
# FINAL NARRATIVE REPORT

## Cambodia

Thematic window
**Children, Food Security & Nutrition**

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

September 2013

# Prologue

The MDG Achievement Fund was established in 2007 through a landmark agreement signed between the Government of Spain and the UN system. With a total contribution of approximately USD 900 million, the MDG-Fund has financed 130 joint programmes in eight Thematic Windows, in 50 countries around the world.

The joint programme final narrative report is prepared by the joint programme team. It reflects the final programme review conducted by the Programme Management Committee and National Steering Committee to assess results against expected outcomes and outputs.

The report is divided into five (5) sections. Section I provides a brief introduction on the socio economic context and the development problems addressed by the joint programme, and lists the joint programme outcomes and associated outputs. Section II is an assessment of the joint programme results. Section III collects good practices and lessons learned. Section IV covers the financial status of the joint programme; and Section V is for other comments and/or additional information.

We thank our national partners and the United Nations Country Team, as well as the joint programme team for their efforts in undertaking this final narrative report.

MDG-F Secretariat

MDG ACHIEVEMENT FUND

# FINAL MDG-F JOINT PROGRAMME NARRATIVE REPORT

| Participating UN Organization(s) | Sector(s)/Area(s)/Theme(s) |
|---|---|
| • FAO<br>• ILO<br>• UNESCO<br>• UNICEF (lead agency)<br>• WFP<br>• WHO | Children, Food Security and Nutrition |

| Joint Programme Title | Joint Programme Number |
|---|---|
| Joint Programme for Children, Food Security and Nutrition in Cambodia | **MDGF-1992** |

| Joint ProgrammeCost [Sharing - if applicable] | | Joint Programme[Location] |
|---|---|---|
| **[Fund Contribution):** | USD 4,999,361 | Nationwide with additional activities in Svay Rieng and Kampong Speu Provinces |
| **Govt. Contribution:** | USD | |
| **Agency Core Contribution:** | | |
| **Other:** | | |
| **TOTAL:** | USD 4,999,361 | |

| Final Joint Programme Evaluation | Joint Programme Timeline |
|---|---|
| **Final Evaluation Done** Yes<br>**Evaluation Report Attached** Yes<br>**Date of delivery of final report:**<br>8 September 2013 | **Original start date**<br>01-01-2010<br>**Final end date**<br>*30-06-2013* |

**Participating Implementing Line Ministries and/or other organisations (CSO, etc)**

- A2Z
- Council for Agricultural and Rural Development
- Garment Manufacturers' Association in Cambodia
- Helen Keller International
- Magna Children at Risk
- 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

## I. PURPOSE

a. Provide a brief introduction on the socio economical context and the development problems addressed by the programme.

Cambodia has made a significant progress in terms of economic as well as social development, in particular during the last decade of the 20th and the first of the 21st century. Economic growth ranged from 6 to 11 per cent per annum in much of this period and overall poverty rates reduced dramatically from 47 per cent in 1993 to 20 per cent in 2011[1]. Unfortunately, economic development has been uneven and inequalities have increased over time and while new economic opportunities have improved the lives of many – urban Cambodians, in particular – it has also increased inequalities. An entire segment of society has been lost in the slipstream of success as overall national progress contrasts with basic needs. For example, roughly only half of all Cambodians have access to safe drinking water, while less than a fourth have access to proper sanitation facilities. Key data on women and children reveal alarming social disparities between children who live in rural and urban areas in terms of access to basic health services, education, clean water, sanitation, and protective services.

In the health sector, Cambodia has also made significant progress with a reduction of the infant and under 5 mortality rates from 96 (2000) to 36[2] (2011) and 124 (2000) to 43 (2011) deaths per 1,000 live births respectively. These results are in particular attributable to a remarkable increase in exclusive breast feeding which rose from 11 to 74 per cent between 2000 and 2010. The maternal mortality rate has remained high and with 290 (2010) deaths per 100,000 live births and is among the highest in the region. Nutrition and food security remain pressing issues at the sub-national level for a substantial number of vulnerable groups and households.

The joint programme aimed to address the adverse food and nutrition conditions in Cambodia and to improve the nutritional status of children and pregnant and lactating women. The programme was designed to contribute to Cambodia's attainment of MDG 1: Eradication of extreme poverty and hunger, MDG 4: Reducing child mortality and MDG 5: Improving maternal health. In order to achieve its outcomes, the programme adopted four strategies

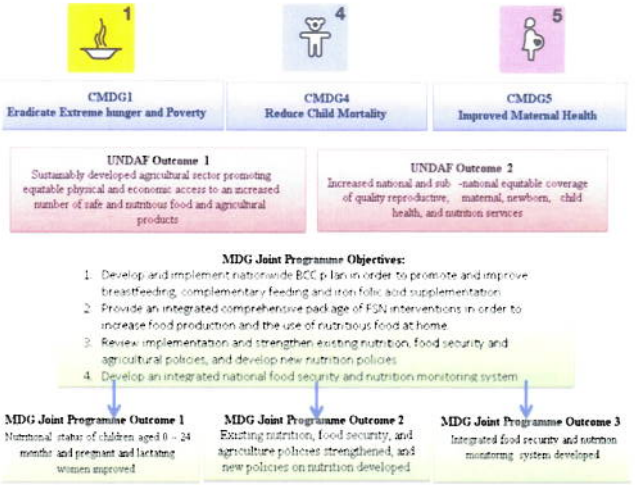
[1] Cambodia Socio-Economic Survey 2011

[2] Levels & Trends in Child Mortality Report 2012. Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. See www.childmortality.org

b. List joint programme outcomes and associated outputs as per the final approved version of the joint programme Document or last agreed revision.

The linkage between the 3 programme outcomes and the CMDGs and UNDAF outcomes (2011 - 2015) is presented in figure 1 (Linkages between the MDG Joint Programme outcomes and objectives and Cambodian MDGs and UNDAF Outcomes[3]) below:

- **Outcome 1**: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women:
  - 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
  - Output 1.2: Behaviour Change Communication BCC plans and communication materials implemented on: (i)breastfeeding (ii)complementary feeding, (iii) IFA Supplementation during pregnancy & in post-partum period
  - 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 SvayRieng




- **Outcome 2**: Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed:
  - Output 2.1: Review implementation status of legislation, policies and strategies on nutrition, food security and agriculture and provide responses for practical action
  - Output 2.2: New policies, strategies and guidelines developed

- **Outcome 3**: Integrated food security and nutrition monitoring system developed:
  - Output 3.1: Integrated national food security and nutrition monitoring system established, based on existing information systems and surveys

c. Explain the overall contribution of the joint programme to National Plan and Priorities

