



Independent mid-term evaluation of the

“Joint Programme for Children, Food Security and Nutrition

in Cambodia”

Managed by the Royal Government of Cambodia and implemented by CARD, MoH, MoEYS MoLVT, MAFF and MoInfor in cooperation and supported by UNICEF, WHO, FAO, WFP, ILO and UNESCO

Programme duration: 3 years (1st January 2010 to 31st December 2012)
Location: Cambodia with specific activities in Kampong Speu and Svay Rieng provinces
Total budget: USD 4,999,361
Funded by: The Millennium Development Goals Achievement Fund, The Government of Spain

Final Report

Submitted by Keith Jeddere-Fisher
With the support of Khin Meng Kheang

26th September 2011

34 Woodstock Road,
Witney, Oxfordshire
OX28 1DU, UK
Email: Keithjfisher@yakpost.net

Contents

Contents	i
Acronyms and abbreviations	ii
Executive summary	iv
1 Background to the MDG:F and UN joint programme approach	1
2 Introduction to the programme to be evaluated	1
3 Objectives, process and methodology of the evaluation	3
3.1 Objectives of the evaluation.....	3
3.2 Overall process and timeline of the evaluation.....	5
3.3 Methodology	5
4 Evaluation findings	7
4.1 Project design, relevance and ownership	7
4.1.1 The process of programme design	7
4.1.2 Needs' assessment and relevance	7
4.1.3 Project formulation and logical structure.....	8
4.2 Implementation of the project (efficiency and ownership).....	10
4.2.1 Progress of implementation	10
4.2.2 Institutional and management framework	12
4.2.3 Project monitoring and reporting	13
4.2.4 Collaboration and coordination (networking and linkage)	14
4.2.5 Other management issues	16
4.3 Effectiveness (results and potential impact)	17
4.3.1 Outcome 1: Improvement of nutritional status	18
4.3.2 Outcome 2: Nutrition, food security, and agricultural policies	26
4.3.3 Outcome 3: Integrated food security and nutrition monitoring	27
4.4 Sustainability of project impacts.....	28
4.5 Contribution to other development objectives	30
5 Conclusions, recommendations and lessons learnt	33
Summary of key contributions of the project and significant constraints	33
Recommendations for MDG:F Secretariat	33
Recommendations for PMC and key partner institutions:	34
Recommendations for JP management:	37
Annex 1: Evaluation ToRs	38
Annex 2: People and organisations consulted	52
Annex 3: Itinerary for MTE country visit	55
Annex 4: Documents reviewed	61
Annex 5: Provincial Coordinator's ToRs	62

Acronyms and abbreviations

ANC	Antenatal Care
BCC	Behaviour Change Communication
CARD	Council for Agricultural and Rural Development
CC	Commune Council
CCISP	Cambodia Creative Industries Support Programme
CCWC	Commune Committee for Women and Children
CDHS	Cambodia Demographic and Health Survey
CFSN	Children, Food Security and Nutrition
CFSNC	MDG:F JP on Children, Food Security and Nutrition in Cambodia
CIP	Commune Investment Plan
CMDG	Cambodia Millennium Development Goals
CSO	Civil society organisation
DoA	Department of Agriculture
ECCD	Early Childhood Care and Development
EDI	Enterprise Development Institute
FAO	Food and Agriculture Organization of the United Nations
FFS	Farmer Field School
FSN	Food Security and Nutrition
FSN DAT	FSN Data Analysis Team
FSNIS	Food Security and Nutrition Information System
GDA	General Directorate of Agriculture
HC	Health Centre
HKI	Helen Keller International
HSSP	Health Sector Support Programme
IEC	Information, education and communication
IFA	Iron Folic Acid
ILO	International Labour Organisation
IYCF	Infant and Young Child Feeding
JP TT	Joint Programme Technical Team
JP	Joint Programme
MAFF	Ministry of Agriculture, Fisheries and Forestry
MDG	Millennium Development Goals
MDG:F	Millennium Development Goals Fund
MNPs	Multiple Micronutrients Powders
MoEYS	Ministry of Education, Youths and Sports
MoH	Ministry of Health
MoLVT	Ministry of Labour and Vocational Training
MTE	Mid-term evaluation
NAP	National Action Plan
NCHP	National Centre for Health Promotion
NGO	Non-Governmental Organisation
NMCHC	National Maternal and Child Health Centre
NNP	National Nutrition Programme
NPC	National Programme Coordinator
NSC	National Steering Committee
NSDP	National Strategic Development Plan
OD	Operational District
OSH	Occupational Safety and Health
PCC	Provincial Coordination Committee

PDA	Provincial Department of Agriculture
PDoEYS	Provincial Department of Education, Youths and Sports
PDoLVT	Provincial Department of Labour and Vocational Training
PDoWA	Provincial Department of Women's Affairs
PDRD	Provincial Department of Rural Development
PHD	Provincial Health Department
PMC	Project Management Committee
PPC	Provincial Programme Coordinator
RACHA	Reproductive and Child Health Alliance
RC	Resident Coordinator
REDA	Rural Economic Development Association
RGC	Royal Government of Cambodia
SAM	Severe Acute Malnutrition
SFFSN	Strategic Framework for Food Security and Nutrition
SHG	Self-Help Group
ToR	Terms of Reference
ToT	Training of Trainer
TWG	Technical Working Group
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
VHSG	Village Health Support Group
WFP	World Food Programme
WHO	World Health Organisation

Executive summary

The MDG Achievement Fund (MDG-F) is an initiative funded by the Government of Spain in 2006 and implemented by UN agencies to support countries in their progress towards the Millennium Development Goals (MDGs) and other development goals by funding innovative programmes that have an impact on the population and potential for duplication. The Fund operates through UN teams in each country and uses a joint programme mode of intervention. The Fund has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

The ‘Children, food security and nutrition’ thematic window supports 24 joint programmes and specifically contributes to MDG 1 - eradicating extreme poverty and hunger and MDG 4 - reducing child mortality.

