and expand food security and nutrition monitoring, communication activities on complementary feeding, and service delivery for micronutrient powder supplementation, treatment of malnutrition

Progress in outcomes

Progress for JP Outcome 1 (Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women) will be available with the results of the endline survey in Q2 of 2013.

For JP Outcome 2 (Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed) policies developed under the JP are being integrated into broader operational guidelines and there have been initial efforts to include specific indicators in national development plans.

For JP Outcome 3 (Integrated food security and nutrition monitoring system developed) resources were leveraged to continue the multisectoral monitoring under CARD.

Progress in outputs

At the output level there were impact assessments of multiple trainings to inform the final evaluation and scale up of activities. Trainings on food security and nutrition to local government, on early childhood development to teachers, and workplace protection/IYCF were all assessed.

Communication activities continued, in particular on infant and young child feeding. In addition, a media award ceremony was held to encourage reporting on food security and nutrition by journalists that were previously trained.

Monitoring and service delivery activities also continued, with 2 food security and nutrition bulletins produced and continued treatment of acute malnutrition.

Measures taken for the sustainability of the joint programme

In addition to integration of policies, connecting to provider payment mechanisms, and leveraging resources for food security and nutrition monitoring, there was progress in integrating activities into the Sector Wide Approach of the MoH, leveraging resources for communication activities, and establishing new partnerships.

Mass media broadcast for iron supplementation and infant and young child feeding was included in the 2013 Annual Operational Plans developed by the MoH, securing financing from Pooled Fund to continue these activities through 2013. Also, additional resources were leveraged from USAID and the EU to continue and expand counseling activities connected to the mass media.

New partnerships were formed for micronutrient supplementation and treatment of malnutrition; there are now enough NGO partners to start to scale up these activities.

Are there difficulties in the implementation?

Administrative / Financial

What are the causes of these difficulties?

External to the Joint Programme

Briefly describe the current difficulties the Joint Programme is facing

One major activity of the Joint Programme is micronutrient supplementation of children. The supply chain for this activity relies on importation of the supplement and distribution through government channels. There was significant stock-out of multiple micronutrient powder in the second half of 2013.

Briefly describe the current external difficulties that delay implementation

There were three delays that caused the stock-out of multiple micronutrient powder. The first delay happened because UNICEF, the procurer, changed its financial system; this resulted in a two month delay. The second delay was a result of the producer's inability to use Khmer font in its packaging software. This caused a 3 month delay. The final delay came after the commodity arrived in country, with delayed distribution due to bureaucratic requirements of the Central Medical Stores.

Explain the actions that are or will be taken to eliminate or mitigate the difficulties

Distribution to implementing provinces was already facilitated and supply is now available at service delivery level. The financial system and software difficulties were already addressed. Currently, efforts are underway to better understand the functioning of the Central Medical Stores.

2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

Yes true
No false

If not, does the joint programme fit the national strategies?

Yes
No

What types of coordination mechanisms

Please provide the values for each category of the indicator table below

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	0	3	Annual Work Plans National Seminar Report NGO Cooperation Agreements	
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	0	11	FSN Bulletins Malnutrition Treatment Assessment IPC Report SAE Report	
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	12	Trip Reports Provincial Committee Meeting Minutes	

Annual Work Plans were jointly developed for each year of the JP. A National Seminar on Nutrition and NGO involvement in treatment of malnutrition was jointly supported financially.

Quarterly FSN Bulletins received technical support from multiple agencies. An assessment of malnutrition treatment, an IPC pilot, and Small Area Estimation received technical support from multiple agencies.

Joint missions to subnational level were carried out throughout the JP.

3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?

Not Involved	false
Slightly involved	false
Fairly involved	false
Fully involved	true

In what kind of decisions and activities is the government involved?

Policy/decision making

Management: budget

Management: procurement

Management: service provision

Who leads and/or chair the PMC?

The representative from the Resident Coordinator Office and the Secretary General of the CARD

Number of meetings with PMC chair

6 PMC meetings done from 2010 and 2012.

Is civil society involved in the implementation of activities and the delivery of outputs?

Not involved false

Slightly involved false

Fairly involved false

Fully involved true

In what kind of decisions and activities is the civil society involved?

Policy/decision making

Management: budget

Management: procurement

Management: service provision

Are the citizens involved in the implementation of activities and the delivery of outputs?

Not involved false

Slightly involved false

Fairly involved true

Fully involved false

In what kind of decisions and activities are the citizens involved?

Policy/decision making

Management: service provision

Where is the joint programme management unit seated?

National Government

Current situation

The Joint Programme was designed with participation from the National Nutrition Program and the Council for Agricultural Development. Both of these government bodies, and additional representatives from multiple ministries, were involved in the JP Management Committee. Through their involvement in design and management government was involved in strategy, target setting, and budgeting through the JP. Many of the JP targets were taken from the National Nutrition Strategy and the Strategic Framework for Food Security and Nutrition. This contributed to alignment and mutual accountability. However, the JP cannot be considered fully aligned and mutual accountability could be improved.

The JP is not fully aligned with government policy and coordination mechanisms because most food security and nutrition activities are not explicitly included in the National Strategic Development Plan or the Health Strategic Plan, and the JP coordination mechanisms are independent from the official Technical Working Groups established by government.

Civil society, citizens and the private sector were involved throughout the JP. There have been a number of local partners involved in JP implementation at the national and provincial level. Besides the national government counterparts, they are such as PSI, EDI, RACHA, HKI, WVC, Association in Cambodia, Trade Unions, Cambodian Centre for Independent Media (CCIM), Cambodia News, and Cambodia Club of Journalists, CHEMS, IRD, Local Radio and TV station, MAGNA children at Risk, Garment Manufacturers’

4 Communication and Advocacy

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes?

Yes true
No false

Please provide a brief explanation of the objectives, key elements and target audience of this strategy

Overall Objective: To achieve greater audience on MDG JP through advocacy, awareness raising among policymakers, and support to nationally-owned food security solutions.

Key Outcomes

- Increased awareness and support for the MDGs and the Fund both at the policy and general public levels.
- Programmes are leveraged for increased MDG results, and citizen engagement in MDG-F and MDG processes is strengthened; and
- Improved accountability and transparency towards all partners.

Target beneficiaries:

- Cambodian youth
- The government of Cambodia
- Relevant practitioners in “UN agencies, NGOs, government partners”
- Civil societies, including media

Messages:

- “Good nutrition saves lives, improves human potential and economic development”
- “Investment in nutrition has one of the highest rates of economic return among development initiatives”

-“Nutrition is especially important during the critical window between pregnancy and age two, which can have a measurable and lasting impact on growth, brain development, incidence of disability and susceptibility to disease or infection”

-“Working together to improve agriculture for smallholder farmers which helps to improve the food security and nutrition of poor households.”

What concrete gains are the advocacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?

Increased awareness on MDG related issues amongst citizens and governments

Increased dialogue among citizens, civil society, local national government in relation to development policy and practice

New/adopted policy and legislation that advance MDGs and related goals

Establishment and/or liaison with social networks to advance MDGs and related goals

Key moments/events of social mobilization that highlight issues

Media outreach and advocacy

What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related goals?

Faith-based organizations

Social networks/coalitions

Local citizen groups

Private sector 1: social marketing of diarrhea treatment

Academic institutions 1: master's degree in nutrition

Media groups and journalist 1: media awards ceremony

Other

What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?

