

Section I: Identification and JP Status

Joint Programme for Children, Food Security and Nutrition in Cambodia

Semester: 2-10

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	2-10
Programme Duration	
Official Starting Date	2010-01-01
Participating UN Organizations	<ul style="list-style-type: none">* 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 (Mol)
- * 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
Total	\$4,999,361.00

Total Amount of Transferred To Date

UNICEF	\$1.00
WHO	\$422.00
FAO	\$235.00
WFP	\$231,655.00
ILO	\$122.00
UNESCO	\$94.00

Total \$232,529.00

Total Budget Committed To Date

UNICEF	\$865.00
WHO	\$376.00
FAO	\$235.00
WFP	\$134.00
ILO	\$118.00
UNESCO	\$91.00
Total	\$1,819.00

Total Budget Disbursed To Date

UNICEF	\$490.00
WHO	\$283.00
FAO	\$103.00
WFP	\$107.00
ILO	\$73.00
UNESCO	\$24.00
Total	\$1,080.00

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 in 2010 for each programme as per following example:

Amount in thousands of U\$

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel	N/A				
Cost Share	N/A				
Counterpart	N/A				

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

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

Over the year of 2010 the Joint Programme is progressing on the right track; progress is seen for all activities planned for 2010. To-date the joint programme is gradually achieving all of the planned and expected targets. Some activities have been completed and others will continue into 2011. According to the quarterly color-coded progress report a number of key outputs have been achieved:

Outcome 1: The nutritional status of children aged 0-24 months and pregnant and lactating women improved

-Development, launching, & implementation of National Communication Strategy to Promote the Use of Iron/Folic Acid (IFA) Supplementation for Pregnant and Post Partum Women: 2010-2013. (UNICEF and WHO)

-Three TV and radio spots were developed and currently are broadcasted in the TVs and radios. (UNICEF and WHO)

1) The 1st TV and radio spot promotes ANC visits to receive IFA, tetanus toxoid and de-worming; importance of IFA tablets and to take IFA tablets everyday at bed time; 90 tablets during pregnancy and 42 tablets after delivery for mother and baby good health and strength.

2) The 2nd TV and radio spot focuses on the role of VHSGs in giving health education about the importance of IFA tablets and encourages pregnant women to take 90 of IFA tablets to reduce the risk of bleeding during delivery. Pregnant women should also take one de-worming after the 1st trimester and two tetanus toxoid injections.

3) The 3rd TV and radio spot focuses on postpartum package: 42 of IFA tablets, one dose of de-worming, and one dose of vitamin A capsule (200,000 IU). A postpartum mother explains to her pregnant friend about what she did during pregnancy that brought her and her baby good health.

- Initial implementation for the Management of Acute Malnutrition in 5 Health Centers in Kampong Speu. Three different levels of the management are being implemented: (UNICEF and WHO):

1) Inpatient management of acute malnutrition (severe and moderate) with complications in hospital

2) Outpatient management of severe acute malnutrition without complications at health centre

3) Management of moderate acute malnutrition without complication at health centre.

-Baseline survey was conducted in two intervention provinces (Svay Rieng & Kampong Speu) and two control provinces (Takeo & Prey Veng) in April-May 2010. The final report has been shared with relevant partners and in the JP technical working group. (UNICEF & WHO)

-Conduct workshop for journalist and media people focused on FSN issues. (UNESCO)

-Conduct training workshop on Food Security Nutrition and early childhood care and development. (UNESCO)

-Mainstreaming FSN through non formal education at all level of both provinces. (UNESCO)

-Consultative meetings and training workshops conducted at both Provincial Departments of Labour Vocational Training (PDOLVT) with union/enterprises' Representatives on maternity protection. (ILO)

-PDOLVT conducted Occupational Safety and Health (OSH) inspection. (ILO)

-Conducted roundtable discussion on breastfeeding, complementary feeding and maternal nutrition in Svay Rieng province. (ILO)

Progress in outputs

JP Outcome 2: Existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed and implemented

- Formative research on nutrition component in maternity protection in the enterprises conducted. The results of this research to be released in Q1- 2011. (ILO)
- Food Security and Nutrition (FSN) mainstreamed into the National Plan of Action of Early Childhood Care and Development. (UNESCO)
- Two new nutrition Policies and guidelines developed: (UNICEF and WHO)
 - 1) National Interim Guidelines for the Management of Acute Malnutrition
 - 2) National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia
 - 3) Development of a proposal to introduce MSc in Nutrition under the National Institute of Public Health started in 2010 and will continue in 2011 (WHO)

JP Outcome 3: Integrated food security and nutrition monitoring system developed

- Support FSN monitoring by Council for Agricultural and Rural Development (CARD):
 - * Provide technical support for FSN Information Management Taskforce and FS Forum (WFP, UNICEF, FAO)
 - * Establish FSN Data Analysis Team and provide training on FSN data analysis and reporting. Release 1st bulletin in December. (WFP, UNICEF, FAO)
 - * Support operational costs for CARD's FSN Information System (FSNIS) website (WFP)
 - * Conduct an introductory workshop with CARD and other stakeholders on Integrated Food Security Phase Classification (WFP)
 - * Conduct feasibility study of applying small area estimation to malnutrition data to produce commune-level maps (WFP)

Measures taken for the sustainability of the joint programme

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.