The “Joint Programme for Children, Food Security and Nutrition in Cambodia (CFSNC)” with a budget of US\$ 5 million was started in January 2010 and will end in December 2012. It is implemented by six government agencies and six UN agencies.

The overall goal of the Joint Programme (JP) is to reduce mortality and under nutrition among children 0-24 months and pregnant and lactating women and improving food security. The JP has three planned outcomes:

- Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women, involving nationwide behaviour change communications and targeted interventions in two food insecure provinces;
- Outcome 2: Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed;
- Outcome 3: Integrated food security and nutrition monitoring system developed.

This mid-term evaluation (MTE) is managed by the MDG:F Secretariat and its goal is to generate knowledge, identify best practices and lessons learned and improve implementation of the programmes during the remaining period of implementation. The conclusions and recommendations generated by this evaluation are addressed to its main users: the Programme Management Committee (PMC) and the Secretariat of the Fund.

The findings presented in this report are based on a desk review of project documents and on interviews with key informants and programme staff during a two-week mission to Cambodia in September 2011. The findings were triangulated through the use of multiple sources of information when possible.

Main findings of the mid-term evaluation

Design, relevance and structure

Key government agencies participated in the design process, identifying priority outcomes and all of them describe the MDG:F JP as having a very good fit with their development needs. The JP is seen as a means to introduce already planned interventions into the two target provinces bringing resources that are additional to the national budget. The intervention logic is clearly presented in the programme document and there is a complementary mix of interventions that support the development of the enabling environment in the area of policy and information analysis and those that are focused on the delivery of services at the provincial and health centre level. The monitoring framework focuses on activity monitoring with a limited number of outcome indicators. The consequences of these weaknesses are that although the JP has carried out a lot of activities, for much of the work, particularly the knowledge-based training under

outcomes 1 and 2, there is almost no information available on whether they have contributed to the intended outcome.

Management and coordination

The JP has been implemented efficiently with the exception of the release of the 2011 budget which was only available in May 2011 due to delays in the endorsement of the workplan and budget by the National Steering Committee (NSC). At June 2011, exactly half way through the 3-year period of implementation, 57% of funds had been committed and 32% disbursed.

The PMC has good Government of Cambodia and UN representation and has functioned effectively. The JP Technical Team facilitates good coordination among the UN agencies and with the members of the team located in their own UN agency offices promotes real representation of the agency in the JP. Provincial Coordination Committees have facilitated effective coordination among government agencies and with UN agencies.

Effectiveness

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

The bulk of the JP's activity comes under this outcome. At the national level behaviour change communications have been developed and implemented as planned. The training on maternity protection for employees of large factories has resulted in good levels of knowledge on baby feeding practices amongst direct participants with some transfer to non-participants but with apparent limited changes in practices.

The provision of an integrated package of nutrition and food security in the targeted provinces focuses on the provision of multiple micronutrient powders (MNPs) and on the management of acute malnutrition. The distribution of MNPs is expanding to achieve total coverage of both provinces and shows some qualitative early indicators of effectiveness. The management of acute malnutrition is being piloted in five health centres (HCs) and has shown to be effective but also has a high default rate and is demanding on the resources of the HC. The original target of implementing this programme in all 87 HCs in the two provinces will need to be revised.

A lot of training has been provided to mainstream FSN in 'Early Childhood Care and Development' and in non-formal education in the two provinces but it is not possible to assess the contribution that this has had on the outcome. Farmers have been trained in homestead food production through 'Farmer Field Schools' and this has clearly resulted in increased vegetable production and utilisation amongst the participants. The process of selection of participants has probably reduced the positive impact of this activity on the intended outcome.

The potential to involve NGOs to provide support in achieving this outcome has not been utilised. A shortage of IEC materials and some weaknesses in the provision of inputs at the best time have limited the effectiveness of some of the activities.

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

The 'National interim guidelines for the management of acute malnutrition', the 'National Policy and Guidelines for Micronutrient Supplementation' and a curriculum for MSc in nutrition have all been developed through consultative processes and are valuable developments in the FSN policy environment. Support has been provided for the development of the 'Early Childhood Care and Development' National Action Plan and this is waiting ministerial endorsement.

Training has been provided to increase the capacity of provincial, district and commune staff in FSN. The outcomes have not been monitored.

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

The Food Security and Nutrition Data Analysis Team (FSNDAT) has been established and is instrumental in carrying out studies and in developing a number of products. Three editions of the FSN Bulletin have been published providing useful analysis of data. The FSNIS website which is managed by CARD has been redesigned with support from MDG:F to make it easier to use.

Sustainability

Due to the high level of participation by government ministries in identifying priority issues to be included in the JP, and the inclusion of these, most of the activities of the JP are additional inputs and resources for existing or planned government interventions. They are also embedded in existing government structures and are likely to remain on the agenda of the relevant ministry. Continued implementation of the delivery interventions, especially MNPs and the management of acute malnutrition will depend on further development assistance and this is likely to be available for this high priority area.

A significant aspect of the JP's intervention at the provincial level has been for the development of human capacity; skills, knowledge and awareness, among government staff in different departments, amongst elected representatives and amongst community members and volunteers. This investment in human capacity at the provincial, district, HC and local levels is likely to continue to promote the objectives of the JP beyond the programme period.

The important policy products will have long-term positive effects. Now that the FSNDAT has been established and trained they will be able to continue their work and produce the FSN Bulletin.

The coordination mechanism at the provincial level, the PCC, is not a government institution and all stakeholders are clear that without further external support it will not continue. A recently established government committee could take on this role.

