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Joint Programme for Children, Food Security and Nutrition in Cambodia

## **Bi-annual Monitoring Report**

**On the**

**Joint Programme for Children, Food  
Security and Nutrition in Cambodia**

**Period:**

**1<sup>st</sup> July – 31<sup>st</sup> December 2011**

**Phnom Penh, January 20th, 2012**



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Joint Programme for Children, Food Security and Nutrition in Cambodia

## **JOINT PROGRAMME MONITORING REPORT**

### **Children, Food Security and Nutrition Thematic Window**

<b>TABLE OF CONTENTS</b>	<b>PAGE</b>
<b>Section I: Identification and Joint Programme Status</b>	<b>2</b>
a- Joint programme identification, budget summary and indicators by outcomes	2-6
b- Joint programme M&E framework	7
c- Joint programme results framework with financial information	19
<b>Section II: Joint Programme Progress</b>	<b>35</b>
a- Narrative on progress, obstacles and contingency measures	35
b- Inter-Agencies Coordination and Delivering as One	40
c- Development Effectiveness: Paris Declaration and Accra Agenda of Action	42
<b>Section III: Millennium Development Goals</b>	<b>46</b>
a- Millennium Development Goals	46
<b>Section IV: General thematic Indicators</b>	<b>55</b>
1- Integrated approaches for reducing child hunger and under nutrition promoted	55
2- Advocacy and mainstreaming of access to food and child nutrition into relevant policies	57
3- Assessment, monitoring and evaluation	57



**Section I: Identification and Joint Programme Status**

**a- Joint programme identification, budget summary and indicators by outcomes**

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<p><b>MDTF Atlas Project No:</b>   <b>Title:</b> Children, Food Security and Nutrition in Cambodia</p>	<p><b>Report Number: 4</b>   <b>Reporting Period:</b>  1 July 2011 - 30 December 2011   <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</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 Organisation  Cambodia Health Education Media Services (CHEMS)  International Relief and Development (IRD)  MAGNA children at Risk  Population Service International (PSI)  Garment Manufacturers' Association in Cambodia  TV Stations (CTN, TV5, TV3, and TV9)  Trade Unions  Radio FM Mohanokor Station (FM103)  Radio Sarika FM 106.50  Cambodian Centre for Independent Media (CCIM)  Cambodia News  Cambodia Club of Journalists  Enterprise Development Institute (EDI)  World Vision Cambodia</p>



<b>Budget Summary</b>	
<b>Total Approved Joint Programme Budget:</b>	UNICEF    USD 2,501,874 WHO        USD 789,660 FAO        USD 493,270 WFP        USD 638,790 ILO         USD 345,610 UNESCO    USD 230,157  <b>TOTAL:      USD 4,999,361</b>
<b>Total Amount of Transferred to date including 2010 and 2011:</b>	UNICEF: USD 1,814,599 WHO     USD 620,600 FAO:    USD 390,283 WFP:    USD 481,393 ILO:     USD 243,425 UNESCO: USD 162,533  <b>TOTAL: USD 3,712,726</b>
<b>Estimated Total Budget Committed to date including 2010 and 2011:</b>	UNICEF:    USD 1446,090 WHO:        USD 545,100 FAO:        USD 311,636 WFP:        USD 328,520 ILO:         USD 188,824 UNESCO:    USD 129,025  <b>TOTAL:      USD 2,949,195</b>
<b>Estimated Total Budget Disbursed to date year 2011:</b>  <b>7% indirect support cost (ISC):</b> <b>\$ 99,540.59</b>	UNICEF:    USD 883,004 WHO:        USD 159,302 FAO:        USD 200,984.49 WFP:        USD 148,000 ILO:         USD 115,333 UNESCO:    USD 34,456  <b>TOTAL:      USD 1,541,079.49 (PC)</b> <b>                  USD 99,540.59 (ISC)</b>  <b>GRAND TOTAL: USD ,640,620</b>



**Indicators of Beneficiary by JP Outcomes:**

Joint Programme Population Coverage in both provinces	Estimated Number	Female	Male	Total	% Covered by JP	Remarks
No. overall population in both provinces	1344821	-	-	1344821		Census 2008 (KPS: 767 829, SVR: 576 992)
No. women of reproductive age 15-44 years	317072	-	-	317072		KPS: 23.44%, SVR: 23.76% of general population
No. of pregnant women	38055	-	-	38055		KPS: 3.07%, SVR: 2.51% of general population
No. of postpartum women	38055	-	-	38055		KPS: 3.07%, SVR: 2.51% of general population
No. children 0-6 months	14369	-	-	14369		KPS: 1.15%, SVR: 0.96% of general population
No. of children 6-11 months	14369	-	-	14369		KPS: 1.15%, SVR: 0.96% of general population
No. children 0-24 months	57477	-	-	57477		KPS: 4.6%, SVR: 3.84% of general population
No. children 0-59 months	139798	-	-	139798		KPS: 10.79%, SVR: 9.87% of general population
No. children 6-24 months	43107	-	-	43107		KPS: 3.45%, SVR: 2.88% of general population
No. children 6 - 59 months	125429	-	-	125429		KPS: 9.64%, SVR: 8.91% of general population
No. children 12 - 59 months	111060	-	-	111060		KPS: 8.49%, SVR: 7.95% of general population
Joint Programme Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women	Actual Planned in JP	Female achieved	Male achieved	Total achieved		Remarks
No. of BCC plans finalized and implemented	3	-	-	3	100%	BCC plans and communication materials (mass media and interpersonal communication) developed and finalized: (i) breastfeeding, (ii) complementary feeding, and (iii) IFA supplementation during pregnancy and in the post-partum.
No. of BCC plans on BF, CF and IFA adapted to workplaces	3	-	-	1	100%	Radio spot on BF, IFA and CF produced. Poster produced.
No. of nation-wide media campaigns implemented (BF campaign, CF campaign and IFA campaign)	3	-	-	2	75%	The BF and IFA campaign have been done in 2011. The CF campaign scheduled in 2012.
No. of Khmer language FAO Family Nutrition Manuals distributed to food insecure households	2,000	-	-	2100	105%	2100 copies of the Nutrition hand Book for Family published in Khmer in December 2011. The book plan to distribute to farmer field school which have been trained in Q1, 2012 with additional training on the use of the book.
No. of media personnel trained in food security and nutrition reporting	1,150	23	02	25	2%	34 people trained in 2010 and 25 people trained in 2011.



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Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

Joint Programme Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women	Actual Planned in JP	Female achieved	Male achieved	Total achieved	% Covered by JP	Remarks
No. of radio spots broadcasted in garment factory Workplace	150 time			900 times	600%	9 radio spots were broadcasted on 2 local radio stations since Jan –Dec 2011 in both provinces. (Source: DoLVT)
No. of trained Occupational Safety and Health (OSH) workers in BCC plans on BF, CF and IFA	360	479	75	554	154%	(Source: DoLVT)
No. of VHSGs trained on BF and CF counselling using BFCl package to VHSG and HC staff	4,196	-	-	400	10%	For Svay Rieng and other 8 provinces the training completed in 2010. For Kg. Speu the training was conducted in 20 HCs (50 HC staff) including 400 VHSG in 2011. The remaining 30 HC in Kg. Speu will continue to cover in 2012.
No. of VHSGs trained on micronutrients	4,196	-	-	2,816	67%	This number is for VHSG in KPS in 2011. For SVR the training done in the past years.
No. of VHSGs trained on management of acute malnutrition (MAM)	4,196	-	-	0	0%	Only 232 VHSGs from 116 villages of 5 target HCs in KPS province trained on Management of Acute Malnutrition in 2010. For 2011 no additional training has been carried out in both provinces though the plan set. This is due to the revision of curriculum from NNP was not complete on time.
No. of severe malnourished children managed in hospitals	60	9	19	28	47%	The number is in KPS. For SVR the implementation of management of acute malnutrition was not trained yet.
No. of severely malnourished children without complications managed in health centers	807	6	11	17	2%	This number of the 5 HC who is initially implementing the management of acute malnutrition in KPS. 14 new HC in Kong Pisey OD of KPS and 5 HC in Romeas Hek OD of SVR planned to scale in 2012 up but training has not yet been done.
No. of moderately malnourished children without complications managed in health centers	6,770	-	-	1,860	27%	The moderate acute malnutrition children received CSB++ managed at 5 HCs in Kong Pisey OD, KPS as of Dec 2011. Scaling up to 5 more HCs in Kong Pisey OD. Kampong Speu province will be from Q2, 2012. Scaling up to about 10 more HCs in Kampong Speu OD with an NGO will be from Q2, 2012. (Source: WFP)
No. of children 6-59 months received Vitamin A supplementation in the past 6 months	125,429	-	-	123,541	98%	Source: MoH/DPHI/HIS (Jul-Dec 2011)
No. of children 12-59 months received Mebendazole for deworming in the past 6 months	111,060	58,760	53,108	111,868	101%	Source: MoH/DPHI/HIS (Jul-Dec 2011)
No. of children 6-24 months received multiple micronutrient powders (sprinkles)	43107	-	-	26,480	61%	The provision of MNPs started in April in Svay Rieng and in September in Kg. Speu. Province. Not yet included in HIS
No. of pregnant women who received Iron Folic Acid supplementation (90 tabs)	38,055	13,354	-	13,354	35%	Source: MoH/DPHI/HIS (Jul-Dec 2011)



