

Section I: Identification and JP Status

Joint Programme for Children, Food Security and Nutrition in Cambodia

Semester: 1-12

Country	Cambodia
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	Joint Programme for Children, Food Security and Nutrition in Cambodia
Report Number	
Reporting Period	1-12
Programme Duration	
Official Starting Date	2010-01-01
Participating UN Organizations	<ul style="list-style-type: none">* Unallocated Funds* FAO* ILO* UNESCO* UNICEF* WFP* WHO

Implementing Partners

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

Budget Summary

Total Approved Budget

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

Total Amount of Transferred To Date

UNICEF	\$2,428,258.00
WHO	\$789,660.00
FAO	\$493,270.00
WFP	\$712,406.00
ILO	\$345,717.00

UNESCO	\$230,157.00
Unallocated Funds	\$0.00
Total	\$4,999,468.00

Total Budget Committed To Date

UNICEF	\$834,708.00
WHO	\$224,560.00
FAO	\$61,396.50
WFP	\$262,013.00
ILO	\$155,198.00
UNESCO	\$46,398.00
Unallocated Funds	\$0.00
Total	\$1,584,273.50

Total Budget Disbursed To Date

UNICEF	\$227,488.00
WHO	\$86,438.00
FAO	\$67,746.50
WFP	\$180,563.00
ILO	\$87,826.00
UNESCO	\$43,753.00
Unallocated Funds	\$0.00
Total	\$693,814.50

Donors

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

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

Type	Donor	Total	For 2010	For 2011	For 2012
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DEFINITIONS

- 1) **PARALLEL FINANCING** – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through UN agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.
- 2) **COST SHARING** – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.
- 3) **COUNTERPART FUNDS** - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

Beneficiaries

Beneficiary type

Targetted

Reached Category of beneficiary

Type of service or goods delivered

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

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

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

1. Finalization of policies, guidelines, and training modules including National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia, National Guidelines for the Management of Acute Malnutrition, Communication for Behavioural Impact (COMBI) Campaign to Promote Complementary Feeding in Cambodia, National Communication Strategy to Promote the Use of Iron/Folic Acid (IFA) Supplementation for Pregnant and Postpartum Women 2010-2013, Curriculum for Master of Science in Nutrition, FSN Media Hand Book for Journalist, Nutrition Handbook for Family focused on farmer field school team, Food Security and Nutrition Quarterly Bulletin and Maternity Leave and Workplace Policy.
2. The National Institute of Public Health (NIPH) has announced the opening for applications for the first MSc in Nutrition course to be started in October 2012.
3. Organization of the 4th National Seminar on Food Security and Nutrition under the theme Child and Maternal Nutrition on 21-22 May 2012. The seminar was the first national seminar focusing on nutrition that was opened by the Prime Minister and there were over 500 participants. Lessons learnt from the MDG-F Joint Programme will be used for future development of an integrated community-based nutrition programme.

Progress in outcomes

The implementation of the joint programme within these past six months has brought 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 Guidelines, Training Modules and Job Aid for the Management of Acute Malnutrition, Communication for Behavioural Impact (COMBI) Campaign to Promote Complementary Feeding, National Communication Strategy to Promote the Use of Iron/Folic Acid (IFA) Supplementation for Pregnant and Postpartum Women 2010-2013, Curriculum for Master of Science in Nutrition, FSN Media Hand Book for Journalist, Nutrition Handbook for Family, and Maternity Leave and Workplace Policy.

Progress in outputs

The implementation of management of acute malnutrition has been expanded from 5 to 24 health centers in Kampong Speu and Svay Rieng and in NGOs' target health centers. There will be approximately 66 health centers implementing management of acute malnutrition by end of 2012. Implementation of Multiple Micronutrient Powders (MNPs) for children 6-23 months has been scaled up to 11 provinces. However, only around 50% of health centers in these provinces are covered in 2012. Weekly Iron/Folic Acid Supplementation (WIFS) for reproductive age women (WRA) has been expanded from six to nine provinces in 2011. WRA working in factories in Kampong Speu have received WIFS from their work places since 2011 and 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 sixth food security and nutrition bulletin is developed and released in May 2012.

Measures taken for the sustainability of the joint programme

The sustainability of the joint programme is considered good 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 structures and activities through health systems and the food security and nutrition monitoring system of CARD are considered sustainable. 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.

Are there difficulties in the implementation?

UN agency Coordination
Administrative / Financial

What are the causes of these difficulties?

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.

Briefly describe the current difficulties the Joint Programme is facing

There has been progress in the implementation of the JP in 2012. As a result of a delay in receiving budget the actual disbursement of budget reached only 39% compared to the 89% committed budget over the year. Although progress has been made, 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 planned. There are not sufficient funds to develop and implement behavior change communications for new interventions, for example MNPs.

The initial implementation of the management of acute malnutrition at health center level with active participation from community, especially the Village Health Support Groups (VHSGs) was carried out in late 2010. An assessment of the implementation conducted in early 2011. Findings were used to finalize the guidelines, training modules and job aid. During the first semester of 2012, the NNP has expanded the programme from five health centers to 24 health centers and NGOs will support the implementation in another 42 health centers in 2012. The successful implementation will depend on community participation/involvement, but if there are no incentives for their participation, this may contribute to the low attendance of malnourished children enrolling to the programme due to limited screening activity, referral and follow up by VHSGs. In addition, it is difficult to sustain their interest and support to the programme. The slow process in revising the guidelines, training modules and job aid has caused the delay in scaling up of the programme. 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 tasks which is not only for the MDG JP. Because of these, therefore, each agency required to work from their own locations. In addition, it is also due to the stop of the two MDG Provincial Coordinators of both provinces.

Briefly describe the current external difficulties that delay implementation

Due to the delay in the implementation of the Joint Programme caused by the delay of funds transferred and the slow and long process of policy, guidelines and training materials development, some activities will be carried over to implement in early 2013, including implementation of the complementary feeding campaign and management of acute malnutrition. The endline survey and final evaluation should be conducted when the programme is completed. This will allow better assessment of programme outcomes and impacts and will provide valuable information on the sustainability of activities. Therefore, the endline survey and the final evaluation will be conducted during the 1st quarter of 2013 and report and dissemination will be completed before the end of June 2013.

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

Most activities have been implemented, only a few that will need to be carried over to early 2013.

The provision of training to HC staff and VHSGs is required to improve the capacity for the implementation of management of acute malnutrition. Key topics include: Communication and counseling caregivers, screening/case findings, admission and discharge criteria, and treatment protocols. In addition, operational costs to support to health staff and the use of local food/products that are accepted by local people should be considered to include in the annual work plan preparation 2013 of ministry of health.

The national campaign on complementary feeding for children age 6 – 24 month will continue in 2012. The national campaign planned 10 provinces including Kampong Speu and Svay Reing Provinces in 2012 but the implementation is a bit very slow is due to many process of the campaign in each province ad the support national programme including budget. However, this national campaign on complementary feeding will keep continue in 2013 with the proper plan and support from pool fund /HSSP2 of Ministry of Health. Due to the phase out of the joint programme that is requested to be extended by June 2013, the endline survey and the final evaluation survey of the joint program will be scheduled to be conducted in the first quarter of 2013.

The coordination at the provincial level (The Joint Programme Coordination Committee for the MDG JP) has been merged to the existing committee at the provincial level (Women and Children Consultative Committee-WCCC) since Q1 2012. The WCCC lead by a female provincial councilor appointed by the provincial council to over see the work of women and children in the province.

2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

Yes true
No false

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

Yes
No

What types of coordination mechanisms

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

Indicators	Baseline	Current Value	Means of verification	Collection methods
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Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	Once every 2 months for the JP technical meetings Once every quarter for the PMC meeting	15 meetings And 6 PMC 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 quarterly FSN Bulletins	6 Report of the baseline survey Quarterly FSN Bulletin posted in CARD website	Baseline report
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	03	03	Provincial Coordination Committee Meeting Reports	

N/A

3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

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

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

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

Policy/decision making
Management: budget
Management: service provision

Programme implementation both at national and provincial level.

Who leads and/or chair the PMC?