The programme design aligned with the RGC's National Strategic Development Plan (NSDP) 2009-2013 and the United Nations Development Assistance Framework (UNDAF) for Cambodia 2011-2015, which aims to improve health, nutrition and education for rural poor and vulnerable groups and to improve livelihoods and food security through agriculture and rural development initiatives. Moreover, the programme contributed to other national strategic development goals as part of various national strategic frameworks, including:

1. The **second Health Strategic Plan** (HSSP-2) for 2008-2015, which includes Cambodia's priority to improve the health of women and children
2. The **first National Nutrition Strategy** (NNS) 2008-2015, which includes the overall goal of contributing to reduced maternal and child morbidity and mortality by improving nutritional status of women and children and which stresses cross sectoral collaboration to reach these goals
3. The **Cambodia Child Survival Strategy** in which one third of interventions focus on improving the nutritional status of children and the National Policy on Infant and Young Child Feeding (2009).
4. The **national multi-sectoral policy on Early Childhood Care and Development** (ECCD)
5. The **Strategic Framework for Food Security and Nutrition**, 2008-2012 which included guidelines for the design and planning of programmes and projects for improved food security and nutrition.
6. The **Food Security Support Programme** (FSSP) which supports the strategy for Agriculture and Water

[3]MDG-F Joint Programme Advocacy and Communication Strategy 2010-2012. Phnom Penh, May 2011.

d. Describe and assess how the programme development partners have jointly contributed to achieve development results

The overall governance of the programme was usefully adapted to the context in Cambodia:

1. The program has shown to provide a good fit in the objectives and strategies of the Royal Government of Cambodia (RGC)
2. The program aligned well with the UNDAF and the need of the selected provinces

The function of National Steering Committee was performed through the annual UNDAF monitoring meetings, in which RGC and UN partners included discussion on the performance of Joint Programmes. The Steering committee was jointly chaired by RGC and the UN resident coordinator and included representation of the Spanish mission in Cambodia, in line with the programme document. Key decisions by the National Steering Committee were made through consultations amongst members, without meeting in person. Though this contributed initially to the delay of the workplan approval for 2011, it turned out to be an efficient approach there afterwards. The programme design was also linked with the UN reform process that requires agencies to deliver objectives jointly by UN and RGC agencies.

The only challenge was that distribution across agencies was uneven with about half the resources channelled through UNICEF. Uneven allocation of resources across agencies can easily limit coordination as to coordinate activities agencies with less resources allocated need to invest a considerable amount in coordination, not in accordance with their budget. Moreover, a three year timeframe proved to be a relatively short period for a joint programme which has a relatively high amount of transaction costs at the start.

## II. ASSESSMENT OF JOINT PROGRAMME RESULTS

a. Report on the key outcomes achieved and explain any variance in achieved versus planned results. The narrative should be results oriented to present results and illustrate impacts of the pilot at policy level)

In general, the Joint Program had many positive changes in the targeted provinces. These include:

1. ***Better drinking water treatment***: At end line, approximately 85% of households in both groups treated their drinking water in some way. Difference in differences analysis showed that this proportion represented a 7.0 percentage point increase from baseline in the comparison group and a 3.1 percentage point decrease in the comparison group
2. ***Better use of health services***: At end line, the average number of antenatal visits was greater in the intervention vs. comparison group (5.6 vs. 5.0). In addition, more than half of births took place in a health center, which represents an increase of more than 25 percentage points in the intervention group and approximately 13 percentage points in the comparison group.
3. ***Better breastfeeding practices***: It was encouraging to see that virtually all children in both groups had been breastfed at some point and that 98% of infants were fed colostrum. Nearly three-quarters of children in the intervention group initiated breastfeeding within one hour of birth, which is substantially higher than the proportion of 60.9% in the comparison group and also represents an increase of more than 11 percentage points from baseline
4. ***Increase of food consumed***: Virtually all children in both groups consumed semi-solid food in the 24 hours prior to the end line survey. However, a significantly greater proportion of children consumed more than two bowls in the intervention vs. comparison provinces (44.4% vs. 25.3%)
5. ***More children consuming complementary food***: Virtually all children in both groups consumed bobor sor in the 24 hours prior to the survey. Although the consistency of borbor sor was not significantly different between groups at end line, the proportion of children consuming thick rick increased from 20.8% at baseline to 31.2% at end line, whereas the comparison group remained stable at approximately 33%.
6. ***Dietary diversity increased*** in both groups over the 3-year intervention period. The proportion of children meeting IYCF indicator 5 (Proportion of children 6-23 months of age who receive foods from 4 or more food groups) increased from 25.0% to 39.7% in the comparison provinces, and 28.6% to 48.4% in the intervention provinces

**Box : Key findings of the Baseline and End line Surveys**

**Nutritional conditions**

- Reduction in the prevalence of moderate anemia in children 6 to 59 months of age (in both 'intervention' as well as 'comparison' provinces)
- Reduction in the prevalence of underweight children (more in comparison than intervention provinces)

**Dietary intake**

- Increase in children 6 - 24 months of age with minimum dietary diversity (in both 'intervention' as well as 'comparison' provinces)
- Increase in the number of caregivers who ever received micronutrient powders to add to their child's food (much larger in 'intervention' compared to 'comparison' provinces)

**Prevalence of disease**

- Reduction in the proportion of children reporting diarrhea in the past 2 weeks (in both 'intervention' as well as 'comparison' provinces)

7. ***MNP widely introduced:*** One major component of the Joint Program was the introduction of micronutrient powders (MNPs) for home fortification of complementary foods in the intervention provinces. the number of sachets consumed per month was greater in the intervention provinces versus the comparison group (12.2 vs. 9.4 sachets/month) and reaching more children (53.8% vs 15.1%)
8. ***Impact on anaemia and nutritional status:*** The impact level changes that have been observed in the comparison of baseline and end line survey data are considerable, in particular concerning the decrease in moderate as well as severe anaemia levels in children under 5 years of age and the decrease of underweight of children in the intervention provinces. Moreover, the proportion of pregnant women with normal hemoglobin increased substantially

As part of outcome 2 of the joint programme, existing policy on early childhood care and development was reviewed and national action plan was submitted to the Council of Minsters by MoEYS in April 2012. The national guidelines for the management of acute malnutrition were also developed and used in the targeted provinces. As part of outcome 3 the quarterly bulletin added an important aspect to data and information gathering and usage, data management, data analysis on food security and nutrition such as the National Strategy Development Plan 2014-2018.

b. In what way do you feel that the capacities developed during the implementation of the joint programme have contributed to the achievement of the outcomes?