Lessons learnt

- In situations where a number of UN agencies are working on a common theme in the same location, a UN-supported provincial coordinator can have a positive role in both representing and coordinating the UN agencies and in facilitating the coordination of relevant government departments. This role can be supported in situations where there is no formal UN 'joint programme'.
- A JP management team, where members are located in their own UN agency's office may face communication and coordination challenges but is likely to be more effective in promoting real UN coordination through increased mutual understanding and cross agency representation on specific themes.
- Regular food preparation and cooking demonstrations by volunteers is an effective way to extend principles learnt in training and also provided a nutritious meal for those involved. This activity can be an ongoing outcome of training that is promoted and monitored by staff during follow up visits.

Key recommendations for the programme

Chapter 5 of the report contains the full set of recommendations made by the MTE. Those that are most critical for the success of the JP are presented here.

- The NSC should be requested to review PMC recommendations when their endorsement is required and provide the necessary authorisation quickly without attempting to hold a face-to-face meeting.
- Baseline/endline studies: A no-cost extension should be given to enable the end-line survey to be carried out in April 2013, three years from the date of the baseline. The

indicators to be collected by the baseline should be reviewed prior to automatically collecting them in the endline survey.

- The project work plan should be reviewed and blockages/potential blockages identified to ensure implementation is speeded up
- The JPTT should identify ways to encourage regular involvement of RGC representatives in the JPTT meeting in order to promote coordination at the national level. This may require some changes to the agenda and the style of the meeting.
- The JP monitoring framework should be reviewed to ensure that there are some outcome indicators for each outcome that can provide an indication of progress towards the intended impact at the end of 2011 and 2012.
- A decision needs to be made quickly on the expansion plans for the management of acute malnutrition in 2011. It is suggested that in order to get wider exposure to different situations that 5 HCs in Svay Rieng are selected;
- A revised costed work plan for the limited expansion of the management of acute malnutrition in health centres over the remaining period of the JP should be developed with revised targets for the number of HCs to be covered. The priority in this workplan should be the development and testing of suitable methodologies that can be scaled up within the two target provinces and beyond. The revised workplan should include a revised budget and should specify what they will do with the funds that were originally allocated to this component. One of the methodologies should if possible include the involvement of NGOs in a situation where an NGO is already actively promoting the community-HC link through activities with the VHSG. Such situations do exist within the targeted provinces;
- An assessment of the outcome of the training on OSH and maternity protection for factory women should be carried out identifying outcomes in direct participants and in intended indirect participants. Based on the findings the messages should be reviewed and follow up meetings held with training participants;
- A review of mainstreaming nutrition in ECCD and NFE should be carried out by the PMC/JPTTM clearly identifying the purpose and anticipated outcomes and how these interact with and support other components of the JP;
- Prior to the selection of participants for the 2012 FFS training, the participant selection criteria should be reviewed and a strategy developed so that participants are selected in accordance with the criteria
- Resources will need to be allocated to support the additional follow up and assessment of training outcomes that the MTE is recommending. While doing this the purpose and expected outputs of these field support activities need to be carefully prepared and clearly specified to those participating.
- IEC materials should be produced and distributed to implementing partners as soon as possible after they have been finalised as part of the complimentary feeding strategy.
- Awareness of the Food Security and Nutrition website and of the FSN Bulletin should be promoted among central and provincial government and non-Government agencies;
- The future potential of the PCC should be reviewed and alternative provincial coordination forums assessed. If necessary capacity building of an alternative forum should be provided
- The potential for NGOs to contribute to the JP goals, particularly in support of field implementation including the distribution of MNPs and the management of acute malnutrition, should be explored and NGO staff should be included in training programmes by CARD, MoH/NNP, DoL and DoE. This refers to NGOs that have good links with the community and are strengthening community level structures such as VHSGs.

1 Background to the MDG:F and UN joint programme approach

Goal of the MDG:F

In December 2006, the United Nations Development Programme (UNDP) and the Government of Spain signed a major partnership agreement for €528 million, with the aim of contributing to progress on the Millennium Development Goals (MDGs) and other development goals through the United Nations System. The MDG Achievement Fund (MDG:F) supports countries in their progress towards the MDGs) and other development goals by funding innovative programmes that have an impact on the population and potential for duplication. The Fund aims to accelerate progress towards attainment of the MDGs in select countries by:

- Supporting policies and programmes that promise significant and measurable impact on select MDGs;
- Financing the testing and/or scaling-up of successful models;
- Catalysing innovations in development practice; and
- Adopting mechanisms that improve the quality of aid as foreseen in the Paris Declaration on Aid Effectiveness.

The Fund has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

The ‘Children, food security and nutrition’ thematic window

In addition to the original grant, in September 2008 the Government of Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. This thematic window has US\$134.5 million allocated to 24 joint programmes and this area of work represents almost 20% of the MDG:F’s work. The MDG goals specifically addressed by this window are:

- MDG 1 - eradicating extreme poverty and hunger,
- MDG 4 - reducing child mortality,

Interventions range from providing low cost nutritional packages that can save lives and promote healthy development to engaging with pregnant and lactating mothers ensuring they are healthy and aware of key nutrition issues. Advocacy for mainstreaming children’s right to food into national plans and policies is also a key element of the fight against under nutrition.

UN joint programme approach

The MDGF uses a joint programme mode of intervention operating through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies.

At the country level in 135 developing countries, the leadership of the UN’s support to the MDGs and national development strategies is the responsibility of the UN Resident Coordinator. UN Resident Coordinators provide the strategic direction and guide the operations of the individual UN Funds, Programmes and Agencies operating locally. As a group, these organisations make up the “UN Country Team”. UN Resident Coordinators also promote the normative agenda of non-resident agencies on the ground.

