

REVISED STANDARD JOINT PROGRAMME DOCUMENT

1. Cover Page

Country: **Cambodia**

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

Joint Programme Outcome(s):

1. **Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women**
2. **Strengthening of the implementation of existing nutrition, food security, and agricultural policies; and development of new policies addressing malnutrition**
3. **Development and management of an integrated food security and nutrition monitoring system**

UNDAF Outcomes:

- **Improved health, nutritional and education status and gender equity of rural poor and vulnerable groups**
- **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**

Programme Duration: **3 years**

Start date: **1 Jan. 2010**

End date: **31 Dec. 2012**

Fund Management Option(s): **Pass-through**
Administrative Agent: **UNDP, MDTF Office**

Total estimated budget*: **USD 4,999,361**

Out of which:

1. Funded Budget: **USD 4,999,361**

2. Unfunded budget:

* Total estimated budget includes both programme costs and indirect support costs

Participating UN Organization	Total Budget
UNICEF	\$2,501,874
WHO	\$789,660
FAO	\$493,270
WFP	\$638,790
ILO	\$345,610
UNESCO	\$230,157
TOTAL	\$4,999,361


Names and signatures of (sub) national counterparts and participating UN organizations

By signing and stamping with the organization seal this joint programme document, all signatories – national coordinating authorities and UN organizations - assume full responsibility to achieve results identified with each of them as shown in Table 1 and detailed in annual work plans.

Government counterparts


H.E. Rath Virak
Secretary General
Council for Agricultural and Rural
Development (CARD)

Signature: 
Date: November 2009


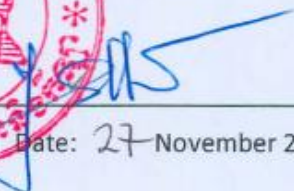
H.E. Dr. Chan Sarun
Minister for Agriculture, Forestry and Fisheries
Royal Government of Cambodia 


Signature: 
Date: November 2009

H.E. Vong Sauth
Minister for Labor and Vocational Training
Royal Government of Cambodia

Signature: 
Date: November 2009

H.E. Im Sathy
Minister for Education, Youth and Sports
Royal Government of Cambodia



Signature: 
Date: 27 November 2009

Date: November 2009
H.E. Professor Eng Huot
Secretary of State, Ministry of Health
Royal Government of Cambodia 



Signature: 
Date: 26 November 2009

UN organizations


Dr. Michel J.J. Thieren
Acting WHO Representative in Cambodia

Signature: 
Date: 18 November 2009


Dr. Richard Bridle
UNICEF Representative in Cambodia

Signature: 
Date: 18 November 2009


Mr. Ajay Markanday
FAO Representative in Cambodia

Signature: 
Date: 18 November 2009

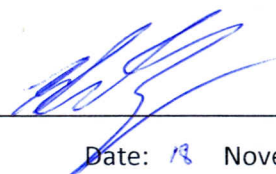
Mr. Tuomo Poutiainen
ILO Focal Point in Cambodia

Signature: 
Date: 18 November 2009

Mr. Teruo Jinnai
UNESCO Representative in Cambodia

Signature: 
Date: 18 November 2009

Mr. Jean-Pierre de Margerie
WFP Representative in Cambodia

Signature: 
Date: 18 November 2009

LIST OF ABBREVIATIONS

Antenatal Care	ANC
Baby Friendly Community Initiative	BFCI
Behavior Change Communication	BCC
Breastfeeding	BF
Cambodian Child Survival Strategy	CCSS
Cambodian Communications Institute	CCI
Cambodian Demographic and Health Survey	CDHS
Cambodian Federation of Employers and Business Associations	CAMFEBA
Cambodian Millennium Development Goals	CMDG
Commune Council	CC
Complementary Feeding	CF
Council for Agricultural and Rural Development	CARD
Department of Planning and Information	DPHI
District Office of Education	DOE
Early Childhood Care and Development	ECCD
Farmer Field School	FFS
Food Security and Nutrition	FSN
Food Security Support Programme	FSSP
Garment Manufacturer Association of Cambodia	GMAC
Geographic Information Systems	GIS
Health Centre	HC
2 nd Health Strategic Plan 2008-2015	HSP-2
Infant and Young Child Feeding	IYCF
Integrated Management of Childhood Illness	IMCI
Iron Folic Acid	IFA
Joint Program Management Committee	PMC
Joint Program	JP
Kampong Speu	KPS
Middle Upper Arm Circumference	MUAC
Minimum Package of Activities	MPA
Ministry of Agriculture, Forestry and Fisheries	MAFF
Ministry of Education, Youth and Sport	MoEYS
Ministry of Health	MoH
Ministry of Information	Mol
Ministry of Labour and Vocational Training	MoLVT
Ministry of Planning	MoP
Ministry of Women's Affairs	MoWA
National Centre for Health Promotion	NCHP
National Institute of Statistics	NIS
National Maternal and Child Health Centre	NMCHC
National Nutrition Program	NNP
National Program Coordinator	NPC
National Steering Committee	NSC
National Strategic Development Plan	NSDP
Occupational Safety and Health	OSH
Provincial Health Department	PHD
Provincial Office of Education	POE
Provincial Programme Coordinator	PPC
Strategy for Agriculture and Water	SAW
Svay Rieng	SRG
Technical Working Group Food Security and Nutrition	TWG FSN
Technical Working Group Health	TWG-H

United Nations Development Assistance Framework
Village Health Support Group
Women of Reproductive Age

UNDAF
VHSG
WRA

2. EXECUTIVE SUMMARY

The Joint Programme for Children, Nutrition and Food Security in Cambodia addresses issues of critical importance for the health of women and children, and of highest priority for nutrition and food security as recognized by the Royal Government of Cambodia (RGC) as well as by the UN Country Team and other key stakeholders in the country.

The Joint Programme (JP) will contribute to the achievement of three Millennium Development Goals: MDG 1 - eradicating extreme poverty and hunger, MDG 4 - reducing child mortality, and MDG 5 - improving maternal health. In addition, the JP will directly contribute to strategic development goals as articulated in national Strategic Framework for Food Security and Nutrition in Cambodia 2008-2012.

Developed through a consultative process involving government partners, UN agencies and other relevant stakeholders, the JP will make an important and sustainable contribution to reducing undernutrition among children 0-24 months and pregnant and lactating women and improving food security.

Based on internationally recognized evidence together with lessons learned in the country, the JP will adopt a comprehensive and integrated strategy to achieve its outcomes through providing support to:

- 1) The development and implementation of a nationwide comprehensive Behaviour Change Communication (BCC) plan comprising mass media, interpersonal communication and social mobilization for breastfeeding, complementary feeding, and iron and folic acid (IFA) supplementation for women during pregnancy and in the post-partum period
- 2) The provision of an integrated comprehensive package of nutrition and food security interventions delivered with intensity and high coverage in two food insecure provinces – Kampong Speu and Svay Rieng. The package will be delivered through government health services and existing community interventions in the areas of education, agriculture, food safety and nutrition.
- 3) The review of implementation and strengthening of existing nutrition, food security, and agricultural policies; and the development of new nutrition policies
- 4) The development of an integrated national food security and nutrition (FSN) monitoring system.

Thus, the proposal will employ two complementary approaches for achieving measurable impact on nutrition status and behaviour within the life span of the 3-year JP. The nationwide BCC activities for improved Infant and Young Child Feeding practices (IYCF) and increased uptake of maternal IFA supplementation will be paired with geographically focused implementation of an innovative, integrated and comprehensive food security and nutrition package. The lessons learned in the targeted provinces will guide scale-up across the country while the support for policy development and monitoring will promote the use of effective interventions and facilitate evidence-based decisions.

The JP has been developed through a process of close consultations between the six participating UN agencies and their respective government counterparts.

3. SITUATION ANALYSIS

Cambodia is among the 36 countries in the world with the highest burden of maternal and child under-nutrition. Although there have been improvements in the nutritional status of women and

young children over the last decade, progress has been slow and under-nutrition remains a very important contributing factor for persistently high maternal and child mortality rates in the country.

Child nutrition

The Cambodia Demographics and Health Survey 2005 (CDHS) found that 44% of children below the age of five years were chronically malnourished (stunted), 28% were underweight and 8% were acutely malnourished (wasted)¹. Anaemia rates were high with 62% of under-five children being anaemic. Despite good progress over the last decade in reducing the number of child deaths, Cambodia has one of the highest child mortality rates in the region. The national under-five mortality rate of 83 per 1000 live births equates to more than 30 000 deaths per year among children below five years of age.

The recent Lancet series on nutrition concluded that 35% of under-five deaths can be attributed to undernutrition². Poor nutrition also prevents children from developing to their full potential and leads to reduced cognitive ability in adult life. Reduced productivity as a result of poor nutrition is estimated to equal a loss of 2-3% of GDP³. Because nutrition is so intimately linked to poverty, child development and academic performance, investing in improved child nutrition not only saves lives, but also realizes children's rights and contributes to equity and economic development in the society.

Breastfeeding

Exclusive breastfeeding is the single most important protective factor during the first six months of a child's life. Although the average exclusive breastfeeding rate is as high as 60% in Cambodia in the 0-6 month age group, only 35% of newborns receive breastmilk within an hour of birth and only 20% of infants are still exclusively breastfed when they reach six months of age. The median duration of exclusive breastfeeding is 3.2 months, and most children begin to receive complementary food before 4 months of age. More than half of the breastfed infants receive water and other pre-lacteal feeds, increasing the risk of life-threatening infections⁴.

Complementary feeding

Complementary feeding practices in Cambodia are inadequate in frequency, amounts and nutrient content. The result is a steep increase of malnutrition rates in the 4-6 months age group. The CDHS 2005 shows that less than half of children aged 6-24 months receive adequate complementary feeding according to the recommended infant and young child feeding practices. Poor hygiene and sanitation lead to frequent episodes of diarrhoea, an important risk factor for malnutrition. A substantial body of evidence suggests that interventions to increase early initiation and exclusive breastfeeding, and to improve complementary feeding practices, when implemented at scale, will have a significant impact on reducing undernutrition and under-5 mortality⁵.

Maternal Nutrition

A comparison of CDHS data from 2000 and 2005 reveals that there has been no substantial improvement in the nutrition status of women of reproductive age (WRA) over the period. Malnourished and anaemic women are at increased risk of dying during and after childbirth and their babies are at increased risk of intra-uterine growth retardation, pre-term birth and developmental delays. Forty-seven percent of WRA, and 57% of the pregnant women are anaemic. Recent reviews

¹ National Institute of Public Health and National Institute of Statistics, 2006. *Cambodia Demographic Health Survey (CDHS) 2005 (revised in 2007)*.

² Undernutrition Study Group. What works? Interventions for maternal and child undernutrition and survival. *Lancet* 2008; 371: 417-440.

³ The National Nutrition Program of Cambodia, *Nutrition in Cambodia, 2008: An Analysis of Nutritional Status, Trends and Responses*

⁴ National Institute of Public Health and National Institute of Statistics, 2006. *Cambodia Demographic Health Survey (CDHS) 2005 (revised in 2007)*.

⁵ Undernutrition Study Group. What works? Interventions for maternal and child undernutrition and survival. *Lancet* 2008; 371: 417-440.

have shown that for every 1 g/dL increase in haemoglobin, maternal mortality decreases for both severely and moderately anaemic pregnant women. Recent evidence indicates that IFA supplementation starting from early in pregnancy not only decreases anaemia and the risk of preterm delivery but also significantly decreases neonatal mortality⁶.

The consequences of chronic malnutrition are carried across generations. A low birth weight girl who is born to an undernourished mother is less likely to grow to her full potential and she will, just as her mother, be at increased risk of complications when she herself gives birth. Maternal mortality in Cambodia remains very high at 472 deaths per 100,000 live births⁷ and essentially unchanged over several decades partly as a result of women's poor nutritional status. Reducing stunting among young children and undernutrition among WRA is critical for bringing down maternal deaths in the longer perspective as well as for achieving CMDG 5 in the shorter term.

Food Security

Despite Cambodia being largely food self-sufficient for the past decades, food security remains a problem for many households. In fact, almost all provinces in the country, with the exceptions of Phnom Penh and Battambang, are considered "chronically food-insecure"⁸. The *food price crisis* had a significant impact on poor households in Cambodia and could have devastating consequences on the nutritional status of women and children. A survey in July 2008 found that 1.7 million Cambodians experience food insecurity as an effect of the high food prices. That number was expected to increase to 2.8 million, or 20% of the population, during the 2008 "lean season". Households have adopted harmful coping strategies such as cutting back food consumption, replacing micronutrient rich foods with staples, selling household and agricultural assets, and increasing loan depth. This will have long term negative consequences for nutrition, health, child development and food security⁹.

The RGC has signed the Millennium Declaration and is committed to achieving the Cambodian Millennium Development Goals by 2015. Eradicating extreme poverty and hunger (MDG 1), reducing child mortality (MDG 4) and, improving maternal health (MDG 5) are largely dependent on progress in improving nutrition along with improvement of health services. Clearly, nutrition must remain high on the political agenda and integrated nutrition strategies, from food based nutrition in the household to targeted nutrition interventions delivered through existing public health services and community interventions, are required, if Cambodia is to meet its development targets.

4. STRATEGIES, INCLUDING LESSONS LEARNED AND THE PROPOSED JOINT PROGRAMME

BACKGROUND/CONTEXT

In the National Strategic Development Plan (NSDP) 2006-2010 and the United Nations Development Assistance Framework (UNDAF) for Cambodia 2006-10, the RGC sets out objectives to improve health, nutrition and education for rural poor and vulnerable groups, as well as to improve livelihoods and food security in general through agriculture and rural development activities. In line with the UNDAF and the NSDP, the JP will contribute to national targets and international commitments, namely the achievement of Cambodian Millennium Development Goals (CMDG): CMDG 1 - eradicate extreme poverty and hunger, CMDG 4 - reduce child mortality, and CMDG 5 - improve maternal health.

⁶ Impact of micronutrient supplementation during pregnancy on birth weight, duration of gestation, and perinatal mortality in rural western China: double blind cluster randomised controlled trial
L Zeng et al, BMJ 2008;337:a2001doi:10.1136/bmj.a2001

⁷ National Institute of Public Health and National Institute of Statistics, 2006. *Cambodia Demographic Health Survey (CDHS) 2005 (revised in 2007)*.

⁸ Integrated Food Security and Humanitarian Phase Classification (IPC). Final Report, April 2007. WFP, FAO.

⁹ Klotz C, de Pee S, Thorne-Lyman A, Kraemer K, Bloem M. Nutrition in the perfect storm: Why micronutrient malnutrition will be a widespread health consequence of high food prices. *Sight and Life* 2008; 2: 7-13.

In addition, the UN agencies, through their input to the JP and in coordination with their implementing government counterparts, will contribute to reaching other national strategic development goals as articulated in various national strategic frameworks including: (1) The second Health Strategic Plan for 2008-2015 (HSP-2) which re-confirms Cambodia's efforts and priority to improve the health of women and children; (2) The first National Nutrition Strategy (NNS) 2008-2015 which asserts the overall goal of contributing to reduced maternal and child morbidity and mortality by improving the nutritional status of women and children in Cambodia, and which also emphasizes the importance of strengthening cross-sectoral collaboration in order to reduce the persistently high maternal and child undernutrition rates; (3) The Cambodia Child Survival Strategy (CCSS) in which four out of 12 Scorecard Interventions focus on improving the nutritional status of children; (4) The national multi-sectoral policy on Early Childhood Care and Development (ECCD) which recognizes that malnourished children experience impeded cognitive development, perform less well in school and are more likely to be found in the lowest socio-economic quintile as adults; (5) The Strategic Framework for Food Security and Nutrition (2008-2012) which provides guidelines for the design and planning of programmes and projects for improved food security and nutrition, and (6) the Food Security Support Programme (FSSP), which supports the Strategy for Agriculture and Water (SAW).