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

Number of meetings with PMC chair

6 PMC meetings done from 2010 till 2012.

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

Not involved false

Slightly involved false
Fairly involved false
Fully involved true

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

Policy/decision making

Management: procurement

Management: service provision

Management: 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 the citizens involved in the implementation of activities and the delivery of outputs?

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

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

Policy/decision making

Management: service provision

Management: 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

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.

Current situation

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.

4 Communication and Advocacy

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

Yes true
No false

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

Overall Objective:

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

Key Outcomes

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

Target beneficiaries:

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

Messages:

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

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

Increased awareness on MDG related issues amongst citizens and governments

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

Key moments/events of social mobilization that highlight issues

Media outreach and advocacy

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

Faith-based organizations 08 (PSI, EDI, RACHA, HKI, WVC, CHEMS, IRD and MAGNA)

Social networks/coalitions

Local citizen groups

Private sector 02 (Garment Manufacturers’ Association in Cambodia, Trade Unions)

Academic institutions 01 (School of Public Health)

Media groups and journalist 4 TV Stations, 2 Local Radio FM station, CCIM, CN,CCJ and 89 national journalists

Other

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

Focus groups discussions

Household surveys

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

Open forum meetings

Capacity building/trainings

There have been a number of local partners involved in JP implementation at the national and provincial level. Besides the national government counterparts including the National School of Public Health, 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 (CN), and Cambodia Club of Journalists (CCJ).

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. These beneficiaries are included health center staff, village health support group, care takers and children.



Section III: Millenium Development Goals

Millenium Development Goals

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

JP Outcome

Beneficiaries

JP Indicator

Value

JP Outcome 1:
Improvement of the nutritional status of
children aged 0-24 months and pregnant and
lactating women

- No. of Khmer language FAO Family
Nutrition Manuals distributed to food
insecure households:

2,100 copies of Nutrition Hand Book for
family has been finalized and published
in December 2011. The book has been
distributed to PDA and all trained farmer
and provincial government.

- No. of media personnel trained in food
security and nutrition reporting:

34 media and journalists trained in 2010
and 25 media and journalists trained in
2011. 30 trained in 2012. Total media
and journalist trained in 3 years are 89. It
covered 8% of target set in the JP.

- No. of radio spots broadcasted in
garment factory Workplace:

By June 2012, 3,251 air times of radio
spots were broadcasted through FM
National Rumduol Svay Rieng Radio
Station (FM 98.70) and Radio Sarika
(FM 106.05)

- No. of trained OSH workers in BCC
plans on BF, CF and IFA:

By June 2012, 19 operational OSH
committees established at the enterprise
level. 4 more Committees are in the
process of establishment in the following
quarter. By the end of Q3, there would
be 23 committees established and there
are 283 (146 females) OSH Committee
members representing the total

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

JP Outcome	Beneficiaries	JP Indicator	Value
JP Outcome 2: Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed		- No. of policies, strategies and legislations reviewed and revised: The Maternity and Workplace Policy as well as the 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: 69 people were trained in 2010. 93 people were trained in in 2011. Total training in the 2 provinces is 162 people. For 2012 no training session conducted - No. of new policies, strategies and legislation developed: 3 new policies, strategies 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.	

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

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

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

To date 6 Cambodia food security and nutrition quarterly bulletins have been produced by the Food Security and Nutrition Data Analysis Team. The last issue released in May 2012.

- Update food security atlas (version 3):

Update of Food Security Atlas (version 3) to commence once CSES 2009, CDHS 2010 and small area estimate data and maps are available.

- Produce commune level poverty and malnutrition maps:

Massey University, WFP and NIS produced the draft final report and maps of the small area estimation study in Q2.

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

GIS maps produced for Cambodia food security nutrition quarterly bulletin (Issue #5, #6), Post-flood survey and IDPoor.

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

JP Outcome

Beneficiaries

JP Indicator

Value

Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating

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

1,380 VHSG in SVR has been trained on multiple micronutrient supplementation in 2010 and BFCl. 2,816 VHSG and 200 HC staff in KPS has been training on multiple micronutrient supplementations and the good food for children as part of BFCl. No additional training conducted in 2012.

- No. of VHSGs trained on micronutrients:

2,816 VHSG and 200 HC staff in KPS has been training on multiple micronutrient supplementations. 1,380 VHSG in SVR has been trained on multiple micronutrient supplementations in 2010.

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

By June 2012, 1184 VHSG has been trained on management of acute malnutrition. 232 VHSG from 5 Selected HC in 116 villages in Kong Pisey OD of KPS 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 trained on management of acute malnutrition in Q1 2012.

- No. of severe malnourished children managed in hospitals:

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

JP Outcome

Beneficiaries

JP Indicator

Value

JP Outcome 1:
Improvement of the nutritional status of
children aged 0-24 months and pregnant and
lactating women

- No. of BCC plans finalized and
implemented:

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:

Rebroadcast existing 6 radio spots on
Sarika FM 106.5 from March to August
2012 and development of 4 radio spots
and 4 radio roundtable discussions for
broadcasting on FM 98.70 Radio Station
in SVR

- No. of nation-wide media campaigns
implemented (BF campaign, CF
campaign and IFA campaign):

The BF and IFA campaign have been
done in 2011. The CF campaign started
in Q1 2012 covered 10 provinces
including KPS and SVR.

- No. of pregnant women who received
Iron Folic Acid supplementation (90
tabs):

28,833 pregnant women who received
Iron Folic Acid supplementation (90
tabs)-74% coverage.

- No. of postpartum mothers received

Target 5.B: Achieve, by 2015, universal access to reproductive health

JP Outcome

Beneficiaries

JP Indicator

Value

JP Outcome 2: Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed

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

The Maternity and Workplace Policy as well as the 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:

69 people were trained last year in 2010. Another 93 people were trained in the 2 provinces for 2011. Total training in the 2 provinces is 162 people. For 2012 there is no training session conducted

- No. of new policies, strategies and legislation developed:

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.

Additional Narrative Comments

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



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

Section IV: General Thematic Indicators

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

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

Children under 2

Total No.

No. Urban

No. Rural

No. Girls

No. boys

Children from 2 to 5

Total No.

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. boys

Women

Total

No. Urban

No. Rural

No. Pregnant

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

Children under 2

Total

No. Urban

No. Rural

No. Girls

No. Boys

Children from 2 to 5

Total

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. Boys

Women

Total

No. Urban

No. Rural

No. pregnant

Men

Total

No. Urban

No. Rural

1.3 Prevalence of underweight children under-five years of age

National %
Targeted Area %

Proportion of population below minimum level of dietary energy consumption

% National
% Targeted Area

Stunting prevalence

% National
% Targeted Area

Anemia prevalence

% National
% Targeted Area

Comments

Kindly refer to the joint programme indicators attached in Section I of the report which has been uploaded in this report.

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

Homestead food production and diversification

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Food fortification

National
Local
Urban
Rural
Girls



Pregnant Women
Boys

School feeding programmes

National
Local
Urban
Rural
Girls
Pregnant women
Boys

Behavioural change communication

National
Local
Urban
Rural
Girls
Pregnant women
Boys

Gender specific approaches

National
Local
Urban
Local
Girls
Pregnant Women
Boys

Interventions targeting population living with HIV

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Promotion of exclusive breastfeeding

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Therapeutic feeding programmes

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Vaccinations

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Other, specify

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

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

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

Policies

National
Local

Laws

National
Local

Plans

National
Local

3 Assessment, monitoring and evaluation

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

National
Local
Total

Indicators of Beneficiary by JP Outcomes:

Joint Programme Population Coverage in both provinces	Estimated Number both provinces	Female	Male	Total	% Covered by JP	Remarks (Source: HIS/Health Information System Cambodia)
No. overall population in both provinces	1,371,628	-	-	1,371,628		(KPS: 789813, SVR: 581815)
No. women of reproductive age 15-44 years	328,913	-	-	328,913		KPS: 24.12%, SVR: 23.79% of general population
No. of pregnant women	38,851	-	-	38,851		KPS: 3.07%, SVR: 2.51% of general population
No. of postpartum women	38,851	-	-	38,851		KPS: 3.07%, SVR: 2.51% of general population
No. children 0-6 months	15,772	-	-	15,772		KPS: 1.21%, SVR: 1.08% of general population
No. of children 6-11 months	15,772	-	-	15,772		KPS: 1.21%, SVR: 1.08% of general population
No. children 0-24 months	63,087	-	-	63,087		KPS: 4.82%, SVR: 4.30% of general population
No. children 0-59 months	142,609	-	-	142,609		KPS: 10.94%, SVR: 9.66% of general population
No. children 6-24 months	47,384	-	-	47,384		KPS: 3.62%, SVR: 3.23% of general population
No. children 6 - 59 months	126,906	-	-	126,906		KPS: 9.74%, SVR: 8.59% of general population
No. children 12 - 59 months	111,144	-	-	111,144		KPS: 8.54%, SVR: 7.51% 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 3 years	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, CFC campaign and IFA campaign)	3	-	-	3	100%	The BF and IFA campaign have been done in 2011. The CF Campaign started in Q1 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 schools, which has 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	30	16	24	3%	34 people trained in 2010 and 25 people trained in 2011. 30 participants trained in 2012. Total 3 years trained 89 participants covered 8% of target set in the JP.

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	426 time			1,476 times	346%	Rebroadcast existing 6 radio spots on Sarika FM 106.5 from March to August 2012 and development of 4 radio spots and 4 radio roundtable discussions for broadcasting on FM 98.70 Radio Station in SVR. (Source: DoLVT and Sarika FM)
No. of trained Occupational Safety and Health (OSH) workers in BCC plans on BF, CF and IFA	360	565	72	608	154%	(Source: DoLVT)
No. of VHSGs trained on BF and CF counseling using BFCI 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 refresher training conducted in 2012.
No. of VHSGs trained on management of acute malnutrition (MAM)	4,196	-	-	1,184	28%	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 trained on management of acute malnutrition in Q1 2012
No. of severe malnourished children with complication managed in hospitals	715	-	-	715	100%	Source: NNP: Data collected from 29 hospitals in the country. (SVR: 58 cases, KPS 45 cases).
No. of severely malnourished children without complications managed in health centers	807	-	-	105	13%	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 already trained in Q1 , 2012.
No. of moderately malnourished children without complications managed in health centers	6,770	-	-	2,393	35.3%	The moderate acute malnutrition children received CSB++ were accumulated from the start up in Oct 2010 in 5 HCs till 30 June 2012 in 10 HCs in Kong Pisey OD, KPS province. Scaling up to 5 HCs in Kong Pisey OD, KSP province was started in Feb 2012. Scaling up to about 5 more HCs in Kampong Speu OD with an NGO support will be start in Q3, 2012. (Source: WFP)
No. of children 6-59 months received Vitamin A supplementation in the past 6 months	126,906	-	-	122,099	96%	Source: MoH/DPHI/HIS (Jan-Jun 2012)
No. of children 12-59 months received Mebendazole for deworming in the past 6 months	111,144	54,490	51,566	106,056	95%	Source: MoH/DPHI/HIS (Jan-Jun 2012)
No. of children 6-24 months received multiple micronutrient powders (sprinkles)	47,384	-	-	26,135	55%	Source data: PHD KPS and SVR. Total children received MNPs within 6 months in both provinces is 156,810. An average children received MNPs per month in both province is 26,135 (55%). Total number of MNP distributed within 6 months is 2,352,150 sachets.
No. of pregnant women who received Iron Folic Acid supplementation (90 tabs)	38,851	28,823	-	28,833	74%	Source: MoH/DPHI/HIS (Jan-Jun 2012)

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	38,851	14,085	-	14,085	36%	Source: MoH/DPHI/HIS (Jan-Jun 2012)
No. of postpartum mothers received one dose of Vitamin A supplement within 6 weeks after delivery	38,851	12,897	-	12,897	33%	Source: MoH/DPHI/HIS (Jan-Jun 2012)
No. of women of reproductive age received Weekly Iron Folic Acid supplements	328,913	43,273	-	43,273	21%	Source: PHD KPS, Data from SVR is not available due to the running out of WIFA from stock.
No. of food insecure households trained by Farmer Field Schools (FFS)	2000	964	1,138	2,102	105%	900 families of food insecure household received training on FFS in 2010 and another 1,202 of food insecure household received training in 2011. Total for 2 years training is 2,102 families. (Source: PDA both provinces)
No. of education officers trained in mainstreaming nutrition in Early Childhood Care and Development and lifeskills through non formal education	51	16	35	51	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	-	-	-	-	-	The training at this level is completed in 2011. No more training has been focused for 2012.
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.	162	38	124	162	100%	69 people were trained last year in 2010. Another 93 people were trained in the 2 provinces for 2011. Total training in the 2 provinces is 162 people. For 2012 there is no training session conducted but an impact assessment to measure the effectiveness and efficiency of the training to this subnational level will be conducted.
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	6	-	-	6	100%	The FSN Bulletin produced every 3 months. The issue No. 6 released in May 2012. http://www.foodsecurity.gov.kh/bulletin (Source: CARD)

Joint Programme Monitoring Framework Update (January – June 2012):

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected Target (2012)	Achievement of Target to Date	Means of verification	Collection methods (indicative time frame & frequency)	Responsibilities (UN agency, government partner)	Risks & assumptions
Joint Program Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women								
Indicators : As outlined below								
Output 1.1: Behaviour Change Communication BCC plans and communication materials developed on: (i)breastfeeding (ii)complementary feeding, (iii) IFA Supplementation during pregnancy & in post partum period	Indicator: Number of BCC plans finalized and agreed with key stakeholders	Baseline: 0	3 BCC plans Finalized.	(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	Baseline: 0	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 Workshops and trainings conducted by the two labour departments in collaboration with provincial health departments.	JP progress reports; copies of BCC plans	Annual JP progress reports	ILO, MoLVT	
Output 1.2:	Indicator: # of	Baseline: 0	3 national wide	Nationwide media	Monitoring	Annual JP	UNICEF, WHO,	

Behaviour Change Communication BCC plans and communication materials developed on: (i)breastfeeding (ii)complementary feeding, (iii) IFA Supplementation during pregnancy & in post partum period	nation-wide media campaigns implemented on annual basis - Nation-wide media BF campaign implemented - Nation-wide media CF campaign implemented - Nation-wide media IFA campaign implemented		campaigns implemented.	campaigns for breastfeeding and IFA are already implemented in 2011. The complementary feeding campaign is launched at national level in Q1 2012. 10 provinces are planned for this campaign in 2012. The launch at the subnational level has been conducted in 4 provinces (Svay Reing, Kampong Speu, Kampong Thom and Kampot province)	systems set up for communication plans	progress reports	NCHP, NNP	
	Indicator: Number Khmer language FAO Family Nutrition manuals distributed to food insecure households	Baseline: 0	2,000 Khmer language FAO Family Nutrition Manuals produced and distributed to food insecure households	2,100 copies of Nutrition Hand Book for family has been finalized and published in December 2011. The book has been distributed to PDA and all trained farmer and provincial government.	Training reports, progress reports, manuals produced	First month of programme; distribution Through trainings done during three year span of the programme	FAO, MAFF	Understanding that there is no duplication with existing materials developed in-country
	Indicator: Number of media personnel trained in food security and nutrition	Baseline: 0	At least 1,150 journalists, media students and MoI staff trained in food security and nutrition	34 media and journalists trained in 2010 and 25 media and journalists trained in 2011. 30 trained in 2012. Total media and journalist trained in 3 years are 89.	Training sessions attendance/ registration forms; training reports;	Annual JP progress reports	UNESCO, MoEYS	- Understanding that there is limited ownership with most journalists and government partners in terms of sustaining media