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Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

Joint Program Outcome 2: Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed.	Actual Planned in JP	Female achieved	Male achieved	Total achieved		
No. of postpartum mothers received IFA supplement 42 tabs after delivery	38,055	13,122	-	13,122	35%	Source: MoH/DPHI/HIS (Jul-Dec 2011)
No. of postpartum mothers received one dose of Vitamin A supplement within 6 weeks after delivery	38,055	11,632	-	11,632	31%	Source: MoH/DPHI/HIS (Jul-Dec 2011)
No. of women of reproductive age received Weekly Iron Folic Acid supplements	317,072	66,566	-	66,566	21%	Source: DoLVT and PHD
No. of food insecure households trained by Farmer Field Schools (FFS)	2000	633	569	1,202	60%	1,202 of food insecure household received training in 2011. Another 900 families received training in 2010. (Source: PDA both provinces)
No. of education officers trained in mainstreaming nutrition in Early Childhood Care and Development and lifeskills through non formal education	120	27	93	120	100%	Source: PoEYS/UNESCO
No. of district, commune officials and village leaders trained by education officers in Early Childhood Care and Development and lifeskills through non formal education	1400	610	832	1,442	100%	Source: PoEYS/UNESCO
No. of policies, strategies and legislations reviewed and revised	2	-	-	2	100%	The Maternity and Workplace Policy as well as National Action Plan of Early Child Care Development revised and updated.
No. of provincial, district and commune level officials trained in FSN concepts and objectives in 2 provinces	60	-	-	60	100%	68 people were trained last year in 2010. Another 60 people were trained in the 2 provinces for 2011.
No. of new policies, strategies and legislation developed	3	-	-	3	100%	(1) Develop the National Guidelines for the Management of Acute Malnutrition , (2) Develop the National Policy and Guidelines for the Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia (3) Develop proposal for setting up a Master in Nutrition Programme
Joint Programme Outcome 3: Integrated food security and nutrition monitoring system developed.	Actual Planned in JP	Female achieved	Male achieved	Total achieved		
No. of FSN reports produced by the Food Security and Nutrition Information Management Task Force	4	-	-	4	100%	The FSN Bulletin produced every 3 months. The issue 5 will be released in January 2012. <a href="http://www.foodsecurity.gov.kh/bulletin">http://www.foodsecurity.gov.kh/bulletin</a> (Source: CARD)



**b- Joint Programme M&E framework:**

**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 (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.	(i)breastfeeding, (ii)complementary feeding, (iii) IFA Supplementation during pregnancy and in the postpartum period.  These 3 BCC plan completed	JP progress reports; copies of BCC plans and communication materials	Annual JP review workshops	UNICEF, WHO, NCHP, NNP	MOH endorses mass media & interpersonal BCC as interventions for improved nutrition. Development starts Jan 2010
	Indicator: # of BCC plans adapted to workplaces	<b>Baseline: 0</b>	3 BBC plans adapted to workplace.	Adaptation of BCC plan for IFA supplementation, MCH TV spots on natal care, nutrition, TV spots and Karaoke of IFA BCC strategy distributed to workers and employers through Follow-up Workshop to review achievement and challenges in December 2011.	JP progress reports; copies of BCC plans	Annual JP progress reports	ILO, MoLVT	
Output 1.2: Behaviour Change Communication (BCC) plans implemented	Indicator: # of nation-wide media campaigns implemented on annual basis - Nation-wide	<b>Baseline: 0</b>	3 national wide campaigns implemented.	Nationwide media campaigns for breastfeeding and IFA are already implemented. The complementary feeding campaign is scheduled in Q4 , 2011 and has been postpone	Monitoring systems set up for communication plans	Annual JP progress reports	UNICEF, WHO, NCHP, NNP	



<p>on:(i)breastfeeding, (ii) complementary feeding, (iii) IFA supplementation during pregnancy and in the post partum period</p>	<p>media BF campaign implemented - Nation-wide media CF campaign implemented - Nation-wide media IFA campaign implemented</p>			<p>to Q1, 2012.</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>The Nutrition Hand Book for family has been finalized and published in December 2011 with the amount of 2,100 copies. The book is planned to distribute to FFS together with the training on the use of the book in Q1 2012</p>	<p>Training reports, progress reports, manuals produced</p>	<p>First month of programme; distribution Through trainings done during three year span of the programme</p>	<p>FAO, MAFF</p>	<p>Understanding that there is no duplication with existing materials developed in-country</p>
	<p>Indicator: Number 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>Trained 25 provincial media journalists conducted by Cambodia News in collaboration with Cambodia Media Journalists held on Oct. 17-20, 2011 in Phnom Penh. Main objective was to increase awareness of journalists about FSN and learn media techniques on how to report about FSN.</p>	<p>Training sessions attendance/registration forms; training reports; articles published</p>	<p>Annual JP progress reports</p>	<p>UNESCO, MoEYS</p>	<p>Lack of commitment of journalists</p>



	Indicator: Number of radio spots broadcasted in garment factory Workplace	<b>Baseline:</b> <b>0</b>	Radio spots broadcasted in garment factory Workplace	Since June 2010, fourteen radio roundtable discussions were held focusing on OSH, breastfeeding, maternity protection at the workplace, complementary feeding, and working conditions. The radio roundtable discussions were rebroadcasted for 24 times. Eighteen radio spots on using proper protective equipment, hygiene and nutrition and radio dramas on breastfeeding, complementary feeding and nutrition were produced. They were aired 2004 times from November 2010 through FM National Rumduol Svay Rieng Ratio Station (FM 98.70) and Radio Sarika (FM 106.05)	JP progress reports	Annual JP progress Reports	ILO, MoLVT	
	Indicator: # of trained OSH workers in BCC plans	<b>Baseline:</b> <b>0</b>	17 OSH Committees created and member of OSH Committees trained on practical behavior changes	Since June 2010, 72 trainings on occupational safety and health (OSH) and maternity protection for workers and employers, behavioral change communication (BCC); OSH for infirmary staff; reproductive health; breastmilk expressing; and quiz shows were conducted by the DoLVT of Kampong Speu, Svay Rieng and National Nutrition	Training sessions attendance/registration forms; training reports	Annual JP progress reports	ILO, MoLVT	DOSH endorsed the draft joint workplan on OSH between ILO and DOSH, MoLVT.



				Programme. There are 2,903 workers, employers, and infirm staff attended. 82% of them are women and the 18% are men.				
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	<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	74% (CDHS 2010)	Review of endline household survey data	Endline household survey Q3 2012 <i>(It is probably move to Q2 in 2013)</i>	WHO, NIS, MOH	Assumes stable Economic development in the provinces and political stability. Assumes efficacy of the selected interventions. Risks include natural disasters, political instability, serious delays in procurement of commodities.
	Indicator: Proportion of breastfed children aged 6–24 months who receive appropriate (age appropriate frequency with 3+ food groups) complementary feeding	<b>Baseline: TBD in provincial baseline survey</b>	57 % of breastfed children aged 6-23 months who receive appropriate complementary feeding  Target in the National Nutrition Strategy is 67% in 2010 and 77% for 2015	28% (CDHS 2010)	Review of endline household survey data	Endline household survey Q3 2012  <i>(It is probably move to Q2 in 2013)</i>	WHO, NIS, MOH	Assumes stable economic development in the provinces and political stability. Assumes efficacy of the selected interventions. Risks include natural disasters, political instability, serious delays in procurement of commodities.
	Indicator: Proportion of estimated number of undernourished	<b>Baseline: 0</b>	% undernourished who received supplementary feeding.	<ul style="list-style-type: none"> <li>National Interim Guidelines and Training Materials on the Management of Acute Malnutrition developed. The</li> </ul>	Review of JP annual reports; review of routine	Annual JP progress review workshops; annual PHD	WHO, UNICEF, WFP, PHDs, NNP	Assumes that the expected number of undernourished children can be established in the