The JP has been developed through a thorough consultative process involving government partners and other relevant stakeholders. The Ministry of Health (MoH), the Ministry of Agriculture, Fishery and Forestry (MAFF), the Ministry of Labour and Vocational Training (MoLVT), and the Ministry of Education, Youth and Sports (MoEYS) will be the leading executive agents for the technical components of the JP at national and provincial levels. The MoLVT and MoEYS will lead the process of reviewing the implementation status of pertinent legislation and policies, while the MoH will manage the process of developing new policies related to nutrition that have been defined as a priority for the country. The Council for Agricultural and Rural Development (CARD), a government agency linked to the Council of Ministers, with its mandate to coordinate inter-ministerial mechanisms related to nutrition and food security, will be responsible for the overall coordination of an integrated national food security and nutrition monitoring system. The Joint Programme Coordinator (JPC), whose role it is to coordinate JP inputs from government institutions and UN organisations, will be housed in CARD's office.

LESSONS LEARNED

- Nationwide mass media communication coordinated with interpersonal communication in the 2004-2008 period proved very effective in promoting breastfeeding in Cambodia. The exclusive breastfeeding rate increased from 11% in 2000 to 60% in 2005 and then further to 66% in 2008. These efforts have been extensively documented and presented in national, regional and global forums as *Good Practice*.
- Results from the BBC World Service Trust campaign for improved breastfeeding¹⁰ practices and the recent January 2009 nation-wide ANC communication plan show very promising results. The success of the campaigns is attributed to the comprehensive mix of sustained and intense mass media, interpersonal communication through home-visits and at health centres, community mobilization, and out-door and antenatal point-of-service promotion. (see Annex # for further details)
- The Baby Friendly Community Initiative (BFCl) exemplifies another successful Cambodian intervention in the area of IYCF promotion which will be scaled up in the JP. Results from implementation in six UNICEF-supported provinces demonstrated an exclusive breastfeeding rate of 92% and an early initiation rate of 59% in 2007, well above the country average. Complementary feeding practices also improved in the Baby Friendly communities as the timely introduction of complementary foods increased from 62% in 2006 to 87% in 2007.

¹⁰ Maternal and Child Health Knowledge, Attitudes and Practice Survey, BBC World Service Trust Cambodia Endline Results, September 2006

- International studies show that the provision of micronutrient supplementation to children during the critical period after exclusive breastfeeding is a low cost, equitable and cost-effective way of reducing micronutrient deficiencies, and improving growth and motor development¹¹. Results from an ongoing large scale intervention trial in Cambodia show that micronutrient supplementation, paired with nutrition counselling, for all children is a feasible intervention in Cambodia.
- Children identified with moderate malnutrition are not well managed in Cambodia today. While this group of children would not typically require admission or regular out-patient treatment at referral hospitals, it has become obvious that counselling at the time of identification is not enough to improve their nutritional status. There is a need for innovative strategies and new guidelines and trainings for improved community management of children with moderate malnutrition.
- Experience and evaluations show that the extensive network of Village Health Support Groups (VHSGs) in Cambodia can be effectively used for health promotion and community-based case management when individual group members are appropriately supervised and supported by the HC staff.
- Traditional growth monitoring, which relies on health staff regularly weighing young children and plotting their weights on growth charts, has on the whole not been successful in Cambodia. Weighing and assessment of nutrition status has never been established as routine practice in the health facility or during community outreach activities. Mid Upper Arm Circumference (MUAC) screening has been identified by the MoH and other health actors as an appropriate alternative method for identifying malnourished children. MUAC has been endorsed in the WHO/UNICEF Joint Statement on Community-based Management of Severe Malnutrition¹²
- Zinc treatment for diarrhoea shortens the time to recovery and reduces the risk of a new episode of diarrhoea. Population Services International (PSI) has successfully piloted social marketing of the Orasel kit for home care of diarrhoea in two provinces in Cambodia.¹³ The kit contains two sachets of reduced osmolarity ORS and a five-day treatment course with dispersible Zinc tablets. Social marketing of the Orasel kit will be expanded to the two JP target provinces and sustainable delivery channels through existing community based distributors will be explored. Zinc treatment for childhood diarrhoea will also be promoted through training and supervision of HC staff and private clinics.
- Food based nutrition helps food insecure households to have access to better quality food and contributes towards improved nutrition and health at the household level.
- Cambodian women are expected to return to work early after giving birth as they often are essential contributors to the family income. Studies show that returning to work is one of the most important reasons why women decide to wean their babies long before the recommended six month exclusive breastfeeding period¹⁴, making it important to intervene at the work place to facilitate breastfeeding practices and to encourage women to continue breastfeeding exclusively until the child is six months old.
- Studies show that babies who are breastfed get sick less often. As a consequence, working mothers who are supported to breastfeed need to take fewer days off to care for sick children. It has been observed that parents of breastfed babies used 50 percent fewer sick days than those whose babies were bottle fed.¹⁵

¹¹ Provision of Multiple Rather Than Two or Fewer Micronutrients More Effectively Improves Growth and Other Outcomes in Micronutrient-Deficient Children and Adults. LH Allen et al. *Nutr.* 139: 1022–1030, 2009.

¹²Community-Based Management of Severe Acute Malnutrition: A Joint Statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund, 2007

¹³ Assessment of Pilot Zinc Introduction in Cambodia, USAID &WHO Joint Team, 2007

¹⁴ Indu B. Ahluwalia, Brian Morrow and Jason Hsia. 2005. "Why Do Women Stop Breastfeeding? Findings From the Pregnancy Risk Assessment and Monitoring System". *Pediatrics*. Vol 16 No 6. December.

¹⁵ Cohen, R. et al (1995), "Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women".

STRATEGIES

The JP will make an important and sustainable contribution in addressing undernutrition and food security in the target populations, explicitly children 0-24 months and pregnant and lactating women. It will build upon the experiences of the RGC, NGOs and the UN from implementing nutrition and food security programmes and it will work in synergy with existing nutrition and food security initiatives. The adopted joint approach, together with adherence to national strategies and the leveraging of resources from the RGC budget and international development partners is expected to result in improved multi-sectoral coordination both at the national and provincial levels, and to ensure sustainability and long term impact of the programme.

The JP will adopt a comprehensive and integrated four-pronged strategy to achieve its outcomes through providing support to: a) the development and implementation of comprehensive BCC plans comprising mass media, interpersonal communication and social mobilization for the promotion of breastfeeding, complementary feeding, and IFA supplementation during pregnancy and in the post-partum period, b) the 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 through the existing government health services down to the community level, c) the review of implementation and strengthening of existing nutrition, food security, and agricultural policies; and the development of new nutrition policies, and d) the development of an integrated national food security and nutrition (FSN) monitoring system.

The two target provinces were selected based on the following criteria: (1) both provinces have comparatively well functioning health systems and VHSG networks, (2) UNICEF is physically present and supports community participation and the health system in both provinces, (3) both provinces are considered by the WFP to be “chronically food insecure” as stated in the April 2007 report “Integrated Food Security and Humanitarian Phase Classification” and, (4) a recent national anthropometric survey in November 2008 found that both provinces had acute malnutrition rates higher than 10% among under-five children.

The JP strategies have been developed using an evidence-based approach and take into consideration both international best practices and specific lessons learned related to nutrition and food security in Cambodia.

Behaviour Change Communication (BCC) plans

The JP will support the development and implementation of nation-wide comprehensive BCC plans on breastfeeding, complementary feeding and IFA supplementation of pregnant and postpartum women. The intervention will comprise of a sustained and intense mass media component, an interpersonal communication component and a social mobilization component. The MDG-F grant will support a nation-wide media campaign and together with intense interpersonal communication and social mobilization in the two target provinces. Other resources, including the Health Sector Support Project 2008-2013 (HSSP-2) and the European Commission funded Health Behaviour Change Communication¹⁶ project will be leveraged to ensure highest possible coverage of inter-personal communication and social mobilization outside of the targeted provinces. The experiences from the JP target provinces will be communicated and interested provinces will be assisted to implement their own programs as resources become available.

Radio and TV communication is proven to effectively promote behaviour change in Cambodia and the nationwide media component was adopted by the JP as a result of the positive evaluations of mass media BCC interventions in the areas of HIV, breastfeeding and maternal health. It was considered important to work with nationwide media for several reasons. Because mass media BCC is such a powerful public health tool in Cambodia, it was felt that populations outside of the target

¹⁶ The EC-UNICEF supported Health Behavior Change Communication project (estimated at 5 mln euro) is being implemented nation-wide by the National Center for Health Promotion from 2005.

provinces should not be deprived of the intervention. The mass media component of the BCC plan will make use of previously developed TV and radio spots, documentaries and dramas, and will leverage co-funding from the RGC and HSSP-2 for new productions and airtime. The mass media intervention is based on the successful Communication for Behavioural Impact (COMBI) approach with high intensity series of TV/radio spots broadcast at prime times (see Annex # for further details). Although budgets are allocated through several UN Organizations for the mass media components, the Ministry of Health's National Centre for Health Promotion (NCHP) together with the National Maternal and Child Health Centre (NMCHC) will take the lead in coordinating the development and implementation of the BCC plans with technical assistance from WHO, UNICEF, ILO, and UNESCO. UN Organizations will work through UNICEF to make use of UN preferential rates negotiated annually with the leading broadcasters for the broadcasting of mass media and the Ministry of Information has pledged support for obtaining further rate reductions. This will ensure synergies and cost efficiencies.

The JP will develop new nationwide BCC mass media products for the promotion of complementary feeding and IFA supplementation. Effective and innovative approaches in terms of message delivery will include: TV and radio spots, televised round table discussions with technical experts, televised drama/comedy series (including a previously well received breastfeeding documentary), call-in radio programs, radio dramas, training videos, and media coverage of thematic activities and ceremonies.

Complementing the mass media component, interpersonal communication training and educational materials will be developed and adapted for use at the community level by HC staff and VHSGs in the two target provinces. Already available MoH breastfeeding materials will be reviewed and adapt when needed by the JP. New materials are required for complementary feeding and IFA supplementation and these will be developed by the National Nutrition Program (NNP) and NCHP with technical support from UNICEF and WHO.

In order to reach WRA in formal and informal workplaces in the two target provinces, the MoLVT in collaboration with the ILO will adapt BCC messages and materials for broadcasting and communication in garment factories and other formal and informal workplaces.

In order to sensitise the national media on the complexity and importance of nutrition and food security issues, UNESCO and its government counterparts will conduct a series of training seminars for journalists and other media personnel. The seminars will focus on understandable, accurate and timely reporting of key issues related to maternal and child nutrition in the country, thus increasing the likelihood that the Cambodian population will receive relevant and rational information on these matters.

Nutrition Packages in two food insecure provinces

In line with global best practices, the Cambodian National Nutrition Strategy and the Food Security Support Program, the JP will support the government health services to provide an integrated and comprehensive package of preventative and curative nutrition services and food security interventions in the two target provinces.

HC staff and VHSG members in Kampong Speu and Svay Rieng provinces will be trained in existing programs and national training curricula that promote an integrated approach to nutrition. For HC staff these trainings will include the National Nutrition In-Service Training Module (Minimum Package of Activities Module 10 on nutrition), Integrated Management of Child Illnesses (IMCI), and focused approaches to promoting breastfeeding and complementary feeding at the facility level (i.e. Baby Friendly Hospital Initiative, Infant and Young Child Feeding, and Management of Severe Malnutrition, among others.) The training for VHSG's will include the recently revised Community IMCI modules on IYCF and will cover the use of MUAC for screening children for malnutrition. Training on the BFCI has already started in Kampong Speu and Svay Rieng provinces and will be scaled up to universal coverage during the JP implementation period. Training and supervision will also include

supplementation with Multiple Micronutrient Powders (MNP's), Zinc treatment for diarrhoea and supplementation of pregnant and lactating women with IFA and Vitamin A.

The JP will partner with PSI to expand their successful social marketing of the Orasel kit (ORS + Zinc) in the two target provinces, and also explore new sustainable delivery channels through existing community based distributors. Social marketing of Orasel kits will complement free ORS + Zinc made available at HCs in accordance with the IMCI guidelines for the treatment of diarrhoea. The JP will leverage with provincial health departments and the IMCI programme to achieve universal coverage of IMCI at HC level in the two provinces. Funds for scaling up IMCI are available from the MOH and other sources.

In order to increase coverage of nutrition activities at the household level, the JP will help to strengthen monthly HC outreach visits to the villages and empower existing community structures, in particular the VHSGs, to provide health promotion, interpersonal communication and essential services at the community level.

Nutrition services will follow the continuum of care and include: promotion of immediate and early initiation of breastfeeding, exclusive breastfeeding until six months, and complementary feeding, through interpersonal communication; mebendazole and vitamin A distribution for women and children; micronutrient deficiency prevention in women and children through distribution of MNP and IFA supplementation; management of diarrhoea for children through social marketing of zinc and ORS; and management of malnutrition for children including MUAC screening of children, referral to hospitals in case of severe acute malnutrition with complications, community-based management of severe and moderate acute malnutrition without complications, supplementary feeding, and follow up at the HC level.

Adults in vulnerable households, identified through a screening process, and selected VHSG members will be trained in appropriate homestead food production techniques as well as food preparation and preservation. The MAFF Farmer Field Schools, located in the areas of the vulnerable households, will provide further training and support to the VHSGs, who will in turn support the identified vulnerable families. In addition, vulnerable households (i.e. households with moderately malnourished children) will benefit from model kitchen gardens and small scale livestock production at the community level aimed at increasing family consumption of micronutrient rich foods. The model kitchen gardens and livestock production will be promoted and supported by the MAFF Farmer Field Schools.

The JP recognizes that the successful implementation of community-based nutrition activities requires the mobilization of local authorities and other community structures to support nutrition and food security. The Provincial Offices of Education will be supported by UNESCO to build the awareness and capacity of education officers (including teachers), Commune Council officials, Village Chiefs, and other local authorities to ensure greater support to nutrition and food security during local planning processes, as well as during implementation and monitoring of social services provided by them.

The JP will use a coordinated approach with its provincial government partners. UNICEF (already supporting the health system in Kampong Speu and Svay Rieng) and PHDs in the two target provinces will be the lead support to the Ministry of Health in implementing the provision of nutrition services, while FAO will provide technical assistance and support in terms of food based nutrition interventions to MAFF extension workers and Farmer Field Schools. UNESCO will work with the network of PoE and DoE officials to provide support to education officers and community leaders.

Revision of implementation status of relevant legislation and policies

The JP recognizes the need to review current policies and legislation pertaining to nutrition and food security that will have an impact on target beneficiaries, and which support current efforts to mainstream nutrition and food security into national priorities. As such, the JP has identified gaps and will support the RGC to achieve two specific policy revisions during the life of the programme.

- (1) Legislation on maternity protection including the Labour Law and social security acts such as the new National Security act and security funds: the ILO will support the MoLVT to conduct a consultative process with relevant stakeholders and commission national studies on the legislation related to the implementation of maternity protection in formal and informal workplaces. Trainings will be conducted for MoLVT staff who are responsible for OSH issues, as well as for industrial physicians in pilot garment factories.
- (2) The mainstreaming of nutrition into the plan of action for the Early Childhood Care and Development (ECCD) policy: UNESCO and the MoEYS will facilitate multi-sectoral meetings including representatives from the MoEYS, the MoH, the MoEYS, the Mol, and other key stakeholders to develop the plan of action for the ECD. Provincial officials from relevant sectors will then be trained in the ECCD policy with emphasis on the mainstreaming of nutrition in its content.