Focus groups discussions

Household surveys

Use of local communication mediums such radio, theatre groups, newspapers

Open forum meetings

Capacity building/trainings

Section III: Millenium Development Goals

Millenium Development Goals

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women	142609	<ul style="list-style-type: none"> - No. of Khmer language FAO Family Nutrition Manuals distributed to food insecure households - No. of media personnel trained in food security and nutrition reporting - No. of radio spots broadcasted in garment factory Workplace - No. of trained OSH workers in BCC plans on BF, CF and IFA - No. of food insecure households trained by Farmer Field Schools (FFS) - No. of education officers trained in mainstreaming nutrition in Early Childhood Care and Development and lifeskills through non formal education - No. of village leaders/ VHSGs, mother group leaders, pre-school teachers, Commune Committee for Woman and Child (CCWC) trained by education officers in Early Childhood Care and Development and lifeskills through non formal education 	0.0

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people

JP Outcome	Beneficiaries	JP Indicator	Value
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Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed

162

- No. of policies, strategies and legislations reviewed and revised

0.0

- No. of provincial, district and commune level officials trained in FSN concepts and objectives in 2 provinces

- No. of new policies, strategies and legislation developed

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

JP Outcome

Beneficiaries

Integrated food security and nutrition monitoring system developed

0

JP Indicator

Value

At least 1 report produced in every 3 months by the national food security and nutrition monitoring system

0.0

Update food security atlas (version 3)

Produce commune level poverty and malnutrition maps: 2

Produce ARC-GIS maps: depend on output from FSN analysis team

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome

Beneficiaries

JP Indicator

Value

Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women

129

- No. of VHSGs trained on BF and CF counseling using BFCl package

- No. of VHSGs trained on micronutrients

- No. of VHSGs trained on management of acute malnutrition (MAM)

- No. of severe malnourished children managed in hospitals

- No. of severely malnourished children without complications managed in health centers

- No. of moderately malnourished children without complications managed in health centers

- No. of children 6-59 months received Vitamin A supplementation in the past 6 months

- No. of children 12-59 months received Mebendazole for deworming in the past 6 months

- No. of children 6-24 months received multiple micronutrient powders (sprinkles)

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

JP Outcome

Beneficiaries

JP Indicator

Value

Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women

27

- No. of BCC plans finalized and implemented
- No. of BCC plans on BF, CF and IFA adapted to workplaces
- No. of nation-wide media campaigns implemented (BF campaign, CF campaign and IFA campaign)
- No. of pregnant women who received Iron Folic Acid supplementation (90 tabs)
- No. of postpartum mothers received one dose of Vitamin A supplement within 6 weeks after delivery
- No. of postpartum mothers received Iron Folic Acid supplementation (42 tablets)
- No. of women of reproductive age received Weekly Iron Folic Acid supplements

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

JP Outcome

Beneficiaries

JP Indicator

Value

Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed

0

- No. of policies, strategies and legislations reviewed and revised
- No. of provincial, district and commune level officials trained in FSN concepts and objectives in 2 provinces
- No. of new policies, strategies and legislation developed



Additional Narrative Comments

Please provide any relevant information and contributions of the programme to de MDGs, whether at national or local level

Please provide other comments you would like to communicate to the MDG-F Secretariat

Section IV: General Thematic Indicators

1 Integrated approaches for reducing child hunger and under-nutrition promoted

1.1 Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention

Children under 2

Total No.	63087
No. Urban	12617
No. Rural	50470
No. Girls	31543
No. boys	31543

Children from 2 to 5

Total No.	79522
No. Urban	15904
No. Rural	63617
No. Girls	39761
No. Boys	39761

Children older than 5

Total	
No. Urban	
No. Rural	
No. Girls	
No. boys	

Women

Total	328,913
No. Urban	65782
No. Rural	263131
No. Pregnant	38851

1.2 Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention

Children under 2

Total	63087
No. Urban	12617
No. Rural	50470
No. Girls	31543
No. Boys	31543

Children from 2 to 5

Total	79522
No. Urban	15904
No. Rural	63617
No. Girls	39761
No. Boys	39761

Children older than 5

Total	
No. Urban	
No. Rural	
No. Girls	
No. Boys	

Women

Total	328,913
No. Urban	65782
No. Rural	263131
No. pregnant	38851

Men

Total	
No. Urban	
No. Rural	

1.3 Prevalence of underweight children under-five years of age

National % 28
Targeted Area % 35

Proportion of population below minimum level of dietary energy consumption

% National
% Targeted Area

Stunting prevalence

% National 39
% Targeted Area 37

Anemia prevalence

% National
% Targeted Area

Comments

1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected

Homestead food production and diversification

National 2100
Local
Urban
Rural
Girls
Pregnant Women
Boys

Food fortification

National 156,810
Local
Urban
Rural
Girls
Pregnant Women

Boys

School feeding programmes

National 0

Local

Urban

Rural

Girls

Pregnant women

Boys

Behavioural change communication

National 650,000

Local

Urban

Rural

Girls

Pregnant women

Boys

Gender specific approaches

National 0

Local

Urban

Local

Girls

Pregnant Women

Boys

Interventions targeting population living with HIV

National 0

Local

Urban

Rural

Girls

Pregnant Women

Boys

Promotion of exclusive breastfeeding



National 360,000
Local
Urban
Rural
Girls
Pregnant Women
Boys

Therapeutic feeding programmes

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Vaccinations

National 0
Local
Urban
Rural
Girls
Pregnant Women
Boys

Other, specify

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

2 Advocacy and mainstreaming of access to food and child nutrition into relevant policies

2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme

Policies	
National	7
Local	0

Laws	
National	0
Local	0

Plans	
National	1
Local	0

3 Assessment, monitoring and evaluation

3.1 Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition

National	3
Local	2
Total	5

Joint Programme Monitoring Framework Update (July – December 2012):

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected Target (2012)	Achievement of Target to Date	Means of verification	Collection methods (indicative time frame & frequency)	Responsibilities (UN agency, government partner)	Risks & assumptions
Joint Program Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women								
Indicators : As outlined below								
Output 1.1: Behaviour Change Communication BCC plans and communication materials developed on: (i)breastfeeding (ii)complementary feeding, (iii) IFA Supplementation during pregnancy & in post partum period	Indicator: Number of BCC plans finalized and agreed with key stakeholders	Baseline: 0	3 BCC plans Finalized.	The following 3 BCC plans finalized with endorsement of government and other key stakeholders: (i) breastfeeding, (ii) complementary feeding, (iii) IFA Supplementation during pregnancy and in the postpartum period. In addition, Interpersonal communication/training materials and mass media spots on breastfeeding and complementary feeding were developed, with print materials distributed to VHSGs. BCC plans were launched at national and subnational levels. Training materials for hospital based management of acute malnutrition reviewed and new packaging for IFA introduced to improve compliance.	JP progress reports; copies of BCC plans and communication materials	Annual JP review workshops	UNICEF, WHO, NCHP, NNP	MOH endorses mass media & interpersonal BCC as interventions for improved nutrition. Development starts Jan 2010
	Indicator: # of BCC plans adapted to workplaces	Baseline: 0	3 BCC plans adapted to workplace.	BCC plans and materials for IFA supplementation, breastfeeding and complementary feeding were adapted to the workplace,	JP progress reports; copies of BCC plans	Annual JP progress reports	ILO, MoLVT	

				<p>resulting in the production of tailored spots and programmes, and print materials.</p> <p>Since October 2010, 46 radio spots & programmes were produced (3 radio magazines, 18 radio roundtable discussion, 22 radio spots, and 3 radio talk shows). Spots and programmes focused on infant and young child feeding, antenatal care, and reproductive health. Print materials, such as posters and leaflets, were also distributed to workplaces.</p>				
<p>Output 1.2: Behaviour Change Communication BCC plans and communication materials developed on: (i)breastfeeding (ii)complementary feeding, (iii) IFA Supplementation during pregnancy & in post partum period</p>	<p>Indicator: # of nation-wide media campaigns implemented on annual basis</p> <ul style="list-style-type: none"> - Nation-wide media BF campaign implemented - Nation-wide media CF campaign implemented - Nation-wide media IFA campaign implemented 	Baseline: 0	<p>3 national wide campaigns implemented.</p>	<p>Implementation of nationwide mass media for breastfeeding and IFA started in 2010. The complementary feeding campaign was launched at national level in Q1 2012 with mass media starting at that time. The IPC component started in 10 provinces in 2012.</p> <p>Additional funds from USAID and HSSP2 Pooled Fund were leveraged to continue both mass media and IPC in 2013 and 2014.</p>	<p>Monitoring systems set up for communication plans</p>	<p>Annual JP progress reports</p>	<p>UNICEF, WHO, NCHP, NNP</p>	
	<p>Indicator: Number Khmer language FAC Family Nutrition manuals distributed to food insecure households</p>	Baseline: 0	<p>2,000 Khmer language FAC Family Nutrition Manuals produced and distributed to food insecure households</p>	<p>2,100 copies of Nutrition Hand Book for family has been finalized and published in December 2011. The book has been distributed to PDA and all trained farmer and provincial government.</p>	<p>Training reports, progress reports, manuals produced</p>	<p>First month of programme; distribution Through trainings done during three year span of the programme</p>	<p>FAO, MAFF</p>	<p>Understanding that there is no duplication with existing materials developed in-country</p>
	<p>Indicator: Number</p>	Baseline: 0	<p>At least 1,150</p>	<p>89 media personnel and</p>	<p>Training</p>	<p>Annual JP</p>	<p>UNESCO, MoEYS</p>	<p>- Understanding that there</p>

