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Joint Programme for Children, Food Security and Nutrition in Cambodia

## **FIRST BI-ANNUAL MONITORING REPORT**

**ON THE**

**JOINT PROGRAMME FOR CHILDREN, FOOD  
SECURITY AND NUTRITION IN CAMBODIA**

**Period:**

**1<sup>st</sup> January – 30<sup>th</sup> June 2010**

**Phnom Penh, July 20<sup>th</sup>, 2010**

## **JOINT PROGRAMME MONITORING REPORT Children, Food Security and Nutrition Thematic Window**

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## Section I: Identification and Joint Programme Status

### a- Joint programme identification and basic data

<p><b>Date of Submission:</b>  <b>Submitted by:</b>  <b>Name:</b> Kim Heang UNG  <b>Title:</b> National Programme Coordinator  <b>Organization:</b> UNICEF  <b>Contact information:</b> khung@unicef.org</p>	<p><b>Country and Thematic Window</b>  Cambodia  Children, Food Security and Nutrition</p>
<p><b>MDTF Atlas Project No:</b>    <b>Title:</b> Children, Food Security and Nutrition in Cambodia</p>	<p><b>Report Number: 1</b>    <b>Reporting Period:</b>  1 January 2010- 30 June 2010    <b>Programme Duration:</b> 3 years    <b>Official Starting Date:</b> 01 January 2010</p>
<p><b>Participating UN Organizations:</b>    UNICEF  WHO  FAO  WFP  ILO  UNESCO</p>	<p><b>Implementing partners<sup>1</sup></b>    Council for Agricultural and Rural Development  Ministry of Health  National Mother and Child Health Center  National Center for Health Promotion  Ministry of Agricultural, Fishery and Forestry  Ministry of Labour and Vocational Training  Ministry of Education, Youth and Sport  Ministry of Information  Helen Keller International  RACHA  A2Z  Ministry of Tourism  Garment Manufacturers' Association in Cambodia  Trade Unions  Radio FM Mohanokor Station</p>

<sup>1</sup> Please list all the partners actually working in the joint's programme implementation, NGOs, Universities, etc.



<b>Budget Summary</b>	
<b>Total Approved Joint Programme Budget:</b>	UNICEF     \$2,501,874 WHO         \$789,660 FAO         \$493,270 WFP         \$638,790 ILO         \$345,610 UNESCO    \$230,157  <b>TOTAL:     \$4,999,361</b>
<b>Total Amount of Transferred to date:</b>	UNICEF:    \$ 1,083,803 WHO        \$ 422,650\$ <sup>2</sup> FAO:        \$ 235,935 WFP:        \$ 231,655 ILO:         \$ 122,761 UNESCO:   \$ 94,481  <b>TOTAL:     \$ 2,191,285</b>
<b>Estimated Total Budget Committed to date:</b>	UNICEF:    \$ 275,911.5 WHO:        \$ 229,423 FAO:        \$99,741 WFP:        \$132,699.42 ILO:         \$ 110,300 UNESCO:   \$ 84,867  <b>TOTAL:     \$ 932,941.92</b>
<b>Estimated Total Budget Disbursed to date:</b>	UNICEF:    \$ 56,709.9 WHO:        \$ 85,852.38 <sup>3</sup> FAO:        \$ 27,641 WFP:        \$ 22854.4 <sup>4</sup> ILO:         \$ 3,920 UNESCO:   \$ 18,423  <b>TOTAL:     \$ 180,245.7</b>

<sup>2</sup> Including the formulation advances amount of \$20,000

<sup>3</sup> \$ 65,852.38 + \$20,000 (including the Formulation Advances)

<sup>4</sup> Including 7% ISC for WFP



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**Indicate Beneficiaries Types:**

Activity/ Beneficiary type	# pregnant women	# post partum women	# of women in reproductive age	Total women cover by the BCC campaign
Nation Wide Campaign on BCC				
Training:		# of women	# of men	Total
National/Provincial, district, OD staff trained (provincial and district level)		26	84	110
HC staff, CC and teacher trained (commune level)				
Volunteer trained (VHSG, Extension worker, MSG...)				
Private sector				

**Beneficiaries by types of intervention: Education, Resources, Treatment and Preventive Supplementation**

Beneficiaries by types of intervention	Adult			Expected Children Planned (Jan-Dec 2010)	Number of Children Reached by 31 June 2010 (Age in month)			
	Men	Women	Total		0-6 M	6 – 24M	> 24 -59M	Total
<b>Education</b>								
Education family on IYCF								
Education family on farming								
<b>Resources</b>								
Number of children with acute malnutrition supported for referral								
Number of people provide equipment for farming								
<b>Treatment</b>								
Number of <5 children receive treatment for acute malnutrition								N/A
Number of children receive ORS with Zinc								N/A
<b>Preventive Supplementations<sup>5</sup></b>								
Number of children 6-24 months receive Sprinkle powder				N/A				
Number of children 6-59 months receive Vit.A				136,902				139,385
Number of children 12-59 months receive Mebendazole				119,707				118,323
Number of pregnant women receive Iron Folate (90 teb)				36,993				114,336
Number of postpartum women receive Vit.A				36,993				7,865
Number of postpartum women Iron supplement				36,993				5,742

<sup>5</sup> This data received from the Health Information System (HIS) of the two Provincial Health Department. The data period is 5 months (Jan-May) for kampong Speu province and 6 months (Jan-Jun) for Svay Reing Provinces.

**b- Joint Programme M&E framework (same one as used in the joint programme document)**

**TABLE: JOINT PROGRAMME MONITORING FRAMEWORK**

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected Target (2012)	Achievement of Target to Date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities (UN agency, government partner)	Risks & assumptions
<b>Joint Program Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women</b>								
<b>Indicators : As outlined below</b>								
Output 1.1: Behaviour Change Communication (BCC) plans and communication materials developed on: (i)breastfeeding, (ii)complementary feeding, (iii) IFA Supplementation during pregnancy and in the post partum period	Indicator: Number of BCC plans finalized and agreed with key stakeholders	<b>Baseline: 0</b>	3 BCC plans Finalized.	BCC plans finalized through consultative meetings and workshop organized by NCHP to discuss technical content of messages from the 23rd to 25th of June in Kampot province.  BCC plan for IFA supplementation during pregnancy and postpartum period finalized and communication materials developed.	JP progress reports; copies of BCC plans and communication materials	Annual JP review workshops	UNICEF, WHO, NCHP, NNP	MOH endorses mass media and interpersonal BCC as interventions for improved nutrition. Development starts Jan 2010
	Indicator: # of BCC plans adapted to workplaces	<b>Baseline: 0</b>	3 BBC plans adapted to workplace.	In progress, ILO has contacted PMC and UNICEF MDF Focal Point and is waiting for finalization of the Global BCC materials	JP progress reports; copies of BCC plans	Annual JP progress reports	ILO, MoLVT	The global BCC materials delayed.
Output 1.2: Behaviour Change	Indicator: # of nation-wide media campaigns	<b>Baseline: 0</b>	3 national wide campaigns implemented.	The preparation of the launch of the IFA BCC plan has been initiated but the	Monitoring systems set up for	Annual JP progress reports	UNICEF, WHO, NCHP, NNP	