The JP, through support from FAO, will also endeavour to strengthen the capacity of line ministries in the number and level of trained staff on FSN concepts and objectives through decentralized trainings for provincial, district and commune officials in the two target provinces. Emphasis will also be targeted at improving the capacity of CARD to coordinate the existing Technical Working Groups linked to FSN, in close collaboration with other institutions.

New policies, strategies and guidelines relevant to nutrition developed

In addition to the revision of current policies and legislation, the Joint Programme will support the MoH to develop new relevant policies as defined in the National Nutrition Strategy. The following proposed new policies relate directly to global best practices and have been identified by the MoH, UNICEF, WHO and other key stakeholders as crucial for the improvement of the nutritional status of women and children in Cambodia.

- (1) National guidelines on the management of malnutrition, including screening, referral, management, and follow up: (a) guidelines on the use of MUAC for identifying malnourished children, (b) guidelines on community based management of acute moderate malnutrition, and (c) national standard treatment guidelines for severely malnourished children.
- (2) Policy and implementation guidelines, including procurement plans, for the prevention and control of micronutrient deficiencies in women and children.

A consultative process, led by the MoH in collaboration with WHO, will be adopted in terms of developing and finalizing the guidelines, implementing them in the two target provinces, and revising them accordingly.

Integrated national food security and nutrition monitoring system

A new institutional framework for an integrated food security and nutrition information management system is being developed under the coordination of CARD and the FSN Technical Working Group and with the support of WFP, FAO and UNICEF. Much of the system will be based on existing information systems and standardized indicators. Government staff from various departments, including the MoP's National Institute of Statistics will be provided technical support and training to set up an integrated FSN analysis team that will regularly analyze and interpret nutrition and food security data, identifying priorities for advocacy, planning purposes and practical action. Based on the output from the analysis team, the NIS and CARD, with technical assistance from WFP, FAO and UNICEF will produce and disseminate ARC-GIS maps, update the Food Security Atlas and produce annual reports that will be submitted to relevant forums, in particular the Food

Security and Nutrition Information Management Task Force, a group working under the FSN Technical Working Group to coordinate nutrition information management. In addition, the Joint Programme will support improvements to CARD's Food Security and Nutrition Information System website.

Specially related to the health sector, as part of the integrated national FSN monitoring system, the MoH's Department of Planning and Health Information (DPHI), with assistance from WHO, will encourage the reporting of children identified as malnourished using MUAC and supplementation of sprinkles into the existing Health Information System (HIS). Training will be conducted for health staff at the national and provincial levels and the new components of the HIS will be piloted in the 2 target provinces.

SUSTAINABILITY OF RESULTS

The JP brings together six UN agencies (UNICEF, WHO, FAO, WFP, ILO, and UNESCO) and their national and provincial government counterparts, namely the MoH, MoP, MAFF, CARD, MoLVT, MoEYS and Mol, plus other stakeholders who all possess knowledge and experience in the development and implementation of programmes in their respective sectors (see Annex: Partners involved in achieving Joint Programme outcomes). The JP will seek to further develop the capacity of these government institutions, stakeholders and community service providers and foster multi-sectoral collaboration. The JP reflects national priorities which are consistently addressed in a multi-sectoral approach at national, provincial and community levels. It is designed to achieve sustained impact and it has the potential for replication in other parts of the country.

GENDER

Gender equality indicators such as GDI (Gender-related Development Index) and GEM (Gender Empowerment Measure) remain unfavourable in Cambodia despite reductions in gender disparities in primary education, adult literacy, wages and employment in recent years. With its emphasis on children, WRA, nutrition and food security, gender is mainstream in all JP activities and outputs. Women are a main target group of the JP, with particular emphasis on pregnant and lactating women for whom many of the activities are designed and whose perceptions and behaviour directly influence their own nutrition and the nutrition and welfare of their children. In addition, the JP goes further, by extending activities to young women of reproductive age in workplaces and teachers at the community level. Activities not directly targeting women will also mainstream gender: equal female representation will be ensured during all trainings, workshops, meetings, and other consultative processes. Half of the VHSG members are women by MOH regulation. All JP reports will disaggregate data by gender and gender disaggregation will be built into all monitoring mechanisms in order to assure that gender perspectives are addressed throughout the development and implementation of the programme.

PHASING

The JP will be implemented over a three year period, divided into 3 phases:

Inception Phase

- Recruitment and contracting of key project staff
- Set up of national and provincial offices/work spaces
- Preparation of work plans and procurement plans
- Conduct of a baseline behaviour and health indicator survey
- Development of a detailed monitoring and evaluation framework
- JP launch nationally and in the two target provinces

Implementation Phase

- Recruitment of international and local technical assistance
- Design of the BCC plans and development of communication materials, including nation wide mass media and interpersonal communication in the two target provinces
- Implementation of the nationwide mass media BCC coordinated with interpersonal communication and community mobilization in the two target provinces
- Implementation of the integrated nutrition and food safety packages in the two target provinces including trainings of relevant service providers, nutrition interventions at the HC and community levels and, food based nutrition activities at the community level
- Training and capacity building of education officers, commune and local authorities
- Policy revision process
- Development of new nutrition policies
- Establishment of an integrated national FSN monitoring system

Exit Strategy and Evaluation

- End-line impact survey measuring change in behaviour, health and nutrition indicators
- Final evaluation of the processes and lessons learned from Outcomes 1, 2, and 3 based on the monitoring and evaluation framework developed in the inception phase
- Documentation and dissemination of JP lessons learned and results to key stakeholders

5. RESULTS FRAMEWORK

The overall objective of the Cambodian Joint Programme on Children, Food Security and Nutrition is to reduce mortality and undernutrition among vulnerable populations, children 0-24 months and pregnant and lactating women.

The JP will contribute to the attainment of the Cambodian Millennium Development Goals: number 1 - eradicate extreme poverty and hunger, number 4 - reduce child mortality and, number 5 - improve maternal health.

Further, the JP will contribute to the Cambodian NSDP 2006-2010 and UNDAF and its following outcomes: (a) Improve health, nutritional and education status and gender equity of rural poor and vulnerable groups and (b) Agriculture and rural development activities to improve livelihoods and food security, as well as reinforcing the economic and social rights of the most vulnerable in targeted rural areas

In pursuant of the overall objective, the JP will achieve the following outcomes and outputs:

- JP 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 and in the post partum period
 - ⇒ 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
 - ⇒ 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

- 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
 - ⇒ JP Output 2.2 New policies, strategies and guidelines developed

- JP 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
 - ⇒ JP Output 3.2: Management, coordination, monitoring & evaluation of JP

The key results associated with each Joint Programme Outcome are the following:

JP Outcome 1: (MoH (NCHP, NNP, PHD's, CDC), MoLVT, MAFF, CARD, MoEYS, UNICEF, WHO, WFP, ILO, FAO, UNESCO)

BCC plans and communication materials/activities (mass media and interpersonal communication) will be developed and implemented on breastfeeding, complementary feeding, and IFA supplementation during pregnancy and in the post-partum period. Mass media messages will be broadcasted nationwide while in the two target provinces the same key messages will also be communicated interpersonally, through existing community networks and service providers, at the village level and in health facilities. The BCC messages will also reach young women of reproductive age in formal and informal workplaces in the two target provinces. Media personnel will be sensitised and trained in the accurate reporting and communication of nutrition and food security issues. In addition, integrated nutrition packages for children 0-24 months and pregnant and lactating women will be implemented in the two target provinces. Food based nutrition at the community level, as well as targeted nutrition activities through the health sector will form the core of the package. In order to have a sustainable and far reaching impact, education officers, as well as commune and village authorities will be oriented and trained in food security and nutrition issues.

JP Outcome 2: (MoLVT, MoEYS, MAFF, CARD, MoH, ILO, UNESCO, FAO, UNICEF, WHO)

The implementation status of relevant legislation, policies and strategies on nutrition, food security and agriculture will be reviewed by relevant stakeholders and responses for practical action will be provided. Additionally, new policies and guidelines that have been identified as priorities by the government of Cambodia and other key stakeholders will be developed using a consultative and evidence based process.

JP Outcome 3: (CARD, MoP/NIS, MoH (DPHI, PHDs), WFP, UNICEF, WHO, FAO)

An integrated national food security and nutrition monitoring system, using consistent indicators will be established. An integrated analysis team will provide recommendations for the production and dissemination of integrated and vulnerability analysis outputs, such as vulnerability maps, Food Security Atlas, commune poverty maps, and support for the FSN website. In addition, food consumption analysis of the 2009 Cambodia Socio-Economic Survey will be supported to quantify and establish trends of food insecurity.

More details on key UN agencies, key partners, indicative activities, and budget lines are given in Table: Summary of Results Framework.

Table: Results Framework

UNDAF Outcomes:

- *Improved health, nutritional and education status and gender equity of rural poor and vulnerable groups*
- *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*

Joint Programme Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women									
Output	Participating UN organization-specific outputs	Participating UN organization[1]	Implementing Partner	# Activity	Indicative activities for each Output	Resource allocation and indicative time frame*			Total
						Y1	Y2	Y3	
JP 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 plans for breastfeeding and complementary feeding finalized	UNICEF Increased equitable access to and utilization of quality social services	MoH (NCHP, NMCHC)	1.1.1	Finalize the communication plans on complimentary feeding (A2Z, RACHA, HKI, WHO, WFP, ILO, UNESCO)	\$0	\$0	\$0	\$0
JP Output 1.1	BCC materials for interpersonal communication for breastfeeding promotion revised and produced	UNICEF Increased equitable access to and utilization of quality social services	MoH (NCHP, NMCHC)	1.1.2	Review current breastfeeding communication and training materials	\$7,000	\$0	\$0	\$7,000

JP Output 1.1	Ibid	UNICEF Increased equitable access to and utilization of quality social services	MoH (NCHP, NMCHC)	1.1.3	Produce interpersonal communication materials (i.e. leaflets, T-shirts, posters, etc.) and training materials on breastfeeding for families with pregnant women and young children living in the communities	\$50,000	\$40,000	\$40,000	\$130,000
JP Output 1.1	Communication materials on complementary feeding for mass media and interpersonal communication designed and produced	UNICEF Increased equitable access to and utilization of quality social services	MoH (NCHP, NMCHC)	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 on complementary feeding	\$200,000	\$35,000	\$35,000	\$270,000
JP Output 1.1	BCC plans for breastfeeding and complementary feeding launched nationally	UNICEF Increased equitable access to and utilization of quality social services	MoH (NCHP, NMCHC)	1.1.5	National launch/PR event of the BCC plans for breastfeeding and complementary feeding including national media, government ministries, NGOs, other relevant stakeholders	\$0	\$0	\$0	\$0
JP Output 1.1	BCC plans for breastfeeding and complementary feeding disseminated in the 2 selected provinces	UNICEF Increased equitable access to and utilization of quality social services	MoH (NCHP, NMCHC, PHDs)	1.1.6	Support 2 provincial and 6 OD dissemination workshops and meetings on breastfeeding and complementary feeding communication plans	\$0	\$0	\$0	\$0

JP Output 1.1	BCC plan for IFA supplementation of pregnant and postpartum women finalized	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	MoH (NCHP, NMCHC)	1.1.7	Conduct consultative workshop and meetings with stakeholders at various levels to finalize the BCC plan on IFA (A2Z, RACHA, HKI, UNICEF, WFP, UNESCO)	\$0	\$0	\$0	\$0
JP Output 1.1	BCC mass media and interpersonal materials designed and produced for IFA supplementation of pregnant and women in the postpartum period	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	MoH (NCHP, NMCHC)	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	\$30,000	\$30,000	\$145,000
JP Output 1.1	BCC plan for IFA supplementation of pregnant and postpartum women launched nationally	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	MoH (NCHP, NMCHC)	1.1.9	National launch/PR event of the BCC plan for IFA supplementation during pregnancy and in the post-partum period, including national media, government ministries, NGOs, other relevant stakeholders	\$0	\$0	\$0	\$0

JP Output 1.1	BCC plan for IFA supplementation of pregnant and postpartum women disseminated in the 2 selected provinces	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	MoH (NCHP, NMCHC)	1.1.10	Support 2 provincial and 6 OD dissemination workshops and meetings on IFA supplementation	\$8,000	\$0	\$0	\$8,000
JP Output 1.1	BCC materials for breastfeeding, complementary feeding and IFA designed and adapted to the industrial context, with attention to formal and informal workplaces in the garment and tourism/hospitality industries	ILO Enhance the coverage and effectiveness of social protection for all	MoLVT, CAMFEBA, Trade Unions, Chambers of Commerce	1.1.11	Interviews with stakeholders to highlight the challenges in the implementation of maternity protection. Research. Production of communication and training materials on BF, complementary feeding and supplement to workers in the garment industry and tourism/hospitality industries	\$15,000	\$10,000	\$0	\$25,000
JP Output 1.1	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	ILO Enhance the coverage and effectiveness of social protection for all	MoLVT, CAMFEBA, Trade Unions, Chambers of Commerce	1.1.12	Launch the BCC plans for breastfeeding, complementary feeding, and IFA supplementation during pregnancy and during the post partum period in formal and informal workplaces in the 2 selected provinces; support to sub-national dissemination workshops and meetings	\$7,000	\$0	\$3,000	\$10,000

						Subtotal			\$595,000
JP Output 1.2: Behaviour Change and Communication (BCC) plans (mass media and interpersonal communication) 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	UNICEF Increased equitable access to and utilization of quality social services	Mol and direct UNICEF execution	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 breastfeeding documentary	\$85,000	\$0	\$0	\$85,000
JP Output 1.2	BCC interpersonal communication plan on breastfeeding implemented in the 2 selected provinces	UNICEF Increased equitable access to and utilization of quality social services	PHDs in Kampong Speu and Svay Rieng	1.2.2	Support to social mobilization events at the community level linked to World Breastfeeding Week in two provinces	\$20,000	\$0	\$0	\$20,000
JP Output 1.2	Nationwide BCC mass media plan on complementary feeding implemented	UNICEF Increased equitable access to and utilization of quality social services	MoH (NCHP and NNP); and direct UNICEF execution	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; conduct three radio call-in shows; broadcast two TV round table discussions with experts	\$80,000	\$140,000	\$140,000	\$360,000

JP Output 1.2	Nationwide mass media BCC plan on IFA supplementation during pregnancy and in the post-partum period implemented	UNICEF Increased equitable access to and utilization of quality social services	Mol and direct UNICEF execution	1.2.4	Broadcast 3 flights of 3 TV spots for three weeks each on 3 TV and 10 radio channels	\$75,000	\$75,000	\$75,000	\$225,000
JP Output 1.2	BCC mass media plan on breastfeeding, complementary feeding and IFA implemented in formal and informal workplaces (i.e. garment and tourism/hospitality industries) in the 2 selected provinces	ILO Enhance the coverage and effectiveness of social protection for all	MoLVT, CAMFEBA, Trade Unions, Chambers of Commerce	1.2.5	Broadcast radio call-in shows (i.e. Voice of Workers); distribute print media and publications geared to workers, launch/manage website catering to workers; broadcast radio and televised dramas (i.e. ILO soap operas and BBC health soap operas) in the 2 selected provinces.	\$20,000	\$20,000	\$20,000	\$60,000
JP Output 1.2	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	ILO Enhance the coverage and effectiveness of social protection for all	MoLVT, CAMFEBA, Trade Unions, Chambers of Commerce	1.2.6	Interpersonal communication through OSH committees (or other workplace mechanisms) at the workplace 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	\$30,000	\$30,000	\$30,000	\$90,000