2 Introduction to the programme to be evaluated

Title, timeframe and budget

The “Joint Programme for Children, Food Security and Nutrition in Cambodia (CFSNC)” was approved in August 2009, signed by the Royal Government of Cambodia (RGC) and UN representatives in November 2009 and officially commenced on the 13th January 2010. The duration is 3 years and the programme will end on 13th January 2013.

The total budget of US\$ 5,000,000 is all funded by the MDG:F. The budget of each of the participating UN organisations is:

Table 1: Budget of the participating UN agencies

Participating UN Organization	Budget
UNICEF	\$2,501,874
WHO	\$789,660
FAO	\$493,270
WFP	\$638,790
ILO	\$345,610
UNESCO	\$230,157
Unallocated	\$639
TOTAL	\$5,000,000

Goal and contribution to MDGs

The overall goal of the Joint Programme (JP) is to reduce mortality and under nutrition among children 0-24 months and pregnant and lactating women and improving food security. The JP will contribute to the achievement of the following MDGs in Cambodia:

- MDG 1 - eradicating extreme poverty and hunger,
- MDG 4 - reducing child mortality,
- MDG 5 - improving maternal health.

In addition the JP outcomes are expected to significantly contribute to the following United Nations Development Assistance Framework (UNDAF) targets:

- 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.

Theory of change

The JP intervention is based on the analysis that a significant cause for mortality and under nutrition of 0-24 month children is due to lack of awareness of the importance of early and exclusive breastfeeding and due to a lack of certain essential micronutrients for babies and mothers. The JP aims to address this through a national Behaviour Change Communication (BCC) media programme supported by a provincial-level awareness-raising and nutrient distribution campaign. The provincial-level work includes training on integrated approaches to nutrition for health centre staff and for members of village health support groups and vitamin and micronutrient distribution. These core interventions will be supported by the development of educational materials, improved management of malnutrition for children and by the promotion of food-based nutrition.

In order to improve the broader environment that these interventions take place in, the JP will support improvements to the policy context and to national level capacity for the management of food security and nutrition (FSN).

Intended outcomes and outputs

The JP has three planned outcomes and seven outputs and these are presented in the table below together with the UN and partner organisations responsible for each output:

Outcomes	Strategies	Outputs	Implementing agencies and partners
Outcome 1: Improvement of the nutritional status of children aged 0-24 months and pregnant and lactating women	BCC activities for the promotion of breastfeeding, complementary feeding and IFA supplementation through mass media (nationwide), interpersonal communication (2 provinces) and social mobilisation (2 provinces). Geographically focused implementation of an innovative, integrated and comprehensive food security and nutrition package	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 \$595,000	MoH (NCHP, NNP, PHD's, CDC), MoLVT, MAFF, CARD, MoEYS, UNICEF, WHO, WFP, ILO, FAO, UNESCO
		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 \$919,000	
		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 \$1,752,000	
Outcome 2: Implementation of existing nutrition, food security, and agricultural policies strengthened, and new policies on nutrition developed	Review of implementation and strengthening of existing nutrition, food security, and agricultural policies; and the development of new nutrition policies	Output 2.1: Review implementation status of legislation, policies and strategies on nutrition, food security and agriculture and provide responses for practical action \$283,600	MoLVT, MoEYS, MAFF, CARD, MoH, ILO, UNESCO, FAO, UNICEF, WHO
		Output 2.2 New policies, strategies and guidelines developed \$250,000	
Outcome 3: Integrated food security and nutrition monitoring system developed	Development of an integrated national food security and nutrition (FSN) monitoring system	Output 3.1: Integrated national food security and nutrition monitoring system established, based on existing information systems and surveys \$397,000	CARD, MoP/NIS, MoH (DPHI, PHDs), WFP, UNICEF, WHO, FAO
		Output 3.2: Management, coordination, monitoring & evaluation of JP \$475,700	

3 Objectives, process and methodology of the evaluation

3.1 Objectives of the evaluation

This evaluation is based on the terms of reference (ToRs) developed by the MDG:F for the mid-term evaluation of children, food security and nutrition joint programmes and this is attached in Annex 1.

Goal

The goal of the evaluation is to generate knowledge, identify best practices and lessons learned and improve implementation of the programmes during the remaining period of implementation. The conclusions and recommendations generated by this evaluation are addressed to its main users: the Programme Management Committee (PMC) and the Secretariat of the Fund.

Scope and specific objectives

The mid-term evaluation is part of the body of knowledge constituted by the monitoring and evaluation function of the MDG:F at the joint programme level. This level is the first level of information of the MDG:F information structure that comprises four levels: (a) joint programme level, (b) partner country level, (c) thematic window level and finally (d) overall MDG:F level.

The mid-term evaluation uses expedited process to carry out a systematic, fast-paced analysis of the design, process and results or results trends of the joint programme. This enables conclusions and recommendations for the joint programme to be formed within a period of approximately four months.

The unit of analysis is the joint programme, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This mid-term evaluation has the following specific objectives:

!

1. To discover the programme's design quality and internal coherence (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the Millennium Development Goals, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.
2. To understand how the joint programme operates and assess the efficiency of its management model in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the One UN framework.
3. To identify the programme's degree of effectiveness among its participants, its contribution to the objectives of the Children Food Security and Nutrition thematic window, and the Millennium Development Goals at the local and/or country level.

Evaluation levels and questions

The evaluation assess five levels of the programme. For each level a number of evaluation questions are detailed in the evaluation ToRs.

Design level

The evaluation reviews the relevance of the programme design. The extent to which the objectives of the joint programme are consistent with needs and interest of the participants,

the needs of the country, the MDGs and the policies of partners and donors. The evaluation looks at the ownership of the programme design by considering the national social actors' effective exercise of leadership in the development interventions.

Process level

The efficiency of the overall joint programme's management; the extent to which resources/inputs have been turned into results. The ownership of the process, including to what extent the national social actors have effectively exercised leadership in the development interventions.