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<p>Communication (BCC) plans implemented on: (i) breastfeeding, (ii) complementary feeding, (iii) IFA supplementation during pregnancy and in the post partum period</p>	<p>implemented on annual basis - Nation-wide media BF campaign implemented - Nation-wide media CF campaign implemented - Nation-wide media IFA campaign implemented</p>			<p>launch will be conducted in September 2010. Implementation of the plan will start after the launch.</p>	<p>communication plans</p>			
	<p>Indicator: Number of Khmer language FAO Family Nutrition manuals distributed to food insecure households</p>	<p><b>Baseline: 0</b></p>	<p>2,000 Khmer language FAO Family Nutrition Manuals produced and distributed to food insecure households</p>	<p>Draft adapted family nutrition guide is being finalized with a number of relevant nutrition topics (BFCl, MPA10) considered to be integrated into the book. The book considered to be finished in Q3.</p>	<p>Training reports, progress reports, manuals produced</p>	<p>First month of the 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 of media personnel trained in food security and nutrition reporting</p>	<p><b>Baseline: 0</b></p>	<p>At least 1,150 journalists, media students and MoI staff trained in food security and nutrition reporting</p>	<p>The training course will take place in August (second week). The National pool of Trainers (CARD) has developed the curricula of the course in close consultation with UNESCO and the facilitators have been identified</p>	<p>Training sessions attendance/r egistration forms; training reports; articles published</p>	<p>Annual JP progress reports</p>	<p>UNESCO, MoEYS</p>	<p>Lack of commitment of journalists</p>
	<p>Indicator: Number of radio spots</p>	<p><b>Baseline: 0</b></p>	<p>Radio spots broadcasted in</p>	<p>ILO is now in touch with Radio Mohanokor, which</p>	<p>JP progress reports</p>	<p>Annual JP progress</p>	<p>ILO, MoLVT</p>	



	broadcasted in garment factory Workplace		garment factory Workplace	have worked with ILO over the past months with reference to "The Garment Workers Radio Competition" Radio spots broadcasts in parallel with the Global BCC campaigns		Reports		
	Indicator: # of trained OSH workers in BCC plans	<b>Baseline: 0</b>	17 OSH Committees created and member of OSH Committees trained on practical behavior changes	Initial contacts with enterprise employers and workers will be conducted in July 2010 and discussion on possibility of BCC Training Plans for OSH workers.  One full-day OSH Planning Meeting with Department of Occupational Health and Safety (DOSH), MoLVT was held on 25 June 2010 to jointly set up an OSH Workplan	Training sessions attendance/r egistration forms; training reports	Annual JP progress reports	ILO, MoLVT	DOSH endorsed the draft joint workplan on OSH between ILO and DOSH, MoLVT.
Output 1.3: Provision of an integrated comprehensive package of nutrition and food security interventions delivered with high coverage in 2 food insecure provinces -	Indicator: Proportion of children aged 0–6 months who are exclusively breastfed	<b>Baseline: TBD in provincial baseline survey</b>	67% of children aged 0–6 months who are exclusively breastfed  Target in the National Nutrition Strategy is 65% in 2010 and 70% for 2015	Baseline survey conducted from 26 <sup>th</sup> April to 13th May in two intervention provinces and two control provinces. Results will be available by end of August 2010.	Review of endline household survey data	Endline household survey Q3 2012	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 the procurement of commodities.





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Kampong Speu and Svay Rieng	Indicator: Proportion of breastfed children aged 6-24 months who receive appropriate (age appropriate frequency with 3+ food groups) complementary feeding	<b>Baseline: TBD in provincial baseline survey</b>	71 % of breastfed children aged 6-24 months who receive appropriate complementary feeding  Target in the National Nutrition Strategy is 67% in 2010 and 77% for 2015	Baseline survey conducted from 26 <sup>th</sup> April to 13th May in two intervention provinces and two control provinces. Results will be available by end of August 2010	Review of endline household survey data	Endline household survey Q3 2012	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 the procurement of commodities.
	Indicator: Proportion of estimated number of undernourished who receive supplementary feeding	<b>Baseline: 0</b>	% of undernourished who received supplementary feeding.	National Interim Guidelines and Training Materials on the Management of Acute Malnutrition developed. The initial implementation is planned for the 2 <sup>nd</sup> semester of 2010	Review of JP annual reports; review of routine reporting by nutrition staff PHD	Annual JP progress review workshops; annual PHD performance reports	WHO, 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 appropriately sensitive and specific to identify undernourished children.
	Indicator: Number of VHSG members who are trained on BF and CF counseling using	<b>Baseline: KPS (2008) - 450 out of 2,800; SRG</b>	2,000 VHSG, including mother support group volunteers, trained on IYCF module	The Training of Master Trainers organized by NMCHC, and ToT/training organized at provincial level. The BFCI training materials produced.	BFCI monitoring system	Progress reports; Annual	UNICEF, PHDs, NNP	None



	BFCI package (Output indicator) Timeframe: 2010-2012	<b>(2008) - 700 out of 1,200</b>						
	Indicator: Number of VHSG members who are trained on Micronutrient/Sprinkles promotion	<b>Baseline: KPS (2008) - 0; SRG (2008) - 700 out of 1,200</b>	4,000 VHSG trained micronutrient module C-IMCI	S. Rieng refresher training of master trainers on Good Food for Children carried out May 19-21 using pooled fund. In addition, another two days added for micronutrients training (including MNP & WIF) training using MDG-F.	C-IMCI monitoring System	Progress reports; Annual	UNICEF, PHDs, NNP	Assumptions: Micronutrient (including sprinkles) module of C-IMCI package & guidelines on multiple micronutrient supplementation finalized before the inception of the project
	Indicator: Number of VHSG members who are trained on management of acute malnutrition at the community level	<b>Baseline: KPS (2008) - 0; SRG (2008) - 0</b>	2,800 VHSG trained on management of acute malnutrition at the community level	This activity is not planned in Q2 workplan.	Training reports; progress reports	Progress reports; Annual	UNICEF, PHDs, NN	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 months who received Vitamin A supplementation in the past 6 months	<b>Baseline: 2008 CAS: KPS- 72.7%; SRG- 67.6%; country average - 59.4% 2008 HIS,</b>	87 % children 6-59 months who received Vitamin A supplementation in the past 6 months Target in the National Nutrition	Baseline survey conducted from 26 <sup>th</sup> April to 13 <sup>th</sup> May in two intervention provinces and two control provinces. Results will be available by end of August 2010	Review of endline household survey data; review of routine HIS reporting	Endline household survey Q3 2012; annual HIS/PHD performance reports using estimated target population as	UNICEF, WHO, MoH	Adequate supply of Vitamin A is ensured by the MoH; adequate resources are allocated to special out-reach sessions, including nation-wide communication and social mobilization



		<b>Round 2: KPS- 86%; SRG- 100%; country average- 87%</b>	Strategy is 85% in 2010 and 90% for 2015			denominator; annual JP progress reports		from the national budget and Health SWAp/HSSP2
Indicator: Proportion of children 12-59 months who received Mebendazole for deworming in the past 6 months (Timeframe: 2010 - 2012)	<b>Baseline (2008 CAS): KPS- 42.1%; SRG- 58.2%; country average - 39.9%</b>	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	Baseline survey conducted from 26 <sup>th</sup> April to 13th May in two intervention provinces and two control provinces. Results will be available by end of August 2010	Review of endline household survey data; review of routine HIS reporting	Endline household survey Q3 2012; annual HIS/PHD performance reports using estimated target 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 nation-wide communication and social mobilization from the national budget and Health SWAp/HSSP2	
Indicator: Proportion of children under 2 years of age who regularly receive multiple micronutrient powders (sprinkles) with their complementary feeding	<b>Baseline: Kg Speu 0%, Svay Rieng %</b>	% of children under 2 years of age (6-24 months) who regularly receive multiple micronutrient powders (sprinkles) with their complementary feeding No target	Multiple micronutrient powders (sprinkles) will be available for the distribution in the 2 <sup>nd</sup> semester of 2010	Review of endline household survey data; review of routine reporting by MNS distributors.	Endline household survey Q3 2012; annual PHD performance reports using estimated target population as denominator; annual JP progress reports	WHO, UNICEF, MoH	Assumes acceptance and high uptake of MNS by the mothers and sustained distribution of MNS sachets through HC staff and VSHGs	