					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).				
JP Output 1.2	Educational materials using Family Nutrition Guide revised, produced and printed	FAO SO H Improved food security and better nutrition	MAFF	1.2.7	Develop and produce educational and communication materials using existing FAO's Family Nutrition Guide for interpersonal communication through Farmer Field Schools (at least 2,000 manuals in Khmer language)	\$42,500	\$0	\$0	\$42,500
JP Output 1.2	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	UNESCO Increased equitable access to and utilization of quality social services	Centre for Communication and Information (MOI); CARD	1.2.8	Conduct yearly training sessions for national media personnel on reporting accurately and regularly on nutrition and food security; dissemination hosted on the FSN website	\$13,200	\$11,600	\$11,700	\$36,500
						Subtotal			\$919,000

JP 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 diarrhoea, management of malnutrition) and pregnant and lactating women (monitoring of weight gains, iron, vitamin A, mebendazole and nutrition counseling) via health sector and local authorities implemented	UNICEF Increased equitable access to and utilization of quality social services	PHDs in KPS and SRG	1.3.1	<i>Increase the rate of immediate and early initiation of breastfeeding, exclusive breastfeeding until six months of age and improve complementary feeding practices: (1) Train an estimated 340 health staff from 87 Health Centers using MPA 10 Nutrition module (9-day training) with follow-up and supervision from district and provincial health managers</i>	covered	covered	covered	\$0
JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	PHDs in KPS and SRG	1.3.2	(2) Train an estimated 2,000 VSHGs, including mother support group volunteers, on infant and young child feeding using BFCl package or IYCF module of Community-IMCI with follow-up and supervision from HC staff to ensure effective interpersonal communication through home-visits and health promotion at the village level in two target provinces	\$40,000	\$40,000	\$0	\$80,000

JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	PHDs in KPS and SRG	1.3.3	Increase and expand the coverage of vitamin A supplementation, mebendazole distribution and vitamin A treatment for women and children: (1) Conduct planning meetings at PHDs, ODs and HCs in preparation for bi-annual Vitamin A supplementation and deworming rounds through HC outreach in May and November	\$10,000	\$4,000	\$4,000	\$18,000
JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	PHDs in KPS and SRG	1.3.4	(2) Support social mobilization activities at the community level in preparation for biannual Vitamin A supplementation and deworming rounds through HC outreach in May and November	\$20,000	\$18,000	\$18,000	\$56,000
JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	PHDs in KPS and SRG	1.3.5	(3) Conduct post-activity audit and follow-up after biannual Vitamin A supplementation and deworming	\$0	\$2,500	\$2,500	\$5,000
JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social	PHDs in KPS and SRG	1.3.6	<i>Reduce the rate of micronutrient deficiency:</i> (1) Procure Sprinkles	\$100,000	\$75,000	\$75,000	\$250,000

		services							
JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	PHDs in KPS and SRG	1.3.7	(2) Support bi-monthly follow-up and monitoring meetings with VHSGs (estimated 4,000) at the Health Centre level to address the health and nutrition package in a comprehensive and integrated manner	\$74,000	\$74,000	\$74,000	\$222,000
JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	PHDs in KPS	1.3.8	(3) Train an estimated 4,000 VHSGs on the micronutrient module of the C-IMCI (2-day training) to promote dietary intake and the use of IFA, deworming, Zinc & ORS promotion, Sprinkles promotion, and vitamin A	\$25,000	\$40,000	\$5,000	\$70,000
JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	PHD in SR	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 and supervision during outreach and at the HC level	\$40,000	\$40,000	\$5,000	\$85,000

JP Output 1.3	ibid	WHO SO4 To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	CDC and PSI	1.3.10	<i>Management of diarrhoea:</i> (1) Provide C-IMCI refresher training for Health Centre staff; (2) Procure zinc tablets; (3) Socially market ORS and zinc	\$50,000	\$50,000	\$50,000	\$150,000
JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	MoH, National Nutrition Programme, PHDs in KPS and SVR and direct UNICEF execution	1.3.11	<i>Management of malnutrition:</i> (1) Train an estimated 260 Health Centre staff from 87 facilities in the 2 selected provinces on the management of malnutrition, including on MUAC screening for identification of malnourished children and community management of acute moderate malnutrition	\$20,000	\$5,000	\$5,000	\$30,000

JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	ibid	1.3.12	(2) Provide referral costs (transportation) for families with children with severe malnutrition for treatment at the Referral Hospital level (estimated 800-1,000 children under 5 per year will benefit from this support)	\$10,000	\$15,000	\$15,000	\$40,000
JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	ibid	1.3.13	(3) Health Centre staff follow-up and supervise MSGs/VHSGs at the community and health centre levels	covered	covered	covered	\$0
JP Output 1.3	ibid	UNICEF Increased equitable access to and utilization of quality social services	ibid	1.3.14	(4) Procure basic equipment/supplies for estimated 4,000 VHSG volunteers for management of malnutrition at the community level (ie. MUAC tapes, scales, job aids)	\$5,000	\$3,000	\$1,500	\$9,500
JP Output 1.3	Procurement, delivery plan for food supplementation for moderately malnourished children	WFP SO4: Reduce chronic hunger and undernutrition	MoH, National Nutrition Programme, PHDs in KSP and SRG	1.3.15	Procure the fortified blended food ('commodity') and transport the commodity to 87 health centres in KSP and SRG	\$100,000	\$100,000	\$100,000	\$300,000

JP Output 1.3	Distribution and monitoring plan for food supplementation for moderately malnourished children	UNICEF Increased equitable access to and utilization of quality social services	ibid	1.3.16	Monitor the stock, storage and distribution of the commodity at health centres and at the community level; Conduct household spot checks among beneficiary households	included above	included above	included above	\$0
JP Output 1.3	Promote improved nutrition and food safety in vulnerable households (i.e. malnourished children, pregnant and lactating women, and caregivers) and their communities through homestead food production and Farmer Field Schools	FAO SO H Improved food security and better nutrition	MAFF	1.3.17	Distribution of small equipment to 80 Farmer Field Schools, targeting at least 2,000 vulnerable households of malnourished children, pregnant and lactating women, and to at least 60 VHSGs members, in improving access to and consumption of micro-nutrient-rich foods through kitchen gardening and small scale livestock production	\$13,300	\$0	\$0	\$13,300
JP Output 1.3	ibid	FAO SO H Improved food security and better nutrition	MAFF	1.3.18	Training of 2000 vulnerable households and 60 VHSG members receiving the equipment in the most food insecure villages of the two provinces on appropriate homestead food production techniques, in food preparation and preservation.	covered	covered	covered	\$0

JP Output 1.3	ibid	FAO SO H Improved food security and better nutrition	MAFF	1.3.19	Identify and train VHSG members, caregivers and communities at 80 Farmer Field Schools and at the 60 VHSG members receiving equipment, targeting at least 2,000 households and at least 400 VHSG members, in food-based nutrition education, kitchen garden and small scale livestock production for better diets, as well as composting, planting fruit trees, making seedbeds, transplanting seedlings, etc.	\$101,700	\$96,250	\$96,250	\$294,200
JP Output 1.3	Knowledge and skills of education officers (Provincial Education Officers and District Education Officers), non-formal education teachers and facilitators, commune and village officials, women and caregivers enhanced by mainstreaming nutrition in Early Childhood Care and Development and lifeskills through non formal education	UNESCO Increased equitable access to and utilization of quality social services	MoEYS	1.3.20	Conduct training of trainers in each of the 2 selected provinces for PoE representatives, DoE representatives, primary school teachers and NGOs in Early Childhood Care and Development and life skills through non formal education, focused on mainstreaming nutrition and food security	\$26,000	\$3,000	\$3,000	\$32,000

JP Output 1.3	ibid	UNESCO Increased equitable access to and utilization of quality social services	MoEYS	1.3.21	Support training for non formal education teachers and facilitators, commune/village officials, and parent organizations in Early Childhood Care and Development and life skills, focused on mainstreaming nutrition and food security through non formal education	\$32,500	\$32,500	\$32,000	\$97,000
						Subtotal			\$1,752,000
Joint Programme 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	ILO Enhance the coverage and effectiveness of social protection for all	MoLVT	2.1.1	Commission national studies of legislation and implementation of maternity protection legislation. Interviews with stakeholders, with focus on identifying the reasons for non implementation of legislation and solutions/actionable recommendations. Publication of results.	\$15,000	\$5,000	\$5,000	\$25,000
JP Output 2.1	ibid	ILO Enhance the coverage and effectiveness of social protection for all	MoLVT, CAMFEBA, Trade Unions, Chambers of Commerce	2.1.2	Organize sharing workshops with IR partners.	\$5,000	\$5,000	\$0	\$10,000

JP Output 2.1	ibid	ILO Enhance the coverage and effectiveness of social protection for all	MoLVT, CAMFEBA, Trade Unions, Chambers of Commerce	2.1.3	Capacity building activities. Focus will be on action planning around the recommendations. Technical input from HQ. Interviews with stakeholders to ensure accuracy and pertinence of plan of actions. Follow up at the workplace level for the implementation of action plan.	\$10,000	\$10,000	\$10,000	\$30,000
JP Output 2.1	Strengthened capacity of MoLVT in managing relevant maternal health Labour law (e.g.: support to the implementation of the new industrial physician scheme/occupational health management systems)	ILO Enhance the coverage and effectiveness of social protection for all	MoLVT	2.1.4	Selection of MoLVT master trainers (meetings, explanation sessions, follow up). Organise training, including ToT, for MoLVT staff responsible for OSH issues, which include maternity protection. Training programme includes 10 modules.	\$3,000	\$15,000	\$10,000	\$28,000
JP Output 2.1	ibid	ILO Enhance the coverage and effectiveness of social protection for all	MoLVT	2.1.5	Pilot programme in factories. Capacity building for industrial physicians to ensure the implementation of maternity leave, breast feeding and other aspects that promotes maternal and child health. Pre-pilot survey and post pilot survey. Follow up with master trainers. Post round one	\$0	\$15,000	\$10,000	\$25,000

					training and feed back sessions with master trainers to ensure incorporation of system.				
JP Output 2.1	ibid	ILO Enhance the coverage and effectiveness of social protection for all	MoLVT	2.1.6	Design, lay 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	\$5,000	\$20,000
JP Output 2.1	Develop the plan of action for the Early Childhood Development (ECD) to mainstream nutrition	UNESCO Increased equitable access to and utilization of quality social services	MoEYS	2.1.7	Facilitate and support inter-sectoral consultation meetings, and the training of the central and provincial education officials to develop the ECCD National Plan of Action with nutrition mainstreamed	\$16,600	\$16,500	\$16,500	\$49,600
JP Output 2.1	Strengthened capacity of line ministries in the number and level of trained staff on Food Security and Nutrition aspects	FAO SO H Improved food security and better nutrition	MAFF/CARD	2.1.8	Conduct 4 decentralized 3-day trainings for 100 provincial, district and commune staff in the two provinces on FSN concepts and objectives	\$48,000	\$48,000	\$0	\$96,000
						Subtotal			\$283,600

JP Output 2.2: New policies, strategies and guidelines developed	National guidelines on the management of malnutrition, including screening, referral, management, and follow up (a) Guidelines on the use of MUAC for identifying malnourished children (b) Guidelines on community based management of acute malnutrition (c) National standard treatment guidelines for severely malnourished children developed	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	MoH	2.2.1	Develop/finalize the three guidelines; develop training manual for management of moderate malnutrition and the use of MUAC; review the 1st year implementation of the management of severe and moderate malnutrition and revise/finalize the guidelines as necessary	\$100,000	\$50,000	\$0	\$150,000	
JP Output 2.2	Policy and implementation guidelines, including procurement plans, for the prevention and control of micronutrient deficiencies in women and children	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	MoH	2.2.2	Develop the policy and implementation plan	\$50,000	\$50,000	\$0	\$100,000	
						Subtotal				\$250,000

Joint Programme Outcome 3: Integrated food security and nutrition monitoring system									
JP Output 3.1: Integrated national food security and nutrition monitoring system established, based on existing information systems and surveys	An integrated national food security and nutrition monitoring system is developed by the Food Security and Nutrition Information Management Taskforce	WFP WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures.	CARD	3.1.1	Support and coordinate with CARD, NIS, the Food Security and Nutrition Technical Working Group, and the Food Security and Nutrition Information Management Taskforce	\$6,000	\$6,000	\$6,000	\$18,000
JP Output 3.1	ibid	UNICEF Increased equitable access to and utilization of quality social services	CARD	3.1.2	Support operational costs of an integrated food security and nutrition analysis team	\$5,000	\$5,000	\$5,000	\$15,000
JP Output 3.1	Establishment of an integrated analysis team for triangulation and synthesis of nutrition information and regular communication of findings (within existing institutional settings)	UNICEF Increased equitable access to and utilization of quality social services	MoP/National Institute of Statistics	3.1.3	Provide technical support, training and coaching of NIS staff to set up an integrated food security and nutrition analysis team in order to strengthen their analytical skills and report writing skills, regularly disseminate	\$25,000	\$10,000	\$10,000	\$45,000

					information, and promote use of data for planning purposes				
JP Output 3.1	Establishment of an integrated analysis team for triangulation and synthesis of food security nutrition information and regular communication of findings (within existing institutional settings)	FAO Strategic Objective H (SO H) – Improved food security and better nutrition	MoP/National Institute of Statistics	3.1.4	Conduct on-the-job training to strengthen the capacity of the National Institute of Statistics (NIS) in analyzing food consumption data and producing indicators for the assessment and monitoring of progress towards national and international targets.	\$15,000	0	0	\$15,000
JP Output 3.1	Production and dissemination of integrated analysis and vulnerability analysis and mapping tools with the latest available demographic, food security, agriculture and nutrition data, nutrition and employment data	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures.	CARD, NIS	3.1.5	Provide technical support, training and coaching to the integrated food security and nutrition analysis team on the production of ARC-GIS maps with FSN monitoring system data	\$15,000	\$10,000	\$5,000	\$30,000
JP Output 3.1	ibid	WFP (SO5): Strengthen the capacities of	CARD, NIS	3.1.6	Update—and build the capacity of CARD and NIS to update—the online	\$20,000	\$20,000	\$20,000	\$60,000

		countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures.			Food Security Atlas (version 3)				
JP Output 3.1	ibid	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures.	CARD, NIS	3.1.7	Produce and disseminate updated commune-level poverty maps	\$37,500	\$37,500	\$0	\$75,000
JP Output 3.1	ibid	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including	CARD, NIS	3.1.8	Support the writing of the annual report based on the integrated food security and nutrition analysis team's output	\$20,000	\$20,000	\$20,000	\$60,000

		through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures.							
JP Output 3.1	ibid	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures.	CARD, NIS	3.1.9	Production of materials and dissemination at monthly TWG FSN and other relevant forums when necessary	\$10,000	\$10,000	\$10,000	\$30,000
JP Output 3.1	ibid	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local	CARD, NIS	3.1.10	Support improvement to and maintenance of CARD's Food Security and Nutrition Information System (FSNIS) website	\$8,000	\$8,000	\$8,000	\$24,000

		purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures.							
JP Output 3.1	The Health Information system (HIS) incorporate universal MUAC screening for malnutrition and for the supplementation of sprinkles; pilot in the two target provinces (Kampong Speu and Svay Rieng)	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	MoH (DPHI), PHDs	3.1.11	Train and build the capacity of 300 health staff at the national level and in the 2 selected provinces	\$15,000	\$5,000	\$5,000	\$25,000
						Subtotal			\$397,000
JP Output 3.2: Management, coordination, monitoring & evaluation of JP	Joint Programme launched	UNICEF Increased equitable access to and utilization of quality social services	MoH, MoLVT, MoEYS, MAFF/CARD	3.2.1	Launch Joint Programme	\$15,000	\$0	\$0	\$15,000
JP Output 3.2	Baseline survey conducted in the 2 target provinces and other 2 control provinces	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health	MoH, MoP	3.2.2	Conduct baseline survey in 4 provinces (2 selected provinces; 2 other provinces)	\$80,000	\$0	\$0	\$80,000

		and sustainable development							
JP Output 3.2	Endline survey conducted in the 2 target provinces and other 2 control provinces	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	MoH, MoP	3.2.3	Conduct end-line survey in 4 provinces	\$0	\$0	\$80,000	\$80,000
JP Output 3.2	JP Coordinator hired	UNICEF Increased equitable access to and utilization of quality social services		3.2.4	Hire JP Coordinator	\$35,000	\$35,000	\$35,000	\$105,000
JP Output 3.2	2 Provincial Coordinators hired	UNICEF Increased equitable access to and utilization of quality social services		3.2.5	Hire 2 Provincial Coordinators	\$30,000	\$30,000	\$30,000	\$90,000
JP Output 3.2	Support office, operations and transport costs of National Joint Programme Coordinator	UNICEF Increased equitable access to and utilization of quality social services	CARD	3.2.6	JP Coordinator supported	\$11,900	\$6,900	\$6,900	\$25,700
JP Output 3.2	Support office operations and	UNICEF Increased		3.2.7	Provincial Coordinators supported	\$20,000	\$10,000	\$10,000	\$40,000

	transport costs of Provincial Coordinators for the Joint Program	equitable access to and utilization of quality social services							
JP Output 3.2	Results documented and disseminated	UNICEF Increased equitable access to and utilization of quality social services	MoH, MoLVT, MoEYS, MAFF/CARD	3.2.6	Document & disseminate JP information and results	\$0	\$0	\$40,000	\$40,000
						Subtotal			\$475,700
						TOTAL			\$4,673,300
UNICEF	Programme Cost							1.1 Supplies \$259,500	\$2,338,200
								1.2 Personnel \$312,700	
								1.3 Training \$350,000	
								1.4 Contracts \$1069,000	
								1.5 Other direct costs \$347,000	
	Indirect Support Cost 7%								\$163,674
	Total for UNICEF								\$2,501,874