	of media personnel trained in food security and nutrition reporting		journalists, media students and Mol staff trained in food security and nutrition reporting	journalists (34 in 2010, 25 in 2011 and 30 in 2012) trained by Media Training Center of Ministry of Information. The objective of the training was to increase awareness of journalists about FSN and learn media techniques on how to report accurately about issues on FSN. In 2012 a FSN media award ceremony was held to promote reporting on the topic. In addition, a media handbook for food security and nutrition was developed and launched; and community radio in SVR regularly broadcasted on food security and nutrition. Community radio broadcasting has expanded to Ratanakiri province, where there is a large population of ethnic minorities.	sessions attendance/registration forms; training reports; articles published	progress reports		is limited ownership with most journalists and government partners in terms of sustaining media program on FSN. - The media may no longer give priority in reporting FSN issues with little or no funding available. - Media reporting may not have so much impact to the general population due to socio-cultural factors or beliefs.
	Indicator: Number of radio spots broadcasted in garment factory Workplace	Baseline: 0	Radio spots broadcasted in garment factory Workplace	Radio spots were broadcasted 3,407 times through FM National Rumduol Svay Rieng Radio Station (FM 98.70) and Radio Sarika (FM 106.05)	JP progress reports	Annual JP progress Reports	ILO, MoLVT	
	Indicator: # of trained OSH workers in BCC plans	Baseline: 0	17 OSH Committees created and member of OSH Committees trained on practical behavior changes	23 operational OSH committees established at the enterprise level, with 322 (154 females) OSH Committee members representing the total workforce of 31,772 (26,210 females) workers in the 2 provinces. Since June 2010, 96 trainings on OSH and maternity protection for workers & employers were	Training sessions attendance/registration forms; training reports	Annual JP progress reports	ILO, MoLVT	DOSH endorsed the draft joint workplan on OSH between ILO and DOSH, MoLVT.

				<p>conducted; reaching 4,209 workers, employers, and infirmary staff attended the trainings. An impact assessment of the training was carried out.</p> <p>In addition labour officials received training in nutrition and first aid.</p>				
Output 1.3: Provision of an integrated comprehensive package of nutrition and food security interventions delivered with high coverage in 2 food insecure provinces - Kampong Speu and Svay Rieng	Indicator: Proportion of children aged 0–6 months who are exclusively breastfed	Baseline: 92%	<p>67% of children aged 0–6 months who are exclusively breastfed</p> <p>Target in the National Nutrition Strategy is 65% in 2010 and 70% for 2015</p>	<p>At the start of the programme the provinces had already achieved a high rate of exclusive breastfeeding.</p> <p>Awaiting results of endline survey.</p>	Review of endline household survey data	Endline household survey Q3 2012 (It is moved to Q1 in 2013)	WHO, NIS, MOH	Assumes stable Economic development in the provinces and political stability. Assumes efficacy of the selected interventions. Risks include natural disasters, political instability, serious delays in procurement of commodities.
	Indicator: Proportion of breastfed children aged 6-24 months who receive appropriate (age appropriate frequency with 4+ food groups) complementary Feeding	Baseline: 24% note: indicator definition has changed globally and there has been no real change in complementary feeding at the national level]	<p>57 % of breastfed children aged 6-23 months who receive appropriate complementary feeding</p> <p>Target in the National Nutrition Strategy is 67% in 2010 and 77% for 2015</p>	Awaiting results of endline survey	Review of endline household survey data	Endline household survey Q3 2012 (It is moved to Q1 in 2013)	WHO, NIS, MOH	Assumes stable economic development in the provinces and political stability. Assumes efficacy of the selected interventions. Risks include natural disasters, political instability, serious delays in procurement of commodities.
	Indicator: Proportion of estimated number of undernourished who receive supplementary feeding	Baseline: 0	% undernourished who received supplementary feeding.	3,051 children with moderate acute malnutrition received Super Cereal Plus (CSB++) and were managed at 10 HCs in Kong Pisey OD and 5 HCs in Kampong Speu OD, Kampong Speu province since the start of the program in September 2010	Review of JP annual reports; review of routine reporting by nutrition staff PHD	Annual JP progress review workshops; annual PHD performance reports	WHO, UNICEF, WFP, PHDs, NNP	Assumes that the expected number of undernourished children can be established in the baseline survey and that the birth cohort is known. Assumes that MUAC is

				<p>through December 2012.</p> <p>For therapeutic feeding of severely malnourished children 105 were treated at health center in the two target provinces. ~50 children are now hospitalized and given take-home rations for therapeutic feeding every quarter in the two target provinces. Caretakers of all children hospitalized received financial support for transportation and food.</p> <p>29 health centers implemented management of acute malnutrition in the 2 target provinces. NGO partners will bring the national number to 66 health centers implementing management of acute malnutrition in 2013.</p> <p>With the exception of RUTF, all commodities for SAM on the Essential Drugs List. No significant stock-outs.</p>				appropriately sensitive and specific to identify undernourished children.
Indicator: Number of VHSG members who are trained on BF & CF counseling using BFCI package (Output indicator) Timeframe: 2010-2012	Baseline: KPS (2008) - 450 out of 2,800; SRG (2008) - 700 out of 1,200	2,000 VHSG, including mother support group volunteers, trained on IYCF module	<p>1,282 VHSG received training on interpersonal communication and complementary feeding, bringing the total number of VHSG trainings in the two provinces to 2,432.</p> <p>In addition, a number of VHSGs received full refresher training for the Baby Friendly Community Initiative, which</p>	BFCI monitoring system	Progress reports; Annual	UNICEF, PHDs, NNP	The refresher course has not been provided to VHSG &/or mother support groups as they considered these groups play supporting role in community mobilization only.	

				includes comprehensive Infant and Young Child Feeding information.				
Indicator: Number of VHSG members who are trained on Micronutrient/Sprinkles promotion	Baseline: KPS (2008) - 0; SRG (2008) - 700 out of 1,200	4,000 VHSG trained on micronutrient module C-IMCI	4,196 VSHG were trained on MNP Powder/Sprinkles (1,380 VHSG in SVR and 2,816 VHSG in KPS). In addition, all health centers received training on MNP. MNP training is now integrated into the BFCI and MPA 10 training packages for scale up	C-IMCI monitoring System	Progress reports; Annual	UNICEF, PHDs, NNP	Assumptions: Micronutrient (including sprinkles) module of C-IMCI package & guidelines on multiple micronutrients supplementation finalized before the inception of project	
Indicator: Number of VHSG members who are trained on management of acute malnutrition at the community level	Baseline: KPS (2008) - 0; SRG (2008) - 0	2,800 VHSG trained on management of acute malnutrition at the community level	1184 VHSG have been trained on management of acute malnutrition with direct financing from the JP (868 in KPS and 266 VHSG in Svay Rieng). Awaiting results of NGO cooperation agreement, which will train an additional ~300 VHSG. More VHSG have been trained outside of the focus provinces with two NGO partners now active. In addition, staff from all 29 participating health centers have been trained, including training on the updated IMCI. Training materials integrated into MPA10 and IMCI for scale up Impact assessment of training carried out.	Training reports; progress reports	Progress reports; Annual	UNICEF, PHDs, NNP	Assumptions: MAM guidelines and training packages for HC staff, community volunteers are finalized before the inception of the project or in the first quarter of its inception	
Indicator: Proportion of children 6-59	Baseline: 2008 CAS: KPS- 72.7%; SRG-67.6%;	87 % children 6-59 months who received Vitamin A supplement-	According to HIS data both provinces achieved universal coverage: 78,595 (102%) of	Review of endline household	Endline household survey Q1 2013; annual HIS/PHD	UNICEF, WHO, MoH	Adequate supply of Vitamin A is ensured by the MoH; adequate	