Are there difficulties in the implementation?

UN agency Coordination
Administrative / Financial
Joint Programme design

What are the causes of these difficulties?

Other. Please specify

Time consuming National programme Coordinator and Provincial programme Coordinator to coordinate their day to day work as they all are not sit in a place.

Briefly describe the current difficulties the Joint Programme is facing

Although progress has been made over the past year, there are some challenges preventing the JP to operate as planned for some activities. For instance, the official joint programme started in January 2010, but little progress was made until the recruitment of national programme coordinator and the 2 provincial programme coordinators in April.

Some activities in output 1.3, such as management of acute malnutrition and in-home micronutrient fortification, are not yet implemented at scale because they are new interventions. True integration of new activities will be an ongoing process and will not be possible until all new activities are underway. It requires the closest coordination. Communication and coordination among JP staff and reporting system 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 technical working group. Each JP staff remains working from their own locations which took longer time for national programme coordinator to coordinate.

Briefly describe the current external difficulties that delay implementation

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. The Food Security Nutrition Information Management Task Force (FSNIM TF) established since 2009 is used as platform to coordinate and facilitate all relevant agencies to work together toward one direction. The Food Security Nutrition Data Analysis Team (FSNDAT) is formed under FSNIM TF produced its first quarterly report “Early Warning Bulletin on Food Security and Nutrition in Cambodia” in late 2010, but still need more time to make this bulletin an official government document.

Shipments of multiple micronutrient powders (sprinkles) were delayed because they were re-routed to emergency areas.

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

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 be the strong mechanism to technically support the joint program both at national provincial level. In addition, CARD has provided a strong coordination support by playing role as co-chair in the PMC.

Coordination with all agencies working on FSN surveillance has already been carried out to eliminate duplication through the ongoing of the Technical Working group for Food security and Nutrition (TWG-FSN) which led by CARD and MoP. The Food Security Nutrition Information Management task Force (FSNIM TF) will continue its coordination through meetings in 2011.

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.

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

- 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 meets every month to assure information sharing and joint decision making. Whenever one output/activity concerns more than one UN Agency, close collaboration is ensured to share tasks and avoid overlaps;
- The Programme Management Committee (PMC) of the joint programme meets every quarter to monitor and ensure that the programme activities implement as planned. 2 meetings held in 2010.
- 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 Food Security Nutrition Information Management Task Force (FSNIM TF) established since 2009 is used as platform to jointly coordinate and facilitate all relevant agencies to work together toward one direction. The Food Security Nutrition Data Analysis Team (FSNDAT) is formed under FSNIM TF produced its first quarterly report "Early Warning Bulletin on Food Security and Nutrition in Cambodia" in late 2010 but still need more time to make this bulletin an official government document.

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	Once every month for the JP technical meetings. One every quarter for the PMC meeting	10 monthly JP technical meetings. 2 PMC meetings conducted for 2010	minutes of the monthly JP technical meetings and PMC meetings	
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	2 (1 is the baseline survey and another 1 is the end line survey)	1 baseline survey conducted	Report of the baseline survey	Baseline report
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	0	0		

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
General implementation
Management: other, specify
General implementation

Who leads and/or chair the PMC?

The representative from the Resident Coordinator Office and the Secretary General of the Council for Agricultural and Rural Development (CARD).

Number of meetings with PMC chair

2 PMC meetings done in 2010. The first meeting September and second one in December 2010.

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
Civil societies involved the joint programme especially during baseline survey and launching the joint programme.
Management: service provision
Civil societies involved the joint programme especially during baseline survey and launching the joint programme.
Management: other, specify
Civil societies involved the joint programme especially during baseline survey and launching the joint programme.

Are the citizens 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 are the citizens involved?

Policy/decision making
Citizens participated in JP launching and baseline survey.
Management: service provision
Citizens participated in JP launching and baseline survey.
Management: other, specify

Citizens participated in JP launching and baseline survey.

Where is the joint programme management unit seated?

National Government

The National Programme Coordinator seated at the Council for Agricultural and Rural Development (CARD) together with the government co-chair of the PMC which the Deputy Secretariat general of CARD's Office.

The two Provincial Programme Coordinators seated at both governor's offices.

The focal points of each implementing agency are seated at their own premises.

The joint programme technical working group for the joint programme uses as a platform to meet these people to discuss and oversee the progress and difficulty.

Local Government

The National Programme Coordinator seated at the Council for Agricultural and Rural Development (CARD) together with the government co-chair of the PMC which the Deputy Secretariat general of CARD's Office.

The two Provincial Programme Coordinators seated at both governor's offices.

The focal points of each implementing agency are seated at their own premises.

The joint programme technical working group for the joint programme uses as a platform to meet these people to discuss and oversee the progress and difficulty.

UN Agency

The National Programme Coordinator seated at the Council for Agricultural and Rural Development (CARD) together with the government co-chair of the PMC which the Deputy Secretariat general of CARD's Office.