WHO	Programme Cost							1.1 Supplies \$30,000	\$738,000
								1.2 Personnel	
								1.3 Training \$55,000	
								1.4 Contracts \$653,000	
								1.5 Other direct costs	
	Indirect Support Cost 7%								\$51,660
	Total for WHO								\$789,660
FAO	Programme Cost							1.1 Supplies \$43,550	\$461,000
								1.2 Personnel \$211,000	
								1.3 Training \$166,960	
								1.4 Contracts	
								1.5 Other direct costs \$39,490	
		Indirect Support Cost 7%							
	Total for FAO								\$493,270

WFP	Programme Cost							1.1 Supplies \$300,000	\$597,000
								1.2 Personnel \$228,000	
								1.3 Training \$15,000	
								1.4 Contracts \$54,000	
								1.5 Other direct costs	
	Indirect Support Cost 7%								\$41,790
	Total for WFP								\$638,790
ILO	Programme Cost							1.1 Supplies \$16,050	\$323,000
								1.2 Personnel \$102,685	
								1.3 Training \$126,540	
								1.4 Contracts \$44,410	
								1.5 Other direct costs \$33,315	
	Indirect Support Cost 7%								\$22,610
	Total for ILO								\$345,610

UNESCO	Programme Cost							1.1 Supplies	\$215,100
								1.2 Personnel \$39,500	
								1.3 Training \$81,000	
								1.4 Contracts \$74,500	
								1.5 Other direct costs \$20,100	
	Indirect Support Cost								\$15,057
	Total for UNESCO								\$230,157
Total	Programme Cost								\$4,672,300
	Indirect Support Cost								\$327,061
Grand Total									\$4,999,361

6. MANAGEMENT AND COORDINATION ARRANGEMENTS

The JP will be managed by the RGC and implemented by MoH, MAFF, CARD, MoEYS, MoLVT in cooperation with and supported by the participating UN Agencies (UNICEF, WHO, FAO, WFP, ILO, and UESCO).

The UN Resident Coordinator's (RC) office will facilitate collaboration between participating UN agencies to ensure that JP is on track and that the promised results are achieved. The RC and co-chair of the already existing National Steering Committee (NSC), will exercise authority over the JP programme by being entrusted with leadership of the overall programme design and ongoing programmatic oversight of the Fund's activities.

Timely updates to the UN Country Team (UNCT) in Cambodia, will link strategic outputs of this JP to the Government/Development Partner sectoral technical working group structure of Government's Aid Coordination mechanisms.

In line with the MDG Operational Guidance Note, the Joint Programme will utilize two committees to ensure proper checks and balances of programme activities:

- A National Steering Committee (NSC)
- A Programme Management Committee (PMC).

The membership of the National MDG Fund Steering Committee (NSC) for oversight of all Joint Programmes in Cambodia is comprised of: a) the UN Resident Coordinator (Co-Chair), b) senior representatives from the Royal Government of Cambodia (1 Co-Chair), and c) a representative from the Spanish mission in Cambodia. Other representatives and observers can be invited by the Co-Chairs. The NSC is the one already established to oversee the MDG-F Culture and Development Programme in Cambodia. The NSC will normally meet twice per year and will have a key oversight role and shall provide strategic guidance to the programme's implementation. Other responsibilities of the NSC include: reviewing the JP document; aligning MDG-F funded activities with the UN Strategic Framework or UNDAF approved strategic priorities; discussing progress and identifying solutions for challenges facing any of the Joint Programme's partners; reviewing and approving annual consolidated financial and progress reports, providing strategic comments and decisions, and communicating them to participating UN agencies; reviewing and approving annual work plans and budgets and making necessary adjustments to attain anticipated outcomes; reviewing evaluation reports; and creating synergies between similar programmes and projects.

The responsibilities of the NSC will include:

- a. Reviewing and adopting the Terms of Reference and Rules of Procedures of the NSC and/or modify them, as necessary (Generic Terms of Reference can be found on the MDTF website)
- b. Approving the Joint Programme Document before submission to the Fund Steering Committee. Minutes of meeting to be sent to MDG-F Secretariat with final programme submission.
- c. Approving the strategic direction for the implementation of the Joint Programme within the operational framework authorized by the MDG-F Steering Committee.
- d. aligning MDG-F funded activities with the UN Strategic Framework or UNDAF approved strategic priorities;
- e. Approving the documented arrangements for management and coordination
- f. establishing programme baselines to enable sound monitoring and evaluation
- g. Approving the annual work plans and budgets as well as making necessary adjustments to attain the anticipated outcomes.

- h. Reviewing the Consolidated Joint Programme Report from the Administrative Agent and provide strategic comments and decisions and communicate this to the Participating UN Organizations.
- i. Suggesting corrective action to emerging strategic and implementation problems.
- j. Creating synergies and seeking agreement on similar programmes and projects by other donors.
- k. Approving the communication and public information plans prepared by the PMCs.

The Joint Programme Management Committee (PMC) will provide operational coordination of this Joint Programme. The PMC of the Joint Programme will be co-chaired by the Resident Coordinator or his/her designate and CARD, and will consist of representatives of the government from the MoH, MAFF, MoEYS, MoLVT and from UNICEF, WHO, FAO, WFP, ILO, and UNESCO. The PMC will meet quarterly, in particular in preparation for NSC meetings to: ensure operational coordination, manage programme resources, coordinate overall planning and reporting processes, review annual workplans, progress reports, and budgets to ensure that overlaps or gaps are addressed prior to their submission to the NSC; ensure that programme baselines are established to enable sound monitoring and evaluation, provide technical and substantive leadership in regard to outputs and activities envisaged in the annual work plan, and establish effective reporting mechanisms; agree on reallocations and budget revisions, addressing management and implementation issues, making recommendations to the NSC as appropriate; identifying lessons learned and establishing communication and information plans. Synergies will also be sought between the MDG-F Culture and Development Programme PMC to share experiences and enhance coordination.

The responsibilities of the PMC will include:

- a. ensuring operational coordination
- b. appointing a Programme Manager or equivalent thereof;
- c. managing programme resources to achieve the outcomes and output defined in the programme;
- d. establishing adequate reporting mechanisms in the programme;
- e. integrating work plans, budgets, reports and other programme related documents; and ensures that budget overlaps or gaps are addressed;
- f. providing technical and substantive leadership regarding the activities envisaged in the Annual Work Plan;
- g. agreeing on re-allocations and budget revisions and make recommendations to the NSC as appropriate;
- h. addressing management and implementation problems;
- i. identifying emerging lessons learned; and establishing communication and public information plans

A National Programme Coordinator (NPC) will be recruited and will be responsible for the overall programme management and coordination among UN agencies, government ministries, and other implementing partners. He/she will sit at the Council for Agricultural and Rural Development (CARD) office located at the Council of Ministers and will also ensure the delivery of consolidated progress reports for the PMC and the NSC meetings and for the donor agency.

Two Provincial Programme Coordinators (PPC), one in each of the targeted provinces, will be recruited. The PPC will ideally work from the respective Provincial Governors' offices in order to facilitate good coordination between all sectors. The PPCs, working in close collaboration with the NPC, will be responsible to provide support to implementation including for planning of activities, meetings, workshops, and communication campaigns. The PPCs will be responsible for monitoring, and to provide information and data to the NPC. They will also coordinate and share information

between the 2 target provinces in order to learn lessons and implement changes as needed in a timely manner.

Joint Programme UN agencies

UNICEF has extensive expertise in the field of child health and nutrition including: collaborating with the Ministry of Health, National Centre for Health Promotion and National Nutrition Programme on Behaviour Change Communication Plans; the development of an integrated package of nutrition services for children and women, strengthening outreach for integrating screening for undernutrition and counselling for nutrition; training of volunteers on nutrition-related issues; and strengthening of nutrition monitoring systems.

WHO has collaborated extensively with and provided technical assistance to the Ministry of Health, National Maternal Child Health Centre, National Nutrition Programme, the Child Survival Management Committee, and the RMNCH Task Force in the areas of maternal health and child survival.

FAO, in collaboration with the Ministry of Agriculture, Forestry and Fisheries, has supported several key food security programmes in Cambodia, including the Special Programme for Food Security (SPFS), related SPFS programmes, Food Security Policy for Poverty Eradication, Off-farm Income Generation for Food Security, and Support to Smallholders Livestock.

WFP implements the Support for Mother and Child Health (MCH) Project in cooperation with the National Maternal Child Health Centre and NGO cooperating partners, such as RACHA and World Vision. Targeted to food insecure areas, the MCH Project seeks to reduce undernutrition among pregnant and lactating women and children 0-24 months of age by integrating micronutrient fortified food, nutrition education and other health interventions provided through local health clinics.

ILO has extensive experience in promoting maternity protection in the world of work. The ILO member states have adopted three conventions on maternity protection which have progressively expanded the scope and entitlements of maternity protection at work. In Cambodia, the ILO has been operating the Better Factories Cambodia programme to improve working conditions in the garment industry for a workforce that is over 90% female. ILO has also collaborated with WHO and UNICEF to promote the social protection of women and children and to eliminate child labour in Cambodia.

UNESCO, in collaboration with the government, NGOs and the other UN agencies, has supported the formulation of Cambodia's Early Childhood Care and Education (ECCD) policy. UNESCO also supports the non-formal education system through community learning centers and literacy classes for difficult-to-reach adult and youth populations in rural and remote areas.

7. FUND MANAGEMENT ARRANGEMENTS

1. The allocated funds from MDG-F for executing agencies will be transferred through UNDP as the AA to the participating UN agencies in line with provisions of the JP Guidance Note Annex 4. The MDFT Office will transfer funds to HQs of the Participating UN Organisations which, in turn, will use their normal procedures to make the funds available at country level.
2. The fund management option for the joint programmes is pass-through, with the UNDP serving as the Administrative Agent. The Administrative Agent will release funds to the participating UN organisations to finance the activities in annual allocations, subject to meeting performance and delivery benchmarks. The programmatic and financial accountability for the joint programme rests with the participating organisations and national partners managing the respective components of the programme.

3. Each organisation assumes complete programmatic and financial responsibility for the funds disbursed to it by the administrative agent and can decide on the execution process with its partners and counterparts following the organisation's own regulations.

4. Each Participating UN Organization establishes a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent. Participating UN organisations are requested to provide certified financial reporting according to the budget template. Participating UN Organizations are entitled to deduct their indirect costs on contributions received according to their own regulations and rules, taking into account the size and complexity of the particular programme.

5. Subsequent instalments will be released in accordance with annual work plans approved by the NSC. The release of funds is subject to meeting a minimum commitment threshold of 70% of the previous fund release to the Participating UN Organizations combined commitments (Commitments are defined as legally binding contracts signed, including multi-year commitments which may be disbursed in future years). If the 70% threshold is not met for the programme as a whole, funds will not be released to any organization, regardless of the individual organization's performance. On the other hand, the following year's advance can be requested at any point after the combined commitment against the current advance has exceeded 70% and the work plan requirements have been met. If the overall expenditure of the programme reaches 70% before the end of the twelve-month period, the participating UN Organizations may upon endorsement by the NSC request the MDTF to release the next instalment ahead of schedule. The RC will make the request to the MDTF Office on NSC's behalf. Any fund transfer is subject to submission of an approved annual work plan and budget to the MDTF Office.

6. Cash transfer modalities - At the country level, the UN agencies will transfer funds to their national counterparts reflecting agreed harmonized approaches to cash transfers, as detailed in their Country Programme Action Plans (CPAP) or other agreements, which includes direct cash transfer, direct payment, reimbursement of cash advance and direct agency implementation.

7. The duration of the project will be 3 years, corresponding to the period for which the UNDP/Spain MDG Achievement Fund allocation is USD 5,000,000. The level and type of inputs required from each UN Agency are:

From the implementing and backstopping units of UNICEF:

- Agency Contribution (through the MDG Fund): USD 2,501,874
- Availability of tools, approaches and training materials in the area of infant and young child feeding, micronutrient deficiencies, management of acute malnutrition, behavior change communication, community-based programmes in the area of nutrition, and nutrition monitoring;
- Project management;
- Technical and administrative support from UNICEF Offices in Phnom Penh, Bangkok and New York.

From the implementing and backstopping units of WHO:

- Agency Contribution (through the MDG Fund): USD 789,660
- Availability of tools, approaches and training materials in the area Infant and Young Child Feeding, Micronutrient supplementation, Household survey methodologies, Management of malnutrition;
- Project management;
- Technical and administrative support from WHO Offices in Phnom Penh, Manila, Geneva.

From the implementing and backstopping units of WFP:

- Agency Contribution (through the MDG Fund): USD 638,790
- Availability of tools, approaches and training materials in the area of Food Security, Vulnerability Analysis and Mapping, Food Security Atlas, and Commune Poverty Mapping;
- Project management;
- Technical and administrative support from WFP Offices in Phnom Penh, Bangkok, Rome.

From the implementing and backstopping units of UNESCO:

- Agency Contribution (through the MDG Fund): USD 230,157
- Availability of tools, approaches and training materials in the area of Early Childhood Care and Development (ECCD) and Non Formal Education (NFE).
- Project management;
- Technical and administrative support from UNESCO Offices in Phnom Penh, Bangkok and Paris.

From the implementing and backstopping units of ILO:

- Agency Contribution (through the MDG Fund): USD 345,610
- Availability of tools, approaches and training materials in the area of Labour legislation, Labour rights, Communication;
- Project management;
- Technical and administrative support from ILO Offices in Phnom Penh, Bangkok and Geneva.

From the implementing and backstopping units of FAO:

- Agency Contribution (through the MDG Fund): USD 493,270
- Availability of tools, approaches and training materials in the area of nutrition interventions and participatory approaches in national and sector policies and programmes together with complemented community-focused actions;
- Project management;
- Technical and administrative support from FAO Offices in Phnom Penh, Bangkok and Rome.