**MDGF**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	who receive supplementary feeding			<p>initial implementation conducted starting from October 2010-January 2011 &amp; an assessment conducted early February 2011.</p> <ul style="list-style-type: none"> <li>• Refresher / new training sessions for PHD, OD, and HC staff, and VHSG will be from Feb/March 2012.</li> <li>• 1,860 children with moderate acute malnutrition received Super Cereal Plus (CSB++) were managed at 5 HCs in Kong Pisey OD, Kampong Speu province as of 30 Dec 2011.</li> <li>• Scaling up to 5 more HCs in Kong Pisey OD. Kampong Speu province will be from Q2, 2012. Scaling up to about 10 more HCs in Kampong Speu OD with an NGO will be from Q2 2012.</li> </ul>	reporting by nutrition staff PHD	performance reports		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 & CF counseling using BFCI package (Output indicator) Timeframe: 2010-2012	<b>Baseline: KPS (2008) - 450 out of 2,800; SRG (2008) - 700 out of 1,200</b>	2,000 VHSG, including mother support group volunteers, trained on IYCF module	1,380 VHSG in SVR has been trained on multiple micronutrient supplementations in 2010. 2,816 VHSG and 200 HC staff in KPS has been training on multiple micronutrient supplementations.	BFCI monitoring system	Progress reports; Annual	UNICEF, PHDs, NNP	The refresher course has not been provided to VHSG &/or mother support groups as they considered these groups play supporting role in community mobilization only.
	Indicator: Number of VHSG	<b>Baseline: KPS</b>	4,000 VHSG trained	1,380 VHSG in SVR has been trained on multiple	C-IMCI monitoring	Progress reports;	UNICEF, PHDs, NNP	Assumptions: Micronutrient



	members who are trained on Micronutrient/S prinkles promotion	<b>(2008) - 0; SRG (2008) - 700 out of 1,200</b>	micronutrient module C-IMCI	micronutrient supplementations in 2010.  2,816 VHSG and 200 HC staff in KPS has been training on multiple micronutrient supplementations.	System	Annual		(including sprinkles) module of C-IMCI package & guidelines on multiple micronutrients supplementation finalized before the inception of project
	Indicator: Number of VHSG members who are trained on management of acute malnutrition at the community level	<b>Baseline: KPS (2008) - 0; SRG (2008) - 0</b>	2,800 VHSG trained on management of acute malnutrition at the community level	232 VHSG from 5 Selected HC in 116 villages in Kong Pisey OD of Kampong Speu province trained on management of acute malnutrition in 2010. 686 VHSG from other 14 HC in Kong Pisey OD in Kampong Speu and 266 VHSG from 5 HC in Romeas Hek OD of Svay Rieng planned to train on management of acute malnutrition in 2011 has been delayed to 2012.	Training reports; progress reports	Progress reports; Annual	UNICEF, PHDs, NNP	Assumptions: MAM guidelines and training packages for HC staff, community volunteers are finalized before the inception of the project or in the first quarter of its inception
	Indicator: Proportion of children 6-59 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, Round 2: KPS- 86%; SRG100%; country average- 87%</b>	87 % children 6-59 months who received Vitamin A supplementation in the past 6 months Target in the National Nutrition Strategy is 85% in 2010 and 90% for 2015	In Kampong Speu 90,380 (86%) children aged 6- 24 months received Vit.A in the past 6 months.  In Svay Reing 51,088 (102%) children aged 6- 24 months received Vit.A in the past 6 months.  71% (CDHS 2010)	Review of endline household survey data; review of routine HIS reporting	<a href="#">Endline household survey Q2 2013</a> ; annual HIS/PHD performance reports using estimated population as denominator; annual JP progress reports	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 social mobilization from the national budget and Health SWAp/HSSP2



	<p>Indicator: Proportion of children 12-59 months who received Mebendazole for deworming in the past 6 months (Timeframe: 2010 - 2012)</p>	<p><b>Baseline (2008 CAS): KPS-42.1%; SRG-58.2%; country average - 39.9%</b></p>	<p>87 % of children 12-59 months who received Mebendazole for deworming in the past 6 months</p> <p>Target in the National Nutrition Strategy is 85% and 90% for 2015</p>	<p>In Kampong Speu 80,542 (87%) children aged 12-59 months received mebendazole in the past 6 months.</p> <p>In Svay Reing 37,645 (104%) children aged 12-59 months received Mebendazole in the past 6 months.</p> <p>61% (CDHS 2010)</p>	<p>Review of endline household survey data; review of routine HIS reporting</p>	<p><a href="#">Endline household survey Q2 2013</a>; annual HIS/PHD performance reports using estimated population as denominator; annual JP progress reports</p>	<p>UNICEF, WHO, MoH</p>	<p>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</p>
	<p>Indicator: Proportion of children under 2 years of age who regularly receive multiple micronutrient powders (MNPS) with their complementary feeding</p>	<p><b>Baseline: Kg Speu 0%, Svay Rieng %</b></p>	<p>% of children under 2 years of age (6-24 months) who regularly receive multiple micronutrient powders (MNPS) with their complementary feeding</p> <p>No target</p>	<p>26,480 of children aged 6-24 months received MNPs 15 sachets per month in both provinces. The distribution of MNPs started in April in Svay Reing and September in Kampong Speu:</p> <p>An average, 2,382,360 sachets of MNPs distributed till Dec 2011 in both provinces.</p>	<p>Review of end line household survey data; review of routine reporting by MNS distributors.</p>	<p><a href="#">Endline household survey Q2 2013</a>; annual PHD performance reports using estimated population as denominator; annual JP progress reports</p>	<p>WHO, UNICEF, MoH</p>	<p>Assumes acceptance and high uptake of MNS by the mothers and sustained distribution of MNS sachets through HC staff and VSHGs</p>
	<p>Indicator: Proportion of children aged 12-23 months who are undernourished (Impact indicator - wasting and</p>	<p><b>Baseline: TBD in provincial baseline survey;</b></p>	<p>% of children aged 12-23 months who are Undernourished # targets for this age group but for children 0-59 months in the</p>	<p>Baseline survey conducted from 26th 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.</p>	<p>Review of endline household survey data</p>	<p><a href="#">Endline household survey Q2 2013</a>;</p>	<p>WHO, NIS, MOH</p>	<p>Assumes stable Economic development in the provinces and political stability. Assumes efficacy of the selected interventions. Risks</p>



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Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	underweight)		National Nutrition Strategy: Wasting: 7% in 2010 and 6% in 2015 Underweight: 24% in 2010 and 19% in 2015	From CDHS 2010 -Underweight 28% - Stunting 40% - Wasting 11%				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]	<b>Baseline, CAS 2008:</b> KPS - 70.1%; SRG - 75.8%; <b>country average - 59.1%</b>	84% of pregnant women who received IFA supplementation (at least 90 tab)  Target National Nutrition Strategy is 80% in 2010 and 90% for 2015	Baseline survey conducted from 26th 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.  85% (CDHS 2010)	Review of endline household survey data	<a href="#">Endline household survey Q2 2013;</a>	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	<b>Baseline: 2008 CAS:</b> KPS-28.5% SRG- 38.5%; <b>country average- 43.7%;</b> <b>2008 HIS:</b> KPS- 66%; SRG- 91%; <b>country average – 68%</b>	82% of postpartum women who received Vitamin A supplement within 6 weeks after delivery Target National Nutrition Strategy is 80% in 2010 and 85% for 2015	Baseline survey conducted from 26th 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.  60% (CDHS 2010)	Review of endline household survey data; HIS data	<a href="#">Endline household survey Q2 2013;</a> Annual HIS reports	WHO, NIS, MOH	Assumptions: adequate supply of Vitamin is ensured by the MoH; adequate resources are allocated for Vitamin A supplementation communication campaign
	Indicator: Proportion of	<b>Baseline (2008 CAS):</b>	87 % of postpartum	Baseline survey conducted from 26th April to 13th May	Review of endline	<a href="#">Endline household</a>	WHO, NIS, MOH	Assumptions: adequate supply of