Results level

The effectiveness of the programme in meeting its expected outcomes and objectives and also in contributing to the achievement of the MDGs at the local and national levels.

Sustainability

The sustainability of programme achievements; the likelihood that the benefits of the intervention will continue in the long-term.

Country level

The identification of lessons learned and best practices that can be transferred to other programmes or countries and the contributions of the JP to the United Nations reform (One UN) and assess how principles of aid effectiveness were integrated into the programme.

3.2 Overall process and timeline of the evaluation

The MDG:F Secretariat manages the evaluation. The evaluation reference group (ERG) composed of the Programme Management Office, the PMC, and the UN Resident Coordinator (RC) facilitates the evaluation in-country.

The evaluation was conducted in accordance with the following outline process:

1. Review of project documents and reports, written outputs and other documentation by the consultants;
2. Telephone and email preparatory consultations with key stakeholders;
3. Preparation of schedules of visits and meetings;
4. Submission of the inception report to the MDG:F Secretariat and the ERG (5th August 2011);
5. Finalisation of evaluation methodology, questions, schedule, logistics (12th August);
6. Consultations, interviews and field visits with the project and key stakeholders in Cambodia (5-16 September). See Annex 2 and 3 for details ;
7. Presentation, discussion and debriefing PMC and JP staff (16th September);
8. Preparation of draft report and submission to MDG:F Secretariat for sharing with the ERG (26th September);
9. Feedback from ERG to the evaluation consultant (2nd November);
10. Finalise evaluation report considering the comments from the ERG (7th November 2011)

3.3 Methodology

The evaluation was carried out by an independent evaluation consultant, appointed by the MDG:F, and a locally hired consultant who supported the evaluator by providing

information about local context such as institutions, protocol, traditions, etc. and assisted with translation of key meetings/interviews during the mission.

Desk review

Before the evaluation field visit, a desk review was carried out of relevant material, including the project documents, progress reports, evaluation reports, minutes of management and advisory committees, as well as relevant materials from secondary sources. The documents consulted during the evaluation are listed in Annex 4.

In-country visit

The overall structure for the country mission was:

- Meetings with JP implementation staff and managing committees
- Meetings with participating UN organisations (as a group and individually)
- Meetings with implementation partners at the national level
- Visits to the two implementation provinces and interactions with implementing staff, partner organisations, community leaders and members
- Verbal presentation of preliminary evaluation findings to the PMC members and/or involved stakeholders for verification and expansion

People consulted during the course of the evaluation are listed in Annex 2 and the schedule of meetings is in Annex 3.

Information collection methods

A variety of methods were used depending on the situation and the opportunities. As far as possible these methods were participatory, allowing stakeholders to express their experiences and suggestions in an open way. These included:

- Document review;
- Briefing/presentations from implementing agencies and partners;
- Semi-structured interviews with key informants;
- Group discussions with project participants and community members;
- Time line analysis;

Participation of JP staff

JP staff introduced the evaluation team to respondents and then took an observation role during the discussion. Clarification of issues were made subsequent to the interview/meeting. The JP staff accompanied the evaluation team on the visits to the provinces and were present in most of the meetings. This protocol was chosen in order to maximise the learning by the team responsible for the JP.

Presentation of draft findings

At the end of the country visit there was a half-day meeting with the PMC and the JP Technical Team in order to present, verify and discuss preliminary findings, conclusions and recommendations.

Evaluation report

A draft final report on the evaluation was prepared and then this final version was prepared following comments from the ERG and the MDG:F Secretariat.

Constraints and limitations

The accuracy of the evaluation findings was determined by the quality of information provided from the sources. It was not possible to collect representative quantitative

information within the timeframe of the evaluation. Quantitative information on project outputs is based on project reports and whenever possible this was verified during the meetings with stakeholders. All the information gathered by the evaluation team was verified through triangulation as far as possible.

Information collected during the field visits may not be representative of the project as a whole. Meetings were scheduled in advance, and it was necessary for the JP to develop this programme prior to the commencement of the field visits. The evaluators reviewed the programme and requested some changes.

4 Evaluation findings

4.1 Project design, relevance and ownership

4.1.1 The process of programme design

The design process was led by the World Health Organisation (WHO) and due to staff constraints and the time available an outside consultant was used. Most of the UN staff directly involved in proposal development were also not directly involved in programme implementation and it was reported by members of the JP Technical Team (JPTT) that this resulted in a lack of continuity and confusion in proposal implementation. The effects of this were not clearly evident at the time of the evaluation. It was reported by UN staff who were present at the time that the initial draft proposal was costed at \$12 million and that this was scaled back to the current \$5 million without a significant reduction in the real content of the programme.

The UN RC office contributed to the process and lessons that had been learned from the other MDG:F JP in Cambodia, the Cambodia Creative Industries Support Programme (CCISP), were incorporated. There was a common understanding that the Children, Food Security and Nutrition JP was tackling a common issue although it was easier for some of the agencies to have a clear focus on how they contributed to the common goal.

Government representatives from the Council for Agriculture and Rural Development (CARD) and the five Ministries involved in implementation participated in the design process and the priority outputs that were identified in these discussions were prioritised in the document. There is no evidence that non-government organisations (NGOs) were involved in this process.

4.1.2 Needs' assessment and relevance

The programme document contains a clear analysis of the situation at the time regarding child nutrition, breastfeeding, maternal nutrition, complementary feeding and food supplementation. The appropriate government institutions participated in identifying priority outcomes and all of them describe the MDG:F JP as having a very good fit with their development needs.