Due to the limited fund allocation for agency specific coordination costs there may be a need to revise budget allocations later on in order to allow for agency specific coordination and technical assistance related costs in the case that non resident agencies such as ILO, UNESCO and FAO do not have adequate in country operations to support the implementation of the project components without this.

8. MONITORING, EVALUATION AND REPORTING

The Fund will establish an Evaluation Plan which ensures that all programmes supported by the Fund will undertake a baseline, mid-term and final evaluation,

The monitoring and evaluation of the Joint Programme will be conducted in accordance with established UN MDG-F operational procedures and contribute to cycles of joint UNDAF monitoring conducted annually by the UNCT in collaboration with Government.. The JP Monitoring Framework provides a summary of outcomes, outputs, activities, indicators, and means of verification for the programme and forms the basis on which the programme's monitoring and evaluation system will operate

EVALUATION

The Joint Programme, with input from all participating UN agencies, will conduct a comprehensive baseline survey in the 2 target provinces of Kampong Speu and Svay Rieng and 2 other "control" provinces to be identified. The surveys will establish benchmarks in areas of programme interventions and outcomes in order to be able to assess achievements and impact of the JP approach. The benchmarks will be determined in the inception phase of the programme.

A midterm review will be conducted by the MDG-F team in collaboration with the JP.

An end-line survey, using the same data collection exercise, will be repeated toward the end of the Joint Programme to provide a full assessment of the programme's results, impacts and sustainability following its completion. In addition the final evaluation will also look at the JP processes and implementation and lessons learned for further programming and policy revision/formulation on the basis of the initial analysis and indicators.

In addition, the Joint Programme will conduct annual mid-year reviews.

REPORTING

On an annual basis, participating UN agencies will produce narrative and financial reports on results achieved, lessons learned and the contributions made to the Joint Programme. The narrative reports will be due 31 March and the financial reports will be due 30 April of each year. An integrated reporting system, into which each UN agency will contribute, will help to ensure that there is little unnecessary duplication and workload.

Twice a year (Mid and End year), the National Program Coordinator will compile joint updates, using a common reporting/results framework, incorporating information from UN agencies, and from biannual reports of the 2 Provincial Programme Coordinators in the 2 target provinces. The updates will be submitted to the members of the Programme Management Committee for their review and consideration at the PMC meetings, and in preparation for the NSC meetings.

As per the MDG-F Operational Guidance note, MDTF Office will provide guidance on reporting formats and procedures to ensure that all reporting requirements are met. The MDTF Office is responsible for the annual Consolidated Joint Programme Progress Report, which will consist of three parts:

- a. AA Management Brief: The management brief consist of analysis of the certified financial report and the narrative report. The management brief will identify key management and administrative issues, if any, to be considered by the NSC.
- b. Narrative Joint Programme Progress Report: This report is produced through an integrated Joint Programme reporting arrangement. The report should be reviewed and endorsed by the PMC before it is submitted to the MDTF Office.
- c. Financial Progress Report: Each participating UN agency will submit to the MDTF Office a financial report stating expenditures incurred by each programme during the reporting period.

Upon completion of the Consolidated Joint Programme Progress Report, the MDTF Office will submit the Consolidated Joint Programme Progress Reports to the RC who will distribute it to NSC members. Decisions and comments by the NSC should be duly recorded and shared with all stakeholders in order to ensure the full coordination and coherence of MDG-F efforts.

TABLE: JOINT PROGRAMME MONITORING FRAMEWORK

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities (UN agency, government partner)	Risks & assumptions
Joint Program Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women					
Indicators : Anthropometry (weight, height, MUAC, weight for height, height for age, BMI) and Haemoglobin levels					
Output 1.1: Behaviour Change Communication (BCC) plans and communication materials developed on: (i) breastfeeding, (ii) complementary feeding, (iii) IFA supplementation during pregnancy and in the post partum period	Indicator: Number of BCC plans finalized and agreed with key stakeholders	JP progress reports; copies of BCC plans and communication materials	Annual JP review workshops	UNICEF, WHO, NCHP, NNP	MOH endorses mass media and inter-personal BCC as interventions for improved nutrition. Development starts Jan 2010
	Baseline: 0				
	Indicator: # of BCC plans adapted to workplaces	JP progress reports; copies of BCC plans	Annual JP progress reports	ILO, MoLVT	
	Baseline: 0				
Output 1.2: Behaviour Change Communication (BCC) plans implemented on: (i) breastfeeding, (ii) complementary feeding, (iii) IFA supplementation during pregnancy	Indicator: # of 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	Monitoring systems set up for communication plans	Annual JP progress reports	UNICEF, WHO, NCHP, NNP	

and in the post partum period					
	Baseline: 0				
	Indicator: Number of Khmer language FAO Family Nutrition manuals distributed to food insecure households	Training reports, progress reports, manuals produced	First month of the programme; distribution through trainings done during three year span of the programme	FAO, MAFF	Understanding that there is no duplication with existing materials developed in-country
	Baseline: 0				
	Indicator: Number of media personnel trained in food security and nutrition reporting	Training sessions attendance/registration forms; training reports; articles published	Annual JP progress reports	UNESCO, MoEYS	Lack of commitment of journalists
	Baseline: 0				
	Indicator: Number of radio spots broadcasted in garment factory workplace	JP progress reports	Annual JP progress reports	ILO, MoLVT	
	Baseline: 0				
	Indicator: Number of trained OSH workers in BCC plans	Training sessions attendance/registration forms; training reports	Annual JP progress reports	ILO, MoLVT	
	Baseline: 0				

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	Indicator: Proportion of children aged 0–6 months who are exclusively breastfed	Review of endline household survey data	Endline household survey Q3 2012	WHO, NIS, MOH	Assumes stable economic development in the provinces and political stability. Assumes efficacy of the selected interventions. Risks include natural disasters, political instability, serious delays in the procurement of commodities.
	Baseline: TBD in provincial baseline survey				
	Indicator: Proportion of breastfed children aged 6-24 months who receive appropriate (age-appropriate frequency with 3+ food groups) complementary feeding	Review of endline household survey data	Endline household survey Q3 2012	WHO, NIS, MOH	Assumes stable economic development in the provinces and political stability. Assumes efficacy of the selected interventions. Risks include natural disasters, political instability, serious delays in the procurement of commodities.
	Baseline: TBD in provincial baseline survey				

	Indicator: Proportion of estimated number of undernourished who receive supplementary feeding	Review of JP annual reports; review of routine reporting by nutrition staff PHD	Annual JP progress review workshops; annual PHD performance reports	WHO, PHDs, NNP	Assumes that the expected number of undernourished children can be established in the baseline survey and that the birth cohort is known. Assumes that MUAC is appropriately sensitive and specific to identify undernourished children.
	Baseline: 0				
	Indicator: Number of VHSG members who are trained on BF and CF counseling using BFCI package (Output indicator) Timeframe: 2010-2012	BFCI monitoring system	Progress reports; Annual	UNICEF, PHDs, NNP	None
	Baseline: KPS (2008) - 450 out of 2,800; SRG (2008) - 700 out of 1,200				
	Indicator: Number of VHSG members who are trained on Micronutrient/Sprinkles promotion	C-IMCI monitoring system	Progress reports; Annual	UNICEF, PHDs, NNP	Assumptions: Micronutrient (including sprinkles) module of C-IMCI package and guidelines on multiple micronutrient supplementation

					finalized before the inception of the project
	Baseline: KPS (2008) - 0; SRG (2008) - 700 out of 1,200				
	Indicator: Number of VHSG members who are trained on management of acute malnutrition at the community level	Training reports; progress reports	Progress reports; Annual	UNICEF, PHDs, NNP	Assumptions: MAM guidelines and training packages for HC staff and community volunteers are finalized before the inception of the project or in the first quarter of its inception
	Baseline: KPS (2008) - 0; SRG (2008) - 0				
	Indicator: Proportion of children 6-59 months who received Vitamin A supplementation in the past 6 months	Review of endline household survey data; review of routine HIS reporting	Endline household survey Q3 2012; annual HIS/PHD performance reports using estimated target population as denominator; annual JP progress reports	UNICEF, WHO, MoH	Adequate supply of Vitamin A is ensured by the MoH; adequate resources are allocation to special out-reach sessions, including nation-wide communication and social mobilization from the national

					budget and Health SWAp/HSSP2
	Baseline: 2008 CAS: KPS- 72.7%; SRG- 67.6%; country average - 59.4% 2008 HIS, Round 2: KPS- 86%; SRG- 100%; country average - 87%				
	Indicator: Proportion of children 12-59 months who received Mebendazole for deworming in the past 6 months (Timeframe: 2010 - 2012)	Review of endline household survey data; review of routine HIS reporting	Endline household survey Q3 2012; annual HIS/PHD performance reports using estimated target population as denominator; annual JP progress reports	UNICEF, WHO, MoH	Assumptions: adequate supply of Vitamin A is ensured by the MoH; adequate resources are allocation to special out-reach sessions, including nation-wide communication and social mobilization from the national budget and Health SWAp/HSSP2
	Baseline (2008 CAS): KPS- 42.1%; SRG- 58.2%; country average - 39.9%				

	Indicator: Proportion of children under 2 years of age who regularly receive multiple micronutrient powders (sprinkles) with their complementary feeding	Review of endline household survey data; review of routine reporting by MNS distributors.	Endline household survey Q3 2012; annual PHD performance reports using estimated target population as denominator; annual JP progress reports	WHO, UNICEF, MoH	Assumes acceptance and high uptake of MNS by the mothers and sustained distribution of MNS sachets through HC staff and VSHGs
	Baseline: Kg Speu 0%, Svay Rieng %				
	Indicator: Proportion of children aged 12-23 months who are undernourished (Impact indicator - wasting and underweight)	Review of endline household survey data	Endline household survey Q3 2012	WHO, NIS, MOH	Assumes stable economic development in the provinces and political stability. Assumes efficacy of the selected interventions. Risks include natural disasters, political instability, serious delays in the procurement of commodities.
	Baseline: TBD in provincial baseline survey;				
	Indicator: Proportion of pregnant women who received Iron Folate supplementation (at least 60 tab)	Review of endline household survey data	Endline household survey Q3 2012	WHO, NIS, MOH	Assumptions: adequate supply of Iron Folate is ensured by the MoH
	Baseline, CAS 2008: KPS - 70.1%; SRG - 75.8%; country average - 59.1%				

	Indicator: Proportion of postpartum women who received Vitamin A supplement within 6 weeks after delivery	Review of endline household survey data; HIS data	Endline household survey Q3 2012; Annual HIS reports	WHO, NIS, MOH	Assumptions: adequate supply of Vitamin is ensured by the MoH; adequate resources are allocated for Vitamin A supplementation communication campaign
	Baseline: 2008 CAS: KPS- 28.5%; SRG- 38.5%; country average- 43.7%; 2008 HIS: KPS- 66%; SRG- 91%; country average - 68%				
	Indicator: Proportion of postpartum women who received Iron Folate supplementation (42 tablets)	Review of endline household survey data; HIS data	Endline household survey Q3 2012; Annual HIS reports	WHO, NIS, MOH	Assumptions: adequate supply of Iron Folate is ensured by the MoH
	Baseline (2008 CAS): KPS- 22.5% SRG- 37.2%; country average - 33.2%				
	Indicator: Number of food insecure households trained by Farmer Field Schools (FFS)	FFS reports, progress reports, final report	Reports produced every six months during the timeline of the project	FAO, MAFF	Community members, local institutions, service delivery agencies are willing to collaborate
	Baseline: 0				
	Indicator: Number of trained education officers in mainstreaming nutrition in Early Childhood Care and Development	Training of Trainers sessions attendance/registration forms; mission reports	JP annual progress reports	UNESCO, MoYES	Lack of interest/commitment to the program from local authorities

	and lifeskills through non formal education				
	Baseline: 0				
	Indicator: Number of commune officials and village leaders trained by education officers in Early Childhood Care and Development and lifeskills through non formal education	Training sessions attendance/registration forms; training reports	JP annual progress reports	UNESCO, MoYES	Lack of interest/commitment to the program from local authorities, parent association, education staff; lack of time of local authorities and teachers
	Baseline: 0				
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	Review of reports and actual policies and strategies	JP annual progress reports	UNESCO, ILO, FAO, MoYES, MoLVT, MAFF	
	Baseline: 0				
	Indicator: Number of PHD staff, district and commune level officials trained in FSN concepts and objectives in 2 provinces	Training reports, progress reports	JP annual progress reports	FAO, MAFF	Using the pool of trainers under CARD and in line with the ongoing centralized trainings of the Food

					Security Policy for Poverty Reduction in Cambodia
	Baseline: 0				
JP Output 2.2 New policies, strategies and guidelines developed	Indicator: Number of new policies, strategies and legislation developed	Review of reports and actual policies and strategies	JP annual progress reports	WHO, MoH	
	Baseline: 0				
Joint Programme Outcome 3: Integrated food security and nutrition monitoring system developed Indicators: As outlined below					
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	Quarterly bulletins, vulnerability maps, Food Security Atlas, commune-level poverty and nutrition maps, annual progress reports	Annual Joint Project progress reports	WFP, FAO, CARD, MAFF, UNICEF, NIS	
	Baseline: N/A: Cambodia does not have an integrated national food security and nutrition monitoring system				

9. LEGAL CONTEXT OR BASIS OF RELATIONSHIP

The cooperation or assistance agreements that each participating UN agency has with the Royal Government of Cambodia will collectively provide the legal context for this programme.

Table 3: Basis of Relationship

Participating UN organization	Agreement
UNDP	This project document shall be the instrument referred to as such in Article I of the Standard Basic Assistance Agreement (SBAA) between the Government of Cambodia and the United Nations Development Project, signed on the 19th of December 1994. The host country-implementing agency shall, for the purpose of the Standard Basic Assistance Agreement, refer to the government cooperating agency described in that agreement.
UNICEF	Basic cooperation agreement signed between the Royal Government of Cambodia and UNICEF on 1 st June 1994.
WHO	WHO Country Cooperation Strategy
FAO	The Food and Agriculture Organization of the United Nations (FAO) and the Government of Cambodia signed the agreement for the establishment of the FAO Representation in Cambodia, on 21 December 1994.
WFP	The United Nations World Food Programme (WFP) and the Government of the Kingdom of Cambodia signed the basic agreement concerning assistance on 10 September 1995.
ILO	The International Labour Organization (ILO) is a non-resident agency in Cambodia, and its programmes in Cambodia are governed by Memoranda of Understanding between the ILO Subregional Office in Bangkok and the relevant government agencies.
UNESCO	This project document shall be the instrument as referred in Articles 1-13 of the agreement signed between the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Royal Government of Cambodia on 9 January 1995.