MDG **IF**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	postpartum women who received Iron Folate supplementation (42 tablets)	<b>KPS- 22.5% SRG- 37.2%; country average - 33.2%</b>	women who received IFA supplementation (42 tablets) Target National Nutrition Strategy is 85% in 2010 and 90% for 2015	in two intervention provinces and two comparison provinces. Final report has been shared with the six UN agencies and PMC meeting.  55% (CDHS 2010)	household survey data; HIS data	survey Q2 2013; Annual HIS reports		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.	As of December 2011, a total 2,100 families has been trained in home gardening technic, chicken raising and complementary feeding practice for children age 6-24 months.	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 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.	307 (160 females) people (school directors, primary and community and state pre-school teachers) from were trained on FSN held between July 2011. It was facilitated by POE/DOE 24 staff. Main objective is to increase knowledge/ awareness of the all participants in FSN. Training was conducted in Svay Reing province.  Follow-up visits were conducted to 7 districts in Kg. Speu and 8 districts in Svay Reing with a total of 167 (Kg. Speu 87 and 80 for Svay Reing) communes/sangkat	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



				and 566 primary schools (309 for Kg. Speu and 257 in Svay Reing). Main objective of the follow up visits was to identify progress and observe best practice adapted by beneficiaries.				
	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:</b> <b>0</b>	5,701 of commune officials and village leaders /VHSGs, mother group leaders, pre school teachers, Commune Committee for Woman and Child (CCWC) trained by education officers in Early Childhood Care Develop ment and lifeskills through non formal education	364 (254 females) people were trained (CCWC, VSHG members and mother support group leaders) on FSN in Sept. 2011. Training was conducted by 8 DOE staff in Svay Reing. Main objective is to increase knowledge/ awareness of the all participants in FSN.  Midterm meeting was conducted by POE Kg. Speu with a total of 96 (20 females) participants and facilitated by 26 POE staff in Aug. 2011. Main objective was to gather feedbacks and share practical experience/best practice among participants about FSN.  A quarterly meeting among 100 CCWC members (38 females) was participated by 8 POE staff in 20 different communes in Svay Reing to support implementation of FSN integration into commune council plan.	Training sessions attendance/registration 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

<p>JP Output 2.1: Review implementation status of legislation, policies and strategies on nutrition, food security and agriculture and provide responses for practical action</p>	<p>Indicator: Number of policies, strategies and legislations reviewed</p>	<p><b>Baseline:</b> <b>0</b></p>	<p>ECCD policies supported by UNESCO, strategies and legislations reviewed</p> <p>17 workplace policies for ILO strategies and legislations reviewed</p>	<p>A consultative meeting was held in Aug. 9, 2011 in Phnom Penh attended by officials of MOEYS, directors of departments, development partners and other stakeholders. Main objective is to speed up the formulation of Review and Approving Committee and updates on status of the NAP.</p> <p>Supported 2 officials (1 from MOH and 1 from MOEYS) to participated in the Asia Regional Network for Early Childhood in order to gain regional context on current trends and best practices in ECD in relation to FSN.</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 the Nutrition Component” conducted in Kampong Speu and Svay Rieng. The report was shared with stakeholder (unions, government &amp; employers) in January 2011.</p>	<p>Review of reports and actual policies and strategies</p>	<p>JP annual progress reports</p>	<p>UNESCO, ILO, FAO, MoYES, MoLVT, MAFF</p>	
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MDGF



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

				<p>Through this study recommendation, ILO Social Protection &amp; Gender Project tasks National Nutrition Programme to deliver training on Breast Milk Expressing in 10 garment factories around Phnom Penh areas. There were 145 female workers attended from the 10 factories.</p> <p>Informative study on maternity leave to review workplace place policies and regulations was completed and the report is drafted.</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	By August 2011, a total of 90 local officials have been trained in FSN concepts and objectives in 2011. In addition, another 60 government officials were trained in 2010 for the 2 provinces.	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 legislation developed	<b>Baseline:</b> <b>0</b>	3 guidelines developed and finalized.	(1) Develop National Guidelines for the Management of Acute Malnutrition (2) Develop the National Policy and Guidelines for the Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia	Review of reports and actual policies and strategies	JP annual progress reports	WHO, MoH	



				(3) Develop proposal for setting up a Master in Nutrition Programme – Completed				
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	<b>Baseline: N/A:</b> <b>Cambodia does not have an integrated national food security and nutrition monitoring system</b>	<p>a- At least 1 report produced in every 3 months by the national food security and nutrition monitoring system</p> <p>b- Update food security atlas (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>a- To date four Cambodia food security and nutrition quarterly bulletins (Issue #1 in Q4 2010, Issue #2 in Q1 2011, and Issue #3 in Q2 2011 and Issue #4 in Q3 2011) have been produced by the Food Security and Nutrition Data Analysis Team.</p> <p>b- Update of Food Security Atlas (version 3) to commence once CSES 2009, CDHS 2010 and small area estimate data and maps are available.</p> <p>c- Validation of preliminary statistical models and small area estimates underway by NIS and Massey University. Report expected in mid- 2012.</p> <p>d- GIS maps produced for food security nutrition quarterly bulletin (Issue #2, #3, #4) and CSES 2009 food consumption analysis report.</p>	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



**MDGF**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

**C- Joint Programme Results Framework with Financial Information**

Annual targets	Activities	YEAR (The blue number is the carried over budget from 2010)			UN agency	Responsible party	Estimated Implementation Progress for 2011			
		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 and complementary feeding (A2Z, RACHA, HKI, WHO, WFP, ILO, UNESCO)	\$8,000	\$0	\$0	UNICEF	MoH (NCHP, NMCHC)	\$ 8,000	\$0	\$0	Not plan for 2011
BCC materials for interpersonal communication promoting breastfeeding revised and produced	1.1.2 Review current breastfeeding communication and training materials and other National Nutrition Program activities	\$7,000	\$33,554	\$0	UNICEF	MoH (NCHP, NMCHC)	\$7,000	\$ 52,291.12	\$ 52,291.12	156%
	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	\$41,500	\$40,000	UNICEF	MoH (NCHP, NMCHC)	\$130,000	\$0	\$0	Covered by 1.1.4
Communication materials on complementary feeding for	1.1.4 Design and produce BCC mass media (5 TV/radio spots,	\$200,000	\$35,000 (\$155,000)	\$35,000	UNICEF	MoH (NCHP,	\$270,000	\$126,950.87	\$126,950.87	66.8%

<sup>1</sup> Estimated % Delivery rate of budget: Total committed for Y2 divided over the total amount approved budget planned Y2.



**MDGIF**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

mass media & interpersonal communication designed and produced	documentary, training video on food demonstration, etc.), interpersonal communication materials (printed materials) and training materials for VHSG members on complementary feeding					NMCHC)				
BCC plans for breastfeeding and complementary feeding launched nationally	1.1.5 National launch/PR event of the BCC plans for breastfeeding and complementary feeding promotion, including national media, government ministries, NGOs, other relevant stakeholders	\$0	\$0 (\$20,000)	\$0	UNICEF	MoH (NCHP, NMCHC)	\$0	\$13,400.00	\$13,400.00	67%
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	\$6,000 (\$25,000)	\$0	UNICEF	MoH (NCHP, NMCHC)	\$0	\$78,581.00	\$78,581.00	253%
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,UN ESCO)	\$0	\$0	\$0	WHO (HSSP2)	MoH (NCHP, NMCHC)	\$0	\$0	\$0	0%
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 (\$870)	\$30,000	WHO	MoH (NCHP, NMCHC)	\$145,000	\$20,870	\$20,870	68%
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	\$ 7,000	\$0	\$0	WHO	MoH (NCHP, NMCHC)	\$ 7,000	\$0	\$0	0%



**MDGF**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	postpartum period, including national media, government ministries, NGO's, other relevant 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	\$0	\$0	0%
BCC materials for breastfeeding, complementary feeding and IFA designed and adapted to the industrial context, with attention to formal and informal workplaces in the garment and tourism/ hospitality industries	1.1.11 Interviews with stakeholders to highlight the challenges in implementation of maternity protection as well as to review the challenges and achievements made. Research. Production of communication and training materials on BF, complementary feeding and supplement to workers in the garment industry and tourism /hospitality industries	\$15,000	\$10,000 \$13,669 carried from 2010	\$0	ILO	MoLVT, MoH	\$25,000	\$18,669	\$10,106	79%
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 BCC plans with Union Federation for breastfeeding, complementary feeding, & IFA supplementation during pregnancy and during the post partum period in formal and informal workplaces in the 2 selected provinces; support to sub-national dissemination workshops and meetings	\$7,000	\$0 \$3,152 carried from 2010	\$3,000	ILO	MoLVT, MoH	\$10,000	\$3,152	\$2,843	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	\$85,000	\$0	\$0	UNICEF	MoI and Direct UNICEF	\$85,000	\$0	\$0	0%