	reporting		reporting	It covered 8% of target set in the JP. The training conducted by Media Training Center of Ministry of Information. The objective of the training was to increase awareness of journalists about FSN and learn media techniques on how to report accurately about issues on FSN.	articles published			program on FSN. - The media may no longer give priority in reporting FSN issues with little or no funding available. - Media reporting may not have so much impact to the general population due to socio-cultural factors or beliefs.
	Indicator: Number of radio spots broadcasted in garment factory Workplace	Baseline: 0	Radio spots broadcasted in garment factory Workplace	Since October 2010, 46 radio spots & programmes produced (3 radio magazines, 18 radio roundtable discussion, 22 radio spots, and 3 radio talk shows) focusing on how to store breast milk for new-born children, sanitation and extra milk for children more than 6 months old, antenatal care, breastfeeding, complementary feeding, reproductive health & 3 groups of meal, malnutrition & protection	JP progress reports	Annual JP progress Reports	ILO, MoLVT	

				were produced by the Provincial Departments of Labor and Information and CCIM. By June 2012, 3,251 air times of radio spots were broadcasted through FM National Rumduol Svay Rieng Radio Station (FM 98.70) and Radio Sarika (FM 106.05)				
	Indicator: # of trained OSH workers in BCC plans	Baseline: 0	17 OSH Committees created and member of OSH Committees trained on practical behavior changes	By June 2012, there have been 19 operational OSH committees established at the enterprise level. 4 more OSH Committees are in the process of establishment in the following quarter. By the end of Q3, there would be 23 OSH committees established and there are 283 (146 females) OSH Committee members representing the total workforce of 30,753 (25,629 females) workers in the 2 provinces. Since June 2010, 96 trainings on OSH and maternity protection for	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.

				workers & employers were conducted by the provincial departments of Labor of Kampong Speu, Svay Rieng in collaboration with the National Nutrition Programme. 4,209 (3,60 F) workers, employers, and infirm staff attended the trainings.				
Output 1.3: Provision of an integrated comprehensive package of nutrition and food security interventions delivered with high coverage in 2 food insecure provinces - Kampong Speu and Svay Rieng	Indicator: Proportion of children aged 0–6 months who are exclusively breastfed	Baseline: TBD in provincial baseline survey	67% of children aged 0–6 months who are exclusively breastfed Target in the National Nutrition Strategy is 65% in 2010 and 70% for 2015	74% (CDHS 2010) 91.8% (MDG JP 2010) The achievement target of the two provinces can be obtained and compared after the endline survey conduct in Q1 , 2013.	Review of endline household survey data	Endline household survey Q3 2012 (It is moved to Q1 in 2013)	WHO, NIS, MOH	Assumes stable Economic development in the provinces and political stability. Assumes efficacy of the selected interventions. Risks include natural disasters, political instability, serious delays in procurement of commodities.
	Indicator: Proportion of breastfed children aged 6-24 months who receive appropriate	Baseline: TBD in provincial baseline survey	57 % of breastfed children aged 6-23 months who receive appropriate complementary feeding	28% (CDHS 2010) [note: indicator definition has changed globally and there has been no real change in complementary feeding	Review of endline household survey data	Endline household survey Q3 2012 (It is moved to Q1 in	WHO, NIS, MOH	Assumes stable economic development in the provinces and political stability. Assumes efficacy of the selected

	(age appropriate frequency with 4+ food groups) complementary Feeding		Target in the National Nutrition Strategy is 67% in 2010 and 77% for 2015	at the national level]		2013)		interventions. Risks include natural disasters, political instability, serious delays in procurement of commodities.
	Indicator: Proportion of estimated number of undernourished who receive supplementary feeding	Baseline: 0	% undernourished who received supplementary feeding.	The NNP is scaling up the management of acute malnutrition in 14 more HCs in Kong Pisey OD in Kg. Speu and 5 HCs in Romeas Hek OD in Svay Rieng. Staff from 24 HCs (5 old HCs +14 +5 new) has been trained on the revised training sessions for national core trainers conducted in Nov 2011. Training of PHD and OD trainers conducted in February-March 2012. Step down training for HC staff & VHSGs conducted in March – April 2012. NNP has supported NGOs (RACHA, RHAC, WVC, SP, MJP & MAGNA) who plan to implement management of acute malnutrition in their target areas with training of trainers since April 2012. There will be approximately 66 health	Review of JP annual reports; review of routine reporting by nutrition staff PHD	Annual JP progress review workshops; annual PHD performance reports	WHO, UNICEF, WFP, PHDs, NNP	Assumes that the expected number of undernourished children can be established in the baseline survey and that the birth cohort is known. Assumes that MUAC is appropriately sensitive and specific to identify undernourished children.

				<p>centers implementing management of acute malnutrition by end of 2012.</p> <p>2,393 children with moderate acute malnutrition received Super Cereal Plus (CSB++) were managed at 10 HCs in Kong Pisey OD, KPS province since the start program in Sept 2010 till June 2012.</p> <p>Severe malnourished children with complication in 29 hospitals are 715.</p> <p>Severely malnourished children without complications managed in health centers 105.</p>				
Indicator: Number of VHSG members who are trained on BF & CF counseling using BFCI package (Output indicator) Timeframe: 2010-2012	Baseline: KPS (2008) - 450 out of 2,800; SRG (2008) - 700 out of 1,200	2,000 VHSG, including mother support group volunteers, trained on IYCF module	1,380 VHSG in SVR has been trained on multiple micronutrient supplementations in 2010 and BFCI. 2,816 VHSG and 200 HC staff in KPS has been training on multiple micronutrient supplementations and the good food for children as part of BFCI.	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.	

				No additional training conducted in 2012.				
Indicator: Number of VHS G members who are trained on Micronutrient/Sprinkles promotion	Baseline: KPS (2008) - 0; SRG (2008) - 700 out of 1,200	4,000 VHS G trained micronutrient module C-IMCI	1,380 VHS G in SVR has been trained on multiple micronutrient supplementations in 2010. 2,816 VHS G and 200 HC staff in KPS has been training on multiple micronutrient supplementations. No additional training conducted in 2012.	C-IMCI monitoring System	Progress reports; Annual	UNICEF, PHDs, NNP	Assumptions: Micronutrient (including sprinkles) module of C-IMCI package & guidelines on multiple micronutrient supplementations finalized before the inception of project	
Indicator: Number of VHS G members who are trained on management of acute malnutrition at the community level	Baseline: KPS (2008) - 0; SRG (2008) - 0	2,800 VHS G trained on management of acute malnutrition at the community level	By June 2012, 1184 VHS G has been trained on management of acute malnutrition. 232 VHS G from 5 Selected HC in 116 villages in Kong Pisey OD of KPS province trained on management of acute malnutrition in 2010. 686 VHS G from other 14 HC in Kong Pisey OD in Kampong Speu and 266 VHS G from 5 HC in Romeas Hek OD of Svay Rieng trained on	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	

				management of acute malnutrition in Q1 2012				
Indicator: Proportion of children 6-59 months who received Vitamin A supplementation in the past 6 months	Baseline: 2008 CAS: KPS- 72.7%; SRG-67.6%; country average - 59.4% 2008 HIS, Round 2: KPS- 86%; SRG100%; country average-87%	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 77,567 (100.8%) children aged 6- 59 months received Vit.A in the past 6 months. In Svay Reing 44,533 (89%) children aged 6-59 months received Vit.A in the past 6 months. 71% (CDHS 2010)	Review of endline household survey data; review of routine HIS reporting	Endline household survey Q1 2013 ; annual HIS/PHD performance reports using estimated population as denominator; annual JP progress reports	UNICEF, WHO, MoH	Adequate supply of Vitamin A is ensured by the MoH; adequate resources are allocation to special out-reach sessions,including nationwide communication & social mobilization from the national budget & Health SWAp/ HSSP2	
Indicator: Proportion of children 12-59 months who received Mebendazole for deworming in the past 6 months (Timeframe: 2010 - 2012)	Baseline (2008 CAS): KPS- 42.1%; SRG- 58.2%; country average - 39.9%	87 % of children 12-59 months who received Mebendazole for deworming in the past 6 months Target in the National Nutrition Strategy is 85% and 90% for 2015	In Kampong Speu 68,973 (102%) children aged 12-59 months received mebendazole in the past 6 months. In Svay Reing 37,083 (85%) children aged 12-59 months received Mebendazole in the past 6 months. 61% (CDHS 2010)	Review of endline household survey data; review of routine HIS reporting	Endline household survey Q1 2013 ; annual HIS/PHD performance reports using estimated population as denominator; annual JP progress reports	UNICEF, WHO, MoH	Assumptions: adequate supply of Vitamin A is ensured by the MoH; adequate resources are allocation to special out-reach sessions,including nationwide communication & social mobilization from national budget & health SWAp/HSSP2	
Indicator: Proportion of children under 2 years	Baseline: Kg Speu 0%, Svay Rieng %	% of children under 2 years of age (6-24 months) who regularly	In KPS 82,975 children received MNPs within first 6 months. An average children received	Review of end line household survey	Endline household survey Q1 2013 ;	WHO, UNICEF, MoH	Assumes acceptance & high high uptake of MNS by mothers	