10. WORK PLANS AND BUDGETS

See Annual Work Plan

ANNUAL WORK PLAN: JOINT PROGRAMME FOR CHILDREN, FOOD SECURITY AND NUTRITION IN CAMBODIA

UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q 1	Q 2	Q 3	Q 4		Source of Funds	Budget Description	Amount
JP Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women										
JP Output 1.1: Behaviour Change and Communication (BCC) plans and communication materials (mass media and interpersonal communication) developed on: (i) breastfeeding, (ii) complementary feeding, (iii) IFA supplementation during pregnancy and in the post-partum period.										
BCC plan for breast feeding and complementary feeding finalized	UNICEF Increased equitable access to and utilization of quality social services	Finalize the BCC plans on breastfeeding and complementary feeding (A2Z, RACHA, HKI, WHO, WFP, ILO, UNESCO)	x	x	x		MoH (NCHP, NMCHC)	MDG-F	Meetings - \$8,000	\$8,000
BCC materials for interpersonal communication promoting breastfeeding revised and produced	UNICEF Increased equitable access to and utilization of quality social services	Review current breastfeeding communication and training materials	X	X	X	X	MoH (NCHP, NMCHC)	MDG-F	Meetings - \$7,000	\$7,000
	UNICEF Increased equitable access to and utilization of quality social services	Produce interpersonal communication materials (i.e. leaflets, T-shirts, posters, etc.) and training materials on breastfeeding for families with pregnant women and young children living in the communities		x	x	x	MoH (NCHP, NMCHC)	MDG-F	Contract - \$50,000	\$50,000

Communication materials on complementary feeding for mass media and interpersonal communication designed and produced	UNICEF Increased equitable access to and utilization of quality social services	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		x	x	x	MoH (NCHP, NMCHC)	MDG-F	Contract - \$150,000 Training and meetings - \$50,000	\$200,000
BCC plans for breastfeeding and complementary feeding launched nationally	UNICEF Increased equitable access to and utilization of quality social services	National launch/PR event of the BCC plans for breastfeeding and complementary feeding promotion, including national media, government ministries, NGOs, other relevant stakeholders					MoH (NCHP, NMCHC)	MDG-F	Meetings - \$7,000	\$7,000
BCC plans for breastfeeding and complementary feeding disseminated in the 2 selected provinces	UNICEF Increased equitable access to and utilization of quality social services	Support 2 provincial and 6 OD dissemination workshops and meetings on breastfeeding and complementary feeding communication plans	x	x	x	x	MoH (NCHP, NMCHC)	MDG-F	Meetings - \$8,000	\$8,000

BCC plan for IFA supplementation of pregnant and postpartum women finalized	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	Conduct consultative workshop and meetings with stakeholders at various levels to finalize the BCC plan on IFA (RACHA,HKI,UNI CEF,WFP,UNESCO)	x				MoH (NCHP, NMCHC)	HSSP 2		0
BCC mass media and interpersonal materials designed and produced for IFA supplementation of pregnant and postpartum women	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	Design and produce mass media and interpersonal communication materials (3 TV/radio spots and printed materials) and training materials on IFA	x	x			MoH (NCHP, NMCHC)		Contract for design & production \$85,000	\$85,000
BCC plan for IFA supplementation of pregnant and postpartum women launched nationally	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	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		x			MoH (NCHP, NMCHC)		Contract to NNP for workshop \$7,000	\$7,000
BCC plan for IFA supplementation of pregnant and postpartum women disseminated in the 2 selected provinces	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	Support 2 provincial and 6 OD dissemination workshops and meetings on IFA supplementation		x			MoH (NCHP, NMCHC)		Contract to NNP for workshops \$8,000	\$8,000

BCC materials for breastfeeding, complementary feeding and IFA designed and adapted to the industrial context, with attention to formal and informal workplaces in the garment and tourism/hospitality industries	ILO Enhance the coverage and effectiveness of social protection for all	Interviews with stakeholders to highlight the challenges in the implementation of maternity protection. Research. Production of communication and training materials on BF, complementary feeding and supplement to workers in the garment industry and tourism/hospitality industries	x	x			MoLVT, MoH	MDG-F	National staff. (\$3170)	\$14,000
			Equipment (\$2000)							
			1 International expert mission (\$6000)							
			Travel cost to reach stakeholders. (\$400)							
			Printing material (training mat, t-shirt, posters.) (\$2430)							
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	ILO Enhance the coverage and effectiveness of social protection for all	Launch the BCC plans for breastfeeding, complementary feeding, and IFA supplementation during pregnancy and during the post partum period in formal and informal workplaces in the 2 selected provinces; support to sub-national dissemination workshops and meetings			x	x	MoLVT, MoH	MDG-F	National staff (\$3380)	\$6,000
Costs of the launch (venue cost, media cost, running cost for the launch) (\$2620)										
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	UNICEF Increased equitable access to and utilization of quality social services	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		x	x		MoI and Direct UNICEF execution	MDG-F	Contract \$85,000	\$85,000

BCC interpersonal communication plan on breastfeeding implemented in the 2 selected provinces	UNICEF Increased equitable access to and utilization of quality social services	Support to social mobilization events at the community level linked to World Breastfeeding Week in two provinces			x	x	Provincial Health Department in Kampong Speu and Svay Rieng	MDG-F	Meetings \$10,000 Contract \$10,000	\$20,000
Nationwide BCC mass media plan on complementary feeding implemented	UNICEF Increased equitable access to and utilization of quality social services	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				x	MoH (NCHP and NNP), MoI and direct UNICEF execution	MDG-F	Contract - \$90,000	\$90,000
Nationwide mass media BCC plan on IFA supplementation during pregnancy and in the post-partum period implemented	UNICEF Increased equitable access to and utilization of quality social services	Broadcast 3 flights of 3 TV spots for three weeks each on 3 TV and 10 radio channels			x	x	MoI and Direct UNICEF execution	MDG-F	Contract \$75,000	\$75,000
BCC mass media plan on breastfeeding, complementary feeding and IFA implemented in formal and informal workplaces (i.e. garment and tourism/hospitality industries) in the 2 selected provinces	ILO Enhance the coverage and effectiveness of social protection for all	Broadcast radio call-in shows (i.e. Voice of Workers); distribute print media and publications geared to workers, launch/manage website catering to workers; broadcast radio and televised dramas (i.e. ILO soap operas and BBC health soap operas) in the 2 selected provinces.			x	x	MoLVT, MoI	MDG-F	National staff (\$3380) Production of soap operas (subcontracting to local partners) (\$25,500) Spots on radio. (\$3300) Cost for public event for mass distributio	\$34,600

									n, hiring of performer (\$2420)	
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	ILO Enhance the coverage and effectiveness of social protection for all	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).			x	x	MoLVT, MoH	MDG-F	National staff (\$3380)	\$20,000
								Visits to factories (\$780)		
								Participation of workers (\$1000)		
								Workshops (\$1000)		
								Infrastructure improvements in factories (\$13,840)		
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	UNESCO Increased equitable access to and utilization of quality social services	Conduct yearly training sessions for national media personnel on reporting accurately and regularly on nutrition and food security;			X		CARD MoI MoH MTC	SMDG	Focal point \$5,000.00	\$13,200
								Contract \$6,500.00		
								Travels \$700.00		

students and MOI staff		dissemination hosted on the FSN website							Misc \$500.00	
									Equip \$500.00	
BCC interpersonal communication plan on homestead nutrition, food production and diversification in the most food-insecure villages of the two selected provinces	FAO SO H Improved food security and better nutrition	Develop and produce educational and communication materials using existing FAO's Family Nutrition Guide for interpersonal communication through Farmer Field Schools (at least 2,000 manuals in Khmer language)	X	X			MAFF	MDG-F	Personnel \$25,000 Equipment \$10,250 Travel Other direct costs \$7,250	\$42,500
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, vitamin A, mebendazole and nutrition counseling) via health sector and local authorities implemented	UNICEF Increased equitable access to and utilization of quality social services	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	x	x	x	x	PHDs in KPS and SRG	MDG-F	Training \$40,000	\$40,000

ibid	UNICEF Increased equitable access to and utilization of quality social services	Increase and expand the coverage of vitamin A supplementation, mebendazole distribution and vitamin A treatment for women and children: (1) Conduct planning meetings at PHDs, ODs and HCs in preparation for bi-annual Vitamin A supplementation and deworming rounds through HC outreach in May and November	x		x		PHDs in KPS and SRG	MDG-F	Meeting (4 meet), OD (12 meet) and HC (174 meet) level - \$10,000	\$10,000
ibid	UNICEF Increased equitable access to and utilization of quality social services	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		x		x	PHDs in KPS and SRG	MDG-F	Contract \$20,000	\$20,000
ibid	UNICEF Increased equitable access to and utilization of quality social services	<i>Reduce the rate of micronutrient deficiency:</i> Procure Sprinkles		x			PHDs in KPS and SRG	MDG-F	Supplies & commodities \$100,000	\$100,000
ibid	UNICEF Increased equitable access to and utilization of quality social services	Support bi-monthly follow-up and monitoring meetings with VHSGs (estimated 4,000) at the Health Center level to address the health and	x	x	x	x	PHDs in KPS and SRG	MDG-F	Training/meeting \$74,000	\$74,000

		nutrition package in a comprehensive and integrated manner								
ibid	UNICEF Increased equitable access to and utilization of quality social services	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		x	x	x	PHDs in SRG	MDG-F	Training \$25,000	\$25,000
ibid	UNICEF Increased equitable access to and utilization of quality social services	Finalize the training modules and materials for management of acute malnutrition at the community level, including screening using MUAC	x	x			PHD in KPS	HSSP-2		
		Train estimated 2,800 VHSGs on management of acute malnutrition at the community level, including screening of malnourished children using MUAC (2-day training), with appropriate follow-up and supervision during outreach and at the HC level			x	x		MDG-F	Training \$40,000	\$40,000
	WHO SO4 To reduce morbidity and mortality and improve health	Management of diarrhoea: (1) Provide IMCI refresher training for	x	x	x	x	MoH (CDC, NMCHC)	HSSP2 WHO MDG-F	Training \$10,000	\$50,000

	during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals	Health Centre staff; (2) Procure zinc tablets (3) Socially market ORS and zinc							Procurement \$10,000	
									Contract \$30,000	
ibid	UNICEF Increased equitable access to and utilization of quality social services	<i>Management of malnutrition:</i> (1) Train an estimated 260 Health Centre staff from 87 facilities in the 2 selected provinces on the management of malnutrition, including on MUAC screening for identification of malnourished children and community management of acute moderate malnutrition	x	x	x	MoH, National Nutrition Programme, PHDs in KPS and SVR	MDG-F	Training \$20,000	\$20,000	
ibid	UNICEF Increased equitable access to and utilization of quality social services	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)	x	x	x	MoH, National Nutrition Programme, PHDs in KPS and SVR and direct UNICEF execution	MDG-F	Transportation \$10,000	\$10,000	

ibid	UNICEF Increased equitable access to and utilization of quality social services	Health Centre staff follow-up and supervise MSGs/VHSGs at the community and health center levels			x	x	MoH, National Nutrition Programme, PHDs in KPS and SVR	MDG-F	DSA and travel cost for HC staff to supervise and follow up the MSGs/VHSGs at the community level.	Covered
ibid	UNICEF Increased equitable access to and utilization of quality social services	Procure basic equipment/supplies for estimated 4,000 VHSG volunteers for management of malnutrition at the community level (ie. MUAC tapes, scales, job aids)		x	x		MoH, National Nutrition Programme, PHDs in KPS and SVR and direct UNICEF execution	MDG-F	Supplies and commodities \$5,000	\$5,000
ibid	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures.	Procure the fortified blended food ('commodity') and transport the commodity to 87 health centres in KSP and SRG	x	x	x	x	MoH, National Nutrition Programme, PHDs in KSP and SRG	MDG-F	Supplies and commodities \$100,000	\$100,000
ibid	UNICEF Increased equitable access to and utilization of quality social services	Monitor the stock, storage and distribution of the commodity at health centres and at the community level; Conduct household spot checks among beneficiary households		x	x	x	MoH, National Nutrition Programme, PHDs in KSP and SRG	MDG-F	Cost of distribution	Included above

Promote improved nutrition and food safety in vulnerable households (i.e. malnourished children, pregnant and lactating women, and caregivers) and their communities through homestead food production and Farmer Field Schools	FAO SO H Improved food security and better nutrition	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	X	X	X	X	MAFF	MDG-F	Equipment \$13,300	\$13,300
ibid	FAO SO H Improved food security and better nutrition	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.	X	X	X	X	MAFF	MDG-F	Personnel \$25,200	\$101,700
									Training \$50,000	
									Equipment \$20,000	
									Other direct costs \$6,500	

Knowledge and skills of education officers (Provincial Education Officers and District Education Officers), non-formal education teachers and facilitators, commune and village officials and women, enhanced through non-formal education in the early childhood care and development and lifeskills, mainstreaming nutrition	UNESCO Increased equitable access to and utilization of quality social services	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.		X			MoEYS	MDG-F	Focal point	\$26,000
									\$7,000.0	
									Contract	
									\$16,000.0	
									Travels	
\$1,000.0										
Misc	\$1,000.0									
Equip	\$1,000.0									
ibid	UNESCO Increased equitable access to and utilization of quality social services	Support trainings for non formal education teachers and facilitators, commune officials and parent associations in understanding and mainstreaming ECD and food security related lifeskills in community based NFE program			X	X	MoEYS	MDG-F	Focal point	\$32,500
									\$3,500.00	
									Training	
									\$27,000.00	
Travels	\$1,000									
Misc	\$1,000									
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										
Develop the plan of action for the Early Childhood Development (ECD) to mainstream nutrition	UNESCO Increased equitable access to and utilization of quality social services	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.				X	MoEYS	MDG-F	Focal point	\$16,600
									\$2,000.00	
									Contracts	
									\$13,000.00	
									Travels	
Misc	\$1,000									
Equip	\$200									

Strengthened capacity of line ministries in the number and level of trained staff on Food Security and Nutrition aspects	FAO SO H Improved food security and better nutrition	Conduct 4 decentralized 3-day trainings for 100 provincial, district and commune staff in the two provinces on FSN concepts and objectives	X		X		CARD	MDG-F	Personnel \$31,657	\$48,000
									Training \$12,000	
									Other direct costs \$4,343	
Legislation on maternity protection including the Labour Law, social security acts (specifically the new National Security and Security funds) etc. reviewed	ILO Enhance the coverage and effectiveness of social protection for all	Commission national studies of legislation and implementation of maternity protection legislation. Interviews with stakeholders, with focus on identifying the reasons for non implementation of legislation and solutions/action able recommendations. Publication of results.	x	x	x	x	MoLVT	MDG-F	National staff (\$7550)	\$17,100
									1 international expert mission (\$2100)	
									Contract (\$4000)	
									Printing and dissemination (\$3450)	
ibid	ILO Enhance the coverage and effectiveness of social protection for all	Organize sharing workshops with IR partners.				x	MoLVT	MDG-F	National staff (\$1300)	\$3,300
									Cost of venue and participation costs (\$2000)	
ibid	ILO Enhance the coverage and effectiveness of social protection for all	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				x	MoLVT	MDG-F	National staff (\$1300)	\$6,300
									Visit to workplace (\$1000)	
									Cost of organizing training activities (venues, material, participants)	

		for the implementation of action plan.								(\$4000)
Strengthened capacity of MoLVT in managing relevant maternal health Labour law (eg: support to the implementation of the new industrial physician scheme/occupational health management systems)	ILO Enhance the coverage and effectiveness of social protection for all	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.				x	MoLVT	MDG-F	National staff (\$1300)	\$4,700
								Consultation. (\$700)		
								Training cost (venue, material) (\$2700)		
ibid	ILO Enhance the coverage and effectiveness of social protection for all	Design, laying out and publication and printing of the training material and supportive documentation. Production of an interactive version of the training kit				x	MoLVT	MDG-F	National staff (\$1300)	\$9,000
								Printing of material (\$3000)		
								Contract (\$4000)		
								Consultation (\$700)		
JP Output 2.2 New policies, strategies and guidelines developed										
National guidelines on the management of malnutrition, including screening, referral, management and follow up (a) Guidelines on the use of MUAC for identifying malnourished children (b) Guidelines on community based management of acute malnutrition (c) National standard treatment guidelines for	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	Develop/finalize the three guidelines: develop training manual for management of moderate malnutrition and the use of MUAC	X	X			MoH		Contract for guidelines \$30,000	\$100,000
								Contract for training manual including field test \$70,000		