CARD, the agency which leads government on FSN, states that the MDG:F JP strengthens its ability in its four areas of responsibility; coordination, policy support, information management and monitoring and evaluation. The Ministry of Health (MOH), including the National Nutrition Programme (NNP) under the National Maternal and Child Health Centre (NMCHC), state that the support to the iron/folic acid (IFA) supplementation programme,

the Infant and Young Child Feeding (IYCF) strategy and the management of severe and moderate acute malnutrition (SAM/MAM) are all their priority actions and that the JP clearly supports these initiatives. The JP is seen as a means to introduce these already planned interventions into the two selected provinces bringing resources that are additional to the national budget. The education, agriculture and labour interventions have a more limited but clear direct contribution to these priorities.

Although these areas are given a high priority in RGC policy statements, and the development indicators on child nutrition and maternal mortality are poor, they are not reflected well in terms of national budget allocation. A number of key stakeholders raised concerns over the strength of ownership by the wider government for these areas of intervention.

In terms of the wider development framework, the MDG:F JP clearly contributes to priority areas identified in the RGC's Rectangular Strategy and the National Strategic Development Plan (2006-2010) and its updated 2009-2013 version. Similarly the JP contributes directly to the UNDAF 2006-2010 (in particular outcomes 1 and 2) and the 2011-2015 framework that has been developed since the JP started. The JP also contributes strongly to RGC's work towards the achievement of MDGs 1, 4 and 5.

The selection of the two provinces were based on agreed criteria and all of the partners are supportive of the choices made.

Representatives of NGOs also state that the JP significantly contributes to nationally identified priorities and that it promotes collaboration between government ministries and departments.

The existing and potential role of NGOs to contribute to the goals of the JP are hardly mentioned in the JP document. They are identified as possible attendees at product launches and as participants in provincial training of trainers (ToT) on mainstreaming nutrition in early childhood development. In practice they have not been invited to participate in the latter activity although they have (and this precedes the JP) been very involved in the development of guidelines and policies as members of relevant task forces and working groups.

4.1.3 Project formulation and logical structure

The intervention logic is clearly presented in the programme document. The responsible UN agency (or agencies) for each activity is clearly identified. There is also a complementary mix of interventions that support the development of the enabling environment in the area of policy and information analysis and those that are focused on the delivery of services at the provincial and health centre level and this enables useful interactions between these components. Gender issues are identified in the analysis and some interventions are appropriately targeted just for women and others seek to ensure that both men and women have access to the information and benefits.

The monitoring framework

The MDG:F JP monitoring framework has a number of weaknesses:

- Outcome 1 is the only outcome for which any indicators are identified specifically at the outcome level. The grid that is used to present the monitoring framework does

- not encourage the development of indicators at the outcome level as the heading 'Indicators', 'Means of verification' etc are only applied at the output level.
- The indicators that are identified for outcome 1 are anthropometric indicators (weight for age, height for age, weight for height etc) and haemoglobin levels. These are all indicators that the baseline-endline survey is expected to provide information on and the JP is not attempting to report on the progress on these within the programme period. These indicators are impact indicators that will measure the effect of the overall JP.
 - There is therefore a lack of indicators at the outcome level that show achievement or progress towards the achievement of the outcomes. The majority of indicators in the monitoring framework are output or activity indicators measuring the delivery of project activities. Many of these activities are the delivery of training and little information is collected or reported on the results and outcomes of these activities.
 - There are also some 'output indicators' that are actually good outcome indicators. For example under output 1.3 the 'Proportion of children aged 0-6 months who are exclusively breastfed'. However the means of verification is the endline survey so there are no attempts to collect information on changes in behaviour to get feedback on progress towards this outcome. The health centres collect and report certain quantitative data as part of the health information system, and this could be used to obtain data on the progress towards some of the project targets.

The above observations are mainly addressed to the monitoring framework for outcome 1 which is presented in much greater detail (with 23 indicators identified) than outcome 2 (3 indicators) and outcome 3 (1 indicator) which deal more with activities relating to policy and information systems. However the limited number of indicators for outcomes 2 and 3 are purely quantitative (number of new policies, number of FSN reports etc) and there is no qualitative measure of their usefulness or of the level of demand or of any expected change as a result of them. For example, there could be an indicator concerning the number of times each of the web-based FSN reports were accessed.

The consequences of these weaknesses in the monitoring framework are that although the JP has carried out a lot of activities, for much of the work, particularly the knowledge-based training under outcomes 1 and 2, there is almost no information available on the effect of these activities. There is no verification of feedback on whether the intervention logic - that increased knowledge on FSN issues by local decision makers, educationalists, farmers and women working in factories will result in changes in behaviour or action that will contribute to the goals of the JP - is in reality working out. JP implementers and partners, as well as readers of the semester monitoring reports are largely unable to draw any conclusions on the outcome of much of the work that has been carried out. Although indicators, and particularly collecting information for indicators is often seen as an unnecessary burden, they can when well used, make it easy to present the achievements of an intervention and serve as an effective learning tool. If the endline survey is postponed until after the JP has finished as currently proposed, these intermediate outcome indicators will be essential for a more qualitative assessment of the outcomes of the JP at the end of the three years.

The comments on training in the above paragraph do not apply to the more activity and skill-based training carried out for health centre staff and village health support group members (VHSGs) under outcome 1. The outcomes of those trainings can be determined largely by the efficiency in the delivery of the activity that follows such as the distribution of micro-nutrient powders (MNPs).

Expected level of achievement

The JPTT recognises that the level of achievement expected in the MDG:F JP document is ambitious, in particular the achievement of output 1.3, the ‘Provision of an integrated comprehensive package of nutrition and food security interventions delivered with high coverage in two food insecure provinces’ within the three year timeframe. There is an acknowledgement by the PMC and the JP TT that this aim will not be fulfilled province-wide in the area of the management of SAM/MAM and will be challenging for the effective distribution of MNPs.