months who received Vitamin A supplementation in the past 6 months	2008 HIS, Round 2: KPS- 86%; SRG100%	tation in the past 6 months Target in the National Nutrition Strategy is 85% in 2010 and 90% for 2015	children 6-59 months in Kg. Speu and 50,661 (101%) in Svay Rieng received Vitamin A supplementation in the past 6 months. Awaiting results of endline survey	survey data; review of routine HIS reporting	performance reports using estimated population as denominator; annual JP progress reports		resources are allocation to special out-reach sessions,including nationwide communication & social mobilization from the national budget & Health SWAp/ HSSP2
Indicator: Proportion of children 12-59 months who received Mebendazole for deworming in the past 6 months (Timeframe: 2010 - 2012)	Baseline (2008 CAS): KPS- 42.1%; SRG- 58.2%; country average - 39.9%	87% of children 12-59 months who received Mebendazole for deworming in the past 6 months Target in the National Nutrition Strategy is 85% and 90% for 2015	According to HIS both provinces achieved the target: 76,418 (113%) children 12-59 months in Kg. Speu and 43,991 (88%) in Svay Rieng received mebendazole tablet in the past 6 months. Awaiting results of endline survey	Review of endline household survey data; review of routine HIS reporting	Endline household survey Q1 2013; annual HIS/PHD performance reports using estimated population as denominator; annual JP progress reports	UNICEF, WHO, MoH	Assumptions: adequate supply of Vitamin A is ensured by the MoH; adequate resources are allocation to special out-reach sessions,including nationwide communication & social mobilization from national budget & health SWAp/HSSP2
Indicator: Proportion of children under 2 years of age who regularly receive multiple micronutrient powders (MNPS) with their complementary feeding	Baseline: Kg Speu 0%, Svay Rieng %	% of children under 2 years of age (6-24 months) who regularly receive multiple micronutrient powders (MNPS) with their complementary feeding No target	An estimated 55% of children in the two provinces received MNP after distribution of 2.3 million sachets. In KPS 82,975 children received MNPs within first 6 months (48.4% coverage). In SVR 73,835 received MNPs within the first 6 months (66%). There has been significant stock out of MNP in second half of 2012, but supply is available for 2013	Review of end line household survey data; review of routine reporting by MNS distributors	Endline household survey Q1 2013; annual PHD performance reports using estimated population as denominator; annual JP progress reports	WHO, UNICEF, MoH	Assumes acceptance & high high uptake of MNS by mothers and sustained distribution of MNS sachets through HC staff and VSHGs
Indicator: Proportion of children aged 12-23 months who	Baseline: Underweight: 34.5% (<-2SD) Stunting: 37.3% (<-	% of children aged 12-23 months who are Undernourished # targets for this age	Awaiting results of endline survey.	Review of endline household survey data	Endline household survey Q1 2013;	WHO, NIS, MOH	Assumes stable Economic development in the provinces and political stability.

	are undernourished (Impact indicator - wasting and underweight)	2SD)Wasting: 13.9% (<-2SD)	group but for children 0-59 months in the National Nutrition Strategy: Wasting: 7% in 2010 and 6% in 2015 Underweight: 24% in 2010 and 19% in 2015					Assumes efficacy of the selected interventions. Risks include natural disasters, political instability, serious delays in the procurement of commodities.
	Indicator: Proportion of pregnant women who received Iron Folate supplementation (at least 60 tab) [change to 90 tabs]	Baseline, CAS 2008: KPS - 70.1%; SRG - 75.8%; country average - 59.1%	84% of pregnant women who received IFA supplementation (at least 90 tab) Target National Nutrition Strategy is 80% in 2010 and 90% for 2015	Both provinces did not achieve targets according to HIS: 16,361 (67%) pregnant women in Kg. Speu and 10,442 (72%) in Svay Rieng received IFA supplementation (at least 90 tablets) in 2012. Awaiting results of endline survey	Review of endline household survey data	Endline household survey Q1 2013;	WHO, NIS, MOH	Assumptions: adequate supply of Iron Folate is ensured by the MoH
	Indicator: Proportion of postpartum women who received Vitamin A supplement within 6 weeks after delivery	Baseline: 2008 CAS: KPS-28.5% SRG- 38.5%; country average- 43.7%; 2008 HIS: KPS-66%; SRG- 91%; country average 68%	82% postpartum women who received Vitamin A supplement within 6 weeks after delivery Target National Nutrition Strategy is 80% in 2010 and 85% for 2015	Both provinces did not achieve targets according to HIS: 12,713 (52%) post-partum women in Kg. Speu and 12,920 (82%) in Svay Rieng received Vitamin A supplementation within 6 weeks of delivery in 2012. Awaiting results of endline survey	Review of endline household survey data; HIS data	Endline household survey Q1 2013; Annual HIS reports	WHO, NIS, MOH	Assumptions: adequate supply of Vitamin is ensured by the MoH; adequate resources are allocated for Vitamin A supplementation communication campaign
	Indicator: Proportion of postpartum women who received Iron Folate supplementation (42 tablets)	Baseline (2008 CAS): KPS- 22.5% SRG- 37.2%; country average - 33.2%	87 % postpartum women who received IFA supplementation (42 tablets) Target National Nutrition Strategy is 85% in 2010 and 90% for 2015	Both provinces did not achieve targets: 13,585 (56%) post-partum women in Kg. Speu and 15,291 (105%) in Svay Rieng received IFA supplementation (42 tablets) in 2012. Awaiting results of endline survey	Review of endline household survey data; HIS data	Endline household survey Q1 2013; Annual HIS reports	WHO, NIS, MOH	Assumptions: adequate supply of Iron Folate is ensured by the MoH
	Indicator: # of food insecure	Baseline: 0	2,000 of food insecure households received	As of December 2011, a total 2,100 families has been trained in	FFS reports, progress	Reports produced every 6 months	FAO, MAFF	Community members, local institutions,

	households trained by Farmer Field Schools (FFS)		training by FFS.	home gardening technique, chicken raising and complementary feeding practice for children age 6-24 months. Small equipment was distributed to 30 farmer field schools. An impact assessment of training was carried out.	reports, final report	during the timeline of the project		service delivery agencies are willing to collaborate
	Indicator: # of trained education officers in mainstreaming nutrition in Early Childhood Care Development and life skills through non formal education	Baseline: 0	110 PoE and DoE staff trained in mainstreaming Nutrition and Food security in Early Childhood Care and Development and lifeskills through NFE.	Training on FSN was conducted for 40 teacher trainers and 11 POE and DOE staff in April 2012 in Kg. Speu and Svay Reing province. Main objective is to increase knowledge of teacher trainers in the province on importance of understanding issues on FSN and incorporate into the lessons. Impact assessment carried out.	Training of Trainers Sessions attendance/ registration forms; mission reports	JP annual progress reports	UNESCO, MoYES	With limited or no funding, program may not become sustainable. Due to economic, socio-cultural factors, beneficiaries may not demonstrate a sense of ownership of the program.
	Indicator: # of commune officials and village leaders trained by education officers in Early Childhood Care Development and life skills through non formal education	Baseline: 0	5,701 commune officials & village leaders/ VHSGs, mother group leaders, pre school teachers, Commune Committee for Woman and Child trained by education officers in Early Childhood Care Development and lifeskills through non formal education.	364 (254 females) people were trained (CCWC, VSHG members and mother support group leaders) on FSN in Sept. 2011. Training was conducted by 8 DOE staff in Svay Reing. Main objective is to increase knowledge/ awareness of the all participants in FSN. Impact assessment carried out.	Training sessions attendance/registration forms; training reports	JP annual progress reports	UNESCO, MoYES	Note: All training activities have been completed in 2011. However, an assessment of the outcomes of the training from selected trained beneficiaries is on-going in 2012.
Joint Program Outcome 2: Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed. Indicators: As outlined below								
JP Output 2.1: Review implementation status of legislation, policies and strategies on	Indicator: Number of policies, strategies and legislations reviewed	Baseline: 0	ECCD policies supported by UNESCO, strategies and legislations reviewed	The Early Childhood Care and Development National Action Plan was submitted to the Council of Ministers by MOEYS officials in April 2012 for final approval.	Review of reports and actual policies and strategies	JP annual progress reports	UNESCO, ILO, FAO, MoYES, MoLVT, MAFF	Understanding that MOEYS provide insufficient financial allocation for Early Childhood Education Department, which could