**MDG** **IF**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	radio channels; broadcast the breastfeeding documentary					execution				
BCC interpersonal communication plan on breastfeeding implemented in the 2 selected provinces	1.2.2 Support to social mobilization events at the community level linked to World Breastfeeding Week in two provinces	\$20,000	\$0	\$0	UNICEF	Provincial Health Department in KPS and SVR	\$20,000	\$0	\$0	0%
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	\$5,000 (\$80,000)	\$140,000	UNICEF	MoH (NCHP and NNP), MoI 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 ( IFA) for three weeks each on 3 TV and 10 radio channels	\$75,000	\$75,000	\$75,000	UNICEF	MoI and Direct UNICEF execution	\$225,000	\$60,279.99	\$60,279.99	80%
BCC mass media plan on breastfeeding, complementary feeding and IFA implemented in formal and informal workplaces (i.e. garment and tourism/ hospitality industries) in the 2 selected provinces	1.2.5 Broadcast radio call-in shows (i.e. Voice of Workers); distribute print media and publications geared to workers, launch/manage website catering to workers; broadcast radio and televised dramas (i.e. ILO soap operas and BCC health soap operas) in the 2 selected provinces.	\$20,000	\$20,000 \$15,429 carried over from 21010.	\$20,000	ILO	MoLVT, MoI	\$60,000	\$34,429	\$33,554	97%
BCC interpersonal communication plan on breastfeeding and complementary feeding implemented in formal and	1.2.6 Interpersonal communication through OSH committees (or other workplace mechanisms) at the work place and other informal economy	\$30,000	\$30,000 \$3,150 carried from 2010.	\$30,000	ILO	MoLVT, MoH	\$90,000	\$27,594	\$17,042	83%



MDG **i**F



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

informal workplaces (i.e. garment and tourism/hospitality industries) in the 2 selected provinces	operators through training of employers and workers on practical behaviour changes. Improvements of factory maternity facilities/breast feeding support through. Involvement lactation consultant to teach women how to express breast milk and keep it. Support to the creation of women's committees at the factory. Referral to relevant community 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 \$9,637 carried from 2010	\$0	FAO	MAFF	\$42,500	\$10,342.25	\$10,342.25	107%
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 +\$2,400 = \$14,000	\$11,700	UNESCO	CARD Mol MoH MTC	\$36,500	\$10,000	\$8,500.00	71%
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,	1.3.1 Increase the rate of immediate and early initiation of breastfeeding, exclusive	Covered	covered	covered	UNICEF	PHDs in KPS and SRG	\$0	\$0	\$0	0%



<p>mebendazole, sprinkles, Zinc for diarrhea, 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</p>	<p>breastfeeding until 6 months of age and improve complementary feeding practices: (1) train an estimated 340 health staff from 87 HCs using MPA10 nutrition module (9-day training) with follow up and supervision from district and provincial health managers.</p>									
	<p>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</p>	<p><b>\$40,000</b></p>	<p><b>\$144,987</b> <b>(\$58,013)</b></p>	<p><b>\$0</b></p>	<p>UNICEF</p>	<p>PHDs in KPS and SRG</p>	<p>\$80,000</p>	<p><b>\$125,030.45</b></p>	<p><b>\$125,030.45</b></p>	<p><b>62%</b></p>
	<p>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</p>	<p><b>\$10,000</b></p>	<p><b>\$0</b></p>	<p><b>\$4,000</b></p>	<p>UNICEF</p>	<p>PHDs in KPS and SRG</p>	<p>\$18,000</p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>	<p><b>0%</b></p>
	<p>1.3.4 (2) Support to communication and social mobilization activities at the community level in preparation</p>	<p><b>\$20,000</b></p>	<p><b>\$0</b></p>	<p><b>\$18,000</b></p>	<p>UNICEF</p>	<p>PHDs in KPS and SRG</p>	<p>\$56,000</p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>	<p><b>0%</b></p>



**MDGIF**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	for biannual Vitamin A supplementation and deworming rounds through HC outreach in May and November									
	1.3.5 (3) Conduct post activity audit and follow up after biannual Vit.A supplementation and deworming.	\$0	\$0	\$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	\$0	\$75,000	UNICEF	PHDs in KPS and SRG	\$250,000	\$0	\$0	0%
	1.3.7 (2) Support bi-monthly follow-up and monitoring meetings VHSGs (estimated 4,000) at Health Center level to address the health and nutrition package in a comprehensive and integrated manner.	\$74,000	\$0	\$74,000	UNICEF	PHDs in KPS and SRG	\$222,000	\$0	\$0	0%
	1.3.8 (3) Train estimated 1,200 VHSGs on the micronutrient module of the C-IMCI (2-day training) to promote dietary intake and the use of IFA, deworming, Zinc & ORS promotion, Sprinkles promotion, and vitamin A	\$25,000	\$52,000	\$5,000	UNICEF	PHDs in SRG	\$70,000	\$60,354.24	\$60,354.24	116%
	1.3.9 Train estimated 2,800 VHSGs on management of acute malnutrition at the community level, including screening of malnourished children using MUAC (2-day training), with appropriate follow-up & supervision during outreach and at the HC level	\$40,000	\$85,000	\$5,000	UNICEF	PHD Kg SPU	\$85,000	\$23,297.00	\$23,297.00	27%



MDG **i**F



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	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\$ \$88 from 2010	\$50,000	WHO	MoH (CDC, NMCHC)	\$150,000	\$30,088	\$30,088	\$60%
	1.3.11 Management of malnutrition: (1) Train estimated 260 Health Centre staff from 87 facilities in 2 selected provinces on management of malnutrition, including on MUAC screening for identification of malnourished children and community management of acute moderate malnutrition	\$20,000	\$53,706	\$5,000	UNICEF	MoH, NNP, PHDs in KPS and SVR	\$30,000	\$129,114.53	\$129,114.53	240%
	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	\$44,240	\$15,000	UNICEF	MoH, NNP, PHDs in KPS & SVR & direct UNICEF execution	\$40,000	\$52,783.87	\$52,783.87	119%
	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	\$5,000	\$1,500	UNICEF	MoH, NNP, PHDs in KPS and SVR and direct UNICEF execution	\$9,500	\$19,136.92	\$19,136.92	383%



**MDG** **F**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	1.3.15 Procure the fortified blended food ('commodity') and transport the commodity to health centres in KSP and SRG	\$100,000	\$100,000 \$30,000 carried from 2010	\$100,000	WFP	MoH, NNP, PHDs in KSP and SRG	\$300,000	\$35,000	\$35,000	27%
Promote improved nutrition and food safety in vulnerable households (i.e malnourished children, pregnant & lactating women, and caregivers) and their communities through homestead food production and Farmer Field Schools	1.3.16 Monitor the stock, storage and distribution of the commodity at health centres and at the community level; Conduct household spot checks among beneficiary households	\$0	\$0	\$0	UNICEF	MoH, National Nutrition Programme, PHDs in KSP and SRG	Covered above	\$0	\$0	0%
	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 \$35,490 carried from 2010	\$0	FAO	MAFF	\$13,300	\$29,233.95	\$29,233.95	82%
	1.3.18 Training of 2,000 vulnerable households and 60 VHSG members receiving the equipment in the most food insecure villages of the 2 provinces on appropriate homestead production techniques, in food preparation and preservation.	Covered	Covered	covered	FAO	MAFF	\$0	\$0	\$0	0%
	1.3.19 Identify and train VHSG members, caregivers and communities at 80 Farmer Field	\$101,700	\$96,250	\$96,250	FAO	MAFF	\$294,200	\$115,646.34	\$115,646.34	120%



**MDG** **F**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	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.									
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 + \$5,348 = \$8,348	\$3,000	UNESCO	MoEYS	\$32,000	\$8,578.00	\$8,578.00	103%
	1.3.21 Support trainings for non formal education teachers and facilitators, comune officials and parent associations in understanding and mainstreaming ECD and food security related lifeskills in community based NFE program	\$32,500	\$32,500	\$32,000	UNESCO	MoEYS	\$97,000	\$17,419.00	\$17,378.00	54%
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	2.1.1 Review on legislation and	\$15,000	\$5,000	\$5,000	ILO	MoLVT	\$25,000	\$5,100	\$5,100	74%



protection including the Labour Law, social security acts (specifically the new National Security and Security funds) etc. reviewed	implementation of maternity protection legislation. Interviews with stake holders, with focus on identifying the reasons for non-implementation of legislation and solutions/actionable recommendations. Publication of results.		<b>\$1,903 carried from 2010.</b>							
	2.1.2 Organize sharing workshops with IR partners.	<b>\$5,000</b>	<b>\$5,000</b> <b>\$4,388 carried from 2010</b>	<b>\$0</b>	ILO	MoLVT	\$ 10,000	\$9,073	\$6,709	<b>97%</b>
	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>\$4,916 carried from 2010</b>	<b>\$10,000</b>	ILO	MoLVT	\$30,000	\$13,583	\$7,679	<b>91%</b>
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>\$1,000 carried from 2010</b>	<b>\$10,000</b>	ILO	MoLVT	\$28,000	\$14,367	\$12,157	<b>90%</b>
	2.1.5 Pilot program in factories. Capacity building for industrial physicians to ensure the implementation of maternity	<b>\$0</b>	<b>\$12,770</b>	<b>\$10,000</b>	ILO	MoLVT	\$25,000	\$11,582	\$8,213	<b>91%</b>