*Capacity development:* Capacities was developed at multiple levels:

1. Capacities were developed at multiple levels, including at the enabling environment, organizational and individual levels. At the enabling environment level, results included support to the development of the ECCD National Action Plan which has been submitted for approval to the Council of Ministers. Moreover the programme, included attention to workplace policies and regulations for women in garment and other industries. Guidelines developed as part of the programme started to be used including the national guidelines for the management of acute malnutrition and the national policy and guidelines for micronutrient supplementation. The support to the development of a curriculum for a Master course in nutrition, which was added to the programme design, has resulted in a functioning course.
2. The joint programme approach of working through RGC systems has resulted in enhanced capacities at multiple levels in partner agencies in particular at the sub-national level. Throughout programme implementation, the national level nutrition working group has been functioning and sectoral aspects of food security and nutrition have been brought together and interconnected.
3. At the sub-national level, the programme has worked through provincial departments and operational districts, through health centres and referral hospitals, as well as Departments of Education and Agriculture and local level farmer field schools and village health support groups. Capacities built at this level have focused in particular at the individual staff level and focused on technical aspects of FSN..

*Institutional buy-in:*

1. A high level of ownership of the Food Security and Nutrition agenda was reflected in the national seminar on food security and nutrition conducted in mid-2012 which focused on the theme of Child and Maternal Nutrition and which was opened by Samdech Prime Minister Hun Sen and closed by the Deputy Prime Minister, Dr. Yim Chhay Ly, the chairman of Council for Agriculture and Rural Development (CARD). As part of the seminar, a roadmap for further improvement of child and maternal nutrition in Cambodia was developed including the recommendation for the development of a Nutrition Action Plan.
2. The Government of Cambodia has recognized the importance of nutrition and has included, within the 2014-2018 Strategic Framework for Food Security and Nutrition, food fortification, MNP, treatment of acute malnutrition as one of their activities to improve the nutrition security of its population.

*Financial sustainability:* With the pooled fund's potential agreement to budget for the purchase of BP 100 for Severe Acute Malnutrition (SAM) treatment as well as micro-nutrient powders, an important step towards financial sustainability of management of SAM and prevention of micronutrient deficiency in health centres and hospitals has been made.

c. Report on how outputs have contributed to the achievement of the outcomes based on performance indicators and explain any variance in actual versus planned contributions of theseoutputs. Highlight any institutional and/ or behavioural changes, including capacity development, amongst beneficiaries/right holders.

Overall, the programme implemented the majority of the planned activities and reached targets set on output level indicators. In some cases scaling up has taken place and results were far above target. In only limited cases results were below expectation. For example, results at the output level indicators of the integrated nutrition package, presented in the below table,shows that most of the targets set were reached. The number of workers trained reached far above target as did the provision of MNPs, which was done with blanket coverage to children of 6-24 months of age across the two provinces. The provision of IFA and the number of acutely malnourished children treated in health centers or hospitals were under target, with the latter reaching below 50% of the set target.

| No | Output level indicators | Planned | Total Achieved | Rating* |
|---|---|---|---|---|
| 1 | No. of VHSGs trained on micronutrients, BFCI and/or malnutrition treatment | 4,000 | 4,196 | g |
| 2 | No. of trained Occupational Safety and Health (OSH) workers in BCC plans on BF, CF and IFA | 360 | 608 | dg |
| 3 | No. of acutely malnourished children treated in health centre or hospital | 8292 | 3213 | r |
| 4 | No. of children 6-59 months received Vitamin A supplementation and Mebendazole for deworming in the past 6 months | 111,144 | 120,409 | g |
| 5 | No. of children 6-24 months received multiple micronutrient powders (sprinkles) | 47,384 | 156,810 | dg |
| 6 | No. of pregnant women who received Iron Folic Acid supplementation (90 tabs) | 38,851 | 28,833 | o |

* Rating : Dark Green (dg) – far above target (above 125 %)
– target reached (100 – 125 %)
– below target (50 – 100%)
Red (r) – far below target (below 50%)

Source: Joint Programme Progress Report Semester 2-2012

The set-up of the SAM and moderate acute malnutrition (MAM) identification and treatment was based on identification of malnourished children through screening during consultation and mass screening, in accordance with the CMAM guidelines. Treatment of the MAM cases and of most of the SAM cases was performed at health centre level. Only the SAM children with complications were sent to the referral hospital for intensive treatment. The treatment at the health centre was based on out-patient consultation which considerably reduced the costs involved. Caretakers received take home rations of the Ready to use therapeutic food (RUTF) BP100 for SAM cases and CSB++ for MAM cases and were asked to return after weekly or bi-weekly (SAM cases), or monthly periods (MAM cases). The CMAM treatment protocol was adjusted after 3 months based on lessons learned from initial implementation and in order to fit better both the staff capacity and the beneficiaries' expectations. Some key challenges to bring the model to scale remained (e.g. lack of incentive payments). The MAM treatment was implemented only in Kampong Speu and not extended to Svay Rieng, as focus was put on modelling rather than geographical extension.

d. Who are and how have the primary beneficiaries/right holders been engaged in the joint programme implementation? Please disaggregate by relevant category as appropriate for your specific joint programme (e.g. gender, age, etc)

The primary beneficiaries are presented in the table below:

| | 6-59 months | Lactating women | Leaders of commune | Women and VHSG | Household |
|---|---|---|---|---|---|
| **Vitamin A supplementation** | 129,252 | | | | |
| **deworming** | 120,409 | | | | |
| **MNP supplementation** | 156,810 | | | | |
| **Treatment MAM** | 3,000 | | | | |
| **Treatment SAM** | 195 | | | | |
| **Iron-folate supplementation** | | 25,633 | | | |
| **training** | | | 40 teachers and 364 leaders | 12,171 | 2,100 |
| **Mass media** | | | | | Not estimated |

e. Describe and assess how the joint programme and its development partners have addressed issues of social, cultural, political and economic inequalities during the implementation phase of the programme.