	of age who regularly receive multiple micronutrient powders (MNPS) with their complementary feeding		receive multiple micronutrient powders (MNPS) with their complementary feeding No target	MNPs in KPS per month is 13,829 (48.4% coverage). In SVR 73,835 received MNPs within the first 6 months. An average children received MNPs in SVR per month is 12,306 (66%). Total children received MNPs within 6 months in both provinces is 156,810. An average children received MNPs per month in both province is 26,135 (55%). Total number of MNP distributed within 6 months is 2,352,150 sachets.	data; review of routine reporting by MNS distributors	annual PHD performance reports using estimated population as denominator; annual JP progress reports		and sustained distribution of MNS sachets through HC staff and VSHGs
	Indicator: Proportion of children aged 12-23 months who are undernourished (Impact indicator - wasting and underweight)	Baseline: TBD in provincial baseline survey;	% of children aged 12-23 months who are Undernourished # targets for this age group but for children 0-59 months in the National Nutrition Strategy: Wasting: 7% in 2010 and 6% in 2015	MDG JP baseline survey conducted from 26th April to 13th May in two intervention provinces and two comparison provinces. The final report has been shared with the six UN agencies and PMC meeting. Results from the survey (target children 0-60 months age:	Review of endline household survey data	Endline household survey Q1 2013;	WHO, NIS, MOH	Assumes stable Economic development in the provinces and political stability. Assumes efficacy of the selected interventions. Risks include natural disasters, political instability , serious delays in

			Underweight: 24% in 2010 and 19% in 2015	Underweight: 34.5% (<- 2SD) Stunting: 37.3% (<-2SD) Wasting: 13.9% (<-2SD) From CDHS 2010: -Underweight 28% - Stunting 40% - Wasting 11%				the procurement of commodities.
Indicator: Proportion of pregnant women who received Iron Folate supplementati on (at least 60 tab) [change to 90 tabs]	Baseline, CAS 2008: KPS - 70.1%; SRG -75.8%; country average - 59.1%	84% of pregnant women who received IFA supplementation (at least 90 tab) Target National Nutrition Strategy is 80% in 2010 and 90% for 2015	In Kampong Speu 17,485 (72%) pregnant women received IFA supplemen - tation (at least 90 tab) In Svay Reing 11,338 (78%) pregnant women received IFA supplemen - tation (at least 90 tab) 85% (CDHS 2010) 73.9% (MDG JP 2010)	Review of endline household survey data	Endline household survey Q1 2013;	WHO, NIS, MOH	Assumptions: adequate supply of Iron Folate is ensured by the MoH	
Indicator: Proportion of postpartum women who received Vitamin A supplement within 6 weeks after delivery	Baseline: 2008 CAS: KPS-28.5% SRG- 38.5%; country average- 43.7%; 2008 HIS: KPS- 66%; SRG- 91%; country average 68%	82% postpartum women who received Vitamin A supplement within 6 weeks after delivery Target National Nutrition Strategy is 80% in 2010 and 85% for 2015	In Kampong Speu 6,875 (28%) of postpartum women received Vitamin A supplement within 6 weeks after delivery. In Svay Reing 6,022 (41%) postpartum women received Vitamin A supplement within 6 weeks after delivery . 60% (CDHS 2010)	Review of endline household survey data; HIS data	Endline household survey Q1 2013; Annual HIS reports	WHO, NIS, MOH	Assumptions: adequate supply of Vitamin is ensured by the MoH; adequate resources are allocated for Vitamin A supplementation communication campaign	
Indicator: Proportion of	Baseline (2008 CAS):	87 % postpartum women who	In Kampong Speu 6,861 (28%) of postpartum	Review of endline	Endline household	WHO, NIS, MOH	Assumptions: adequate supply	

	postpartum women who received Iron Folate supplementation (42 tablets)	KPS- 22.5% SRG- 37.2%; country average - 33.2%	received IFA supplementation (42 tablets) Target National Nutrition Strategy is 85% in 2010 and 90% for 2015	women received IFA supplementation (42 tablets). In Svay Reing 7,624 (52%) postpartum women received IFA supplementation (42 tablets) 55% (CDHS 2010)	household survey data; HIS data	survey Q1 2013; Annual HIS reports		of Iron Folate is ensured by the MoH
	Indicator: # of food insecure households trained by Farmer Field Schools (FFS)	Baseline: 0	2,000 of food insecure households received training by FFS.	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. For 2012 no more training conducted but an assessment on FFS training is conducted and will be finished in Q3.	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: # of trained education officers in mainstreaming nutrition in Early Childhood Care Development and lifeskills through non formal education	Baseline: 0	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.	Training on FSN was conducted for 40 teacher trainers and 11 POE and DOE staff in April 2012 in Kg. Speu and Svay Reing province. Main objective is to increase knowledge of teacher trainers in the province on importance of understanding issues on FSN and incorporate into the lessons.	Training of Trainers Sessions attendance / registration forms; mission reports	JP annual progress reports	UNESCO, MoYES	With limited or no funding, program may not become sustainable. Due to economic, socio-cultural factors, beneficiaries may not demonstrate a sense of ownership of the program.

	Indicator: # of commune officials and village leaders trained by education officers in Early Childhood Care Development and lifeskills through non formal education	Baseline: 0	5,701 commune officials & village leaders/ VSHGs, mother group leaders, pre school teachers, Commune Committee for Woman and Child trained by education officers in Early Childhood Care Development and lifeskills through non formal education.	364 (254 females) people were trained (CCWC, VSHG members and mother support group leaders) on FSN in Sept. 2011. Training was conducted by 8 DOE staff in Svay Reing. Main objective is to increase knowledge/ awareness of the all participants in FSN.	Training sessions attendance/ registration forms; training reports	JP annual progress reports	UNESCO, MoYES	Note: All training activities have been completed in 2011. However, an assessment of the outcomes of the training from selected trained beneficiaries is on-going in 2012.
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Joint Program Outcome 2: Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed. Indicators: As outlined below

JP Output 2.1: Review implementation status of legislation, policies and strategies on nutrition, food security and agriculture and provide responses for practical action	Indicator: Number of policies, strategies and legislations reviewed	Baseline: 0	ECCD policies supported by UNESCO, strategies and legislations reviewed 17 workplace policies for ILO strategies and legislations reviewed	The Early Childhood Care and Development National Action Plan was submitted to the Council of Ministers by MOEYS officials in April 2012 for final approval. A study on the Perception of Garment Factory Owners on Nutrition and the Feasibility for Pursuing Canteen Services in the Garment Sector in Cambodia” were conducted and finalized	Review of reports and actual policies and strategies	JP annual progress reports	UNESCO, ILO, FAO, MoYES, MoLVT, MAFF	Understanding that MOEYS provide insufficient financial allocation for Early Childhood Education Department, which could pose a challenge to implement most of the plans included in the action plan. Being aware that there are not enough stakeholders(NGO’s, INGO’s, academic institutions) focusing its work on early childhood care and
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				with the financial support from ILO BFC, Hagar Catering.				education.
	Indicator: Number of PHD staff, district and commune level officials trained in FSN concepts and objectives in 2 provinces	Baseline: 0	100 PHD staff, district and commune level officials trained in FSN concepts and objectives in 2 provinces	69 people were trained last year in 2010. Another 93 people were trained in the 2 provinces for 2011. Total training in the 2 provinces is 162 people. For 2012 there is no training session conducted but an impact assessment to measure the effectiveness and efficiency of the training to this subnational level will be conducted.	Training reports, progress reports	JP annual progress reports	FAO, MAFF	
JP Output 2.2 New policies, strategies and guidelines developed	Indicator: Number of new policies, strategies and legislation developed	Baseline: 0	3 guidelines developed and finalized.	(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 (3) Develop proposal and curriculum for setting up a Master in Nutrition Programme –	Review of reports and actual policies and strategies	JP annual progress reports	WHO, MoH	