nutrition, food security and agriculture and provide responses for practical action			17 workplace policies for ILO strategies and legislations reviewed	Report on Workplace Policies/ Regulations drafted. A study on the Perception of Garment Factory Owners on Nutrition and the Feasibility for Pursuing Canteen Services in the Garment Sector in Cambodia” were conducted and finalized with the financial support from ILO BFC, Hagar Catering.				pose a challenge to implement most of the plans included in the action plan. Being aware that there are not enough stakeholders(NGO's, INGO's, academic institutions) focusing its work on early childhood care and education.
	Indicator: Number of PHD staff, district and commune level officials trained in FSN concepts and objectives in 2 provinces	Baseline: 0	100 PHD staff, district and commune level officials trained in FSN concepts and objectives in 2 provinces	Total training in the 2 provinces is 162 people. 69 people were trained in 2010. Another 93 people were trained in the 2 provinces for 2011. Impact assessment of training carried out.	Training reports, progress reports	JP annual progress reports	FAO, MAFF	
JP Output 2.2 New policies, strategies and guidelines developed	Indicator: Number of new policies, strategies and legislation developed	Baseline: 0	3 guidelines developed and finalized.	2 guidelines and one curriculum developed, endorsed, printed and disseminated: National Guidelines for the Management of Acute Malnutrition National Policy and Guidelines for the Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia Proposal and curriculum for setting up a Master in Nutrition Programme In addition, IMCI, MPA10, BFCI, and Outreach Guidelines all	Review of reports and actual policies and strategies	JP annual progress reports	WHO, MoH	

				revised to match new policies				
Joint Programme Outcome 3: Integrated food security and nutrition monitoring system developed.								
JP Output 3.1: Integrated national food security and nutrition monitoring system established, based on existing information systems and surveys	Indicator: Number of FSN reports produced by national food security and nutrition monitoring system	Baseline: 0: Cambodia does not have an integrated national food security and nutrition monitoring system	a- At least 1 report produced in every 3 months by the national food security and nutrition monitoring system b- Update food security atlas (version 3) C. Produce commune level poverty and malnutrition maps: 2 D. Produce ARC-GIS maps: depend on output from FSN analysis team	a- From July-Dec 2012 the Food Security and Nutrition Data Analysis Team produced two issues (#7 and #8) of the Cambodia food security and nutrition quarterly bulletin. Bulletin production is now part of routine analytical work by Government partners and is supported by other financing. b- Content and format of Atlas project have evolved and expanded to cover FSDAT outputs, commune-level poverty maps and IDPoor data. c- Massey, WFP and NIS produced the draft final report and maps of the small area estimation study. Report will be disseminated in Q2 2013. d- GIS maps produced for Cambodia food security nutrition quarterly bulletin (Issues #7 and #8)	Quarterly bulletins, vulnerability maps, Food Security Atlas, commune-level poverty & nutrition maps, annual progress reports	Annual Joint Project progress reports	WFP, FAO, CARD, MAFF, UNICEF, NIS	Capacity to produce quarterly bulletins is low but data analysis team continues to assume a greater role in analysis and content production.

Joint Programme Results Framework:

Annual targets	Activities	YEAR (original indicative budget)			UN agency	Responsible party	Estimated Implementation Progress (as of February 2013)				Remarks
		Y1	Y2	Y3			NATIONAL/ LOCAL	Total amount Planned for the JP (original indicative budget)	Estimated Total Amount committed	Estimated Total Amount Disbursed (spent)	
A	B	C	D	E	F	G	H	I	J	K	
Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women											
Output 1.1: Behaviour Change and Communication (BCC) plans and communication materials (mass media and interpersonal communication) developed on: (i) breastfeeding, (ii) complementary feeding, (iii) IFA supplementation during pregnancy and in the post partum period.											
BCC plan for breast feeding and complementary feeding finalized	1.1.1 Finalize the BCC plans on breastfeeding and complementary feeding (A2Z, RACHA, HKI, WHO, WFP, ILO, UNESCO)	\$0	\$0	\$0	UNICEF	MoH (NCHP, NMCHC)	\$ 0	\$0	\$0	n/a	
BCC materials for interpersonal communication promoting breastfeeding revised and produced	1.1.2 Review current breastfeeding communication and training materials and <i>other National Nutrition Program activities</i>	\$7,000	\$0	\$0	UNICEF	MoH (NCHP, NMCHC)	\$7,000	\$ 0	\$ 52,291	747%	Original activity amended to include review of additional activities
	1.1.3 Produce interpersonal communication materials (i.e. leaflets, T-shirts, posters, etc.) and training materials on breast feeding for families with pregnant women & young children living in the communities	\$50,000	\$40,000	\$40,000	UNICEF	MoH (NCHP, NMCHC)	\$130,000	\$0	\$ 68,993	53%	Breastfeeding communication integrated into complementary feeding communication

¹ Disbursed/planned

Communication materials on complementary feeding for mass media & interpersonal communication designed and produced	1.1.4 Design and produce BCC mass media (5 TV/radio spots, documentary, training video on food demonstration, etc.), interpersonal communication materials (printed materials) and training materials for VHSG members on complementary feeding	\$200,000	\$35,000	\$35,000	UNICEF	MoH (NCHP, NMCHC)	\$270,000	\$0	\$211,951	79%	
BCC plans for breastfeeding and complementary feeding launched nationally	1.1.5 National launch/PR event of the BCC plans for breastfeeding and complementary feeding promotion, including national media, government ministries, NGOs, other relevant stakeholders	\$0	\$0	\$0	UNICEF	MoH (NCHP, NMCHC)	\$0	\$0	\$13,400	n/a	Activity required budget, which was not planned originally
BCC plans for breastfeeding and complementary feeding disseminated in the 2 selected provinces	1.1.6 Support 2 provincial and 6 OD dissemination workshops and meetings on breastfeeding and complementary feeding communication plans	\$0	\$0	\$0	UNICEF	MoH (NCHP, NMCHC)	\$0	\$0	\$78,581	n/a	Activity required budget, which was not planned originally
BCC plan for IFA supplementation of pregnant and postpartum women finalized	1.1.7 Conduct consultative workshop and meetings with stakeholders at various levels to finalize the BCC plan on IFA (RACHA, HKI, UNICEF, WFP, UNESCO)	\$0	\$0	\$0	WHO (HSSP2)	MoH (NCHP, NMCHC)	\$0	\$0	\$0	n/a	
BCC mass media and interpersonal materials designed	1.1.8 Design and produce mass media and interpersonal	\$85,000	\$30,000	\$30,000	WHO	MoH (NCHP, NMCHC)	\$145,000	\$0	138,135	95%	

and produced for IFA supplementation of pregnant and postpartum women	communication materials (3 TV/radio spots and printed materials) and training materials on IFA										
CC plan for IFA supplementation of pregnant and postpartum women launched nationally	1.1.9 National launch/PR event of the BCC plan for IFA supplementation during pregnancy and in the postpartum period, including national media, government ministries, NGO's, other relevant stakeholders	\$ 0	\$0	\$0	WHO	MoH (NCHP, NMCHC)	\$ 0	\$0	\$6,165	n/a	
BCC plan for IFA supplementation of pregnant and postpartum women disseminated in the 2 selected provinces	1.1.10 Support 2 provincial and 6 OD dissemination workshops and meetings on IFA supplementation	\$8,000	\$0	\$0	WHO	MoH (NCHP, NMCHC)	\$8,000	\$0	\$8,000	100%	
BCC materials for breastfeeding, complementary feeding and IFA designed and adapted to the industrial context, with attention to formal and informal workplaces in the garment and tourism/ hospitality industries	1.1.11 Interviews with stakeholders to highlight the challenges in implementation of maternity protection as well as to review the challenges and achievements made. Research. Production of communication and training materials on BF, complementary feeding and supplement to workers in the garment industry and tourism /hospitality industries	\$15,000	\$10,000	\$0	ILO	MoLVT, MoH	\$25,000	\$0	\$24,656	99%	
BCC plan for breastfeeding, complementary	1.1.12 Launch BCC plans with Union Federation for	\$7,000	\$0	\$3,000	ILO	MoLVT, MoH	\$10,000	\$0	\$10,004	100%	