	<p>Indicator: Proportion of children aged 12-23 months who are undernourished (Impact indicator - wasting and underweight)</p>	<p><b>Baseline: TBD in provincial baseline survey;</b></p>	<p>% of children aged 12-23 months who are Undernourished</p> <p>No targets for this age 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</p>	<p>Baseline survey conducted from 26<sup>th</sup> April to 13th May in two intervention provinces and two control provinces. Results will be available by end of August 2010</p>	<p>Review of endline household survey data</p>	<p>Endline household survey Q3 2012</p>	<p>WHO, NIS, MOH</p>	<p>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 the procurement of commodities.</p>
	<p>Indicator: Proportion of pregnant women who received Iron Folate supplementation (at least 60 tab) [change to 90 tabs]</p>	<p><b>Baseline, CAS 2008: KPS - 70.1%; SRG - 75.8%; country average - 59.1%</b></p>	<p>84% of pregnant women who received Iron Folate supplementation (at least 90 tab)</p> <p>Target in the National Nutrition Strategy is 80% in 2010 and 90% for 2015</p>	<p>Baseline survey conducted from 26<sup>th</sup> April to 13th May in two intervention provinces and two control provinces. Results will be available by end of August 2010</p>	<p>Review of endline household survey data</p>	<p>Endline household survey Q3 2012</p>	<p>WHO, NIS, MOH</p>	<p>Assumptions: adequate supply of Iron Folate is ensured by the MoH</p>
	<p>Indicator: Proportion of postpartum</p>	<p><b>Baseline: 2008 CAS: KPS-</b></p>	<p>82% of postpartum women who</p>	<p>Baseline survey conducted from 26<sup>th</sup> April to 13th May in two intervention</p>	<p>Review of endline household</p>	<p>Endline household survey Q3</p>	<p>WHO, NIS, MOH</p>	<p>Assumptions: adequate supply of Vitamin is ensured</p>



	women who received Vitamin A supplement within 6 weeks after delivery	<b>28.5%; SRG- 38.5%; country average- 43.7%; 2008 HIS: KPS- 66%; SRG- 91%; country average – 68%</b>	received Vitamin A supplement within 6 weeks after delivery  Target in the National Nutrition Strategy is 80% in 2010 and 85% for 2015	provinces and two control provinces. Results will be available by end of August 2010	survey data; HIS data	2012; Annual HIS reports		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)	<b>Baseline (2008 CAS): KPS- 22.5% SRG- 37.2%; country average - 33.2%</b>	87 % of postpartum women who received Iron Folate supplementation (42 tablets)  Target in the National Nutrition Strategy is 85% in 2010 and 90% for 2015	Baseline survey conducted from 26 <sup>th</sup> April to 13th May in two intervention provinces and two control provinces. Results will be available by end of August 2010	Review of endline household survey data; HIS data	Endline household survey Q3 2012; Annual HIS reports	WHO, NIS, MOH	Assumptions: adequate supply of Iron Folate is ensured by the MoH
	Indicator: # of food insecure households trained by Farmer Field Schools (FFS)	<b>Baseline: 0</b>	2,000 of food insecure households received training by FFS	The PDA and PHD will identify the VHSG and care givers including the FFS members for attending the FFS trainings. The identification of these target groups will be done once the LoA between FAO and PDA/PDH are signed. This	FFS reports, progress reports, final report	Reports produced every 6 months during the timeline of the project	FAO, MAFF	Community members, local institutions, service delivery agencies are willing to collaborate

				process is expected to be done in August. Once the LoA signed the training of FFS will start.				
	Indicator: Number of trained education officers in mainstreaming nutrition in Early Childhood Care and Development and lifeskills through non formal education	<b>Baseline: 0</b>	110 PoE and DoE staff from both provinces trained in mainstreaming Nutrition and Food security in Early Childhood Care and Development and lifeskills through NFE.	The TOT workshop was implemented in KPS (21-22-23 June) and SVR (28-29-30 June). Total number of participants in KPS: 55, male:43, female: 12. Total number of participants in SVR: 65 male: 41 female:14.	Training of Trainers Sessions attendance/ registration forms; mission reports	JP annual progress reports	UNESCO, MoYES	Lack of interest/ commitment to the program from local authorities
	Indicator: # of commune officials and village leaders trained by education officers in Early Childhood Care and Development and lifeskills through non formal education	<b>Baseline: 0</b>	1,573 of commune officials and village leaders from both provinces trained by education officers in Early Childhood Care & Development and lifeskills through NFE.	This second layer training will be implemented during August-November 2010.. 1,560 of district, commune officials and village leaders from KPS province and 4,750 of district, commune officials and village leaders from SVR province will be trained by education officers in Early Childhood Care and Development and lifeskills through NFE	Training sessions attendance/r egistration forms; training reports	JP annual progress reports	UNESCO, MoYES	Lack of interest/ commitment to the program from local authorities, parent association, education staff; lack of time of local authorities and teachers
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,	Indicator: Number of policies, strategies and legislations	<b>Baseline: 0</b>	ECCD policies supported by UNESCO, strategies and legislations	The first National ECCD Policy was approved and signed by the Prime Minister in February 2010. This policy will be articulated in	Review of reports and actual policies and strategies	JP annual progress reports	UNESCO, ILO, FAO, MoYES, MoLVT, MAFF	



policies and strategies on nutrition, food security and agriculture and provide responses for practical action	reviewed		reviewed	<p>the ECCD National Action Plan. Some of the information stated in the 2005 NAP could be used in this new NAP (the ECCD National Action Plan was drafted in 2005 but it was not finalized neither approved.) The steps forward taken in this regard are: Workshop on the 19th April: Discussion on the policy, updating ToR for the committee. Workshop on the 20th April: Dissemination of the National Plan of Action: Develop the work plan, National Plan of action. The recruitment process for the technical consultant took place in June.</p> <p>In Progress with ILO. Draft of research study TOR on workplace policies on maternity protection to be finalized by Q3.</p>				
	Indicator: Number of PHD staff, district and commune level officials trained in FSN concepts and objectives in 2 provinces	<b>Baseline:</b> <b>0</b>	100 PHD staff, district and commune level officials trained in FSN concepts and objectives in 2 provinces	Discussion meeting on the trainings with CARD in collaboration with other FAO project named "linking Information and Decision Making to Improved Food Security" done last month. Five training sessions planned for 2010. Amongst	Training reports, progress reports	JP annual progress reports	FAO, MAFF	Using the pool of trainers under CARD and in line with the ongoing centralized trainings of the Food Security Policy for Poverty Reduction in Cambodia



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				<p>those, 2 trainings will be supported by MDG JP and other 3 will be supported other FAO project.</p> <p>The concept note for national and sub-national trainings on food security and nutrition has been finalized, with a training schedule and budget made by the national counterpart CARD.</p>				
JP Output 2.2 New policies, strategies and guidelines developed	Indicator: Number of new policies, strategies and legislation developed	<b>Baseline:</b> <b>0</b>	3 guidelines developed and finalized.	<p>National Interim Guidelines and Training Materials on the Management of Acute Malnutrition developed. Another new policy on the prevention and control of micronutrient deficiencies will be developed during the 2<sup>nd</sup> semester of 2010.</p> <p>The need for capacity building of nutrition policy makers has also become apparent in order to strengthen nutrition leadership in Cambodia and it is proposed that a Master in Nutrition programme should be developed for higher nutrition training</p>	Review of reports and actual policies and strategies	JP annual progress reports	WHO, MoH	
<p>Joint Programme Outcome 3: Integrated food security and nutrition monitoring system developed.</p> <p>Indicators: As outlined below</p>								
JP Output 3.1:	Indicator:	<b>Baseline:</b>	a- At least 1	The NIS has been selected as	Quarterly	Annual Joint	WFP, FAO, CARD,	Delay in creation of