The JP outcomes contributed significantly to the following United Nations Development Assistance Framework (UNDAF) targets: i) Improved health, nutritional and education status and gender equity of rural poor and vulnerable groups; ii) Agriculture and rural development activities have improved livelihoods and food security, as well as reinforcing the economic and social rights of the most vulnerable in targeted rural areas. The Joint Programme improved the nutritional status of children 0-24 months and pregnant and lactating women through two strategies: improving infant and young child feeding practices at population level through a nationwide behaviour changer communication (BCC) intervention and protecting vulnerable populations through an integrated comprehensive package of nutrition and food security interventions delivered with high coverage in two food-insecure provinces, namely Kampong Speu and Svay Rieng.

f. Describe the extent of the contribution of the joint programme to the following categories of results: i) Paris Declaration Principles; ii) Delivering as One

As described below, the JP was aligned with the Paris Declaration principles of: i) ownership, ii) alignment, iii) harmonisation, iv) results based, and v) mutual accountability:

1. The governance arrangement of the JP ensured Government's engagement at all levels. A National Steering Committee was set up and was jointly chaired by the RGC, the UNRC, and the representation of the Spanish Mission in Cambodia. The Programme Management committee was chaired by the Deputy Secretary General of CARD and the UNRC. The JP Technical Team could have enhanced it operation with additional participation of point persons of Line Ministries. Provincial coordination was managed by the Provincial Coordination Committee, which was in Kampong Speu merged with the Women and Children Consultative Committee (WCCC) so that the cross-sectoral coordination could be sustained beyond the programme period. Programme coordinators at national and provincial level facilitated coordination amongst the various RGC and UN partners as well as participating NGOs.
2. Capacities have been built at multiple levels, which enhanced the sustainability of the programme results. With the programme supporting initiatives on policy and guidelines it has enhanced the enabling environment for FSN interventions. Working through RGC systems has resulted in enhanced capacities at multiple levels in partner agencies in particular at the sub-national level.
3. JP obtained and compiled evidence based knowledge and lessons learned to scale up and replicate successful development interventions
4. The impact of the programme was assessed mainly through the baseline and end line studies and focused on the nutritional and health conditions of young children and women. FAO had carried out an impact assessment of the programme with farmers members of Farmer Field Schools, and also with local officials of the 2 programme-targeted provinces (Kompong Speu and Svay Rieng) trained by CARD in concepts of Food Security and Nutrition.
5. The joint programme has brought the various RGC, UN and NGO partners at both the national and the sub-national level closer together in their understanding of Cambodia's food security and nutrition issues and their cross-sectoral characteristics and linkages.
6. In terms of alignment with the Delivering as One Approach, the programme required agencies to deliver objectives jointly by UN and RGC agencies. This joint delivery was not however reflected in the financial set-up of the programme which was implemented through pass through mechanism in which funds are channelled through each of the UN organizations making use of their own financial systems and mechanisms which is far from a harmonized financial approach. Joint governance and management mechanisms were part of the design and were adapted to the context in Cambodia

## III. GOOD PRACTICES AND LESSONS LEARNED

a. Report key lessons learned and good practices that would facilitate future joint programme design and implementation

1. The programme design makes use of a multi-sectoral approach in which health, food security and nutrition are interrelated in order to enhance nutritional conditions of children and women. The rationale of this approach is not made explicit and not sufficiently reflected in the results framework of the programme, limiting the options for monitoring and evaluation of

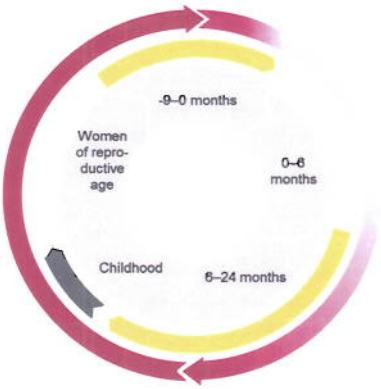
cross-sectoral results of the programme. The design moreover is not clear on aspects of piloting and scaling up with the mixture of components at different stages of standardized practice.

2. Capacities have been built at multiple levels, which enhance the sustainability of the programme results. With the programme supporting initiatives on policy and guidelines it has enhanced the enabling environment for FSN interventions. Working through RGC systems has resulted in enhanced capacities at multiple levels in partner agencies in particular at the sub-national level. Much of the work at sub-national level has focused on building individual staff capacities which prove less sustainable given the relatively high levels of staff turn-over.
3. The participation of Line Ministries in the PMC has been consistent but has been much less in the technical working group related to actual aspects of implementation. This participation should be improved for future implementation to get higher buy-in.
4. At the local level the lack of financial incentives to health centers proves to be an important constraint for the on-going implementation of SAM and MAM management and Multiple Micronutrient Powders (MNP) distribution. In a separate programme, UNICEF and the World Bank piloted budget delivery through the Ministry of Interior to the village council and VHSG which could provide an alternative approach to funding community level initiatives in particular support to the VHSG as an important player in the management of SAM and distribution of MNPs; this could be drawn upon in future work.

The programme has been relatively effective in the implementation of activities and outputs with most of the planned outputs delivered. Moreover, many of the outcome level indicators included in the baseline and end line survey show positive changes in breast feeding, complementary feeding practices and dietary diversity for small children, as well as MNPs distribution. There is, furthermore, a reduction in the prevalence of diarrhoea and improvement in the use of zinc for treatment among children. Also aspects of maternal health and nutrition have improved. The results on enhanced knowledge based on the BCC campaigns were varied and this could be an area for improvement in future work. Ownership of homestead garden had reduced and was only at 13 % in the intervention area, questioning the approach taken. The overall food security levels appeared to have decreased over the three year period making use of the Household food insecurity access scale, an aspect that was not further explained in the end line report and need additional analysis.

### b. Report on any innovative development approaches as a result of joint programme implementation

The JP implemented an integrated comprehensive package of nutrition and food security interventions. This package was delivered with high coverage in two food insecure provinces - Kampong Speu and Svay Rieng. The JP was one of the first projects in Cambodia to include the lifecycle of interventions which covers specific interventions from the women of reproductive age until the 1,000 days window (from conception to 2 years old):




1. promotion of homestead food production for household including women of reproductive age
2. Iron-folate supplementation for pregnant women
3. Vitamin A supplementation for post-partum women
4. Breast feeding and complementary food campaign (children 0-24 months)
5. Home gardening for complementary food
6. MNPs supplementation for children from 6-24months
7. SAM/MAM intervention for children 6-59 months

The JP looked for alternatives to bring nutritious foods to garment factory women of reproductive age as it is essential for women to have, for example, their folate and iron store at the adequate level leading up to pregnancy.

For the second outcome of advocating and mainstreaming access to food and nutrition into relevant policies, the Joint Programme strengthened the implementation of existing nutrition, food security and agricultural policies which supported the development of new innovative policies addressing malnutrition integrating food security and nutrition package.

c. Indicate key constraints including delays (if any) during programme implementation (Internal to the joint programme/External to the joint programme /Main mitigation actions implemented to overcome these constraints)