The two Provincial Programme Coordinators seated at both governor's offices.

The focal points of each implementing agency are seated at their own premises.

The joint programme technical working group for the joint programme uses as a platform to meet these people to discuss and oversee the progress and difficulty.

Current situation

Civil society organizations have participated in drafting communication strategies and guidelines/training materials for interventions introduced by the JP

Civil society has been approached to advise on how JP procurement for new interventions can contribute to their programs

JP partners have engaged with civil society to encourage them to contribute to government service provision

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

Citizens have been consulted on service provision to evaluate effectiveness of programs; feedback will be used to revise guidelines and training materials.

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.

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

The JP advocacy & communication strategy during the planning and launching period was not published, but included:

- Meeting with different partners on proposal development
- 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.

Multiple communication strategies will be articulated and published by the JP. In 2010 the IFA Communication Strategy and the Complementary Feeding Communication Strategy were published.

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

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 01
Academic institutions
Media groups and journalist 30
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?

Household surveys

A baseline survey conducted with active participation from population of both provinces especially the mothers and care givers.

Community screening and education activities are part of the JP.

The Provincial Coordination Committee (PCC) meeting is used as a platform to share the MDG joint programme activities among provincial partners and local NGOs who are the members of the committee. NGO's are expected to relay messages to local citizens.

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

A baseline survey conducted with active participation from population of both provinces especially the mothers and care givers.

Community screening and education activities are part of the JP.

The Provincial Coordination Committee (PCC) meeting is used as a platform to share the MDG joint programme activities among provincial partners and local NGOs who are the members of the committee. NGO's are expected to relay messages to local citizens.

Open forum meetings

A baseline survey conducted with active participation from population of both provinces especially the mothers and care givers.

Community screening and education activities are part of the JP.

The Provincial Coordination Committee (PCC) meeting is used as a platform to share the MDG joint programme activities among provincial partners and local NGOs who are the members of the committee. NGO's are expected to relay messages to local citizens.

Capacity building/trainings

A baseline survey conducted with active participation from population of both provinces especially the mothers and care givers.

Community screening and education activities are part of the JP.

The Provincial Coordination Committee (PCC) meeting is used as a platform to share the MDG joint programme activities among provincial partners and local NGOs who are the members of the committee. NGO's are expected to relay messages to local citizens.

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
JP Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women		34 media personnel trained in food security and nutrition reporting.	
		3 radio spots were broadcasted at Radio Sarika FM 106.5 Mhz: (1) I'm a live by Mother's Breast-milk, (2) 3 Plus 1 Help My Child, and (3) Following Rules Makes Child Healthy. 450 times/ spots were broadcasted.	
		224 OSH workers in BCC plans on BF, CF and IFA	
		900 food insecure households trained by Farmer Field Schools (FFS) focused on home gardening technique and chicken raising.	
		614 education officers trained in mainstreaming nutrition in Early Childhood Care and Development and lifeskills through non formal education	
		5,729 village leaders/VHSGs, mother group leaders, pre-school teachers, Commune Committee for Woman and Child (CCWC) trained by education officers	

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
------------	---------------	--------------	-------

JP Outcome 2:

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

1 National Action Plan of Early Child Care Development revised and updated.

68 provincial, district and commune level officials trained in FSN concepts and objectives in 2 provinces

3 new policies, strategies and legislation developed ((1) National Interim Guidelines for Management of Acute Malnutrition, (2) National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia, (3) Proposal for MSc in Nutrition.)

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

JP Outcome 3:

Integrated food security and nutrition monitoring system developed

1 Food Security Nutrition quarterly Bulletin (Sept-Nov 2010) produced in November 2010.

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

JP Outcome 1:

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

1,162 VHSGs trained on BF and CF counseling using BFCl package.

1,380 VHSGs trained on micronutrients,

232 VHSGs trained on management of acute malnutrition (MAM). Only VHSGs from 116 villages of 5 target HCs trained on Management of Acute Malnutrition.

38 malnourished children with complications managed in hospitals

65 severely malnourished children without complications managed in health centers

429 moderately malnourished children without complications managed in health centers

134,740 children 6-59 months received Vit. A supplementation in the past 6 months

120,045 children 12-59 months received Mebendazole for deworming in the past 6 months .

No. of children 6-24 months received multiple micronutrient powders(N/A)

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

JP Outcome 1:

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

3 BCC plan on breastfeeding, complementary feeding and iron folic acid supplementation. Complementary Feeding finalized but has not been implemented yet.

No. of BCC plans on BF, CF and IFA adapted to workplaces (N/A)

3 BCC plan breastfeeding, complementary feeding and iron folic acid supplementation. Complementary Feeding finalized but has not been implemented yet

23,921 pregnant women who received Iron Folic Acid supplementation (90 tabs)

25,489 postpartum mothers received one dose of Vitamin A supplement within 6 weeks after delivery

32,150 postpartum mothers received Iron Folic Acid supplementation (42 tablets)

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

JP Outcome 2:

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

Early Child Care Development revised and updated.