The reasons given for this are:

- The original proposal being developed on the basis of a \$12 million budget, which although reduced in some aspects, the coverage is said to have not been significantly revised;
- The limited level of capacity in terms of numbers and ability of the personnel responsible for implementation;
- The fact that the management of SAM/MAM is a trial programme in Cambodia which has not been piloted there before. As well as the need to develop guidelines using a consultative process, implementation has encountered many more challenges than expected.

These issues and revised targets are discussed in more detail in section 4.3.1 on the achievements of outcome 1.

4.2 Implementation of the project (efficiency and ownership)

4.2.1 Progress of implementation

Time line of key events

The timing of the key events in the overall management of the MDG:F JP are as follows:

17 August 2009	Approval of Cambodia CFSN JP by MDG:F Secretariat
16 September 2009	Inception meeting
October 2009	Minor revisions made to the JP document
November 2009	RGC and UN sign JP document
9 December 2009	NSC approved JP
13 January 2010	Official start of the JP
1 April 2010	National and Provincial coordinators start
June 2010	Official launching of MDG:F JP at national level
July 2010	Official launching of MDG:F JP at provincial level
September 2010	1 st PMC meeting
8 December 2010	2 nd PMC and approval of 2011 workplan and budget
8 April	NSC approval of 2011 workplan and budget
June 2011	3 rd PMC
September 2011	Mid-term evaluation

Preparatory outputs

There was a considerable time taken between the approval of the Cambodia CFSN by the MDG:F Secretariat in August 2009 and the signing of the JP document in November 2009. In the approval letter from the MDG:F Secretariat there was a request to make some minor

revisions to the document. It appears that more substantial revisions were made in September and following reviews and checks by the UN agencies it was ready for signature at the end of October.

The National and the two Provincial Programme Coordinators (NPC and PPCs) started work on the 1st April. The initial start of the JP after official approval was relatively quick.

2011 budget release

The budget for 2011 was only released to the UN agencies in Cambodia in the second week of May 2011. The history behind this is that the PMC reviewed and approved the workplan and budget for 2011 on 8th December 2010. At that time the fund commitment rate for the first year was 77.8% and a fund transfer request for the 2011 was submitted by the UNRC on 9th December. However endorsement from the NSC was not submitted until 8th April 2011. Information was received from the UNDP Multi-Donor Trust Fund Office that the transfer was processed on 29th April and the UN agencies in Cambodia received funds for 2011 in the second week of May 2011. It appears that the main reason for the delayed release of funds in 2011 was the need for the NSC to endorse the decision of the PMC and the time that this took from 8th December until 8th April, a period of four months. The status and role of the NSC is discussed in section 4.2.2. The effect of this delay will be reviewed below.

Those UN agencies that had implemented most efficiently in 2010 and therefore had little budget carry-over were affected most. Some of the consequences were as follows:

- Postponement of FSN training with provincial Education Departments;
- Difficulties for partners to arrange new dates for the training as these clashed with dates of exams. Training was originally planned for January but started in June and there were issues of work overload at that time;
- Delays in signing agreements with provincial Agriculture Departments;
- Implementing partners have given less priority to MDG:F JP activities (as there are other activities they need to accomplish as well);
- Repetitive complaints from implementing partners on delay of funds which resulted in weaker commitment by other stakeholders;
- Optimum timing for training on FSN for local decision makers in relation to the commune planning cycle missed;
- Implementation of the National Communication Strategy to Promote the Use of IFA should have been started early in the year but it was only possible in the 2nd quarter of 2011;
- Training on new nutrition indicators was postponed;
- The design and production of Ziploc Bag for IFA was postponed.

It is obvious that the MDG:F JP should not have to face this kind of delay and it is important that the budget for 2012 is released within January 2012.

MDG:F JP progress in financial terms

At the end of the first year of implementation the level of budget commitment and disbursement for each of the UN agencies was as follows:

Table 2: budget commitment and disbursement at end of first year

Participating UN Organization	Budget	Amount transferred (year 1 budget)	Committed in year 1	Disbursed in year 1	Percentage of year 1 budget committed	Percentage of year 1 budget disbursed	Percentage of total budget disbursed
UNICEF	\$2,501,874	\$1,083,803	\$865,451	\$490,679	80%	45%	19.61%
WHO	\$789,660	\$422,650	\$376,297	\$283,665	89%	67%	35.92%
FAO	\$493,270	\$235,935	\$235,935	\$103,175	100%	44%	20.92%
WFP	\$638,790	\$231,655	\$134,737	\$107,161	58%	46%	16.78%
ILO	\$345,610	\$122,654	\$118,331	\$73,358	96%	60%	21.23%
UNESCO	\$230,157	\$94,481	\$91,048	\$91,048	96%	96%	39.56%
Unallocated	\$639	\$0	\$0	\$0	0%	0%	0.00%
TOTAL	\$5,000,000	\$2,191,178	\$1,821,799	\$1,149,086	83%	52%	22.98%

Source: 2nd semester report to 31.12.2010

The level of commitment at 83% was good and easily surpassed the 70% requirement for the release of the next year's budget, however the 52% disbursement is low. Expectations of what could be achieved in the first year, following the normal time taken for start up were probably unrealistically high.

The current situation in relation to the total JP budget, using figures from the 3rd semester report, at the halfway stage of the JP is:

Table 3: current situation of JP budget at 30 June 2011

UN Implementing Agency	3 Year Approved Budget	Total Committed to date	% of total budget committed to date	Total disbursed to date	% of total budget disbursed to date
UNICEF	\$2,501,874	\$1,329,702	53%	\$725,256	29%
WHO	\$789,660	\$423,580	54%	\$318,296	40%
FAO	\$493,270	\$436,578	89%	\$131,733	27%
WFP	\$638,790	\$267,137	42%	\$177,961	28%
ILO	\$345,610	\$268,400	78%	\$133,134	39%
UNESCO	\$230,157	\$139,045	60%	\$109,335	48%
Total:	\$4,999,361	\$2,864,442	57%	\$1,595,715	32%

Source: 3rd semester report to 31.06.2011

The budget commitment rate is on track at this stage but there is still a large gap between this and the level of disbursement. The late release of the 2011 budget has had an effect on both these indicators. Close attention needs to be given to the management of activities to ensure their efficient implementation and the disbursement of funds.