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<p>Integrated national food security and nutrition monitoring system established, based on existing information systems and surveys</p>	<p>Number of FSN reports produced by national food security and nutrition monitoring system</p>	<p><b>N/A:</b> <b>Cambodia does not have an integrated national food security and nutrition monitoring system</b></p>	<p>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</p>	<p>the coordinating agency between MoP, MAFF, MoH, and other concerned public and private organisations for producing and using food and agriculture statistics aimed at food security information, food insecurity assessment and socio-economic development. A training on “ trend analysis of food security statistics of food consumption data” is finalized and will be implemented in Q3 by FAO Statistics Division.</p>	<p>bulletins, vulnerability maps, Food Security Atlas, commune-level poverty and nutrition maps, annual progress reports</p>	<p>Project progress reports</p>	<p>MAFF, UNICEF, NIS</p>	<p>the integrated FSN analysis team. Once the team is created, their capacity building on production of ARC-GIS will be conducted</p>
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**c- Joint Programme Results Framework with Financial Information**

Annual targets	Activities	YEAR			UN agency	Responsible party	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL / LOCAL	Total amount Planned for the JP	Estimated Total Amount committed	Estimated Total Amount Disbursed
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 & complementary feeding (A2Z, RACHA, HKI, WHO, WFP, ILO, UNESCO)	\$8,000	\$0	\$0	UNICEF	MoH (NCHP, NMCHC)	\$ 8,000	\$0	\$0	0%
BCC materials for interpersonal communication promoting breastfeeding revised and produced	1.1.2 Review current breastfeeding communication and training materials	\$7,000	\$0	\$0	UNICEF	MoH (NCHP, NMCHC)	\$7,000	\$0	\$0	0%
	1.1.3 Produce interpersonal communication materials (i.e. leaflets, T-shirts, posters, etc.) and training materials on breastfeeding for families with pregnant women and young children living in the communities	\$50,000	\$40,000	\$40,000	UNICEF	MoH (NCHP, NMCHC)	\$130,000	\$5,404.90	\$5,405.00	10.8%
Communication materials on complementary feeding for mass media & interpersonal communication designed and	1.1.4 Design and produce BCC mass media (5 TV/radio spots, documentary, training video on food demonstration, etc.),	\$200,000	\$35,000	\$35,000	UNICEF	MoH (NCHP, NMCHC)	\$270,000	\$0	\$0	0%

<sup>6</sup> Estimated % Delivery rate of budget: Total committed for Y1 divided over the total amount approved budget planned Y1.



produced	interpersonal communication materials (printed materials) and training materials for VHSG members on complementary feeding									
BCC plans for breastfeeding and complementary feeding launched nationally	1.1.5 National launch/PR event of the B1CC 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	\$0	0%
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	\$0	0%
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	N/A	N/A	N/A
BCC mass media and interpersonal materials designed and produced for IFA supplementation of pregnant and postpartum women	1.1.8 Design and produce mass media and interpersonal communication materials (3 TV/ radio spots and printed materials) and training materials on IFA	\$85,000 - \$20,000 (Formulation Advances) = \$ 65,000	\$30,000	\$30,000	WHO	MoH (NCHP, NMCHC)	\$145,000	\$64,265	\$16,066	99%
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	\$ 7,000	\$0	\$0	WHO	MoH (NCHP, NMCHC)	\$ 7,000	\$0	\$0	0%
BCC plan for IFA	1.1.10 Support 2 provincial and 6	\$8,000	\$0	\$0	WHO	MoH	\$8,000	\$0	\$0	0%



supplementation of pregnant and postpartum women disseminated in the 2 selected provinces	OD dissemination workshops and meetings on IFA supplementation					(NCHP, NMCHC)				
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 the implementation of maternity protection. 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	\$15,000	\$3,920	100%
BCC plan for breastfeeding, complementary feeding, and IFA launched in formal and informal workplaces (i.e. garment and tourism/hospitality industries) in the 2 selected provinces	1.1.12 Launch the BCC plans for breastfeeding, complementary feeding, and 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 and meetings	\$7,000	\$0	\$3,000	ILO	MoLVT, MoH	\$10,000	\$7,000	\$0	100%
<b>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</b>										
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	\$0	0%
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	\$20,000	\$0	\$0	UNICEF	Provincial Health Department in KPS	\$20,000	\$0	\$0	0%



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	provinces					and SVR				
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	\$0	0%
Nationwide mass media BCC plan on IFA supplementation during pregnancy and in the post-partum period implemented	1.2.4 Broadcast 3 flights of 3 TV spots for three weeks each on 3 TV and 10 radio channels	\$75,000	\$75,000	\$75,000	UNICEF	Mol and Direct UNICEF execution	\$225,000	\$0	\$0	0%
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 BBC health soap operas) in the 2 selected provinces.	\$20,000	\$20,000	\$20,000	ILO	MoLVT, Mol	\$60,000	\$20,000	\$0	100%
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	\$30,000	\$30,000	\$30,000	ILO	MoLVT, MoH	\$90,000	\$3,000	\$0	100%

	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 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	\$18,556	\$11,056	44%
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	\$12,000	\$3,650	91%
<b>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</b>										
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)	1.3.1 Increase the rate of immediate and early initiation of breastfeeding, exclusive breastfeeding until six months of age and improve complementary feeding practices: (1) train an estimated 340 health staffs from 87 HCs using MPA 10 nutrition module (9 days training) with	Covered	covered	covered	UNICEF	PHDs in KPS and SRG	\$0	\$0	\$0	0%



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and nutrition counseling) via health sector and local authorities implemented	follow up and supervision from district 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	\$2,1900	\$0	55%
	<i>1.3.3 Increase and expand the coverage of vitamin A supplementation, mebendazole distribution and vitamin A treatment for women and children:</i> (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	\$0	0%
	1.3.4 (2) Support to communication and social mobilization activities at the community level in preparation for biannual Vitamin A supplementation and deworming rounds through HC outreach in May and November	\$20,000	\$18,000	\$18,000	UNICEF	PHDs in KPS and SRG	\$56,000	\$14,166.5	\$14,166.5	71%
	1.3.5 (3) Conduct post activities	\$0	\$2,500	\$2,500	UNICEF	PHDs in	\$5,000	\$0	\$0	0%



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	audit and follow up after biannual vitamin A supplementation and deworming					KPS and SRG				
	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	\$108,000	\$0	108%
	1.3.7 (2) Support bi-monthly follow-up and monitoring meetings with VHSGs (estimated 4,000) at the 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	\$0	0%
	1.3.8 (3) Train estimated 4,000 VHSGs on the micronutrient module of the C-IMCI (2-day training) to promote dietary intake and the use of IFA, deworming, Zinc & ORSpromotion, Sprinkles promotion, and vitamin A	\$25,000	\$40,000	\$5,000	UNICEF	PHDs in SRG	\$70,000	\$0	\$0	0%
	1.3.9 Finalize the training modules and materials for management of acute malnutrition at the community level, including screening using MUAC.				UNCIEF HSSP2	PHD Kg SPU				
	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 and supervision during outreach and at the HC level.	\$40,000	\$40,000	\$5,000	UNICEF	PHD Kg SPU	\$85,000	\$0	\$0	0%
	1.3.10 Management of diarrhoea:	\$50,000	\$50,000	\$50,000	WHO	MoH	\$150,000	\$0	\$0	0%