feeding, and IFA launched in formal and informal workplaces (i.e. garment and tourism/ hospitality industries) in the 2 selected provinces	breastfeeding, complementary feeding, & IFA supplementation during pregnancy and during the post partum period in formal and informal workplaces in the 2 selected provinces; support to sub-national dissemination workshops & meetings										
Output 1.2: Behaviour Change Communication (BCC) plans implemented on: (i) breastfeeding, (ii) complementary feeding, (iii) IFA supplementation during pregnancy and in the post partum period											
Nationwide BCC mass media plan on breastfeeding implemented	1.2.1 Broadcast at least 3 flights of 3 TV spots for three weeks each on 3 TV stations and 10 radio channels; broadcast the breastfeeding documentary	\$85,000	\$0	\$0	UNICEF	Mol and Direct UNICEF execution	\$85,000	\$0	\$46,937	55%	Broadcast for breastfeeding covered by leveraging SWaP Pooled Fund starting in 2012
BCC interpersonal communication plan on breastfeeding implemented in the 2 selected provinces	1.2.2 Support to social mobilization events at the community level linked to World Breastfeeding Week in two provinces	\$20,000	\$0	\$0	UNICEF	Provincial Health Department in KPS and SVR	\$20,000	\$0	\$0	0%	Activity covered by VHSG interpersonal communication under 1.3
Nationwide BCC mass media plan on complementary feeding implemented	1.2.3 Broadcast at least 3 flights of 5 TV spots for three weeks each on 3 TV stations and 10 radio channels; broadcast the complementary feeding documentary; broadcast three radio call-in shows; broadcast two TV round table discussions with experts	\$80,000	\$140,000	\$140,000	UNICEF	MoH (NCHP and NNP), Mol and direct UNICEF execution	\$360,000	\$0	\$183,400	51%	Implementation of activity delayed until 2012. For 2013 activity covered by leveraging SWaP Pooled Fund support
Nationwide mass media BCC plan on IFA	1.2.4 Broadcast 3 flights of 3 TV spots (IFA) for three weeks	\$75,000	\$75,000	\$75,000	UNICEF	Mol and Direct UNICEF execution	\$225,000	\$0	\$141,877	63%	

supplementation during pregnancy and in the post-partum period implemented	each on 3 TV and 10 radio channels										
BCC mass media plan on breastfeeding, complementary feeding and IFA implemented in formal and informal workplaces (i.e. garment and tourism/ hospitality industries) in the 2 selected provinces	1.2.5 Broadcast radio call-in shows (i.e. Voice of Workers); distribute print media and publications geared to workers, launch/manage website catering to workers; broadcast radio and televised dramas (i.e. ILO soap operas and BCC health soap operas) in the 2 selected provinces.	\$20,000	\$20,000	\$20,000	ILO	MoLVT, MoI	\$60,000	\$0	\$68,556	114%	
BCC interpersonal communication plan on breastfeeding and complementary feeding implemented in formal and informal workplaces (i.e. garment and tourism/ hospitality industries) in the 2 selected provinces	1.2.6 Interpersonal communication through OSH committees (or other workplace mechanisms) at the work place and other informal economy operators through training of employers and workers on practical behaviour changes. Improvements of factory maternity facilities/breast feeding support through. Involvement lactation consultant to teach women how to express breast milk and keep it. Support to the creation of women's committees at the factory. Referral to relevant community	\$30,000	\$30,000	\$30,000	ILO	MoLVT, MoH	\$90,000	\$0	\$88,990	99%	

	services for supporting skills on BF, expression milk (in conjunction with WHO/UNICEF)										
Educational materials using family nutrition guide revised, produced and printed	1.2.7 Develop and produce educational and communication materials using existing FAO's Family Nutrition Guide for interpersonal communication through Farmer Field Schools (at least 2,000 manuals in Khmer language)	\$42,500	\$0	\$0	FAO	MAFF	\$42,500	\$0	\$39,999	94%	
Skills and knowledge related to nutrition and food security of the CCI (Cambodian Communications Institute) and the MTC (Media training Centre) enhanced: covering 1,150 journalists, media students and MOI staff	1.2.8 Conduct yearly training sessions for national media personnel on reporting accurately and regularly on nutrition and food security; dissemination hosted on the FSN website	\$13,200	\$11,600	\$11,700	UNESCO	CARD MoI MoH MTC	\$36,500	\$0	\$28,365	78%	
Output 1.3: Provision of an integrated comprehensive package of nutrition and food security interventions delivered with high coverage in two food insecure provinces - Kampong Speu and Svay Rieng											
Integrated nutrition package for children 0-24 months (BF, CF, Vit A, mebendazole, sprinkles, Zinc for diarrhea, management of malnutrition) and pregnant and lactating women (monitoring of weight gains, iron, vitamin A, mebendazole and	1.3.1 Increase the rate of immediate and early initiation of breastfeeding, exclusive breastfeeding until 6 months of age and improve complementary feeding practices: (1) train an estimated 340 health staff from 87 HCs using MPA10 nutrition module (9-day training) with follow up and supervision from district	covered	covered	covered	UNICEF	PHDs in KPS and SRG	\$0	\$0	\$0	n/a	

nutrition counseling) via health sector and local authorities implemented	and provincial health managers.										
	1.3.2 (2) Train an estimated 2,000 VSHGs, including mother support group volunteers, on infant and young child feeding using BFCI package with follow-up and supervision from HC staff to ensure effective interpersonal communication through home-visits and health promotion at the village level in two target provinces	\$40,000	\$40,000	\$0	UNICEF	PHDs in KPS and SRG	\$80,000	\$0	\$137,958	172%	
	1.3.3 Increase and expand the coverage of vitamin A supplementation, mebendazole distribution and vitamin A treatment for women and children: (1) Conduct planning meetings at PHDs, ODs and HCs in preparation for bi-annual Vitamin A supplementation and deworming rounds through HC outreach in May and November	\$10,000	\$4,000	\$4,000	UNICEF	PHDs in KPS and SRG	\$18,000	\$0	\$2,764	15%	Activity covering services that are already well-established and financed by SWaP Pooled Fund. Continued additional funding not necessary.
	1.3.4 (2) Support to communication and social mobilization activities at the community level in	\$20,000	\$18,000	\$18,000	UNICEF	PHDs in KPS and SRG	\$56,000	\$0	\$23,418	42%	Activity covering services that are already well-established and financed by SWaP

	preparation for biannual Vitamin A supplementation and deworming rounds through HC outreach in May and November											Pooled Fund. Continued additional funding not necessary.
	1.3.5 (3) Conduct post activity audit and follow up after biannual Vit.A supplementation and deworming.	\$0	\$2,500	\$2,500	UNICEF	PHDs in KPS and SRG	\$5,000	\$0	\$0	0%		Activity covering services that are already well-established and financed by SWaP Pooled Fund. Continued additional funding not necessary.
	1.3.6 Reduce the rate of micronutrient deficiency (1) Procure Sprinkles	\$100,000	\$75,000	\$75,000	UNICEF	PHDs in KPS and SRG	\$250,000	\$0	\$293,522	123%		
	1.3.7 (2) Support bi-monthly follow-up and monitoring meetings VHSGs (estimated 4,000) at Health Center level to address the health and nutrition package in a comprehensive and integrated manner.	\$74,000	\$74,000	\$74,000	UNICEF	PHDs in KPS and SRG	\$222,000	\$0	\$38,099	17%		Activity covered under SWaP Pooled Fund. Additional funding not necessary.
	1.3.8 (3) Train estimated 1,200 VHSGs on the micronutrient module of the C-IMCI (2-day training) to promote dietary intake and the use of IFA, deworming, Zinc & ORS promotion, Sprinkles promotion, and vitamin A	\$25,000	\$40,000	\$5,000	UNICEF	PHDs in SRG	\$70,000	\$0	\$62,918	90%		