Several enabling and constraining factors related to the attainment of results have been identified both within the joint programme as well as factors external to the programme. An overview of issues is presented in the following table:

| Kind of Factors | Internal to JP | External to JP |
|---|---|---|
| **Enabling Factors** | ➢ Functioning governance and management system with a National Steering Committee, Programme Management Committee and JP Technical Team<br>➢ Building on experience of the UN agencies in nutrition programming in the selected provinces and Cambodia at large | ➢ Strategies and RGC programmes in place<br>➢ Health system in place at national, provincial and Operational district levels and with Referral Hospitals and Health centres in place<br>➢ The existence of a Village Health Support Group system of two village volunteers who support health and nutrition initiatives at local level<br>➢ Existence of Farmer Field Schools<br>➢ Other programmes of UN agencies which contribute to the same objectives |
| **Constraining Factors** | ➢ Relatively short time frame of the programme with substantial amount of transaction costs at the start of the programme<br>➢ The Need for incentives for HC staff and VHSG members to be able to perform activities as costs and opportunity costs prove otherwise too high<br>➢ Change of supplier of MNPs, after which the quality proved to be inferior leading to a halt in distribution as re-order takes about 2 months<br>➢ Difficulties in combining meetings of different initiatives at the local level, including those for SAM/MAM, MNPs and BFC<br>➢ Different levels of scale of the various programme components limited the synergy across the various sector and cross sector interventions<br>➢ Different levels of provenness of interventions made it difficult to combine them in a single pilot approach as some are meant to be scaled up from the start while others need to be piloted | ➢ Low salaries of RGC staff which makes it difficult to implement activities without the provision of fringe benefits which are regarded by development partners as undermining aspects of sustainability<br>➢ Low level of coordination across the various sectors involved in FSN including health, education, labour, agriculture<br>➢ Budgets of the commune councils were frozen so that supporting the allocation of local funds for nutrition related issues was not feasible<br>➢ Under nutrition is often not recognized as a health problem by mothers or caretakers of young children<br>➢ Grandparents often take care of small children in particular if their mothers work in a factory so that the programme needs to include a particular focus on grandmothers<br>➢ Distance to the health centre and related transport costs are a main constraint for follow-up of mothers and grandmothers to SAM and MAM treatment of small children in the HC<br>➢ Turnover rates of VHSG members require an on-going systemic training effort of these village based volunteers, rather than one off training and refresher as provided by the programme<br>➢ Low levels of education make it more difficult for the advocacy messages to resort effect |

d. Describe and assess how the monitoring and evaluation function has contributed to the: i) Improvement in programme management and the attainment of development results; ii) Improvement in transparency and mutual accountability; iii) Increasing national capacities and procedures in M&E and data and iv) To what extent was the mid-term evaluation process useful to the joint programme?

A result oriented monitoring and evaluation strategy was implemented to track and measure the Programme's achievement of results, contribution to the MDGs and to multilateralism:

1. **On-going monitoring**:
    a. **Monthly monitoring**: Monitoring was conducted though targeted field visits and spot checks, focusing on activity and output level issues, mainly carry out by health officials at provincial and district levels..
    b. **Several specific studies to improve implementation**: Outside of the formal M&E system, agencies and groups of agencies carried out small evaluations of specific activities and interventions throughout the life of the joint programme.
    c. **Improvement of actual government surveillance system**: the Joint Programme revised and strengthen the Health Information System (HIS) and improve coordination between existing monitoring systems, including food security monitoring, and establish a national Nutrition Surveillance System

2. **Evaluation:**
    a. **Quantitative impact data**: A baseline survey, commissioned by WHO, was conducted in early 2010 and the MDG-F Secretariat commissioned a mid-term evaluation with a formative focus in 2011. The end-line survey commissioned by WHO was implemented in 2013.
    b. **An independent end-of cycle evaluation:** commissioned in July 2013 provided a comprehensive assessment of the relevance, impact, effectiveness, efficiency and sustainability of the JP. It generated substantive evidence based knowledge concerning the thematic window of the joint programme by identifying good practices and lessons learned that could be useful to other development interventions at national and international level and to contribute to development of the agenda for future food security and nutrition programming in Cambodia.
    c. **Case studies:** the programme has planned case studies to supplement the quantitative findings of the baseline and end line surveys and to deepen lessons learned (those case studies will be done by end of September 2013)

*Limitations to the programme M&E*: Monitoring focused largely on activities and their outputs which were consistently reported on quarterly reports. What was missing was monitoring of the outcome level changes, which often concern aspects across the various sector level initiatives. The inclusion of some of the outcome level indicators as part of the baseline and end line surveys meant that the information was not available during programme implementation, which reduced the options for results based management across the programme components.

e. Describe and assess how the communication and advocacy functions have contributed to the: i) Improve the sustainability of the joint programme; ii) Improve the opportunities for scaling up or replication of the joint programme or any of its components and iii) Providing information to beneficiaries/right holders

***Advocacy***: A key element of the fight against under-nutrition was to advocate for mainstreaming of children's right to food into national plans and policies. Thanks to the JP, nutrition is receiving a lot of attention from the government and indicators are included in most of the national strategies.

***Communication***:

1. **Background**: The JP interventions are based on the analysis that significant causes for mortality and undernutrition of 0-24 month children are high rates of micronutrient deficiency and inappropriate infant and young child feeding. The JP aims to prevent child malnutrition through national behaviour change communication (BCC) campaigns
2. **Focus**: Behavioral change communication focused on the development and implementation of three types of campaigns: breastfeeding, complementary feeding and IFA supplementation during pregnancy and in the postpartum period.

3. **Joint collaboration**: The campaigns were developed to involve multiple RGC and UN agencies and included nationwide campaigns (MOH supported by UNICEF and WHO), the development of a Nutrition Handbook for the Family (MAFF supported by FAO), media training to journalists (CARD supported by UNESCO), establishment and training of OSH committees and adapted BCC materials and radio spots in factories (MoLVT and MOH, supported by ILO).
4. **Sustainability and scale**: For sustainability reasons and to increase the coverage of the campaign, the materials of the campaign have been open access resources and have been widely shared with other organizations, so they can be used by any interested party. This was a way of scaling up the BCC part of the programme. Focus of the campaign was on child feeding behaviours.
5. **Limitation**: Weakness concerns that there was no tracking of who picked up what and no systematic monitoring of the effects of the campaign.

f. Please report on scalability of the joint programme and/or any of its components: i) To what extend has the joint programme assessed and systematized development results with the intention to use as evidence for replication or scaling up the joint programme or any of its components?, ii) Describe example, if any, of replication or scaling up that are being undertaken, and iii) Describe the joint programme exit strategy and assess how it has improved the sustainability of the joint program

Thanks to the JP, UNICEF has provided enough MNP supply for initial scale-up in 27 of 77 districts, reaching an estimated 15% children (aged 6-23 months). The intervention has been integrated into the Cambodian health system but more support is waited by the government to continue the scale up, increase the coverage and ensure quality supply: i) Continued support to MNP supply to expand coverage and current partnerships with NGOs, and will give leverage to arranging cost-sharing with government and partners; ii) Operational support to community workers and supervision of community based activities by local government will be embedded in a larger community based programme for Early Childhood Care and Development (ECCD) and resources will go directly to local government and iii) Development and implementation of mass media interventions in support of increasing community demand for MNP supplementation. This will be complemented by interpersonal communication materials, for use by community workers to further stimulate demand in areas where it is most needed.