	(1) Provide IMCI refresher training for Health Centre staff; (2) Procure zinc tablets (3) Socially market ORS and zinc					(CDC, NMCHC)				
	1.3.11 <i>Management of malnutrition:</i> (1) Train an estimated 260 Health Centre staff from 87 facilities in the 2 selected provinces on the 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	\$0	0%
	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	\$0	0%
	1.3.13 (3) Health Centre staff follow-up and supervise MSGs/VHSGs at the community and health center levels	covered	covered	covered	UNICEF	MoH, NNP, PHDs in KPS and SVR	Covered	\$0	\$0	0%
	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	\$4,820	\$4,056	96%
	1.3.15 Procure the fortified	\$100,000	\$100,000	\$100,000	WFP	MoH,	\$300,000	\$100,000	\$0	100%

	blended food ('commodity') and transport the commodity to 87 health centres in KSP and SRG					NNP, PHDs in KSP and SRG				
	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	<b>Included above</b>	<b>Included above</b>	<b>Included above</b>	UNICEF	MoH, NNP, PHDs in KSP and SRG	Include above	\$0	\$0	0%
Promote improved nutrition and food safety in vulnerable households (i.e. malnourished children, pregnant and lactating women, and caregivers) and their communities through homestead food production and Farmer Field Schools	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-nutrient-rich foods through kitchen gardening and small scale livestock production	<b>\$13,300</b>	<b>\$0</b>	<b>\$0</b>	FAO	MAFF	\$13,300	\$1,600	\$0	12%
	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 food production techniques, in food preparation and preservation.	<b>Covered</b>	<b>covered</b>	<b>covered</b>	FAO	MAFF	\$0	\$0	\$0	0%
	1.3.19 Identify and train VHSG members, caregivers and communities at 80 Farmer Field Schools and at the 60 VHSG members receiving equipment,	<b>\$101,700</b>	<b>\$96,250</b>	<b>\$96,250</b>	FAO	MAFF	<b>\$294,200</b>	\$54,821	\$13,821	54%



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	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.									
Knowledge and skills of education officers (Provincial Education Officers and District Education Officers), non-formal education teachers and facilitators, commune and village officials and women, enhanced through non-formal education in the early childhood care and development and lifeskills, mainstreaming nutrition	1.3.20 Conduct training of trainers in the 2 provinces for the PoE representatives, DoE representatives, primary school teachers and NGOs in understanding mainstreaming nutrition in ECD and relevant lifeskills based NFE programs.	<b>\$26,000</b>	<b>\$3,000</b>	<b>\$3,000</b>	UNESCO	MoEYS	\$32,000	\$23,767	\$7,567	91%
	1.3.21 Support trainings for non formal education teachers and facilitators, comune officials and parent associations in ECC and development and lifeskills, focused on mainstreaming ECD and food security related lifeskills in community based NFE program	<b>\$32,500</b>	<b>\$32,500</b>	<b>\$32,000</b>	UNESCO	MoEYS	<b>\$97,000</b>	\$32,500	\$7,006	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	2.1.1 Commission national studies of legislation and implementation	<b>\$15,000</b>	<b>\$5,000</b>	<b>\$5,000</b>	ILO	MoLVT	<b>\$25,000</b>	\$15,000	\$0	100%



Labour Law, social security acts (specifically the new National Security and Security funds) etc. reviewed	of maternity protection legislation. Interviews with stakeholders, with focus on identifying the reasons for non implementation of legislation and solutions/ actionable recommendations. Publication of results.									
	2.1.2 Organize sharing workshops with IR partners.	<b>\$5,000</b>	<b>\$5,000</b>	<b>\$0</b>	ILO	MoLVT	\$ 10,000	\$5,000	\$0	100%
	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.	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$10,000</b>	ILO	MoLVT	\$30,000	\$63,00	\$0	63%
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.	<b>\$3,000</b>	<b>\$15,000</b>	<b>\$10,000</b>	ILO	MoLVT	\$28,000	\$3,000	\$0	100%
	2.1.5 Pilot programme in factory. Capacity building for industrial physicians to insure the implementation of maternity leave, breast feeding and other aspects that promote maternal and child health. Pre-pilot survey and post pilot survey. Follow up with master trainers. Post round	<b>\$0</b>	<b>\$15,000</b>	<b>\$10,000</b>	ILO	MoLVT	\$25,000	\$0	\$0	0%



	one training and feedback sessions with mater 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 training kit	\$10,000	\$5,000	\$5,000	ILO	MoLVT	\$20,000	\$9,000	\$0	90%
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	\$16,600	\$200	100%
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	\$9,764	\$2,764	21%
<b>JP Output 2.2 New policies, strategies and guidelines developed</b>										
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 treatment guidelines for severely malnourished children developed	2.2.1 Develop/finalize the three guidelines: develop training manual for management of moderate malnutrition and the use of MUAC, review implementation of the management of moderate malnutrition and revise/finalize the guidelines as necessary.	\$100,000	\$50,000	\$0	WHO	MoH	\$150,000	\$86,002	\$19,973.63	86%



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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 plan	\$50,000	\$50,000	\$0	WHO	MoH	\$100,000	\$0	\$0	0%
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	\$2,000	\$2,000	33%
Institutional framework for an integrated national food security and nutrition monitoring system developed and agreed with key partners.	3.1.2 Set up institutional framework for monitoring system including standardize indicators	\$5,000	\$5,000	\$5,000	UNICEF	CARD, NIS and Social Planning, MoH, NNP and DPPI, MoAFF	\$15,000	\$0	\$0	0%
Establishment of an integrated analysis team for triangulation and synthesis of nutrition information and regular communication of findings (within institutional settings)	3.1.3 Provide technical support, training and coaching of NIS staff to set up and integrated food security and nutrition analysis team in order to strengthen their analytical skills and report writing skills, regularly disseminate information, and promote use of data for planning purposes.	\$25,000	\$10,000	\$10,000	UNICEF	MOP/National Institute of Statistics	\$45,000	\$44,417 (7,000 added from 1.1 activity 2)  additional funding required	\$0	178%
Establishment of an integrated analysis team for triangulation and synthesis of food security nutrition	3.1.4 Conduct on-the-job training to strengthen the capacity of the National Institute of Statistics (NIS) in analyzing food consumption	\$15,000	\$0	\$0	FAO	MoP/National Institute of	\$15,000	\$15,000	\$0	100%



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information and regular communication of findings (within existing institutional settings)	data and producing indicators for the assessment and monitoring of progress towards national and international targets.					Statistics				
Production and 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 Provide technical support, training and coaching to the integrated food security and nutrition analysis team on the production of ARC-GIS maps with FSN monitoring system data.	\$15,000	\$10,000	\$5,000	WFP	CARD/NIS	\$30,000	\$0	\$0	0%
	3.1.6 Update—and build the capacity of CARD to update--the online Food Security Atlas (vers. 3)	\$20,000	\$20,000	\$20,000	WFP	CARD, NIS	\$60,000	\$0	\$0	0%
	3.1.7 Produce updated commune-level poverty maps	\$37,500	\$37,500	\$0	WFP	CARD, NIS	\$75,000	\$ 29,699.42	\$4,699.42	79%
	3.1.8 Support the production of the annual report based on the integrated food security and nutrition analysis team’s output	\$20,000	\$20,000	\$20,000	WFP	CARD, NIS	\$60,000	\$0	\$0	0%
	3.1.9 Production of materials and dissemination at monthly TWG FSN and other relevant forums when necessary	\$10,000	\$10,000	\$10,000	WFP	CARD, NIS	\$30,000	\$0	\$0	0%
	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	\$1,000	\$1,000	13%
Introduce universal MUAC screening for malnutrition and for the supplementation of micronutrient powder (sprinkles) monitoring	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	\$0	0%