68 provincial, district and commune level officials trained in FSN concepts and objectives in 2 provinces

3 new policies, strategies and legislation developed ((1) National Interim Guidelines for Management of Acute Malnutrition, (2) National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia, (3) Proposal for MSc in Nutrition.)

Additional Narrative Comments

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

N/A

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

N/A

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. Please find relevant information in the electronic copy attached

No. Urban

No. Rural

No. Girls

No. boys

Children from 2 to 5

Total No. Please find relevant information in the electronic copy attached

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total Please find relevant information in the electronic copy attached

No. Urban

No. Rural

No. Girls

No. boys

Women

Total Please find relevant information in the electronic copy attached

No. Urban

No. Rural

No. Pregnant

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 Please find relevant information in the electronic copy attached

No. Urban

No. Rural

No. Girls

No. Boys

Children from 2 to 5

Total Please find relevant information in the electronic copy attached

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total Please find relevant information in the electronic copy attached

No. Urban

No. Rural

No. Girls

No. Boys

Women

Total Please find relevant information in the electronic copy attached

No. Urban

No. Rural

No. pregnant

Men

Total Please find relevant information in the electronic copy attached

No. Urban

No. Rural

1.3 Prevalence of underweight children under-five years of age

National % (W/H) 8.9 % (Source: CAS 2008)
Targeted Area %

Proportion of population below minimum level of dietary energy consumption

% National
% Targeted Area

Stunting prevalence

% National (H/A) 39.5% (Source: CAS 2008)
% Targeted Area

Anemia prevalence

% National Under five children 61.8% (Source: CDHS 2005)
% 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 Does not apply
Local
Urban
Rural
Girls
Pregnant Women
Boys

Food fortification

National Does not apply
Local
Urban
Rural
Girls
Pregnant Women

Boys

School feeding programmes

National

Local

Urban

Rural

Girls

Pregnant women

Boys

Behavioural change communication

National

Local

Urban

Rural

Girls

Pregnant women

Boys

Gender specific approaches

National Does not apply

Local

Urban

Local

Girls

Pregnant Women

Boys

Interventions targeting population living with HIV

National Does not apply

Local

Urban

Rural

Girls

Pregnant Women

Boys

Promotion of exclusive breastfeeding

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Therapeutic feeding programmes

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Vaccinations

National Does not apply
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 4 (1-updated and 3 newly developed)
Local

Laws

National
Local

Plans

National
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

National 01 (Food Security Nutrition Quarterly bulletin)
Local
Total

Joint Programme Monitoring and Evaluation 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
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 and in the postpartum period	Indicator: Number of BCC plans finalized and agreed with key stakeholders	Baseline : 0	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. BCC plan for IFA has been implemented starting in October 2010.	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	Baseline : 0	3 BBC plans adapted to workplace.	Once the global BCC materials finalized and produced, ILO will engage with adaptation process of the global BCC plan for the workplace.	JP progress reports; copies of BCC plans	Annual JP progress reports	ILO, MoLVT	The BCC (IFA, BF and CF) produced by UNICEF and WHO materials delayed.
Output 1.2:	Indicator: # of	Baseline	3 national	The preparation of the	Monitoring	Annual JP	UNICEF,	

Behaviour Change Communication (BCC) plans implemented on:(i)breastfeeding, (ii) complementary feeding, (iii) IFA supplementation during pregnancy and in the post partum period	nation-wide media campaigns implemented on annual basis - Nation-wide media BF campaign implemented - Nation-wide media CF campaign implemented - Nation-wide media IFA campaign implemented	: 0	wide campaigns implemented.	launch of the IFA BCC plan has been initiated but the launch will be conducted in September 2010. Implementation of the plan will start after the launch.	systems set up for communication plans	progress reports	WHO, NCHP, NNP	
	Indicator: Number of Khmer language FAO Family Nutrition manuals distributed to food insecure households	Baseline : 0	2,000 Khmer language FAO Family Nutrition Manuals produced and distributed to food insecure households	Draft adapted family nutrition guide is being finalized with a number of relevant nutrition topics (BFCI, MPA10) considered to be integrated into the book. The activity carried over to 2011. The TOR for consultancy on educational materials have been finalized and shared with JP Technical Working Group members as well as National Nutrition Programme (NNP) of the Ministry of	Training reports, progress reports, manuals produced	First month of the programme; distribution Through trainings done during three year span of the programme	FAO, MAFF	Understanding that there is no duplication with existing materials developed in-country