A three year time frame proved short for a relatively complex programme to reach sustained results and follow up need to be included after the programme.

## IV. FINANCIAL STATUS OF THE JOINT PROGRAMME

a. Provide a final financial status of the joint programme in the following categories:

| Agency | Original Approved Budget | Total Budget Transferred to Country Office (Programmable Amount) | Total Budget Disbursed (Programmable Amount) | Unspent amount |
|---|---|---|---|---|
| FAO | 493,270 | 493,270 | 493,270 | - |
| ILO | 345,610 | 345,610 | 340,694 | 4,916 |
| UNESCO | 230,157 | 230,157 | 230,157 | - |
| UNICEF | 2,501,874 | 2,501,874 | 2,501,874 | - |
| WFP | 638,790 | 638,790 | 638,790 | - |
| WHO | 789,660 | 789,660 | 789,660 | - |
| **Total** | **4,999,361** | **4,999,361** | **4,994,445** | **4,916** |

b. Explain any outstanding balance or variances with the original budget

## V. OTHER COMMENTS AND/OR ADDITIONAL INFORMATION

## VI. CERTIFICATION ON OPERATIONAL CLOSURE OF THE PROJECT

By signing, Participating United Nations Organizations (PUNO) certify that the project has been operationally completed.

| PUNO | NAME | TITLE | SIGNATURE | DATE |
|---|---|---|---|---|
| UNICEF | Rana Flowers | Country Representative | | 30/08/2013 |
| UNESCO | Anne LEMAISTRE | Representative | | 30/08/2013 |
| WFP | Gianpiertro Bordignon | Country Representative | | 30/08/2013 |
| FAO | Nina Brandstrup | Representative | | 26/08/2013 |
| WHO | Pieter JM van Maaren | Representative | | 27/08/2013 |
| ILO | Maurizio Bussi | Officer-in-Charge of CO for Thailand, Cambodia and Lao PDR | | 30/08/2013 |

## VII. ANNEXES

1. List of all document/studies produced by the joint programme
2. List all communication products created by the joint programme
3. Minutes of the final review meeting of the Programme Management Committee and National Steering Committee (the final review meeting will take place in October 2013)
4. Final Evaluation Report
5. M&E framework with update final values of indicators

MDG ACHIEVEMENT FUND

# Annexes I & II. List of Documents, Studies, and Communication Products Produced by the Joint Programme for Children, Food Security and Nutrition in Cambodia

| | Title | Description | (Print/electronic/ media) |
|---|---|---|---|
| Lessons learned | 1. Mid-term evaluation of the "Joint Programme for Children, Food Security and Nutrition in Cambodia" | | |
| | | | |
| Case studies | 1. Two case studies to be completed as part of Final Evaluation | | |
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| Other general products about the JP | 2. The MDG baseline study report<br>3. Caretaker Perceptions of micronutrient Powder (MNP)<br>4. Study report on Women Working in Factories and Maternal Health - Focus on the Nutrition Component<br>5. 2010 ASSESSMENT OF INITIAL IMPLEMENTATION OF MAM<br>6. Farmer field school and education training assessments | Studies to assess and adjust programme implementation | |
| | | | |
| Advocacy and communication materials | 7. Food Security Bulletins (Issue No.1-No.7)<br>8. MNP and SAM human interest stories | FSN bulletins produced at national level and used for flood response in 2011-2012. | |
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| Education materials (for beneficiaries) e.g. leaflets, posters materials | 9. IEC/BCC materials to Promote the Use of Iron/Folic Acid (IFA) Supplementation for Pregnant and Post Partum Women and for Complementary Feeding | Materials include posters, leaflets, banners, flipcharts, t-shirts and soap box. | |
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| | Title | Description | (Print/electronic/ media) |
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| Technical guidance and training | 10. National Interim Guidelines for the Management of Acute Malnutrition<br>11. National Guidelines for Micronutrient Supplementation<br>12. Curriculum for MSc in Nutrition<br>13. National Communication Strategies to Promote the Use of Iron/Folic Acid (IFA) Supplementation for Pregnant and Post Partum Women and for Complementary Feeding | All documents are government-endorsed policy documents | |
| Training materials (for service providers) | 14. Family Nutrition Handbook<br>15. OPD Management of Acute Malnutrition<br>16. MNP<br>17. Media Handbook for FSN by UNESCO | All documents are government-endorsed training packages | |
| | | | |
| Videos | Joint Programme overview | Brief overview prepared for National Seminar presided over by PM | |
| Other media e.g. radio | TV Spots and radio for communication campaigns | Media for BCC includes multiple TV and radio spots and karaoke songs. | |

# Annex 4CFSN Final M&E Framework

| Expected Results (Outcomes & outputs) | Indicators | Baseline | Overall JP Expected target | Achievement of Target to date |
|---|---|---|---|---|
| **JP Outcome 1 Policy decisions and targeting are informed by reliable and up-to-date evidence on the magnitude, distribution and causes of undernutrition in China** | | | | |
| 1.1 Food Security Situation in pilot counties understood by policymakers | 1.1.1 Comprehensive food security indicators. Completed survey and a briefing workshop held | N/A<br><br>Pls refer to the baseline report. | Report published<br><br>Evaluation report completed and policy makers informed | A baseline and end-line surveys were conducted on food security situation at the household level in six pilot counties. Publication of *Analysis of Food Security and Vulnerability in Six Counties in Rural China* and a report on comparative analysis of data from a second survey availed the number of people and regions affected by food insecurity as well as factors leading to food insecurity, while making recommendations for policy intervention.<br><br>*Analysis of Food Security and Vulnerability in Six Counties in Rural China* was broadly distributed to the relevant government agencies like Ministry of Agriculture, National Development and Reform Commission, |

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| | | | | National Statistics Bureau etc. and international development and aid agencies as well as UN agencies such as World Bank, ADB, DFID,FAO, UNDP, UNICEF, WHO etc. |
| | 1.1.2 Nutritional status information on women and children in 3 intervention counties reported to policy makers | information not available. | The information on micronutrients deficiency of women and children collected. | The nutritional status information on women and children in project counties collected at baseline and after Ying Yang Bao intervention. Samples randomly chosen. Information on Dietary intake and IYCF collected. Veins blood of women and children collected for laboratory test of micronutrients deficiency. The laboratory result is finished. The comprehensive report finalized and submitted. |
| 1.2.Targeting and monitoring improved through availability of improved national database on nutritional status of women and children | Nutrition and child feeding data available for the six pilot counties and incorporated into national surveillance systems. | No data available | Data available and incorporated | Baseline was survey conducted in November 2010.<br>Baseline household survey data and report developed and shared with government<br>The national nutrition data base improving is on going<br>the national nutrition indicator assessment conducted and data |