**MDG** **F**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	leave, breastfeeding and other aspects that promotes maternal and child health. Pre-pilot survey. Follow up with master trainers. Post round one training and feedback sessions with master trainers to ensure incorporation of system.									
	2.1.6 Design, laying out and publication and printing of the training material and supportive documentation. Production of an interactive version of the training kit	\$10,000	\$5,000 \$7,520 carried from 2010	\$5,000	ILO	MoLVT	\$20,000	\$12,520	\$11,930	100%
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 \$1,697 carried from 2010	\$16,500	UNESCO	MoEYS	\$49,600	\$12,000	\$0	73%
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	\$30,356.75	\$30,356.75	63%
<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)	2.2.1 Develop/finalize the three guidelines: develop training manual for management of moderate malnutrition and the use of MUAC	\$100,000	\$50,000 \$ 6,000 from 2010	\$0	WHO	MoH	\$150,000	\$30,500	\$30,500	54%



**MDG** **F**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

Guidelines on community based management of acute malnutrition (c) National standard treatment guidelines for severely malnourished children developed										
Policy and implementation guidelines, including procurement plans, for the prevention and control of micronutrient deficiencies in women and children	2.2.2 Develop the policy and implementation guidelines on Food Fortification and Food-based Programmes for the Prevention & Control of Micronutrient Deficiencies	\$50,000	\$30,000	\$0	WHO	MoH				
<b>New activity approved by PMC to add in 2011</b>	2.2.2a Develop proposal for setting up a Master in Nutrition Programme		\$20,000 \$7,000 from 2010		WHO		\$100,000	\$57,000	\$57,000	100%
<b>Joint Programme Outcome 3: Integrated food security and nutrition monitoring system developed</b>										
<b>JP Output 3.1: Integrated national food security and nutrition monitoring system established, based on existing information systems and surveys</b>										
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 Coordination meetings between members of food security data analysis team (FSDAT) from different ministries held to produce quarterly reports	\$5,000	\$5,000	\$5,000	WFP	CARD, NIS and Social Planning, MoH, NNP DPHI,MAFF	\$15,000	\$5,000	\$5,000	100%
Establishment of integrated analysis team for triangulation and synthesis of nutrition information & regular	3.1.3 Capacity building of food security data analysis team for strengthening their analytical skills and report writing skills, use of data for policy	\$25,000	\$10,000	\$10,000	WFP	MOP/ National Institute of Statistics	\$45,000	\$0	\$0	0%



**MDG** **F**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

communication of findings (within institutional settings)	development and planning purposes									
<b>New activity approved to add by PMC.</b>	3.1.3 a Support training for the Integrated Food Security Phase Classification (IPC) with CARD and food security data analysis team									
Establishment of an integrated analysis team for triangulation and synthesis of food security nutrition information and regular communication of findings (within existing institutional settings)	3.1.4 Conduct on-the-job training aimed at strengthening the capacity of the national statistical systems (especially of MOP, National Institute of Statistics, of MAFF, of MoH) to produce timely and quality food & agriculture statistics useful in the process of hunger reduction programmes.	\$15,000	\$0 \$15,000 carried from 2010	\$0	FAO	MoP/National Institute of Statistics	\$15,000	\$15,000	\$15,405.20	100%
Production & dissemination of integrate analysis and vulnerability analysis and mapping tool with the latest available demographic, food security, agriculture and nutrition data, nutrition and employment data	3.1.5 Produce--and build the capacity of the integrated food security and nutrition analysis team to produce--ARC-GIS maps with FSN monitoring system data	\$15,000	\$10,000 \$10,000 carried from 2010	\$5,000	WFP	CARD/NIS	\$30,000	\$22,000	\$22,000	110%
	3.1.6 Update—and build the capacity of CARD to update--the online Food Security Atlas (version 3)	\$20,000	\$20,000 \$20,000 carried from 2010	\$20,000	WFP	CARD, NIS	\$60,000	\$0	\$0	0%
	3.1.7 Produce updated commune-level poverty maps	\$37,500	\$37,500 \$12,500 from 2010	\$0	WFP	CARD, NIS	\$75,000	\$50,000	\$40,000	100%
<b>New activity replaced the old one and approved by</b>	3.1.8 Contribute to mid-term review of Strategic Framework for Food Security and Nutrition	\$20,000	\$20,000	\$20,000	WFP	CARD, NIS	\$60,000	\$20,000	\$20,000	100%



**MDGF**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

<b>PMC.</b>	(2008-12) and development of Strategic Framework for Food Security and Nutrition (2012-16)									
<b>New activity replaced the old one and approved by PMC.</b>	3.1.9 Support MoP ID Poor programme to produce poverty and profiles with socioeconomic and vulnerability data.	\$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 carried from 2010	\$8,000	WFP	CARD, NIS	\$24,000	\$16,000	\$16,000	100%
Introduce universal MUAC screening for malnutrition and for the supplementation of micronutrient powder (sprinkles) monitoring system to be incorporated into HIS: pilot in the two target provinces (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 (\$15,000 from 2010)	\$5,000	WHO	MoH (DPHI), PHD's	\$25,000	\$20,000	\$20,000	100%
<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	\$0	\$0	0%
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 (\$844 from 2010)	\$0	WHO	MoH, MoP, HKI	\$80,000	\$844	\$844	100%
End-line survey conducted in the 2 target provinces and other 2 control provinces	3.2.3 Conduct end-line survey in 4 provinces	\$0	\$0	\$80,000	WHO	MoH, MoP, HKI	\$80,000	\$0	\$0	0%
JP coordinator hired	3.2.4 National Coordinator for the Joint Programme and 33% of UNICEF Nutrition Specialist	\$35,000	\$62,000	\$35,000	UNICEF	UNICEF	\$105,000	\$96,108.18	\$96,108.18	297%
2 provincial coordinator hired	3.2.5 Two Provincial Coordinators for the Joint	\$30,000	\$30,000 (\$19,000)	\$30,000	UNICEF	UNICEF	\$90,000	\$41,548.51	\$41,548.51	85%



**MDGIF**



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

	Programme		from 2010)							
JP Coordinator supported	3.2.6 Support operational cost for national coordinator workplace for the joint programme	\$11,900	\$6,900	\$6,900	WFP	CARD	\$25,700	\$6,900	\$4,000	100%
JP Provincial Coordinators supported	3.2.7 Support operational cost for provincial coordinators for the joint programme	\$20,000	\$10,000	\$10,000	UNICEF		\$40,000	\$4,126.85	\$4,126.85	42%
Result documented and disseminated	3.2.8 Document and disseminate JP information and results	\$0	\$0	\$40,000	UNICEF	MoH, CARD MoEYS MoLVT, & MAFF	\$40,000	\$0	\$0	0%
	<b>Total Programme Cost</b>	\$2,047,930	\$1,422,007 + \$590,317				\$4,672,300	\$1,601,851	\$1,541,079.49	
	<b>Total indirect support cost 7% from each UN agencies</b>	\$143,355	\$99,540.59				\$ 327,061	\$ 99,540.59	\$ 99,540.59	<b>81 %</b> <sup>2</sup>
	<b>GRAND TOTAL:</b>	\$2,191,285	\$2,111,865				\$4,999,361	\$1,701,391.41	\$1,640,620	<b>78 %</b> <sup>3</sup>

<sup>2</sup> Estimated % committed delivery rate of budget: Total committed for Y2 divided over the total amount approved budget planned Y2.

<sup>3</sup> Estimated % actual disbursement rate of budget: Total actual disbursement for Y2 divided over the total amount approved budget planned Y2.

## 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:**

The implementation of the joint programme within these past six months has been shown some achievements through the development of different policies and guidelines such as National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia, National Communication Strategy to Promote the Use of Iron/Folic Acid (IFA) Supplementation for Pregnant and Postpartum Women 2010-2013, Master of Science in Nutrition, Media Hand Book for FSN, Nutrition Handbook for Family, and Maternity Leave and Workplace Policy. The implementation of management of acute malnutrition has been implemented in some selected health centers and the provision of multiple micronutrients to children age 6 – 24 month olds and the scaling up of weekly Iron Folic Acid Supplementation to reproductive amongst garment factory workers have been implemented in 2011. These activities will continue in 2012. The food security and nutrition monitoring system of CARD was established and the Food Security and Nutrition Data Analysis Team formed. The fifth food security and nutrition bulletin is developed and will be issued in the coming week of February 2012.