				Health. Expected to have work in collaboration with NNP Team and consultant in 2011.				
Indicator: Number of media personnel trained in food security and nutrition reporting	Baseline : 0	At least 1,150 journalists, media students and Mol staff trained in food security and nutrition reporting	The training course took place from the 9th to the 13th of August 2010. The National pool of Trainers (CARD) and an international journalist facilitated the workshop. At the end of the workshop, 95% of the participants improved their knowledge on FSN as shown on the post test.	Training sessions attendance/r egistration forms; training reports; articles published	Annual JP progress reports	UNESCO, MoEYS	Lack of commitment of journalists	
Indicator: Number of radio spots broadcasted in garment factory Workplace	Baseline : 0	Radio spots broadcasted in garment factory Workplace	Soap opera on breastfeeding, TV spots on maternal and child health (ARI, Diarrhea, Natal Care, and Nutrition), and TV Roundtable discussion on breastfeeding were show in the trainings one maternity protection, OSH, BCC or infirmary medical staff, safe motherhood, work for women workers. 450 times of radio spots broadcasted in Svay Rieng province.	JP progress reports	Annual JP progress Reports	ILO, MoLVLT		
Indicator: # of trained	Baseline : 0	17 OSH Committees	Training on Occupational Safety and Health (OSH)	Training sessions	Annual JP progress	ILO, MoLVLT	DOSH endorsed the draft joint workplan	

	OSH workers in BCC plans		created and member of OSH Committees trained on practical behavior changes	management system and maternity protection at workplace, importance of breast milk, lifting and work for women workers, health care before, during, and post delivery, conducted by the Labor Officials in both provinces of Svay Rieng and Kampong Speu in November and December 2010. Participants are workers, employers, and enterprises' medical staff. There were 258 people have been trained.	attendance/registration forms; training reports	reports		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 - Kampong Speu and Svay Rieng	Indicator: Proportion of children aged 0–6 months who are exclusively breastfed	Baseline : TBD in provincial baseline survey	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 th April to 13th May in two intervention provinces and two comparison provinces. Final report has been shared with the six UN agencies and PMC meeting.	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 breastfed children aged	Baseline : TBD in provincial	71 % of breastfed children aged 6-24	Baseline survey conducted from 26 th April to 13th May in two intervention provinces	Review of endline household survey data	Endline household survey Q3 2012	WHO, NIS, MOH	Assumes stable economic development in the provinces and

6-24 months who receive appropriate (age appropriate frequency with 3+ food groups) complementary feeding	baseline survey	months who receive appropriate complementary feeding Target in the National Nutrition Strategy is 67% in 2010 and 77% for 2015	and two comparison provinces. Final report has been shared with the six UN agencies and PMC meeting.				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	Baseline : 0	% of undernourished who received supplementary feeding.	National Interim Guidelines and Training Materials on the Management of Acute Malnutrition developed. The initial implementation has been conducted starting from September 2010 and an assessment is planned for early February 2011.	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 BFCI package	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	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

	(Output indicator)Time frame: 2010-2012							
	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 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	Baseline : KPS (2008) - 0; SRG (2008) - 0	2,800 VHSG trained on management of acute malnutrition at the community level	232 VHSGs from 116 villages of 5 target HCs in Kampong Speu province trained on Management of Acute Malnutrition.	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	Baseline : 2008 CAS: KPS- 72.7%; SRG- 67.6%; country average	87 % children 6-59 months who received Vitamin A supplementation in the past 6	Baseline survey conducted from 26 th April to 13th May in two intervention provinces and two comparison provinces. Final report has been shared with the six UN agencies and PMC meeting.	Review of endline household survey data; review of routine HIS reporting	Endline household survey Q3 2012; annual HIS/PHD performance reports using estimated target	UNICEF, WHO, MoH	Adequate supply of Vitamin A is ensured by the MoH; adequate resources are allocation to special out-reach sessions, including nation-wide communication and

	months	- 59.4% 2008 HIS, Round 2: KPS- 86%; SRG100 %; country average- 87%	months Target in the National Nutrition Strategy is 85% in 2010 and 90% for 2015			population as denominator; annual JP progress reports		social mobilization 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)	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	Baseline survey conducted from 26 th April to 13th May in two intervention provinces and two comparison provinces Final report has been shared with the six UN agencies and PMC meeting.	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	Baseline : Kg Speu 0%, Svay Rieng %	% of children under 2 years of age (6-24 months) who	Multiple micronutrient powders (sprinkles) will be available for the distribution in early 2011 .	Review of endline household survey data; review of routine reporting by	Endline household survey Q3 2012; annual PHD performance reports using	WHO, UNICEF, MoH	Assumes acceptance and high uptake of MNS by the mothers and sustained distribution of MNS sachets through HC staff and VSHGs

	multiple micronutrient powders (sprinkles) with their complementary feeding		regularly receive multiple micronutrient powders (sprinkles) with their complementary feeding No target		MNS distributors.	estimated target population as denominator; annual JP progress reports		
	Indicator: Proportion of children aged 12-23 months who are undernourished (Impact indicator - wasting and underweight)	Baseline : TBD in provincial baseline survey;	% of children aged 12-23 months who are Undernourished 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	Baseline survey conducted from 26 th April to 13th May in two intervention provinces and two comparison provinces. Final report has been shared with the six UN agencies and PMC meeting.	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 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 Iron Folate supplementation (at least 90 tab) Target in the National Nutrition Strategy is 80% in 2010 and 90% for 2015	Baseline survey conducted from 26 th April to 13th May in two intervention provinces and two comparison provinces. Final report has been shared with the six UN agencies and PMC meeting.	Review of endline household survey data	Endline household survey Q3 2012	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% of postpartum women who received Vitamin A supplement within 6 weeks after delivery Target in the National Nutrition Strategy is 80% in 2010 and 85% for 2015	Baseline survey conducted from 26 th April to 13th May in two intervention provinces and two comparison provinces. Final report has been shared with the six UN agencies and PMC meeting.	Review of endline household survey data; HIS data	Endline household survey Q3 2012; 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:	Baseline	87 % of	Baseline survey	Review of	Endline	WHO, NIS,	Assumptions:	