				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	Baseline: N/A: Cambodia does not have an integrated national food security and nutrition monitoring system	a- At least 1 report produced in every 3 months by the national food security and nutrition monitoring system b- Update food security atlas (version 3) C. Produce commune level poverty and malnutrition maps: 2 D. Produce ARC-GIS maps: depend on output from FSN analysis team	a- In Jan-Jun 2012 the Food Security and Nutrition Data Analysis Team produced two issues (#5 and #6) of the Cambodia food security and nutrition quarterly bulletin. These are available at: http://www.foodsecurity.gov.kh/bulletin b- Update of Food Security Atlas (version 3) to commence once CSES 2009, CDHS 2010 and small area estimate data and maps are available. c- Massey, WFP and NIS produced the draft final report and maps of the small area estimation study in Q2 d- GIS maps produced for Cambodia food security nutrition quarterly bulletin (Issue #5, #6), Post-flood survey and IDPoor.	Quarterly bulletins, vulnerability maps, Food Security Atlas, commune-level poverty & nutrition maps, annual progress reports	Annual Joint Project progress reports	WFP, FAO, CARD, MAFF, UNICEF, NIS	Capacity to produce quarterly bulletins is low but data analysis team continues to assume a greater role in analysis and content production.

Joint Programme Financial Information Updated:

Annual targets	Activities	YEAR (The blue number is the carried over budget from 2011)			UN agency	Responsible party	Estimated Implementation Progress for 2012			
		Y1	Y2	Y3			NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total Amount committed	Estimated Total Amount Disbursed
A	B	C	D	E	F	G	H	I	J	K
Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women										
Output 1.1: Behaviour Change and Communication (BCC) plans and communication materials (mass media and interpersonal communication) developed on: (i) breastfeeding, (ii) complementary feeding, (iii) IFA supplementation during pregnancy and in the post partum period.										
BCC plan for breastfeeding 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	0%
BCC materials for interpersonal communication promoting breastfeeding revised and produced	1.1.2 Review current breastfeeding communication and training materials and <i>other National Nutrition Program activities</i>	\$7,000	\$33,554	\$0	UNICEF	MoH (NCHP, NMCHC)	\$7,000	\$ 0	\$ 0	0%
	1.1.3 Produce interpersonal communication materials (i.e. leaflets, T-shirts, posters, etc.) and training	\$50,000	\$41,500	\$40,000	UNICEF	MoH (NCHP, NMCHC)	\$130,000	\$40,000	\$ 20,000	100% (\$20,000 requested to carry to

¹ Estimated % Delivery rate of budget: Total committed for Y3 divided over the total amount approved budget planned Y3.

	materials on breast feeding for families with pregnant women & young children living in the communities									2013)
Communication materials on complementary feeding for mass media & interpersonal communication designed and produced	1.1.4 Design and produce BCC mass media (5 TV/radio spots, documentary, training video on food demonstration, etc.), interpersonal communication materials (printed materials) and training materials for VHSG members on complementary feeding	\$200,000	\$35,000 (\$155,000)	\$35,000 (\$50,000)	UNICEF	MoH (NCHP, NMCHC)	\$270,000	\$85,000	\$32,608	100%
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	\$ 0	\$ 0	0%
BCC plans for breastfeeding and complementary feeding disseminated in the 2 selected provinces	1.1.6 Support 2 provincial and 6 OD dissemination workshops and meetings on breastfeeding and complementary feeding communication plans	\$0	\$6,000 (\$25,000)	\$0	UNICEF	MoH (NCHP, NMCHC)	\$0	\$ 0	\$ 0	0%
BCC plan for IFA supplementation of pregnant and	1.1.7 Conduct consultative workshop and meetings with	\$0	\$0	\$0	WHO (HSSP2)	MoH (NCHP, NMCHC)	\$0	\$ 0	\$ 0	0%

postpartum women finalized	stakeholders at various levels to finalize the BCC plan on IFA (RACHA, HKI, UNICEF, WFP, UNESCO)									
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)	\$23,000 (\$10,000)	WHO	MoH (NCHP, NMCHC)	\$138,000	\$33,000	18663	57%
CC plan for IFA supplementation of pregnant and postpartum women launched nationally	1.1.9 National launch/PR event of the BCC plan for IFA supplementation during pregnancy and in the postpartum period, including national media, government ministries, NGO's, other relevant stakeholders	\$ 7,000	\$0	\$0	WHO	MoH (NCHP, NMCHC)	\$ 7,000	\$0	\$0	0%
BCC plan for IFA 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	1.1.11 Interviews with stakeholders to highlight the challenges in implementation of	\$15,000	\$10,000 \$13,669 carried from	\$0 (\$13,563) carried from 2011	ILO	MoLVT, MoH	\$25,000	\$13,563	\$11,197	83%

feeding and IFA designed and adapted to the industrial context, with attention to formal and informal workplaces in the garment and tourism/hospitality industries	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		2010							
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 & meetings	\$7,000	\$0 \$3,152 carried from 2010	\$3,000 (\$309) carried from 2011	ILO	MoLVT, MoH	\$10,000	\$3,309	\$3,309	100%
Output 1.2: Behaviour Change Communication (BCC) plans implemented on: (i) breastfeeding, (ii) complementary feeding, (iii) IFA supplementation during pregnancy and in the post partum period										
Nationwide BCC mass media plan on breastfeeding implemented	1.2.1 Broadcast at least 3 flights of 3 TV spots for three weeks each on 3 TV stations and 10 radio channels; broadcast the breastfeeding documentary	\$85,000	\$0	\$0	UNICEF	Mol and Direct UNICEF execution	\$85,000	\$ 0	\$ 0	0%

BCC interpersonal communication plan on breastfeeding implemented in the 2 selected provinces	1.2.2 Support to social mobilization events at the community level linked to World Breastfeeding Week in two 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)	\$175,000 carry from 2011	UNICEF	MoH (NCHP and NNP), Mol and direct UNICEF execution	\$360,000	\$175,000	\$ 0	100% (\$20,000 requested to carry to 2013)
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	\$0	UNICEF	Mol and Direct UNICEF execution	\$225,000	\$ 0	\$ 0	0%
BCC mass media plan on breastfeeding, complementary feeding and IFA implemented in formal and informal	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	\$20,000	\$20,000 \$15,429 carried over from 21010.	\$20,000 (\$1,875) carried from 2011	ILO	MoLVT, Mol	\$60,000	\$21,875	\$21,875	100%

workplaces (i.e. garment and tourism/hospitality industries) in the 2 selected provinces	(i.e. ILO soap operas and BCC health soap operas) in the 2 selected provinces.									
BCC interpersonal communication plan on breastfeeding and complementary feeding implemented in formal and informal workplaces (i.e. garment and tourism/hospitality industries) in the 2 selected provinces	1.2.6 Interpersonal communication through OSH committees (or other workplace mechanisms) at the work place and other informal economy operators through training of employers and workers on practical behaviour changes. Improvements of factory maternity facilities/breast feeding support through. Involvement lactation consultant to teach women how to express breast milk and keep it. Support to the creation of women's committees at the factory. Referral to relevant community services for supporting skills on BF, expression milk (in conjunction with WHO/UNICEF)	\$30,000	\$30,000 \$3,150 carried from 2010.	\$30,000 (\$16,108) carried from 2011	ILO	MoLVT, MoH	\$90,000	\$46,108	\$23,977	52%
Educational materials using family nutrition	1.2.7 Develop and produce educational and communication materials	\$42,500	\$0 \$9,637 carried	\$0 (\$4,200)	FAO	MAFF	\$42,500	\$4,200	\$525	12.5%