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| | | | | collection tool developed |
| JP Outcome2 **Undernutrition and micronutrient deficiencies reduced among poor women and children in selected demonstration counties** | | | | |
| 2.1 Exclusive breastfeeding increased and quality of complementary food and micronutrient supplementation improved | 2.1.1 Complementary food supplements(CFS) in 3 counties reaching 9000 children aged 6-24 months by Year 3. The coverage of CFS<br>The compliance of CFS.<br>Quality of product | To be assessed | At least 95% of the target children receive CFS one time. At least 80% of children who received CFS consume CFS more than 3 times per week. | Project launched, Plans for assessment developed. Procurement of supplements finished, training materials developed.Yingyangbao (CFS) and communication materials delivered to households with children aged 6-23 months. Around 13055 children benefiting. The coverage of Yingyangbao in project counties was 98.2% and 99.6% of the children consumed CFS more than 3 times per week.<br><br>Communication campaigns at county, township and village levels were conducted, which increased the awareness of Yingyangbao by parents and the compliance of Yingyangbao. |

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| | 2.1.2 Data on infant food availability and on infant feeding preferences, knowledge and practice coverage available. | No data available | Data available | Baseline coverage survey conducted in November 2010.<br>Feeding preference survey conducted in November 2010.<br>Data on infant feeding preference available and analysis report developed<br>The local food research conducted and guidelines for daily food intakes based on the local food sources and national guidelines developed<br>The local food recipes distributed and local health staff training on IYCF conducted |
| | 2.1.3 National Code of marketing of breast milk substitutes revised | No data available | National Code revised | The draft of the revised code available and sent to the relevant Ministries and WHO/CO and WPRO for comment<br>The final draft posted on the website for public comments<br>The joint UNICEF/WHO/UNFPA comments on the draft Code developed and shared with MOH<br>The national BFHI re assessment tool developed and tested.<br>The training workshop on BFHI conducted, and the media workshop and national celebration event on CODE/BF and WBW are planned from 1-3 Aug. |

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| | 2.1.4 Increase by 25% the number of businesses providing the right to and capacity for continuing breastfeeding upon return to work in the pilot counties by Year 3. | No data available | National policies and legislation, and enterprise practices on maternity protection reviewed and improved. | *Research Report on Maternity Protection in Wuding County* was finalized. Some suggestions of this report have been reflected in the newly issued National Regulation on Labour Protection for Women Workers, P.R of China;<br><br>The ILO Maternity Protection Resource Package has been translated into Chinese and shared with Chinese counterparts, as well as other UN agencies.<br><br>Wuding Trade Unions has developed brochure and video on maternity protection and distributed in Wuding enterprises.<br><br>The baseline survey and supplementary baseline survey completed;<br><br>The number of enterprises providing the right to and capacity for continuing breastfeeding upon return to work has increased from 4 to 16 after the intervention of the project. |

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| **2.2 Household dietary intake of micronutrient-rich, locally-available food increased in 3 pilot counties** | Proportion of diet made up by locally available micronutrient rich foods in pilot areas. | As per baseline survey reports | Target: increase 30% by Year 3. | （1） Comprehensive intervention strategy of “vegetable farms + animal husbandry + training on agricultural techniques + nutrition education” developed.<br>（2） Proportion of diet in rural households made up by micronutrient-rich foods increased by 41.3% (higher than established goal) as compared to baseline.<br>（3） Significant improvement in household dietary diversification (HDD): 4%~24%; in women dietary diversification (WDD): 29%~89%. Average increase in production of vegetables rich in vitamin A: 32.5%; significant expansion of family-based animal husbandry.<br>（4） Nutrition knowledge, attitudes and practices (KAP) on nutrition significantly improved among rural household, as compared to baseline. |
| 2.3 National plan for food fortification in place and implemented | 2.3.1<br>In-home food fortification plan developed and approved. Plan developed | There is currently no plan on food fortification | A plan for addressing micronutrients in high risk groups developed and costed | One working group meeting held, to be expanded to include relevant sectors.The nutrition intervention technical guidelines finalized. |
| JP Outcome 3 **Food-related illness reduced through safer food production and preparation for children** | | | | |

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| 3.1 Food production for children made safer in pilot areas | 3.1.1 Pilot enterprises trained in HACCP process by Year 3 | 0 Enterprises Trained | 5 Enterprises Trained | Training materials compiled.<br><br>100% HACCP training by CNIS and UNIDO completed in coordination with ILO and SAWS. 4 of 5 enterprises received HACCP certification. |
| | 3.1.2 Increase in the capacity of pilot laboratories to perform food safety monitoring via ISO 17025 accreditation training by Year 3. | 0 Laboratories | 4 Laboratories | Training materials compiled<br><br>100% training completed. 3 of 4 inspection centres received accreditation. (Dali, Zunyi and Anshun). Yuxi plans to apply next year after moving facilities. |

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| | 3.1.3 Increase in the capacity of food safety/quality inspectors to carry out food safety monitoring by Year 2 | 0 Inspectors trained | 30 Inspectors trained | Training materials compiled<br><br>100% training completed.<br><br>6 trainees attended overseas study tour in Austria, including visits to Austrian Standards Institute and the Austrian Agency for Health and Food Safety. |
| | 3.1.4 Guidelines on safety and health at work including the safe use of chemicals in industries producing child nutrition products developed and 8 businesses applying them by Year 3.<br><br>50 OSH inspectors trained to provide quality services to the businesses | 0<br><br>0 | 4<br><br>50 | *The Guide on work safety standardization for food enterprises* has been finalized and shared with OSH officials, inspectors, and pilot enterprises;<br><br>*The training manualson work safety* have been finalized and shared with OSH inspectors and food-processing enterprises in pilot provinces;<br><br>More than 100 OSH inspectors and more than 400 managers and technical personnel in food enterprises have been trained;<br><br>Four pilot food enterprises have their potential workplace hazard and risks identified and corrected, and regulations on work safety developed. |