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system to be incorporated into HIS: pilot in the two target provinces (Kampong Speu and Svay Rieng)										
<b>JP Output 3.2: Management, coordination, monitoring &amp; evaluation of JP</b>										
Joint programme launched	3.2.1 Launch of the Joint Programme	\$15,000	\$0	\$0	UNICEF	All JP	\$15,000	\$7,848.10	\$7,848.10	52%
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, Helen Keller Int	\$80,000	\$79,156	\$29,812.75	99%
End-line survey conducted in the 2 target provinces and other 2 control provinces	3.2.3 end-line survey conducted in the 2 target provinces and other 2 control provinces	\$0	\$0	\$80,000	WHO	MoH, MoP, Helen Keller Int	\$0	\$0	\$0	0%
JP coordinator hired	3.2.4 National Coordinator for the Joint Programme	\$35,000	\$35,000	\$35,000	UNICEF	UNICEF	\$105,000	\$21,924.00	\$7,308.00	62.6%
2 provincial coordinator hired	3.2.5 Two Provincial Coordinators for the Joint Programme	\$30,000	\$30,000	\$30,000	UNICEF	UNICEF	\$90,000	\$39,800.00	\$12,600.00	132%
JP Coordinator supported	3.2.6 Support office, operations and transport costs of National Joint Programme Coordinator	\$11,900	\$6,900	\$6,900	UNICEF	CARD	\$25,700	\$3,539.00	\$1,234.30	29.7%
JP Provincial Coordinators supported	3.2.7 Support office operations and transport costs of Provincial Coordinators for the Joint Program	\$20,000	\$10,000	\$10,000	UNICEF		\$40,000	\$4,092.00	\$4,092.00	20.4%
Result documented and disseminated	3.2.8 Document and disseminate JP information and results	\$0	\$0	\$40,000	UNICEF	MoH, MoLVT, MoEYS, MAFF/CARD	\$40,000	\$0	\$0	0%
	<b>Total Programme Cost</b>		:				USD 4,672,300			
	<b>Total indirect support cost 7% from each UN agencies</b>						USD 327,061			
	<b>GRAND TOTAL:</b>	<b>\$2,191,285</b>					<b>\$4,999,361</b>	<b>\$ 932, 941.92</b>	<b>\$ 180, 245.7</b>	<b>40%<sup>7</sup></b>

<sup>7</sup> The total committed for Y1 (\$875,103.42) divided over the total amount approved budget planned Y1 (\$2,191,258)





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**SECTION II: Joint Programme Progress**

a. Narrative on progress, obstacles and contingency measures

- a. Please provide a brief overall assessment (250 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.

**Progress in outcomes and outputs:**

For the first six-month period the Joint Programme is gradually progressing against the planned and expected targets. While some activities have not been completed, overall the programme is on the right track and all planned activities will be completed in upcoming quarters. According to the quarterly color-coded progress report a number of key outputs have been achieved:

- All behavior change communication plans have been finalized (Output 1.1) and implementation is starting (Output 1.2)
- In order to strengthen policy implementation (Output 2.1) work has begun to mainstream food security and nutrition in the education sector and with local government; 65 government staff received sensitization training.
- For new policies (Output 2.2), guidelines and training materials for the management of acute malnutrition have been developed. This will allow implementation of an integrated package of activities (Output 1.3).
- Output 3.1, the food security and nutrition surveillance system, is well underway. The overall system is in the design stage and specific analyses such as small area estimation and the socio economic survey have already started.
- The management and M&E of the joint programme is covered under output 3.2. There are no delays in this output. All coordinators have been hired, the programme has been launched, and PMC members identified. The first PMC meeting is expected to be organized in early August 2010. Preliminary results of the baseline survey are expected to be released by August.

The sustainability of the programme is being considered in the revitalization of provincial level food security and nutrition coordination committees. This was recommended in the Strategic Framework for FSN and the JP decided it was also essential for the functioning of the JP. All efforts will be made to ensure that coordination at the provincial level is sustainable.



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Are there difficulties in the implementation?  yes  No

What are the causes of these difficulties? Please check the most suitable option

b.

- UN agency Coordination
- Coordination with Government
- Coordination within the Government (s)
- Administrative (Procurement, etc) /Financial (management of funds, availability, budget revision, etc)
- Management: 1. Activity and output management 2. Governance/Decision making (PMC/NSC) 4. Accountability
- Joint Programme design

c.

- External to the Joint Programme (risks and assumptions, elections, natural disaster, social unrest, etc)
- Other. Please specify:

b. Please, briefly describe (250 words) the current difficulties the Joint Programme is facing. Refer only to progress in relation to the planned in the Joint Program Document. Try to describe facts avoiding interpretations or personal opinions.

Progress on output 1.3 has been slow because it includes new interventions, such as management of acute malnutrition and in-home micronutrient fortification. New supplies were forecasted and procured; and new policies, guidelines and training materials had to be developed. True integration of services will be an ongoing process and will not be possible until all new activities are underway. This output requires the closest coordination.

Coordination has been hindered by the location of staff assigned to work on the joint program. Not having a shared office for staff dedicated to the JP at the national level has been cited as inefficient. Staff turnover within UN agencies and hiring specifically for the Joint Programme is also a challenge for coordination as new staff members need to be briefed on the role of each agency; this slows progress and reduces the clarity of each agency's roles and responsibilities. Coordination has also been hampered by inconsistent government rates for DSA and transportation. This has made multisectoral trainings unnecessarily complicated and has hindered the strengthening of existing policy implementation.

Reporting has taken up a significant amount of JP staff time. Multiple reporting templates had to be customized to the local context and agreed upon by the group.



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Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report

- c. Please, briefly describe (250 words) the current external difficulties (not caused by the joint programme) that delay implementation. Try to describe facts avoiding interpretations or personal opinions.

The coordination challenges cited above are both internal and external to the JP.

In the last year agencies that are not involved in the JP have started working on food security and nutrition surveillance. This has caused a delay in activities because it was considered essential to coordinate with everyone working on the issue, including World Bank, USAID, ADB and others.

Please, briefly explain (250 words) the actions that are or will be taken to eliminate or mitigate the difficulties (internal and external referred B+C) described in the previous **text boxes b and c**. Try to be specific in your answer.

In order to improve coordination regular meetings of the JP technical team at the national level will continue, the PMC and provincial coordination committees will start meeting, and the possibility of a joint office will be explored. In addition, all agencies have agreed to harmonize government DSA and transportation costs.

Coordination with all agencies working on FSN surveillance has already been carried out to eliminate duplication.

In order to begin implementation of output 1.3 guidelines for new activities have been drafted as "interim." This will allow simultaneous implementation of the entire package, but will also allow revision of guidelines as experience is gained.

b. Inter-Agency Coordination and Delivering as One

The MDG-F Secretariat asks the office of the Resident Coordinator complete this subsection, briefly commenting on the joint programme, providing its perspective from within the broader country context. The aim is to collect relevant information on how the joint programme is contributing to inter-agency work and Delivering as One.

You will find some multiple choice questions where you can select the most appropriate to the case, text boxes to provide narrative information and 2 indicators on common processes and outputs to measure interagency coordination. These indicators have been already used to measure progress on the One UN pilot countries. Please, refer to the examples in the subsection to complete the information requested.

- Is the Joint Programme still in line with the UNDAF? Please check the relevant answer

Yes  No

- If not, does the Joint Programme fit into the national strategies?

Yes  No

If not, please explain:

What types of coordination mechanisms and decisions have been taken to ensure joint delivery?