Proportion of postpartum women who received Iron Folate supplementation (42 tablets)	(2008 CAS): KPS- 22.5% SRG- 37.2%; country average - 33.2%	postpartum women who received Iron Folate supplementation (42 tablets) Target in the National Nutrition Strategy is 85% in 2010 and 90% for 2015	conducted from 26 th April to 13th May in two intervention provinces and two comparison provinces. Final report has been shared with the six UN agencies and PMC meeting.	endline household survey data; HIS data	household survey Q3 2012; Annual HIS reports	MOH	adequate supply of Iron Folate is ensured by the MoH
Indicator: # of food insecure households trained by Farmer Field Schools (FFS)	Baseline : 0	2,000 of food insecure households received training by FFS	Total 900 members of FFS, 130 VHSG are covered by the project and 331 of them are female. They all gone through the FFS training which focused on improve home gardening techniques, chicken raising and group development skills.	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
Indicator: Number of trained education officers in mainstreaming nutrition in Early Childhood Care and	Baseline : 0	110 PoE and DoE staff from both provinces trained in mainstreaming Nutrition and Food security in Early	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	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

	Development and lifeskills through non formal education		Childhood Care and Development and lifeskills through NFE.	female:14.				
	Indicator: # of commune officials and village leaders trained by education officers in Early Childhood Care and Development and lifeskills through non formal education	Baseline : 0	5,701 of commune officials and village leaders /VHSGs, mother group leaders, preschool teachers, Commune Committee for Woman and Child (CCWC) trained by education officers in Early Childhood Care Development and lifeskills through non formal education	In Kompong Peu, only 3 rd (final) commune/district training was conducted in 7 districts in September 2010 with 1,192 people (270 DoE Trainers 922 participants). In Svay Rieng, 4 training were conducted (commune/ district Level in 8 districts (3 rd and 4 th training in September. 5 th and 6 th training in November with total 4,537 people (187 Trainers and 4,350 participants).	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	Indicator: Number of	Baseline : 0	ECCD policies	The first National ECCD Policy was approved and	Review of reports and	JP annual progress	UNESCO, ILO, FAO,	
-----------------------	----------------------	---------------------	---------------	---	-----------------------	--------------------	-------------------	--

<p>implementation status of legislation, policies and strategies on nutrition, food security and agriculture and provide responses for practical action</p>	<p>policies, strategies and legislations reviewed</p>		<p>supported by UNESCO, strategies and legislations reviewed</p> <p>17 workplace policies for ILO strategies and legislations reviewed</p>	<p>signed by the Prime Minister in February 2010. This policy will be articulated in 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>The Informative Study under the U.N Joint Programme for Children, Food Security and Nutrition on “Women Working in Factories and Maternal health-Focus on</p>	<p>actual policies and strategies</p>	<p>reports</p>	<p>MoYES, MoLVT, MAFF</p>	
---	---	--	--	--	---------------------------------------	----------------	---------------------------	--

				the Nutrition Component” was conducted in the model provinces of Kampong Speu and Svay Rieng. The study results and report have been finalized by 2010. Plan to dissemination the findings with the stakeholders proposed to take place in January 2011.				
	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	2 trainings have been carried out in 2010 at both provinces which lead by CARD. Participants are from various provincial departments who are the member of the provincial coordination committee of the food security and nutrition programme. Total participants of both provinces are 80 people. The training focused on food security and nutrition’s objectives and discussion of action plan of the commune, district and province level.	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
JP Output 2.2 New policies, strategies and guidelines developed	Indicator: Number of new policies, strategies and	Baseline : 0	3 guidelines developed and finalized.	National Interim Guidelines and Training Materials on the Management of Acute Malnutrition developed.	Review of reports and actual policies and strategies	JP annual progress reports	WHO, MoH	

	legislation developed			<p>National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia developed and the draft is being reviewed by the National Nutrition Programme.</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. Terms of reference for a consultant to assist with the development of a proposal and curriculum developed and a consultant hired to draft a proposal. A draft proposal has been submitted to the National Institute of Public Health. A MoH Technical Working Group to develop a curriculum for the MSc in Nutrition has been formed and will meet</p>				
--	-----------------------	--	--	--	--	--	--	--

				early 2011 to review the draft proposal and to develop a curriculum and workplan for the upcoming years.				
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 : N/A: 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	The NIS has been selected as 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” carried over to Q1 2011. The FSNDAT held its first workshop held in 25-28 October 2010 and zero draft of the first quarterly bulletin produced. Dissemination workshop held on 9 December 2010. Activity delayed to 2011. Phase 1 of FS Atlas update will begin in mid-2011 with official release of (1) CSES	Quarterly bulletins, vulnerability maps, Food Security Atlas, commune-level poverty and nutrition maps, annual progress reports	Annual Joint Project progress reports	WFP, FAO, CARD, MAFF, UNICEF, NIS	Delay in creation of the integrated FSN analysis team. Once the team is created, their capacity building on production of ARC-GIS will be conducted