severely malnourished children developed										
Policy and implementation guidelines, including procurement plans, for the prevention and control of micronutrient deficiencies in women and children	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	Develop the policy and implementation plan	X	X			MoH		Contract \$50,000	\$50,000
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										
Institutional framework for an integrated national food security and nutrition monitoring system developed and agreed with key partners	UNICEF Increased equitable access to and utilization of quality social services	Coordination meetings between members of analysis team from different ministries held to produce quarterly reports	x	x			CARD, MoP/NIS & Social Planning, MOH/NP & DPFI, MoAFF	MDG-F	Meetings/operations \$5,000	\$5,000
An integrated nutrition analysis team is formed and possess knowledge and skills to analyse, disseminate and use nutrition data for planning and policy development (within existing institutional settings)	UNICEF Increased equitable access to and utilization of quality social services	Capacity building of Integrated Nutrition Analysis Team for strengthening their analytical skills and report writing skills, use of data for policy development and planning purposes	x	x	x	x	MoH/NP & DPFI	MDG-F	Trainings/meetings \$25,000	\$25,000
Capacity strengthened to improve assessment and monitoring of food insecurity, especially with regards to identifying and analyzing the	FAO SO H Improved food security and better nutrition	Conduct on the job training to strengthen the capacity of the National Institute of Statistics (NIS) in analyzing food consumption		x	x		MOP/National Institute of Statistics	MDG-F	Personnel \$12,040 Trainings/meetings \$2,960	\$15,000

conditions of the most vulnerable groups, targeting food security and nutrition policies and intervention impacts		data.									
An integrated national food security and nutrition monitoring system is developed by the Food Security and Nutrition Information Management Taskforce	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures.	Support and coordinate with CARD, NIS, the Food Security and Nutrition Technical Working Group, and the Food Security and Nutrition Information Management Taskforce	x	x	x	x	CARD, NIS	MDG-F	Personnel \$6,000	\$6,000	
Production and dissemination of integrated analysis and vulnerability analysis and mapping tools with the latest available demographic, food security, agriculture and nutrition data, nutrition and employment data	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures	Produce--and build the capacity of the integrated food security and nutrition analysis team to produce--ARC-GIS maps with FSN monitoring system data	x	x	x	x	CARD, NIS	MDG-F	Training \$10,000	\$15,000	
ibid	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness	Update—and build the capacity of CARD to update--the online Food Security Atlas (version 3)	x	x	x	x	CARD, NIS	MDG-F	Personnel \$20,000	\$20,000	

	and mitigation measures									
ibid	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures	Produce updated commune-level poverty maps	x	x	x	x	CARD, NIS	MDG-F	Personnel: \$37,500	\$37,500
ibid	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures	Support the production of the annual report based on the integrated food security and nutrition analysis team's output	x	x	x	x	CARD, NIS	MDG-F	Personnel: \$20,000	\$20,000
ibid	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures	Production of materials and dissemination at monthly TWG FSN and other relevant forums when necessary	x	x	x	x	CARD, NIS	MDG-F	Contract: \$10,000	\$10,000

ibid	WFP (SO5): Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase. (SO2): Prevent acute hunger and invest in disaster preparedness and mitigation measures	Support improvements to and maintenance of CARD's Food Security and Nutrition Information System (FSNIS) website	x	x	x	x	CARD, NIS	MDG-F	Contract (CARD): \$8,000	\$18,000
Introduce universal MUAC screening for malnutrition and for the supplementation of micronutrient powder (sprinkles) monitoring system to be incorporated into HIS: pilot in the two target provinces (Kampong Speu and Svay Rieng)	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	Train and build the capacity of 300 health staff at the national level and in the 2 selected provinces			x	x	MoH (DPHI), PHD's	MDG-F	Training \$15,000	\$15,000
JP Output 3.2: Management, coordination, monitoring & evaluation of JP										
	UNICEF Increased equitable access to and utilization of quality social services	Launch of the Joint Programme		x			All JP		Meeting \$15,000	\$15,000
	WHO SO9 To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development	Baseline survey conducted in the 2 target provinces and other 2 control provinces	x				MoH, MoP?	MDG-F	Contract \$20,000 Conduct survey \$60,000	\$80,000
	UNICEF Increased equitable access to and utilization of quality social services	National Coordinator for the Joint Programme	x	x	x	x			Personnel \$35,000	\$35,000
	UNICEF Increased equitable access	Two Provincial Coordinators for the Joint	x	x	x	x			Personnel \$30,000	\$30,000

	to and utilization of quality social services	Programme								
Total UNICEF									1.1 Supplies \$105,000	\$1,012,900
									1.2 Personnel \$118,900	
									1.3 Training \$264,000	
									1.4 Contracts \$480,000	
									1.5 Other direct costs \$45,000	
Total WHO									1.1 Supplies \$10,000	\$395,000
									1.2 Personnel	
									1.3 Training \$25,000	
									1.4 Contracts \$360,000	
									1.5 Other direct costs	
Total FAO									1.1 Supplies \$43,550	\$220,500
									1.2 Personnel \$93,897	
									1.3 Training \$64,960	
									1.4 Contracts	
									1.5 Other direct costs \$18,093	
Total WFP									1.1 Supplies \$100,000	\$216,500
									1.2 Personnel \$88,500	
									1.3 Training \$10,000	
									1.4	

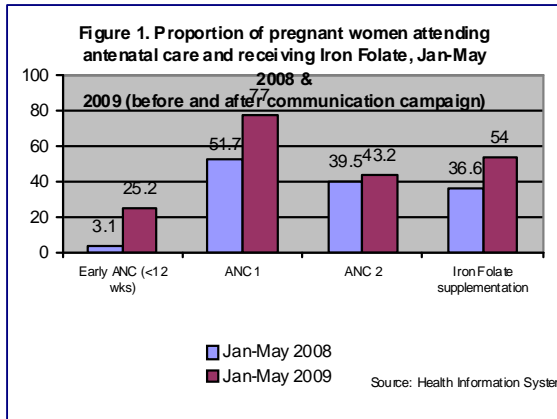
								Contracts \$18,000	
								1.5 Other direct costs	
Total ILO								1.1 Supplies \$1,900	\$114,730
								1.2 Personnel \$37,375	
								1.3 Training \$49,230	
								1.4 Contracts \$20,475	
								1.5 Other direct costs \$5,750	
Total UNESCO								1.1 Supplies	\$88,300
								1.2 Personnel \$17,500	
								1.3 Training \$27,000	
								1.4 Contracts \$35,500	
								1.5 Other direct costs \$8,300	
Subtotal									\$2,047,930
Indirect support costs (7%)								UNICEF \$70,903	\$143,355
								WHO \$27,650	
								FAO \$15,435	
								WFP \$15,155	
								ILO \$8,031	
								UNESCO \$6,181	
Grand Total for Y1									\$2,191,285

Annex 1

Effectiveness of Nation-wide Health Communication Initiatives Implemented in Cambodia and Proposed for Implementation under the UN Joint Proposal to MDG-F Spanish Fund

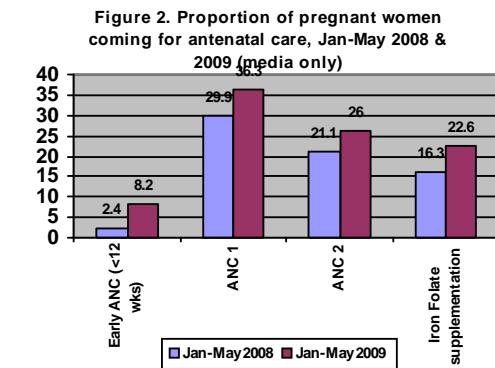
The Cambodia Joint Programme for Children, Food Security and Nutrition builds on the country successes in the area of behavior change communication for breastfeeding and antenatal care promotion. Cambodia breastfeeding communication and social mobilization efforts implemented during 2004-2008 have been recognized as being very effective in increasing exclusive breastfeeding rates from 11 per cent in 2000¹⁷ to 60 per cent in 2005¹⁸ and to 66 per cent in 2008¹⁹. The effectiveness of these efforts has been extensively documented and presented in national, regional and global forums as “good practice.”

More recently a nation-wide ANC communication plan, implementation of which started in January 2009, showed very promising results. In seven selected provinces that receive a more intensive support²⁰ the number of women who come for antenatal care early in pregnancy increased in the first 5 months of 2009 by 8 times compared to the same period of 2008 (Figure 1). There were also significant increases in the proportion of women making at least one antenatal care visit, improvement in the services provided during ANC: iron folate supplementation, tetanus immunization and deworming. Data from other provinces (covered by media only) have also revealed important increases in ANC attendance and coverage with related services (Figure 2).



In seven selected provinces that receive a more intensive support²⁰ the number of women who come for antenatal care early in pregnancy increased in the first 5 months of 2009 by 8 times compared to the same period of 2008 (Figure 1). There were also significant increases in the proportion of women making at least one antenatal care visit, improvement in the services provided during ANC: iron folate supplementation, tetanus immunization and deworming. Data from other provinces (covered by media only) have also revealed important increases in ANC attendance and coverage with related services (Figure 2).

The successes of the above campaigns are linked to a number of factors. One of the main determinants, though, is the employment of a comprehensive mix of a *sustained and intense*²¹ mass media campaign, widespread interpersonal communication through home-visits and health centres, community mobilization, and out-door and point-of-service promotion of antenatal care services. Other important factors include participatory development, pre-testing and production of communication materials, effective management and continuous monitoring of the campaign’s activities. Similar approaches are being proposed for breastfeeding, complementary feeding and iron folate supplementation communication activities under the Joint Programme proposal, which are nation-wide in character and will benefit financial support not only from the MDG-F Spanish Fund, but also from the Health Sector Support Programme 2009-2013 and the European Commission.



Similar approaches are being proposed for breastfeeding, complementary feeding and iron folate supplementation communication activities under the Joint Programme proposal, which are nation-wide in character and will benefit financial support not only from the MDG-F Spanish Fund, but also from the Health Sector Support Programme 2009-2013 and the European Commission.

is the Baby Friendly Community Initiative (BFCI). BFCI is a community level initiative promoting

Another successful Cambodia experience in the area of Infant and Young Child Feeding (IYCF) promotion that will be scaled up through the Joint Programme

¹⁷ Cambodia Demographic and Health Survey, 2000

¹⁸ Cambodia Demographic and Health Survey, 2005

¹⁹ Cambodia Anthropometrics Survey, 2008

²⁰ While media component of ANC promotion has nation-wide coverage, seven provinces received more intensive support including interpersonal communication through health centres and home visits, community mobilisation events, out-door and point of service promotion.

²¹ Sustained and intense mass media campaign included airing of at least 5 PSAs a day on three different TV channels and many more radio channels, for at least 3 weeks, repeated every 2-3 months for 3 times a year.

appropriate feeding practices for infant and young children in Cambodia. It works through the establishment at the village level of so-called Mother Support Groups (MSG), consisting of Village Health Support Group volunteers, a Traditional Birth Attendant, the Village Chief and two women volunteers, or “model mothers” with positive breastfeeding experience. Key practices promoted under the BFCI initiative include: early (within 1 hour after delivery) and exclusive breastfeeding till 6 months of age; continuous breastfeeding till 2 years of age and beyond; appropriate complementary feeding of children starting at 6 months of age. More recently, the initiative was expanded to include maternal nutrition, early childhood stimulation, hygiene promotion, referral for antenatal care, and voluntary and confidential counseling and testing for HIV. Results of this initiative show that in 2007, exclusive breastfeeding rates reported by the Baby Friendly Communities (BFCI) in six UNICEF-supported provinces reached 92 per cent, while early breastfeeding reached 59 per cent. These figures are well-above the country averages reported in the CDHS 2005 (60 per cent for exclusive breastfeeding and 35 per cent for early breastfeeding) and the CAS 2008 (66 per cent for exclusive breastfeeding). Progress in complementary feeding practices in the Baby Friendly Communities has also been significant; timely introduction of complementary foods for infants aged 6-9 months increased from 62 per cent in 2006 to 87 per cent in 2007.

Annex 2

Effectiveness of Micronutrient Powders (MNP's)

In most developing countries, under nutrition and micronutrient deficiencies are highly prevalent; infants and young children aged 6-24 months and pregnant and lactating women are often the most affected. Among the vitamin and mineral deficiencies affecting these high-risk groups, deficiencies of vitamin A, iron, iodine, zinc and folate are the most prevalent and have the most adverse consequences. While significant progress has been made in reducing the prevalence of iodine and vitamin A deficiencies through improved household access to iodized salt and the periodic provision of high-dose vitamin A supplements to young children and lactating women, there has been limited success in reducing the burden of iron deficiency anaemia and other micronutrient deficiencies.

In the last decade, significant efforts have been made to develop alternative ways of providing iron to young children and reproductive age women. Numerous new and innovative products are now available to deliver iron and other essential vitamins and minerals to young children ranging from multiple micronutrient powders (Sprinkles, Vitashakti, Anuka, MixMe), spreads (Nutributter, Plumpynut®), and crushable tablets (Foodlet). One of these newly developed interventions involves the use of multiple micronutrient powders (MNPs) to fortify and improve the quality of complementary foods prepared at home which contain a mix of microencapsulated iron and other micronutrients in a tasteless powder form. A number of studies have been conducted showing that MNPs were efficacious in addressing anemia and could be safely and effectively administered under programmatic conditions²².

There is emerging evidence that MNPs can contribute to improving complementary feeding practices if programs are designed with that goal in mind. MNPs have the potential to contribute to the health and development of young children, their school performance and productivity in later life. As an integral component of improved complementary feeding, MNPs contribute to the nation's human capital development and impact positively on the Millennium Development Goals especially MDG1 – eradicate severe poverty and hunger. Therefore, MNPs can, as a component of improved young child nutrition, be included in national development plans such as national Poverty Reduction Strategies and Sector Wide Approaches. Several countries in Asia are supporting the distribution of MNPs or have done so in the recent past. Currently, MNPs are distributed in at least 32 projects across 14 Asian countries, most of which form part of routine development programmes. Two of these are national in scale; the majority are at a sub-national or large-scale level and some are pilots or demonstration projects. In all cases MNPs are provided as part of a wider programme such as for reduction of anaemia or micronutrient deficiencies, improvement of IYCF or as part of a comprehensive MCH package. The majority of countries target young children 6-24 months; several have expanded the target group to older children up to 59 months.²³

In Cambodia an efficacy trial demonstrated that Sprinkles (both a multiple micronutrient formulation and an iron/folate formulation) were very effective in reducing anaemia amongst young children with the rate of recovery from anemia was 28 of 52 (53.8%) and 27 of 51 (52.9%) in, respectively, the MMN and FFA groups ($P = 0.926$) and significantly higher than in the placebo group (10/46; 21.7%) ($P < 0.001$).²⁴ Currently a much larger implementation study is underway in one rural district of Cambodia (Svay Rieng) with multiple micronutrient Sprinkles being delivered through the Government health system down to the community level. The experience to date has shown very good adherence and that this kind of intervention is able to be delivered through the existing systems.

²² Zlotkin SH, Schauer C, Christofi des A, Shariieff W, Tondeur MC, et al. (2005) Micronutrient Sprinkles to control childhood anaemia. *PLoS Med* 2(1): e1.

²³ Workshop Report on Scaling Up the Use of Multiple Micronutrient Powders to Improve the Quality of Complementary Foods for Young Children in Asia, UNICEF, June 2009

²⁴ M Giovannini, D Sala, M Usuelli, L Livio, G Francescato, M Braga, G Radaelli, E Riva. *J Pediatr Gastroenterol Nutr*, Vol. 42, No. 3, March 2006

The Joint Program aims to build on and expand the positive results from both the efficacy and effectiveness trials implemented in Cambodia and globally.