The sustainability of the joint programme is being considered due to the high level of participation of government ministries especially the Council for Agricultural and Rural Development (CARD) in identifying priority issues in programme design, implementation as well as monitoring and evaluation. At the national level the high involvement of government counterparts in various meetings such as the programme management committee meeting and other technical meeting. The support to the existing government structure and activities through health systems and the food security and nutrition monitoring system of CARD would be thing considered for future sustainability. At the provincial level the coordination mechanism (the Provincial Coordinating Committee of the JP) has been promoted by the JP and has been significant in increasing the effectiveness of the interventions. This committee in the future can be integrated into the existing committees at the provincial level such as the provincial consultative committee for women and children or other appropriate.



MDGF



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

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: **Time consuming for National programme Coordinator and Provincial programme Coordinator to coordinate their day to day work especially during reporting period due each UN staff have multiple tasks which is not only for the MDG JP.**

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.

There has been a lost progress in the implementation of the JP in 2011 as result the actual disbursement of budget reached 78% which is fairly high compare to the 81% committed budget over the year. Although progress has been made but there are some challenges preventing the JP to operate as planned for some activities. For instance, the delay in the implementation and expansion of some interventions/ activities due to insufficient time for the development and field test of new guidelines/ strategies and training and IEC/BCC materials. Consequently, some targets set for the JP might not be reached as plan. There are not sufficient funds to develop and implement behavior change communications for new interventions, for example MNPs. The distribution of the supplements should not be done without proper education or communications and follow up with involvement of community people.

The implementation of the management of acute malnutrition at the community was very attractive to beneficiaries in the beginning, but later the default rate is very high, and as time went on fewer cases were found due to some other reason both by health center staff and community themselves. Community involvement is important but with no incentives for their participation, it contributes to the low attendance of children enrol to the programme and is difficult to sustain their interest and support for the long run. In addition, a major delay in the implementation and scaling up of management of acute malnutrition caused by the slow revised curriculum and training materials as well as the delivering training to HC staff and village health support group (VHSG).



MDGF



Joint Programme for Children, Food Security and Nutrition in Cambodia

MDGF Monitoring Report (Jul –Dec 2011)

For provision of agricultural inputs and training on nutrition aspects to farmers, there was a significant delay due to the procurement process of the agricultural inputs and slow finalization of the nutrition hand book for family.

Communication and coordination among JP staff and reporting system has taken up a significant amount of JP staff time due to they have multiple task which is not only for the MDG JP. Because of these, therefore, each agency required to work from their own locations.

- 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.

Due to the need to conduct activities at the same period of time, the JPTWG foreseen that there will be a few major activities carry to implement in early 2013. These including the final evaluation of the joint programme and the end-line survey.

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.

The provision of training to HC staff and VHSG is required to improve the capacity for the implementation of management of acute malnutrition at community. Key topics include: Communication and counselling caregivers, admission and discharge criteria, treatment protocols. In addition, operational costs to support to health staffs and the use of local food/products that are accepted by local people should be considered. These activities have been planned in the AWP 2012.

The mass IEC and training materials will be produced in Q1 of 2012 and will be distributed to the target provinces as well as implementing partners at the provincial level. The provision of agricultural inputs and training on nutrition aspects to farmers has already been plan in AWP 2012 in Q1, 2012. The request for no cost extension will need to be made to reflect to the real need of intervention. This will be done within the 1<sup>st</sup> quarter of 2012.

JP technical working group at the national level which is led by the national programme coordinator will continue to play its coordination to discuss and solve the joint works of the MDG F JP. At the provincial level, the provincial coordination committees (PCC) continue to overcome to deal with its day to day work and collaboration with Provincial Programme Coordinators through its regular meetings and field visits. In addition, CARD has provided a strong central coordination support by playing role as co-chair in the PMC.





**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:



Please provide the values for each category of the indicator table described 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 MDG-F JPs.	Once every 2 months for the JP technical meetings  Once every quarter for the PMC meeting	11 meetings  3 meetings	minutes of the monthly JP technical meeting  minutes of the PMC meeting	
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs.	The MDG baseline survey  The quarterly FSN Bulletin	1 baseline survey  5 quarterly FSN Bulletins	Report of the baseline survey  Quarterly FSN Bulletin	Baseline report
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs.	3	3	Provincial Coordination Committee Meeting Reports	

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:  
[Programme implementation both at national and provincial level.](#)

**Who leads and/or chairs 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. [3 PMC meetings done in 2011.](#)

**Is civil society 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 civil society involved? Please check the relevant answer**

Policy/decision making

Management:  budget  procurement  service provision  other, specify: [Civil societies involved the joint programme especially during baseline survey, launching the joint programme and implementation such as PSI, EDI, local radio...](#)

**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: [Citizens participated in JP launching, launching the joint programme and implementation such as PSI, EDI, local radio...](#)

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

National Government  Local Government  UN Agency  By itself  other, specify [The National Programme Coordinator located at CARD, The 2 Provincial Programme Coordinators located at the provincial level and each UN JP staffs sit at the own offices.](#)

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.

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

**Overall Objective:**

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

**Key Outcomes**

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

**Target beneficiaries:**

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

**Messages:**

- “Good nutrition saves lives, improves human potential and economic development”
- “Investment in nutrition has one of the highest rates of economic return among development initiatives”
- “Nutrition is especially important during the critical window between pregnancy and age two, which can have a measurable and lasting impact on growth, brain development, incidence of disability and susceptibility to disease or infection”
- “Working together to improve agriculture for smallholder farmers which helps to improve the food security and nutrition of poor households.”

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

- Increased awareness on MDG related issues amongst citizens and governments
- Increased dialogue among citizens, civil society, local national government in relation to development policy and practice
- New/adopted policy and legislation that advance MDGs and related goals
- Establishment and/or liaison with social networks to advance MDGs and related goals
- Key moments/events of social mobilization that highlight issues
- Media outreach and advocacy
- 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.

- Faith-based organizations                      Number
- Social networks/coalitions                      Number
- Local citizen groups                              Number
- Private sector                                      Number 01
- Academic institutions                          Number 01
- Media groups and journalist                  Number 4 TV Stations and 2 Local Radio FM Channel
- Others (use box below)                          Number

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

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

ILO: the target beneficiaries involved and learned of the JP through capacity building, training and health education in the factory.

UNESCO: The target beneficiary who is preschool teachers and student involved in the programme through additional FSN training provided the provincial and district officers, they then pass on to their students in class.

FAO: The target beneficiary (Farmer Field School -FFS) involved in the programme through attending FFS training which is provided by provincial and district officers as well as local NGO-EDI on community development and team building.

UNICEF, WHO and WFP: the beneficiaries involved in the outreach activities through the implementation of management of acute malnutrition in the community. These beneficiaries are included health center staff, village health support group, mother and children.

### 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	<p>The Nutrition Hand Book for family has been finalized and published in December 2011 with the amount of 2,100 copies. The hand book is planned to distribute to FFS together with the training on the use of the book in Q1 2012.</p> <p>25 media personnel from the provincial level trained in food security and nutrition reporting in 2011. 34 people has been trained in 2010.</p> <p>9 radio spots were broadcasted on 2 local radio stations since Jan – Dec 2011 in both provinces focuses using proper</p>	<p>1.1 Proportion of population below \$1 (PPP) per day<sup>4</sup></p> <p>1.2 Poverty gap ratio</p> <p>1.3 Share of poorest quintile in national consumption</p>	<p>- No. of Khmer language FAO Family Nutrition Manuals distributed to food insecure households</p> <p>- No. of media personnel trained in food security and nutrition reporting</p> <p>- No. of radio spots broadcasted in garment factory Workplace</p>