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| | 3.1.5 Management plans and policy advice developed for target sectors in pilot areas in Year 3 | No such management plans or policy advice. | Create management plans and disseminate policy advice for two pilot provinces | Policy advice to strengthen food safety management and oversight developed from participating organizations, CNIS and UNIDO and delivered to local counterparts and Governments: 21 policies adopted at various Government levels in Guizhou; 33 policies adopted at various Government levels in Yunnan (21 in Dali, 12 in Yuxi). |
| **3.2 Handling and preparation of food for infants and children made safer** | 3.2.1 Selected primary and secondary schools, hospitals/departments of gynaecology obstetrics and paediatrics, and women's association in the six counties trained or made aware of WHO's Five Keys to Safer Food, by Year 3. | 0 | primary and secondary schools, hospitals and women's association groups in the six counties trained by Year 3. | Nearly 2000 women and nearly 2000 children participated in various IEC (information, education and communication) activities on WHO's five key points to safer food, knowledge on purchasing and identifying safe food, preventing food poisoning, and complaining about the food problem. |
| | 3.2.2<br><br>At least 15 schools in each selected target counties will integrate nutrition and food safety into school health education curriculum with 100% | Nutrition and food safety education not systematically planned and included in school teaching and | 1 To train principals and science/health teachers from 50 schools of each project counties in the use of supplementary materials in classroom;<br>2 To support 15 schools | Policy analysis and needs assessment on nutrition and food safety education conducted, supplementary teaching and learning materials developed. Piloting of integration of nutrition and food safety education in school teaching and learning conducted in the two project |

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| | of their science and health education teachers as well as head teachers in pilot schools trained in the use of newly developed supplementary materials in classrooms by Year 3<br><br>(This target is under revision) | learning and activities. | of each county to pilot integration of nutrition and food safety education in school teaching and learning and activities | counties.Evidence-based policy recommendations on improving nutrition and food safety education in primary and secondary education consolidated and disseminated to national education policy makers. |
| **3.3 New national food safety law successfully implemented** | 3.3.1 300 government officials, 500 legal personnel and 500 employees will be trained in the new food safety law. | N.A. | 1) To promote the improvement of China's food safety law and its supportive regulations, rules and judicial interpretations. 2) To strengthen legal awareness, legal knowledge and the ability of applying laws of the food safety law enforcement agencies, operators and consumers as well. | Research Center for China Food Safety Law was launched in Aug. 2010. Expert consultation seminar on food safety law was convened and suggestions of adding two crimes endangering food safety were incorporated to the 8th Amendments to the Criminal Law; China Food Safety Law website(www.foodlaw.cn)was established and regularly updated; China's Food Safety Law magazine (bi-monthly) was launched and published 15 editions. New English table of contents and executive summary for each paper published have been added; the first national knowledge contest for Food Safety law was organized; The food safety supervision mechanism and food safety innovation was piloted in Shangluo City of Shaanxi Province. ; The first China Food Safety Law Summit |

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| | | | | was organized in December 2011, the NPC Secretary General Mr. Li Jianguo and over 10 Vice Ministers in food safety regulation in China attended and delivered speech. In the first half of 2012, the following was achieved. 280 Judges were trained in the first year and 240 senior judges were trained on 'Criminal Regulation of Food Safety Issues' on 6 March 2012. Judge Miao Youshui, the Presiding Judge and the Director-General of the Second Criminal Adjudication Tribunal of the Supreme People's Court were invited to give lectures at the training; In addition, 200 legal personnel were trained in food safety law implementation.<br><br>2. Expert advice on amending the Food Safety Law and recommendation of organizing the Food Safety Awareness Raising Week in June 2012 were submitted to the National Food Safety Office of the State Council;<br>3. The Food Safety Law Research Center supported by the project was entrusted by the Ministry of Health to draft the Implementation Measures of the Food Safety Law.<br>4. The annual report of China's Food |

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| | | | | Safety Rule of Law (2011) was compiled and published.<br>5. A new China Food Safety and Rule of Law Forum was established and the first lecture on food safety and rule of law were organized.<br>6. Entrusted by the General Administration of Quality Supervision, the Food Safety Law Research Center supported by the project drafted the Supervision System of Manufacturers of Infant Formula Milk Powder. |
| | 3.3.2 New food safety law promoted and disseminated inpartnership with civil society, especially to women's groups and local communities in pilot counties by Year 3 | 0 | Women's groups (100 female cadres) will be trained and awareness on food safety raised among at least 1000 residents in the selected communities by year 3 | 1)Desk review of the new Food Safety Law, and policy documents/publications on food safety and security conducted; 2) Needs assessment and baseline survey conducted to examine women's awareness about the new food safety law, knowledge about nutrition and their need for food safety services/support ; 3) a training manual on provision of rights-based services for women against food safety disputes developed for local social workers and women's federation staff; 4) Trainings on new food safety law and rights protection undertaken for local communities and women's group; |

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| | | | | 5)Dialogue heldamong stakeholders for facilitating implementation of new food safety law. |
| | 3.3.3 The establishment and testing of a documented food emergency response system and a food complaints system that are operational at county-level by Year 3 | 0 | Target: Systems in place and operational at county-level by Year 3. | Based on WHO guidelines on food safety emergency response system and food complaint system and China's national law and regulations as well as the pilot counties' situation, the plan for systems improvement were developed and the drill exercise were completed to test the plans. Policy advice was made to improve the local food safety emergency response system and food complaint system. |
| | 3.3.4 Training of trainers targeting regulators and food producers and traders on the new food safety law conducted at county-level by Year 3. | 0 | Training of trainers conducted at provincial-level by Year 1 and at county level by Year 3. | Training manual for food safety inspectors and training manual for food production and operation enterprises managers have been developed on food safety law and food safety knowledge. Nearly 250 food safety inspectors and 250 food production and operation enterprises managers were trained using the training manuals. |
| JP Outcome 4 **National child nutrition and food safety policies, guidelines, regulations and standards are revised according to results of the pilots and lessons learned are scaled up nation-wide** | | | | |

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| 4.1 Development and printing of advocacy package for in-home food fortification | The advocacy package for in-home food fortification developed. | None | Advocacy package for food fortification especially covering high risk groups | Advocacy package for in-home food fortification developed.<br>A video showcased the outcomes and achievements under the MDG-FundedCFSN joint project and policy recommendations developed and submitted to relevant government ministries. |
| 4.2<br>Media training of at least 100 journalists in pilot counties | At least 10% increase in articles on food security, safety and nutrition in target areas by Year 3<br>(Baseline: Media review through sampling in selected pilot counties) | Baseline assessment and training needs analysis conducted, | 100 journalists from target areas trained and the impact assesed. | Baseline survey on media situation conducted, analysis of journalists' needs for training on reporting issues related to nutrition, food safety and security conducted, a journalist manual developed with information on nutrition, food safety and security as well as reporting skills.<br>100 journalists from six pilot counties and provincial capitals in Guizhou, Yunnan and Shaanxi provinces trained. News reports on food safety and nutrition collected and final assessment developed.media coverage on food safety and nutrition increased by 46.67% in the pilot areas<br>Together with UNICEF, developed a multimedia presentation to showcase project achievements and provide policy recommendations. Provincial and |

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| | | | | local trained journalists in Yunnan province have been visited to review the media training and provide feedbacks and suggestions. |