guide revised, produced and printed	using existing FAO's Family Nutrition Guide for interpersonal communication through Farmer Field Schools (at least 2,000 manuals in Khmer language)		from 2010							
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 MoI MoH MTC	\$36,500	\$11,700	\$16,215	138%
Output 1.3: Provision of an integrated comprehensive package of nutrition and food security interventions delivered with high coverage in two food insecure provinces - Kampong Speu and Svay Rieng										
Integrated nutrition package for children 0-24 months (BF, CF, Vit A, mebendazole, sprinkles, Zinc for diarrhea, management of malnutrition) and pregnant and lactating women (monitoring of weight gains, iron,	1.3.1 Increase the rate of immediate and early initiation of breastfeeding, exclusive breastfeeding until 6 months of age and improve complementary feeding practices: (1) train an estimated 340 health staff from 87 HCs using MPA10 nutrition module (9-day training) with follow up and supervision from district	Covered	covered	covered	UNICEF	PHDs in KPS and SRG	\$0	\$0	\$0	0%

vitamin A, mebendazole and nutrition counseling) via health sector and local authorities implemented	and provincial health managers.									
	1.3.2 (2) Train an estimated 2,000 VSHGs, including mother support group volunteers, on infant and young child feeding using BFCI package with follow-up and supervision from HC staff to ensure effective interpersonal communication through home-visits and health promotion at the village level in two target provinces	\$40,000	\$144,987 (\$58,013)	\$24,500	UNICEF	PHDs in KPS and SRG	\$80,000	\$24,500	\$0	100%
	<i>1.3.3 Increase and expand the coverage of vitamin A supplementation, mebendazole distribution and vitamin A treatment for women and children:</i> (1) Conduct planning meetings at PHDs, ODs and HCs in preparation for bi-annual Vitamin A supplementation and deworming rounds	\$10,000	\$0	\$0	UNICEF	PHDs in KPS and SRG	\$18,000	\$0	\$0	0%

	through HC outreach in May and November									
	1.3.4 (2) Support to communication and social mobilization activities at the community level in preparation for biannual Vitamin A supplementation and deworming rounds through HC outreach in May and November	\$20,000	\$0	\$0	UNICEF	PHDs in KPS and SRG	\$56,000	\$0	\$0	0%
	1.3.5 (3) Conduct post activity audit and follow up after biannual Vit.A supplementation and deworming.	\$0	\$0	\$0	UNICEF	PHDs in KPS and SRG	\$5,000	\$0	\$0	0%
	<i>1.3.6 Reduce the rate of micronutrient deficiency</i> (1) Procure Sprinkles	\$100,000	\$0	\$150,000	UNICEF	PHDs in KPS and SRG	\$250,000	\$ 184,061	\$ 0	123%
	1.3.7 (2) Support bi-monthly follow-up and monitoring meetings VHSGs (estimated 4,000) at Health Center level to address the health and nutrition package in a comprehensive and integrated manner.	\$74,000	\$0	\$0	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	\$0	UNICEF	PHDs in SRG	\$70,000	\$0	\$0	0%
	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	\$38,539	UNICEF	PHD Kg SPU	\$85,000	\$14,994	\$14,994	39%
	1.3.10 Management of diarrhoea: (1) Provide IMCI refresher training for Health Centre staff; (2) Procure zinc tablets (3) Socially market ORS& zinc	\$50,000	\$50,000\$88 from 2010	\$50,000 (\$20,000)	WHO	MoH (CDC, NMCHC)	\$150,000	\$70,000	\$31,215	45%
	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	\$20,000	\$53,706	\$20,000	UNICEF	MoH, NNP, PHDs in KPS and SVR	\$30,000	\$7,233	\$7,233	36%

	identification of malnourished children and community management of acute moderate malnutrition									
	1.3.12 (2) Provide referral costs (transportation) for families with children with severe malnutrition for treatment at the Referral Hospital level (estimated 800-1,000 children under 5 per year will benefit from this support)	\$10,000	\$44,240	\$0	UNICEF	MoH, NNP, PHDs in KPS & SVR & direct UNICEF execution	\$40,000	\$0	\$0	0%
	1.3.13 (3) Health Centre staff follow-up and supervise MSGs/VHSGs at the community and health center levels	covered	Covered	covered	UNICEF	MoH, NNP, PHDs in KPS and SVR	Covered	\$0	\$0	0%
	1.3.14 (4) Procure basic equipment/supplies for estimated 4,000 VHSG volunteers for management of malnutrition at the community level (ie. MUAC tapes, scales, job aids)	\$5,000	\$5,000	\$89,999	UNICEF	MoH, NNP, PHDs in KPS and SVR and direct UNICEF execution	\$9,500	\$18,422	\$18,422	20%
	1.3.15 Procure 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 (\$95,000)	WFP	MoH, NNP, PHDs in KSP and SRG	\$300,000	71,000	57,000	36% (\$75,000 requested to carry to 2013)
Promote improved nutrition and food	1.3.16 Monitor the stock, storage and distribution	\$0	\$0	\$0	UNICEF	MoH, National	Covered above	\$0	\$0	0%

safety in vulnerable households (i.e malnourished children, pregnant & lactating women, and caregivers) and their communities through homestead food production and Farmer Field Schools	of the commodity at health centres and at the community level; Conduct household spot checks among beneficiary households					Nutrition Programme, PHDs in KSP and SRG				
	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	\$20,640	FAO	MAFF	\$ 13,300	\$ 20,640	\$ 33,165	161%
	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	Covered	Covered	Covered	FAO	MAFF	\$0	\$0	\$0	0%

	preservation.									
	1.3.19 Identify and train VHSG members, caregivers and communities at 80 Farmer Field Schools and at the 60 VHSG members receiving equipment, targeting at least 2,000 households and at least 400 VHSG members, in food-based nutrition education, kitchen garden and small scale livestock production for better diets, as well as composting, planting fruit trees, making seedbeds, transplanting seedlings, etc.	\$101,700	\$96,250	\$68,910 (\$1,431.57)	FAO	MAFF	\$294,200	\$ 27,319	\$ 27,319	39%
Knowledge and skills of education officers (Provincial Education Officers and District Education Officers), NFE teachers and facilitators, commune and village officials and women, enhanced through non-formal education in the early childhood care and development & lifeskills,	<p>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.</p> <p>1.3.20 a: Conduct extensive monitoring and evaluation in selected districts in 2 provinces</p>	\$26,000	\$3,000 + \$5,348 = \$8,348	\$14,450	UNESCO	MoEYS	\$32,000	\$13,024	\$13,024	90.13%

mainstreaming nutrition										
	1.3.21 Support trainings for non formal education teachers and facilitators, commune officials and parent associations in understanding & mainstreaming ECD and food security related lifeskills in community based NFE program. About 120 teacher trainers are targeted to be trained in 2 provinces and 30 national teacher trainers at the national level and FSN through NFE & ECD.	\$32,500	\$32,500	\$32,000 (\$12,200)	UNESCO	MoEYS	\$97,000	\$12,200	\$5,490	45%
JP Outcome 2: Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed										
JP Output 2.1: Review implementation status of legislation, policies and strategies on nutrition, food security and agriculture and provide responses for practical action										
Legislation on maternity protection including the Labour Law, social security acts (specifically the new National Security and Security funds) etc. reviewed	2.1.1 Review on legislation and implementation of maternity protection legislation. Interviews with stake holders, with focus on identifying the reasons for non-implementation of legislation and solutions/ actionable recommendations. Publication of results.	\$15,000	\$5,000 \$1,903 carried from 2010.	\$5,000 (\$1,803) carried from 2011	ILO	MoLVT	\$25,000	\$6,803	\$3,437	51%
	2.1.2 Organize sharing	\$5,000	\$5,000	\$0	ILO	MoLVT	\$ 10,000	Done.	\$0	0%