<sup>4</sup> For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

			<p>protective equipment, hygiene and nutrition and radio dramas on breastfeeding, complementary feeding and nutrition were produced. In total 900 airing times were broadcasted through FM National Rumduol Svay Rieng Ratio Station (FM 98.70) and Radio Sarika (FM 106.05)</p> <p>554 workers, employers, infirmity staff trained on occupational safety and health (OSH), maternity protection for workers, employers, and BCC by PoLVT of Kampong Speu and Svay Rieng.</p> <p>1,202 of food insecure household received training in 2011. Another 900 families received training in 2010</p> <p>120 education officers trained in mainstreaming nutrition in Early Childhood Care and Development and lifeskills through non formal education</p> <p>1,442 of district,</p>		<p>- <b>No.</b> of trained OSH workers in BCC plans on BF, CF and IFA</p> <p>- <b>No.</b> of food insecure households trained by Farmer Field Schools (FFS)</p> <p>- <b>No.</b> of education officers trained in mainstreaming nutrition in Early Childhood Care and Development and lifeskills through non formal education</p> <p>- <b>No.</b> of village leaders/</p>
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			commune officials and village leaders trained by education officers in Early Childhood Care and Development and lifeskills through non formal education		VHSGs, mother group leaders, pre-school teachers, Commune Committee for Woman and Child (CCWC) trained by education officers in Early Childhood Care and Development and lifeskills through non formal education
	<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>The Maternity and Workplace Policy as well as the National Action Plan of Early Child Care Development revised and updated.</p> <p>68 people were trained last year in 2010. Another 60 people were trained in the 2 provinces for 2011.</p> <p>3 new policies, strategies and legislation developed                      (1) Develop the National Guidelines for the Management of Acute Malnutrition , (2) Develop the National Policy and Guidelines for the Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia                      (3) Develop proposal for setting up a Master in Nutrition Programme</p>	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below \$1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment	<p>- No. of policies, strategies and legislations reviewed and revised</p> <p>- No. of provincial, district and commune level officials trained in FSN concepts and objectives in 2 provinces</p> <p>- No. of new policies, strategies and legislation developed</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	a. To date four Cambodia food	1.8 Prevalence of underweight children under-five years of age	At least 1 report produced in every 3 months by the

	developed	people who suffer from hunger	<p>security and nutrition quarterly bulletins (Issue #1 in Q4 2010, Issue #2 in Q1 2011, and Issue #3 in Q2 2011 and Issue #4 in Q3 2011) have been produced by the Food Security and Nutrition Data Analysis Team.</p> <p>b. Update of Food Security Atlas (version 3) to commence once CSES 2009, CDHS 2010 and small area estimate data and maps are available.</p> <p>c. Validation of preliminary statistical models and small area estimates underway by NIS and Massey University. Report expected in mid-2012.</p> <p>d. GIS maps produced for food security nutrition quarterly bulletin (Issue #2, #3, #4) and CSES 2009 food consumption analysis report.</p>	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
<p><b>Goal 4: Reduce child mortality</b></p>	<p>Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women</p>	<p>Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</p>	<p>400 VHSG trained in 2011. For Kg. Speu the training was conducted in 20 HCs (50 HC staff) including 400 VHSG. The remaining 30 HC in Kg. Speu will continue to cover in 2012. For Svay Rieng and other 8 provinces the training completed in 2010.</p> <p>2,816 of VHSGs trained on micronutrients in KPS in 2011. For SVR the training done in the past years.</p> <p>Only 232 VHSGs from 116 villages of 5 target HCs in KPS province trained on Management of Acute Malnutrition in 2010. For 2011 no additional training has been carried out in both provinces though the plan set. This is due to the revision of curriculum from NNP was not complete on time.</p> <p>28 severe malnourished children managed in hospitals in KPS. For SVR the implementation of management of acute malnutrition was not trained yet.</p> <p>17 severely malnourished children without complications managed in health centers. This number of the 5 HC who is initially implementing the management of acute malnutrition in KPS. 14 new HC in Kong Pisey OD of KPS and 5 HC in Romeas Hek OD of SVR planned to scale in 2012 up but training has</p>	<p>4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles.</p>	<p>- <b>No.</b> of VHSGs trained on BF and CF counseling using BFCI package</p> <p>- <b>No.</b> of VHSGs trained on micronutrients</p> <p>- <b>No.</b> of VHSGs trained on management of acute malnutrition (MAM)</p> <p>- <b>No.</b> of severe malnourished children managed in hospitals</p> <p>- <b>No.</b> of severely malnourished children without complications managed in health centers</p>

			<p>not yet been done.</p> <p>1860 moderately malnourished children without complications managed in health centers. The moderate acute malnutrition children received CSB++ managed at 5 HCs in Kong Pisey OD, KPS as of Dec 2011. Scaling up to 5 more HCs in Kong Pisey OD. Kampong Speu province will be from Q2, 2012. Scaling up to about 10 more HCs in Kampong Speu OD with an NGO will be from Q2, 2012.</p> <p>123,541 children 6-59 months received Vit. A supplementation in the past 6months. (98% coverage).</p> <p>111,868 children 12-59 months received Mebendazole for deworming in the past 6 months. (101% coverage)</p> <p>26,480 children 6-24 months received multiple micronutrient powders in both provinces. The provision of MNPs started in April in Svay Rieng and September in Kg. Speu. Province (61% coverage)</p>		<p>- <b>No.</b> of moderately malnourished children without complications managed in health centers</p> <p>- <b>No.</b> of children 6-59 months received Vitamin A supplementation in the past 6 months</p> <p>- <b>No.</b> of children 12-59 months received Mebendazole for deworming in the past 6 months</p> <p>- <b>No.</b> of children 6-24 months received multiple micronutrient powders (sprinkles)</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
<p><b>Goal 5: Improve maternal health</b></p>	<p>Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women</p>	<p>Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</p>	<p>BCC plans and communication materials (mass media and interpersonal communication) developed and finalized: (i) breastfeeding, (ii) complementary feeding, and (iii) IFA supplementation during pregnancy and in the post-partum.</p> <p>1 radio spot on BF, IFA and CF produced. Poster produced focus on BCC at workplace.</p> <p>The BF and IFA campaign have been done in 2011. The CF campaign scheduled in early 2012.</p> <p>13,354 pregnant women who received Iron Folic Acid supplementation (90 tabs)-35% coverage.</p> <p>11,632 postpartum mothers received one dose of Vitamin A supplement within 6 weeks after delivery (31% coverage)</p> <p>13,122 postpartum mothers received Iron Folic Acid supplementation (42 tablets) -35% coverage.</p> <p>66,566 women of reproductive age received Weekly Iron Folic Acid supplements</p>	<p>5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel</p>	<p>- No. of BCC plans finalized and implemented</p> <p>- No. of BCC plans on BF, CF and IFA adapted to workplaces</p> <p>- No. of nation-wide media campaigns implemented (BF campaign, CF campaign and IFA campaign)</p> <p>- No. of pregnant women who received Iron Folic Acid supplementation (90 tabs)</p> <p>- No. of postpartum mothers received one dose of Vitamin A supplement within 6 weeks after delivery</p> <p>- No. of postpartum mothers received Iron Folic Acid supplementation (42 tablets)</p> <p>- No. of women of reproductive age received Weekly Iron Folic Acid supplements</p>

Joint Programme Outcome 2	MDG Target 5.B	# Beneficiaries reached	MDG Indicators	JP Indicator
Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed	Achieve, by 2015, universal access to reproductive health	<p>The Maternity and Workplace Policy as well as the National Action Plan of Early Child Care Development revised and updated.</p> <p>60 people were trained in the 2 provinces for 2011. Another 68 people were trained last year in 2010.</p> <p>3 new policies, strategies and legislation developed:                      (1) Develop the National Guidelines for the Management of Acute Malnutrition , (2) Develop the National Policy and Guidelines for the Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia (3) Develop proposal for setting up a Master in Nutrition Programme.</p>	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	<p>- No. of policies, strategies and legislations reviewed and revised</p> <p>- No. of provincial, district and commune level officials trained in FSN concepts and objectives in 2 provinces</p> <p>- No. of new policies, strategies and legislation developed</p>
Joint Programme Outcome 3	MDG Target	# Beneficiaries reached	MDG Indicators	JP Indicator
	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.

N/A
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Please provide other comments you would like to communicate to the MDG-F Secretariat:

N/A

**Section IV: General Thematic Indicators** (This section please refer to page 4 – 6 of this report)

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

**1.1. Number of individuals suffering from under-nutrition(UNDER WEIGHT) in the areas of intervention**

<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. Does not apply	No. Urban	No. Rural	No. Girls	No. Boys
<input checked="" type="checkbox"/> Women	Total No.	No. Urban	No. Rural	No. Pregnant	

**1.2. Number of individuals supported by the joint programme who receive treatment against under-nutrition (UNDER WEOGHT) in the areas of intervention**

<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. Does not apply	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		

**1.3. Prevalence of underweight children under-five years of age<sup>5</sup>:**

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:

**Stunting prevalence:**

National: (H/A) 39.5% (Source: CAS2008) Targeted area %

**Anemia prevalence:**

National: Under five children 61.8% (Source: CDHS 2005) Targeted area %

**Comments:**

CAS 2008: Cambodia Anthropometric Survey 2008

CDHS 2005: Cambodia Demographic Health Survey 2005

<sup>5</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 checked="" type="checkbox"/> Policies	No. National	4 (1-updated and 3 newly developed)	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>04 (Food Security Nutrition Quarterly bulletin)</b>
<b>No. Local</b>	
<b>Total.</b>	<b>04</b>