Are different joint programmes in the country coordinating among themselves? Please reflect on these questions above and add any other relevant comments and examples if you consider it necessary:

- One NSC (National Steering Committee) formed by Resident Coordinator, the Spanish Representation (AECID) and the Royal Government of Cambodia (Secretary General of Cambodian Rehabilitation and Development Board and Deputy Secretary General Council for the Development of Cambodia) has been established for both JP in Cambodia;
- The Programme Management Committee (PMC) formed by the representative from the Resident Coordinator Office and Secretary General of the CARD as well as the representative from each involved ministries (MoH, MoAFF, MoLVT, MoEYS) and UN agencies (UNICEF, WHO, WFP, FAO, ILO and UNESCO) has been established in late June.
- The Joint Programme Outcomes are part of the UNDAF 2011-2015;
- The JP Technical Team meet every month to assure information sharing and joint decision making;
- Nutrition Working Group of the MoH meets every month to ensure that the nutrition issues are well coordinated among government, UN and relevant NGOs.
- The selection of target populations and planning in the field has been made jointly to ensure synergy in beneficiary selection.
- Whenever one output/activity concerns more than one UN Agency, close collaboration is ensured to share tasks and avoid overlaps;
- The MDG joint programme launched on 8th June 2010 at the Office of Council of the Ministers. The launch presided by H.E. Tao Seng Huor, Senior Minister and the 1st Vice Chairman of CARD, Mr. Douglas Broderick, UN Resident Coordinator. There were more than 100 participants from national and international government partners, representatives from each relevant UN agencies, local NGOs and community presented in the launch event. The launch aimed to provide advocacy for political support of the joint programme through participation of high level staff of government ministries, UN agencies and other relevant stakeholders as well as local authorities from the selected provinces.

Indicators	Baseline	Current Value	Means of Verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDG-F JPs.	N/A	6 monthly JP technical meetings	Implementing guidelines for MDG Achievement Fund Joint Programmes; minutes of the monthly JP technical meeting	
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs.	N/A		1 baseline survey conducted	Baseline report
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs.	N/A	2 missions done by UNESCO for training at the provincial level.	Minute of the training supported by UNESCO at both provinces.	UNESCO together with Provincial Programme Coordinators for UNESCO support training at the 2 provinces.

Please provide additional information to substantiate the indicators value (150 words). Try to describe qualitative and quantitative facts avoiding interpretations or personal opinions.

N/A

c. Development Effectiveness: Paris Declaration and Accra Agenda for Action

This subsection seeks to gather relevant information on how the joint programme is fostering the principles for aid effectiveness by having appropriate ownership, alignment, harmonization and mutual accountability in the last 6 months of implementation.

You will find some multiple choice questions where you can select the most appropriate to the case, text boxes to provide narrative information and 2 indicators on ownership and alignment. These indicators have been used extensively to measure progress on the Paris Declaration. Please, refer to the examples in the subsection to complete the information requested.

**Ownership:** Partner countries exercise effective leadership over their development policies, and strategies and co-ordinate development actions

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

- Not involved
- Slightly involved
- Fairly involved
- Fully involved

**In what kind of decisions and activities is the government involved? Please check the relevant answer**

- Policy/decision making
- Management:  budget  procurement  service provision  other, specify:  
[General implementation](#)

**Who leads and/or chair the PMC and how many times have they met?**

Institution leading and/or chairing the PMC; [The representative from the Resident Coordinator Office and the Secretary General of the CARD.](#) Number of meetings. [The first meeting planned early August 2010.](#)

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

- Not involved
- Slightly involved
- Fairly involved
- Fully involved



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**In what kind of decisions and activities is the civil society involved? Please check the relevant answer**

- Policy/decision making
- Management:  budget  procurement  service provision  other, specify: **general implementation of the programme activities.**

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

- Not involved
- Slightly involved
- Fairly involved
- Fully involved

**In what kind of decisions and activities are citizens involved? Please check the relevant answer**

- Policy/decision making
- Management:  budget  procurement  service provision  other, specify: **Participating in some activities such as launching, conducting baseline survey and received supplementation and other activities at the health center.**

**Where is the joint programme management unit seated?**

- National Government  Local Government  UN Agency  By itself  other, specify

Based on your previous answers, briefly describe the current situation of the government, civil society, private sector and citizens in relation of ownership, alignment and mutual accountability of the joint programmes, please, provide some examples. Try to describe facts avoiding interpretations or personal opinions.

Civil society participated in the planning process, implemented the baseline survey, and took part in the launch.

Citizens, specifically families affected by malnutrition, participated and presented at the JP launch. Materials and services for the launch were contracted from civil society organizations that employ vulnerable populations.

CARD is playing a vital role in the coordination with other government ministries and UN implementing agencies especially in the setting up of the PMC and fully participating in the monthly JP technical meetings with UN implementing agencies. CARD hosted the launch of the program at the Council of Ministers.

**b. Communication and Advocacy**

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes? Please provide a brief explanation of the objectives, key elements and target audience of this strategy, if relevant, please attach (max. 250 words).

Yes     No

The JP advocacy & communication strategy has been partially articulated and discussed through different forums such as:

- Meeting with different partners on proposal development at the beginning of the programme cycle.
- Organized inception workshop with different stakeholders and partners from national and provincial level aiming to share the objectives and outcomes and main strategies of the programme. In addition, the workshop also shared the roles and responsibilities of each involved government organization and the UN agency workplan.
- National and provincial launch of the MDG JP conducted with participation of high level governments and UN agencies as well as the representative from Spanish government and community people from both provinces.
- Press release on the MDG programme organized for the national launch and sent to all relevant national and international media by the UNRC with aim to promote and inform of the programme.

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
- Others (use box below)

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? Please explain.

- |   |           |
|---|-----------|
| <input type="checkbox"/> Faith-based organizations              | Number    |
| <input type="checkbox"/> Social networks/coalitions             | Number    |
| <input type="checkbox"/> Local citizen groups                   | Number    |
| <input type="checkbox"/> Private sector                         | Number    |
| <input type="checkbox"/> Academic institutions                  | Number    |
| <input checked="" type="checkbox"/> Media groups and journalist | Number 30 |
| <input type="checkbox"/> Others (use box below)                 | Number    |

UNESCO: Workshop on Journalist training on Food Security and Nutrition



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 as radio, theatre groups, newspapers, etc
- Open forum meetings
- Capacity building/trainings
- Others

A baseline survey conducted with active participation from population of both provinces especially the mothers and care givers. A number of meetings and trainings conducted both at the national and provincial level with focused on the programme strategic approaches and the mainstreamed food security and nutrition as well as child care development.

### Section III: Millennium Development Goals

#### a. Millennium Development Goals

The MDG-F main objective is to contribute to progress to the attainment of the Millennium Development Goals worldwide. This subsection aims to capture data and information on the joint programmes contribution to 1 or more Millennium Development Goals and targets.

For this purpose the Secretariat has developed a matrix where you should link your joint programme outcomes to 1 or more Millennium Development Goals and Targets. This matrix should be interpreted from left to right. As a first step you should reflect on the contributions that each of the JP outcomes is making to one or more MDGs. Once this linked is established, it needs to be further developed by connecting each joint programme outcome to one or more MDG targets. As a third step you should estimate the number of beneficiaries the JP is reaching in each of the specifics outcomes. Finally you should select the most suitable indicators from your joint programme’s M&E framework as a measure of the Millennium targets selected. Please, refer to the example provided below.