	1.3.9 Train estimated 2,800 VHSGs on management of acute malnutrition at the community level, including screening of malnourished children using MUAC (2-day training), with appropriate follow-up & supervision during outreach and at the HC level	\$40,000	\$40,000	\$5,000	UNICEF	PHD Kg SPU	\$85,000	\$0	\$72,008	85%	
	1.3.10 Management of diarrhoea: (1) Provide IMC refresher training for Health Centre staff; (2) Procure zinc tablets (3) Socially market ORS& zinc	\$50,000	\$50,000	\$50,000	WHO	MoH (CDC, NMCHC)	\$150,000	0\$	\$141,206	94%	
	1.3.11 Management of malnutrition: (1) Train estimated 260 Health Centre staff from 87 facilities in 2 selected provinces on management of malnutrition, including on MUAC screening for identification of malnourished children and community management of acute moderate malnutrition	\$20,000	\$5,000	\$5,000	UNICEF	MoH, NNP, PHDs in KPS and SVR	\$30,000	\$0	\$156,437	520%	As per mid-term review recommendation, overexpenditure for contracting NGO to implement management of acute malnutrition
	1.3.12 (2)Provide referral costs (transportation) for families with children with severe malnutrition for treatment at the Referral Hospital level (estimated 800-1,000 children under 5 per year will benefit from this support)	\$10,000	\$15,000	\$15,000	UNICEF	MoH, NNP, PHDs in KPS & SVR & direct UNICEF execution	\$40,000	\$0	\$59,498	148%	Significant increase in caseload after removing transport as a major barrier to careseeking
	1.3.13 (3)Health Centre staff follow-up and	covered	Covered	covered	UNICEF	MoH, NNP, PHDs in KPS	\$0	\$0	\$0	n/a	

	supervise MSGs/VHSGs at the community and health center levels					and SVR					
	1.3.14 (4) Procure basic equipment/supplies for estimated 4,000 VHSG volunteers for management of malnutrition at the community level (ie. MUAC tapes, scales, job aids)	\$5,000	\$3,000	\$1,500	UNICEF	MoH, NNP, PHDs in KPS and SVR and direct UNICEF execution	\$9,500	\$0	\$97,776	1003%	Significant underestimation of equipment costs in original plan
	1.3.15 Procure fortified blended food ('commodity') and transport the commodity to health centres in KSP and SRG	\$100,000	\$100,000	\$100,000	WFP	MoH, NNP, PHDs in KSP and SRG	\$300,000	0%	187,636	63%	
Promote improved nutrition and food safety in vulnerable households (i.e malnourished children, pregnant & lactating women, and caregivers) and their communities through homestead food production and Farmer Field Schools	1.3.16 Monitor the stock, storage and distribution of the commodity at health centres and at the community level; Conduct household spot checks among beneficiary households	covered	covered	covered	UNICEF	MoH, National Nutrition Programme, PHDs in KSP and SRG	\$0	\$0	\$0	n/a	
	1.3.17 Distribution of small equipment to 80 Farmer Field Schools, targeting at least 2,000 vulnerable households of malnourished children, pregnant and lactating women, and to at least 60 VHSGs members, in improving access to and consumption of micro-	\$13,300	\$0	\$0	FAO	MAFF	\$ 13,300	\$0	\$ 62,709	471%	

	nutrient-rich foods through kitchen gardening and small scale livestock production										
	1.3.18 Training of 2,000 vulnerable households and 60 VHSG members receiving the equipment in the most food insecure villages of the 2 provinces on appropriate homestead production techniques, in food preparation and preservation.	Covered	Covered	Covered	FAO	MAFF	\$0	\$0	\$0	n/a	
	1.3.19 Identify and train VHSG members, caregivers and communities at 80 Farmer Field Schools and at the 60 VHSG members receiving equipment, targeting at least 2,000 households and at least 400 VHSG members, in food-based nutrition education, kitchen garden and small scale livestock production for better diets, as well as composting, planting fruit trees, making seedbeds, transplanting seedlings, etc.	\$101,700	\$96,250	\$96,250	FAO	MAFF	\$294,200	\$0	\$293,552	99%	
Knowledge and skills of education officers (Provincial Education Officers and District Education Officers), NFE teachers and facilitators, commune	1.3.20 Conduct training of trainers in the 2 provinces for the PoE representatives, DoE representatives, primary school teachers and NGOs in understanding	\$26,000	\$3,000	\$3,000	UNESCO	MoEYS	\$32,000	\$0	\$30,595	96%	

and village officials and women, enhanced through non-formal education in the early childhood care and development & lifeskills, mainstreaming nutrition	mainstreaming nutrition in ECD and relevant lifeskills based NFE programs. 1.3.20 a: Conduct extensive monitoring and evaluation in selected districts in 2 provinces										
	1.3.21 Support trainings for non formal education teachers and facilitators, commune officials and parent associations in understanding & mainstreaming ECD and food security related lifeskills in community based NFE program. About 120 teacher trainers are targeted to be trained in 2 provinces and 30 national teacher trainers at the national level and FSN through NFE & ECD.	\$32,500	\$32,500	\$32,000	UNESCO	MoEYS	\$97,000	\$0	\$98,384	100%	
JP Outcome 2: Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed											
JP Output 2.1: Review implementation status of legislation, policies and strategies on nutrition, food security and agriculture and provide responses for practical action											
Legislation on maternity protection including the Labour Law, social security acts (specifically the new National Security and Security funds) etc. reviewed	2.1.1 Review on legislation and implementation of maternity protection legislation. Interviews with stake holders, with focus on identifying the reasons for non-implementation of legislation and solutions/ actionable recommendations.	\$15,000	\$5,000	\$5,000	ILO	MoLVT	\$25,000	\$0	\$10,240	41%	

	Publication of results.										
	2.1.2 Organize sharing workshops with IR partners.	\$5,000	\$5,000	\$0	ILO	MoLVT	\$ 10,000	\$0	\$6,709	67%	
	2.1.3 Capacity building activities. Focus will be on action planning around the recommendations. Technical input from HQ. Interviews with stakeholders to ensure accuracy and pertinence of plan of actions. Follow up at the workplace level for the implementation of action plan.	\$10,000	\$10,000	\$10,000	ILO	MoLVT	\$30,000	\$0	\$33,040	110%	
Strengthened capacity of MoLVT in managing relevant maternal health Labour law (eg: support to the implementation of the new industrial physician	2.1.4 Selection of MoLVT master trainers (meetings, explanation sessions, follow up). Organise training, including ToT, for MoLVT staff responsible for OSH issues, which include maternity protection. Training programme includes 10 modules.	\$3,000	\$15,000	\$10,000	ILO	MoLVT	\$28,000	\$0	\$27,101	97%	
	2.1.5 Pilot program in factories. Capacity building for industrial physicians to ensure the implementation of maternity leave, breastfeeding and other aspects that promotes maternal and child health. Pre-pilot survey. Follow up with master trainers. Post round one training and feedback sessions with master	\$0	\$15,000	\$10,000	ILO	MoLVT	\$25,000	\$0	\$25,000	100%	