			<p>(version 3)</p> <p>C. Produce commune level poverty and malnutrition maps: 2</p> <p>D. Produce ARC-GIS maps: depend on output from FSN analysis team</p>	<p>2009 (secondary analysis nutrition, undernourishment & poverty); (2) CDHS 2010; (3) Commune Database 2010; and (4) ID Poor 2007-10. Phase 2 of FS Atlas update will begin in late 2011 with release of small area estimation of poverty and malnutrition study.</p> <p>Massey University completed Phase 1 of small area estimation study, i.e., feasibility study with malnutrition data, in Q4; Phase 2 of the small area estimation study, i.e., produce commune -level estimates of poverty and malnutrition, will start in Q2 2011. Production of commune-level (poverty and malnutrition maps are the last step and will occur in Q4 2011.</p> <p>GIS maps of CSES 2009 nutrition data and NCDM October flooding data produced. On-the-job training on GIS mapping for 2 members of FSN analysis team held in October 2010. Additional GIS training for</p>				
--	--	--	---	--	--	--	--	--

				data analysis team by Aruna Technology shifted to 2011.				
--	--	--	--	--	--	--	--	--

Joint Programme Result 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	\$28,993.55	\$28,993.55	58%
Communication materials on complementary feeding for mass media & interpersonal communication designed	1.1.4 Design and produce BCC mass media (5 TV/radio spots, documentary, training video on food demonstration, etc.), interpersonal communication	\$200,000	\$35,000	\$35,000	UNICEF	MoH (NCHP, NMCHC)	\$270,000	\$200,000	\$0	100%

¹ Estimated % Delivery rate of budget: Total committed for Y1 divided over the total amount approved budget planned Y1.

and produced	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	\$84,265	\$84,265	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	\$ 7,000	\$0	\$0	WHO	MoH (NCHP, NMCHC)	\$ 7,000	\$6,165	\$6,165	88%

	stakeholders									
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	\$ 8,000	\$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 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	\$1,331	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	\$3,852	1000%
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	\$34,398	\$34,398	40%
BCC interpersonal communication plan on breastfeeding	1.2.2 Support to social mobilization events at the community level linked to World	\$20,000	\$0	\$0	UNICEF	Provincial Health Department	\$20,000	\$0	\$0	0%

implemented in the 2 selected provinces	Breastfeeding Week in two provinces					in KPS 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	\$51,597	\$51,597	69%
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	\$13,127	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	\$30,000	\$30,000	\$30,000	ILO	MoLVT, MoH	\$90,000	\$3,0000	\$26,850	100%

	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 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	\$20,000	\$25,457	60%
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%
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,	1.3.1 Increase the rate of immediate and early initiation of breastfeeding, exclusive breastfeeding until six months of age and improve	Covered	covered	covered	UNICEF	PHDs in KPS and SRG	\$0	\$0	\$0	0%

management of malnutrition) and pregnant and lactating women (monitoring of weight gains, iron, vitamin A, mebendazole and nutrition counseling) via health sector and local authorities implemented	complementary feeding practices: (1) train an estimated 340 health staffs from 87 HCs using MPA 10 nutrition module (9 days training) with 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	\$12,928	\$12,928	32%
	<i>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</i>	\$10,000	\$4,000	\$4,000	UNICEF	PHDs in KPS and SRG	\$18,000	\$2,764	\$2,764	28%
	1.3.4 (2) Support to communication and social mobilization activities at the community level in preparation for biannual Vitamin A	\$20,000	\$18,000	\$18,000	UNICEF	PHDs in KPS and SRG	\$56,000	\$23,418.50	\$23,418.50	117%

	supplementation and deworming rounds through HC outreach in May and November									
	1.3.5 (3) Conduct post activities audit and follow up after biannual vitamin A supplementation and deworming	\$0	\$2,500	\$2,500	UNICEF	PHDs in KPS and SRG	\$5,000	\$0	\$0	0%
	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	\$109,461.28	\$0	109%
	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	\$38,099.42	\$15,861.42	51%
	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 & ORS promotion, Sprinkles promotion, and vitamin A	\$25,000	\$40,000	\$5,000	UNICEF	PHDs in SRG	\$70,000	\$2,564	\$2,564	10%
	1.3.9 Finalize the training modules and materials for management of acute malnutrition at the community level, including screening using MUAC.				UNICEF HSSP2	PHD Kg SPU	\$85,000	\$33,717.25	\$33,717.25	84%
	Train estimated 2,800 VHSGs on management of acute malnutrition at the community	\$40,000	\$40,000	\$5,000	UNICEF	PHD Kg SPU				