	workshops with IR partners.		\$5,000 carried from 2010	(\$3,291) carried from 2011				(\$3,291 moved to 2.1.3)		
	2.1.3 Capacity building activities. Focus will be on action planning around the recommendations. Technical input from HQ. Interviews with stakeholders to ensure accuracy and pertinence of plan of actions. Follow up at the workplace level for the implementation of action plan.	\$10,000	\$10,000 \$4,916 carried from 2010	\$10,000 (\$7,237) carried from 2011 (\$3,291 carried from 2.1.2)	ILO	MoLVT	\$30,000	\$20,528	\$12,236	60%
Strengthened capacity of MoLVT in managing relevant maternal health Labour law (eg: support to the implementation of the new industrial physician	2.1.4 Selection of MoLVT master trainers (meetings, explanation sessions, follow up). Organise training, including ToT, for MoLVT staff responsible for OSH issues, which include maternity protection. Training programme includes 10 modules.	\$3,000	\$15,000 \$1,000 carried from 2010	\$10,000 (\$3,843) carried from 2011	ILO	MoLVT	\$28,000	\$13,843	\$3,253	23%
	2.1.5 Pilot program in factories. Capacity building for industrial physicians to ensure the implementation of maternity leave, breastfeeding and other aspects that promotes maternal and child health.	\$0	\$12,770	\$10,000 (\$6,787) carried from 2011	ILO	MoLVT	\$25,000	\$16,787	\$0	100%

	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 (\$590+100) carried from 2011	ILO	MoLVT	\$20,000	\$5,690	\$1,850	33%
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	\$5,050	UNESCO	MoEYS	\$49,600	5,050	4,600	100%
Strengthened capacity of line ministries in the number and level of trained staff on Food Security and Nutrition aspects	2.1.8 Conduct 4 decentralized 3-day trainings for 100 provincial, district and commune staff in the two provinces on FSN concepts and objectives	\$48,000	\$48,000	\$2,500	FAO	CARD	\$96,000	\$ 2,500	\$ 0	100%
JP Output 2.2 New policies, strategies and guidelines developed										
National guidelines on the management of malnutrition, including screening,	2.2.1 Develop/finalize the three guidelines: develop training manual for management of	\$100,000	\$50,000 \$ 6,000 from 2010	\$0 (\$25,500)	WHO	MoH	\$150,000	\$25,500	\$20,500	100%

referral, management and follow up (a) Guidelines on the use of MUAC for identifying malnourished children (b) Guidelines on community based management of acute malnutrition (c) National standard treatment guidelines for severely malnourished children developed	moderate malnutrition and the use of MUAC									
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	\$100,000	\$0	\$0	0%
New activity approved by PMC to add in 2011	2.2.2a Develop proposal for setting up a Master in Nutrition Programme		\$20,000 \$7,000 from 2010	\$0	WHO			\$0	\$0	0%
Joint Programme Outcome 3: Integrated food security and nutrition monitoring system developed										
JP Output 3.1: Integrated national food security and nutrition monitoring system established, based on existing information systems and surveys										
An integrated national food	3.1.1 Support and coordinate with CARD,	\$6,000	\$6,000	\$6,000	WFP	CARD, NIS	\$18,000	6,000	6,000	100%

security and nutrition monitoring system is developed by the Food Security and Nutrition Information Management Taskforce	NIS, the Food Security and Nutrition Technical Working Group, and the Food Security and Nutrition Information Management Taskforce									
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	2,500	100%
Establishment of integrated analysis team for triangulation and synthesis of nutrition information & regular communication of findings (within institutional settings)	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 development and planning purposes	\$25,000	\$10,000	\$10,000 (\$10,000)	WFP	MOP/ National Institute of Statistics	\$45,000	20,000	17,500	100%
Establishment of an integrated analysis team for triangulation and	3.1.4 Conduct on-the-job training aimed at strengthening the capacity of the national statistical	\$15,000	\$0 \$15,000 carried from 2010	\$0	FAO	MoP/National Institute of	\$15,000	\$0	\$0	0% Activity completed

synthesis of food security nutrition information and regular communication of findings (within existing institutional settings)	systems (especially of MOP, National Institute of Statistics, of MAFF, of MoH) to produce timely and quality food & agriculture statistics useful into the process of hunger reduction programmes.					Statistics				
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	5,000	5,000	100%
	3.1.6 Update—and build the capacity of CARD to update--the online Food Security Atlas (version 3)	\$20,000	\$20,000 \$20,000 carried from 2010	\$20,000 (\$40,000)	WFP	CARD, NIS	\$60,000	60,000	30,000	100%
	3.1.7 Produce updated commune-level poverty maps	\$37,500	\$37,500 \$12,500 from 2010	\$25,000 (transferred from unicef)	WFP	CARD, NIS	\$75,000	25,000	0	100%
	3.1.8 Support the production of annual report based on the integrated food security and nutrition analysis team's output	\$20,000	\$20,000	\$20,000	WFP	CARD, NIS	\$60,000	20,000	20,000	100%

New activity replaced the old one and approved by PMC.	3.1.9 activity removed in 2011 3.1.9 a: Support MoP ID Poor programme to produce poverty and profiles with socioeconomic and vulnerability data.	\$10,000	\$10,000	\$10,000 (\$10,000)	WFP	MoP/ID Poor	\$30,000	20,000	20,000	100%
	3.1.10 Support improvements to and maintenance of CARD's Food Security and Nutrition Information System (FSNIS) website	\$8,000	\$8,000 \$8,000 carried from 2010	\$8,000	WFP	CARD. NIS	\$24,000	8,000	4,000	100%
Introduce universal MUAC screening for malnutrition and for the supplementation of micronutrient powder (sprinkles) monitoring system to be incorporated into HIS: pilot in the two target provinces (KPS & SVR)	3.1.11 Train and build the capacity of 300 health staff at the national level and in the 2 selected provinces	\$15,000	\$5,000 (\$15,000 from 2010)	\$5,000	WHO	MoH (DPHI), PHD's	\$25,000	\$5,000	\$5,000	100%
JP Output 3.2: Management, coordination, monitoring & evaluation of JP										
Joint programme launched	3.2.1 Launch of the Joint Programme	\$15,000	\$0	\$0	UNICEF	All JP	\$15,000	\$0	\$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	\$0	\$0	0%
End-line survey	3.2.3 Conduct end-line	\$0	\$0	\$80,000	WHO	MoH,	\$80,000-	\$80,000	\$0	100%

conducted in the 2 target provinces and other 2 control provinces	survey in 4 provinces					MoP, HKI	3,616.2=76,383.80				(\$80,000 requested to carry to 2013)
JP coordinator hired	3.2.4 National Coordinator for the Joint Programme and 33% of UNICEF Nutrition Specialist	\$35,000	\$62,000	\$76,475	UNICEF	UNICEF	\$105,000	\$146,352	\$67,871	191%	
2 provincial coordinator hired	3.2.5 Two Provincial Coordinators for the Joint Programme	\$30,000	\$30,000 (\$19,000 from 2010)	\$49,000	UNICEF	UNICEF	\$90,000	\$49,000	\$13,334	100%	
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	\$3,450	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	\$10,000	\$12,880	129%	
Result documented and disseminated	3.2.8 Document and disseminate JP information and results, and final evaluation of the JP.	\$0	\$0	\$40,000	UNICEF	MoH, CARD, MoEYS, MoLVT, MAFF	\$40,000	\$40,000	\$0	100%	(\$40,000 requested to carry to 2013)
	Total Programme Cost	\$2,047,930	\$1,422,007 + \$590,317	\$1,202,463 + \$492,572.57			\$4,672,407	\$1,500,101	\$609,642		
	Total indirect support cost 7% from each UN agencies	\$143,355	\$99,540.59	\$84,172.50			\$327,061	\$84,172.50	\$84,172.50	89%²	
	GRAND TOTAL:	\$2,191,285	\$2,111,865	\$1,779,208			\$4,999,468	\$1,584,273.50	\$693,814.50	39%³	

² Estimated % committed delivery rate of budget: Total committed for Y3 divided over the total amount approved budget planned Y3

³ Estimated % actual disbursement rate of budget: Total actual disbursement for Y3 divided over the total amount approved budget planned Y3