	trainers to ensure incorporation of system.										
	2.1.6 Design, laying out and publication and printing of the training material and supportive documentation. Production of an interactive version of the training kit	\$10,000	\$5,000	\$5,000	ILO	MoLVT	\$20,000	\$0	\$18,174	91%	
Develop the plan of action for the Early Childhood Development (ECD) to mainstream nutrition	2.1.7 Facilitate and support inter-sectoral consultation meetings, and the training of the central and provincial education officials to develop the ECCD National Plan of Action with nutrition mainstreamed.	\$16,600	\$16,500	\$16,500	UNESCO	MoEYS	\$49,600	\$0	\$45,250	91%	
Strengthened capacity of line ministries in the number and level of trained staff on Food Security and Nutrition aspects	2.1.8 Conduct 4 decentralized 3-day trainings for 100 provincial, district and commune staff in the two provinces on FSN concepts and objectives	\$48,000	\$48,000	\$0	FAO	CARD	\$96,000	\$0	\$39,187	41%	
JP Output 2.2 New policies, strategies and guidelines developed											
National guidelines on the management of malnutrition, including screening, referral, management and follow up (a) Guidelines on the use of MUAC for identifying malnourished children (b) Guidelines on community based management of acute malnutrition (c) National standard	2.2.1 Develop/finalize the three guidelines: develop training manual for management of moderate malnutrition and the use of MUAC	\$100,000	\$50,000	\$0	WHO	MoH	\$150,000	\$0	\$142,658	95%	

treatment guidelines for severely malnourished children developed												
Policy and implementation guidelines, including procurement plans, for the prevention and control of micronutrient deficiencies in women and children	2.2.2 Develop the policy and implementation guidelines on Food Fortification and Food-based Programmes for the Prevention & Control of Micronutrient Deficiencies 2.2.2a Develop proposal for setting up a Master in Nutrition Programme (New activity approved by PMC to add in 2011)	\$50,000	\$50,000	\$0	WHO	MoH	\$100,000	\$0	\$85727	86%		
Joint Programme Outcome 3: Integrated food security and nutrition monitoring system developed												
JP Output 3.1: Integrated national food security and nutrition monitoring system established, based on existing information systems and surveys												
An integrated national food security and nutrition monitoring system is developed by the Food Security and Nutrition Information Management Taskforce	3.1.1 Support and coordinate with CARD, NIS, the Food Security and Nutrition Technical Working Group, and the Food Security and Nutrition Information Management Taskforce	\$6,000	\$6,000	\$6,000	WFP	CARD, NIS	\$18,000	\$0	18,000	100%		
Institutional framework for an integrated national food security and nutrition monitoring system developed and agreed with key partners.	3.1.2 Coordination meetings between members of food security data analysis team (FSDAT) from different ministries held to produce quarterly reports	\$5,000	\$5,000	\$5,000	WFP	CARD, NIS and Social Planning, MoH, NNP, DPPI, MAFF	\$15,000	\$0	15,000	100%		
Establishment of integrated analysis team for triangulation and synthesis of	3.1.3 Capacity building of food security data analysis team for strengthening their	\$25,000	\$10,000	\$10,000	UNICEF/WFP	MOP/ National Institute of Statistics	\$45,000	\$0	61,515	137%	41,516 expenditure by UNICEF in Y1. Overexpenditure	

nutrition information & regular communication of findings (within institutional settings)	analytical skills and report writing skills, use of data for policy development and planning purposes											for analysis of Cambodia Socio Economic Survey. 20,000 spent by WFP in Y2 and Y3
Establishment of an integrated analysis team for triangulation and synthesis of food security nutrition information and regular communication of findings (within existing institutional settings)	3.1.4 Conduct on-the-job training aimed at strengthening the capacity of the national statistical systems (especially of MOP, National Institute of Statistics, of MAFF, of MoH) to produce timely and quality food & agriculture statistics useful in the process of hunger reduction programmes.	\$15,000	\$0	\$0	FAO	MoP/National Institute of Statistics	\$15,000	\$0	\$15,405	100%		
Production & dissemination of integrate analysis and vulnerability analysis and mapping tool with the latest available demographic, food security, agriculture and nutrition data, nutrition and employment data	3.1.5 Produce--and build the capacity of the integrated food security and nutrition analysis team to produce--ARC-GIS maps with FSN monitoring system data	\$15,000	\$10,000	\$5,000	WFP	CARD/NIS	\$30,000	\$0	30,150	100%		
	3.1.6 Update--and build the capacity of CARD to update--the online Food Security Atlas (version 3)	\$20,000	\$20,000	\$20,000	WFP	CARD, NIS	\$60,000	\$0	\$60,000	100%		
	3.1.7 Produce updated commune-level poverty maps	\$37,500	\$37,500	\$0	WFP	CARD, NIS	\$75,000	\$0	\$ 100,000	133%	Over expenditure. 25,000 reallocated from Unicef to WFP in Y3 for inclusion of CDHS 2010 in analysis	
	3.1.8 Support the	\$20,000	\$20,000	\$20,000	WFP	CARD, NIS	\$60,000	\$0	60,000	100%		

	production of annual report based on the integrated food security and nutrition analysis team's output										
New activity replaced the old one and approved by PMC.	3.1.9 activity removed in 2011 3.1.9 a: Support MoP ID Poor programme to produce poverty and profiles with socioeconomic and vulnerability data.	\$10,000	\$10,000	\$10,000	WFP	MoP/ID Poor	\$30,000	\$0	30,000	100%	
	3.1.10 Support improvements to and maintenance of CARD's Food Security and Nutrition Information System (FSNIS) website	\$8,000	\$8,000	\$8,000	WFP	CARD. NIS	\$24,000	\$0	24,000	100%	
Introduce universal MUAC screening for malnutrition and for the supplementation of micronutrient powder (sprinkles) monitoring system to be incorporated into HIS: pilot in the two target provinces (KPS & SVR)	3.1.11 Train and build the capacity of 300 health staff at the national level and in the 2 selected provinces	\$15,000	\$5,000	\$5,000	WHO	MoH (DPHI), PHD's	\$25,000	\$0	\$25,000	100%	
JP Output 3.2: Management, coordination, monitoring & evaluation of JP											
Joint programme launched	3.2.1 Launch of the Joint Programme	\$15,000	\$0	\$0	UNICEF	All JP	\$15,000	\$0	\$15,552	100%	
Baseline survey conducted in the 2 target provinces and other 2 control provinces	3.2.2 Baseline survey conducted in the 2 target provinces and other 2 control provinces	\$80,000	\$0	\$0	WHO	MoH, MoP, HKI	\$80,000	\$0	\$80,568	100%	
End-line survey conducted in the 2 target provinces and other 2 control	3.2.3 Conduct end-line survey in 4 provinces	\$0	\$0	\$80,000	WHO	MoH, MoP, HKI	\$80,000	81,596\$	0\$	0%	To be completed in 2013

provinces											
JP coordinator hired	3.2.4 National Coordinator for the Joint Programme and 33% of UNICEF Nutrition Specialist	\$35,000	\$35,000	\$35,000	UNICEF	UNICEF	\$105,000	\$0	\$185,903	177%	33% of UNICEF Nutrition Specialist not originally planned for
2 provincial coordinator hired	3.2.5 Two Provincial Coordinators for the Joint Programme	\$30,000	\$30,000	\$30,000	UNICEF	UNICEF	\$90,000	\$0	\$94,682	105%	
JP Coordinator supported	3.2.6 Support operational cost for national coordinator workplace for the joint programme	\$11,900	\$6,900	\$6,900	WFP/UNICEF	CARD	\$25,700	\$0	\$17,427	68%	3,627 spent by UNICEF in Y1; 13,800 spent by WFP in Y2 and Y3
JP Provincial Coordinators supported	3.2.7 Support operational cost for provincial coordinators for the joint programme.	\$20,000	\$10,000	\$10,000	UNICEF		\$40,000	\$0	\$36,099	90%	
Result documented and disseminated	3.2.8 Document and disseminate JP information and results, and final evaluation of the JP.	\$0	\$0	\$40,000	UNICEF	MoH, CARD MoEYS MoLVT MAFF	\$40,000	\$0	\$0	0%	To be carried out in 2013
						RECEIVED	PLANNED	COMMITTED	DISBURSED	DISBURSED /RECEIVED	AVAILABLE
	Total Programme Cost					\$4,672,300	\$4,672,300	\$81,596	\$4,271,176	91%	319,528
	Total indirect support cost 7% from each UN agencies					\$ 327,061	\$ 327,061	\$0	\$327,061	100%	0
	GRAND TOTAL:					4,999,361	\$4,999,361	\$81,596	\$4,598,228	92%	319,528