	level, including screening of malnourished children using MUAC (2-day training), with appropriate follow-up and supervision during outreach and at the HC level.									
	1.3.10 Management of diarrhoea: (1) Provide IMCI refresher training for Health Centre staff; (2) Procure zinc tablets (3) Socially market ORS and zinc	\$50,000	\$50,000	\$50,000	WHO	MoH (CDC, NMCHC)	\$150,000	\$49,902	\$12,475.50	100%
	1.3.11 Management of malnutrition: (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	\$20,090.55	\$20,090.55	100%
	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	\$6,715	\$6,715	67%
	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	\$5,000	\$3,000	\$1,500	UNICEF	MoH, NNP,	\$9,500	\$74,110.06	\$60,218.19	1482%

	equipment/supplies for estimated 4,000 VHSG volunteers for management of malnutrition at the community level (ie. MUAC tapes, scales, job aids)					PHDs in KPS and SVR and direct UNICEF execution				
	1.3.15 Procure the fortified blended food ('commodity') and transport the commodity to 87 health centres in KSP and SRG	\$100,000	\$100,000	\$100,000	WFP	MoH, NNP, PHDs in KSP and SRG	\$300,000	\$63,742	\$56,166	64%
	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	Included above	Included above	Included above	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	\$13,300	\$0	\$0	FAO	MAFF	\$13,300	\$23,550	\$311	2.3%
	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	Covered	covered	covered	FAO	MAFF	\$0	\$0	\$0	0%

	and preservation.									
	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	\$169,036	\$55,641	166%
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.	\$26,000	\$3,000	\$3,000	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	\$32,500	\$32,500	\$32,000	UNESCO	MoEYS	\$97,000	\$32,500	\$7,006	100%

	lifeskills in community based NFE program									
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 Commission national studies of legislation and implementation 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.	\$15,000	\$5,000	\$5,000	ILO	MoLVT	\$25,000	\$15,000	\$10,699	100%
	2.1.2 Organize sharing workshops with IR partners.	\$5,000	\$5,000	\$0	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.	\$10,000	\$10,000	\$10,000	ILO	MoLVT	\$30,000	\$63,000	\$4,988	63%h
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	\$3,000	\$2,000	100%
	2.1.5 Pilot programme in factory. Capacity building for industrial physicians to insure	\$0	\$15,000	\$10,000	ILO	MoLVT	\$25,000	\$0	\$0	0%

	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 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	\$2,480	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	\$7,914	\$6,331	16.5%
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	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	\$100,000	\$50,000	\$0	WHO	MoH	\$150,000	\$95,597	\$56,658	96%

malnourished children (b) Guidelines on community based management of acute malnutrition (c) National standard treatment guidelines for severely malnourished children developed	malnutrition and revise/finalize the guidelines as necessary.									
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 and develop proposal for setting up a Master in Nutrition Programme	\$50,000	\$50,000	\$0	WHO	MoH	\$100,000	\$42,994	\$28,727.50	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	\$6,000	\$6,000	100%
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	\$5,000	\$0	100%
Establishment of an integrated analysis team for triangulation and synthesis of nutrition information and regular communication of findings (within institutional	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	\$25,000	\$10,000	\$10,000	UNICEF	MOP/National Institute of Statistics	\$45,000	\$41,515.90	\$41,515.90	166%

settings)	disseminate information, and promote use of data for planning purposes.									
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 to strengthen the capacity of the National Institute of Statistics (NIS) in analyzing food consumption data and producing indicators for the assessment and monitoring of progress towards national and international targets.	\$15,000	\$0	\$0	FAO	MoP/National Institute of Statistics	\$15,000	\$0	\$0	0%
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	\$3,150	\$3,150	21%
	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	\$25,000	\$5,000	67%
	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	\$20,000	\$20,000	100%
	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	\$1,690	\$1,690	17%

	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	\$0	0%
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 (Kampong Speu and Svay Rieng)	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%
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	\$15,552.20	\$15,552.20	104%
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	\$21,924.00	\$21,924.00	63%
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, HKI	\$0	\$39,800.00	\$37,800.00	133%
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	\$21,924.00	100%
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	\$39,800.00	100%
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	\$11,900.00	\$3,627.16	0%
JP Provincial Coordinators supported	3.2.7 Support office operations and transport costs of Provincial	\$20,000	\$10,000	\$10,000	UNICEF		\$40,000	\$20,000.00	\$4,092.00	104%

	Coordinators for the Joint Program									
Result documented and disseminated	3.2.8 Document and disseminate JP information and results	\$0	\$0	\$40,000	UNICEF	MoH, MoEYS MoLVT,, MAFF/ CARD	\$40,000	\$0	\$0	63%
	Total Programme Cost	\$2,047,930					\$4,672,300	\$1,678,444.71	\$939,287.72	
	Total indirect support cost 7% from each UN agencies	\$143,355					\$ 327,061	\$143,355	\$143,355	
	GRAND TOTAL:	\$2,191,285					\$4,999,361	\$1,821,799.71	\$1,082,642.72	83 % ²

² The total committed budget for Y1 (USD 1,821,799.71) divided over the total amount approved budget planned Y1 (\$2,191,285)