MDG 1	Joint Programme Outcome 1	MDG Target 1.A	# Beneficiaries reached	MDG Indicators	JP Indicator
Goal 1: Eradicate extreme poverty and hunger	Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day		1.1 Proportion of population below \$1 (PPP) per day <sup>8</sup> 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption	National wide campaign for IFA and BCC plan.  Family Nutrition Manual produced and distribute to food insecure household.  At least 1,150 journalists, media students and Mol staff stained trained in food security and nutrition reporting.  Number of radio spots broadcast in Garment factory workplace.  17 OSH Committees created and member of OSH Committees trained on practical behavior changes

<sup>8</sup> For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

					<p>2,000 of food insecure households received training by FFS</p> <p>110 PoE and DoE staff from both provinces trained in mainstreaming Nutrition and Food security in Early Childhood Care and Development and lifeskills through NFE.</p> <p>1,573 of commune officials and village leaders from both provinces trained by education officers in Early Childhood Care &amp; Development and lifeskills through NFE.</p>
	<b>Joint Programme Outcome 2</b>	<b>MDG Target 1 B</b>		<b>Indicator</b>	<b>JP Target</b>
	Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed	Achieve full and productive employment and decent work for all, including women and young people		<p>1.4 Growth rate of GDP per person employed</p> <p>1.5 Employment-to-population ratio</p> <p>1.6 Proportion of employed people living below \$1 (PPP) per day</p> <p>1.7 Proportion of own-account and contributing family workers in total employment</p>	<p>ECCD policies supported by UNESCO, strategies and legislations reviewed</p> <p>17 workplace policies for ILO strategies and legislations reviewed</p> <p>100 PHD staff, district and commune level officials trained in FSN concepts and objectives in 2 provinces</p>
	<b>Joint Programme Outcome 3</b>	<b>MDG Target 1 C</b>		<b>Indicator</b>	<b>JP Target</b>
	Integrated food security and nutrition monitoring system	Halve, between 1990 and 2015, the proportion of		1.8 Prevalence of underweight children under-five years of	At least 1 report produced in every 3 months by the

	developed	people who suffer from hunger		age 1.9 Proportion of population below minimum level of dietary energy consumption	<p>national food security and nutrition monitoring system</p> <p>Update food security atlas (version 3)</p> <p>Produce commune level poverty and malnutrition maps: 2</p> <p>Produce ARC-GIS maps: depend on output from FSN analysis team</p>
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MDG 4	Joint Programme Outcome 1	MDG Target 4.A	# Beneficiaries reached	MDG Indicators	JP Indicator
<b>Goal 4: Reduce child mortality</b>	Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate		<p>4.1 Under-five mortality rate</p> <p>4.2 Infant mortality rate</p> <p>4.3 Proportion of 1 year-old children immunised against measles.</p>	<p>67% of children aged 0–6 months who are exclusively breastfed</p> <p>71 % of breastfed children aged 6-24 months who receive appropriate complementary feeding</p> <p>% of undernourished who received supplementary feeding.</p> <p>2,000 VHSG, including mother support group volunteers, trained on IYCF module</p> <p>4,000 VHSG trained micronutrient module C-IMCI</p>

					<p>2,800 VHSG trained on management of acute malnutrition at the community level</p> <p>87 % children 6-59 months who received Vitamin A supplementation in the past 6 months</p> <p>87 % of children 12-59 months who received Mebendazole for deworming in the past 6 months</p> <p>% of children under 2 years of age (6-24 months) who regularly receive multiple micronutrient powders</p> <p>% of children aged 12-23 months who are Undernourished</p>
	<b>Joint Programme Outcome 2</b>	<b>MDG Target</b>	<b># Beneficiaries reached</b>	<b>MDG Indicators</b>	<b>JP Indicator</b>
		N/A		N/A	
	<b>Joint Programme Outcome 3</b>	<b>MDG Target</b>	<b># Beneficiaries reached</b>	<b>MDG Indicators</b>	<b>JP Indicator</b>
		N/A		N/A	

MDG 5	Joint Programme Outcome 1	MDG Target 5.A	# Beneficiaries reached	MDG Indicators	JP Indicator
<b>Goal 5: Improve maternal health</b>	Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio		5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel	BCC plan for breast feeding and complementary feeding finalized.  BCC plan for IFA supplement during pregnant women and postpartum finalized.  BCC plan for breast feeding and complementary and BCC plan for IFA adapted to work place  84% of pregnant women who received Iron Folate supplementation  82% of postpartum women who received Vitamin A supplement within 6 weeks after delivery  87 % of postpartum women who received Iron Folate supplementation
	<b>Joint Programme Outcome 2</b>	<b>MDG Target 5.B</b>	<b># Beneficiaries reached</b>	<b>MDG Indicators</b>	<b>JP Indicator</b>
	Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed	Achieve, by 2015, universal access to reproductive health		5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning	3 guidelines on MAM and prevention and control of micronutrient deficiency developed and finalized
	<b>Joint Programme Outcome 3</b>	<b>MDG Target</b>	<b># Beneficiaries reached</b>	<b>MDG Indicators</b>	<b>JP Indicator</b>
	N/A		N/A		

**Additional Narrative comments**

Please provide any relevant information and contributions of the programme to the 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**

<b>1.1. Number of individuals suffering from under-nutrition(UNDER WEIGHT) in the areas of intervention</b>					
<input checked="" type="checkbox"/> Children under 2	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input checked="" type="checkbox"/> Children from 2 to 5	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input type="checkbox"/> Children older than 5	Total No. <i>Does not apply</i>	No. Urban	No. Rural	No. Girls	No. Boys
<input checked="" type="checkbox"/> Women	Total No.	No. Urban	No. Rural	No. Pregnant	
<b>1.2. Number of individuals supported by the joint programme who receive treatment against under-nutrition (UNDER WEOGHT) in the areas of intervention</b>					
<input checked="" type="checkbox"/> Children under 2	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input checked="" type="checkbox"/> Children from 2 to 5	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input type="checkbox"/> Children older than 5	Total No. <i>Does not apply</i>	No. Urban	No. Rural	No. Girls	No. Boys
<input type="checkbox"/> Women	Total No.	No. Urban	No. Rural	No. Pregnant	
<input type="checkbox"/> Men	Total No.	No. Urban	No. Rural		
<b>1.3. Prevalence of underweight children under-five years of age<sup>9</sup>:</b>				<b>Comments:</b>	
National: (W/H) 8.9 % (Source: CAS2008)		Targeted area			
Proportion of population below minimum level of dietary energy consumption:					
National	%	Targeted area	%		
If available/applicable:					
<b>Stunting prevalence:</b>					
National: (H/A) 39.5% (Source: CAS2008)		Targeted area			
<b>Anemia prevalence:</b>					
National: Under five children 61.8% (Source: CDHS 2005)		Targeted area			
				CAS 2008: Cambodia Anthropometric Survey 2008	
				CDHS 2005: Cambodia Demographic Health Survey 2005	

<sup>9</sup> From MDGs official list of indicators



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

<input checked="" type="checkbox"/> Homestead food production and diversification	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Food fortification (Does not apply)	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input checked="" type="checkbox"/> School feeding programmes	#National	#Local	#Urban	# Rural	# Girls	Pregnant Women	# Boys
<input checked="" type="checkbox"/> Behavioural change communication	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Gender specific approaches (Does not apply)	#National	#Local	# Urban	# Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Interventions targeting population living with HIV (Does not apply)	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input checked="" type="checkbox"/> Promotion of exclusive breastfeeding	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input checked="" type="checkbox"/> Therapeutic feeding programmes	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Vaccinations (Does not apply)	#National	# Local	#Urban	# Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> 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:**

<input type="checkbox"/> Policies	No. National	No. Local
<input type="checkbox"/> Laws	No. National	No. Local
<input type="checkbox"/> Plans	No. National	No. Local

**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 :**

<b>No. National</b>	<b>01 (Food Security Information Management Task Force)</b>
<b>No. Local</b>	
<b>Total.</b>	<b>01</b>