4.2.2 Institutional and management framework

The MDG:F JP management arrangement was developed in accordance with the MDG Operational Guidelines with two committees: A National Steering Committee and a Programme Management Committee. The membership and responsibilities of these two

committees are clearly stated in the JP document. The same NSC also has oversight of the other MDG:F JP in Cambodia, the Cambodia Creative Industries Support Programme (CISP) and was already in existence when the CFSN JP started.

A National Programme Coordinator and two Provincial Programme Coordinators work with the staff responsible for implementation in the six RGC ministries/ provincial departments and the six UN agencies. In order to coordinate JP management and implementation a JP Technical Team has also been formed which meets as required, initially monthly and now bi-monthly. The JPTT is reviewed in the section on coordination.

The National Steering Committee

The NSC has not functioned as expected and has not held any formal meetings since the CFSN JP started. It is understood that the CISP JP faced a similar situation and that the mission by the MDG:F Secretariat in September 2009 highlighted that the NSC governance mechanism needed addressing. This has not yet been achieved and this to a large degree resulted in the delayed release of the 2011 budget noted in section 4.2.1. Other factors that contributed to this are the need for the NSC to endorse decisions on both of the MDG:F JPs requiring synchronisation of processes, and the harmonisation aims of the UN whereby most UN actions are reviewed with the RGC at one time in the context of the UNDAF. The MDG:F JPs, although contributing to UNDAF objectives, have a more project-like endorsement process requiring a separate meeting.

Attempts were made in 2011 to have the NSC meet in order to endorse the PMC approved 2011 workplan and budget but these were not successful. It was finally agreed that the NSC would make this endorsement without a meeting. Since the PMC is functioning effectively and is attended by senior RGC representatives and by UN Heads of Agencies, it is suggested that this practice is formalised and that future endorsements by the NSC are carried out through the circulation and signing of a statement prepared by the PMC. Two of the three NSC members regularly attend the PMC.

The Project Management Committee

The PMC has met three times (four including the presentation of the MTE findings) over the 20 month period. Although less frequently than proposed (four times a year) the PMC has provided the coordination, direction and support required. The membership of the PMC is at a high level, with most members not directly involved in JP management. It is therefore able to provide an effective oversight and accountability mechanism.

4.2.3 Project monitoring and reporting

Baseline studies

The baseline study is managed by the JP under outcome 3, however it will be discussed here in the context of JP monitoring. A baseline study was carried out in April/May 2010 in the two JP target provinces and in two control provinces. The information collection and analysis was very comprehensive due to the need to capture indicators required by six UN agencies and the need to include additional indicators like water and sanitation to look at underlying factors. Socio-economic indicators were also collected in order to enable disaggregation of the data. This resulted in a 36 page questionnaire. There is an acknowledgement that the number of indicators should be reviewed prior to the endline survey.

An endline survey is planned at the end of the project and this should provide good quantitative impact information. In order for this to be comparable with the baseline the survey should be carried out at the same time of the year. Given the three year duration and that some of the most important nutrition interventions are only starting now, the JP team are proposing that the endline survey is carried out in April/May 2013 through a no-cost extension. The MTE supports this proposal.

Project reporting

Each UN agency carries out activity and financial monitoring and the NPC collates these for the 6-monthly semester report. Reports have been prepared and submitted on time. Information that is collected by UN agencies and implementing partners on direct beneficiaries is all disaggregated by gender.

The budget summary for the 3rd trimester monitoring report only gives financial information (budget, committed and disbursed) for year 2 of the JP. Although this is needed in order to monitor progress on year 2 commitments and disbursements it does not give any information on the overall progress of the JP.

Section C of the semester monitoring report on the results framework with financial information includes information on 'Estimated delivery rate budget'. This is currently calculated using the formula 'Total committed for year X divided over the total amount approved budget planned year X'. This is misleading and the amount disbursed should be used instead of the amount committed for this calculation. The project expressed that the guidance received on this from the Secretariat has not always been clear.

The data column for 'Achievement of target to date' in the monitoring framework in the third semester monitoring report (to 30th June 2011) generally only provides data for the previous 6 months. This is useful, but the accumulative achievements should also be given in order to clearly present where the programme is in relation to its targets. The column on the baseline situation has not been updated since the baseline study was carried out, and it should now be possible to revise and improve the baseline information for a number of the indicators.

There is a requirement to submit the reports on-line. The work by the NPC of collating the UN agencies' activities requires an offline version and once this is complete this needs copying and pasting into the on-line format. This takes time and could allow errors to occur.

Section IV of the semester monitoring report, 'General Thematic Indicators', sections 1.1, 1.2 and 1.4 would require a specific beneficiary monitoring system to obtain the necessary information. Simplification of this format would probably result in better quality data being collected.

4.2.4 Collaboration and coordination (networking and linkage)

Coordination among JP partner agencies at the national level

The JP Technical Team Meeting is the main forum for coordination at the national level. This met monthly at the beginning of the JP and more recently bi-monthly. This forum is not specified in the JP document and was developed as a more hands-on management team than the PMC. The only RGC representative that regularly attends the JPTT meetings is the Deputy Secretary General CARD and it is in effect a UN agency technical team meeting. Although ministry and department representatives are invited, a RGC representative felt that

since the budget was managed by the UN and most of the implementation was by the UN agencies with provincial line agencies in the provinces, this national level meeting was not a high priority. At the PMC RGC representation is at the ministry level with representatives who are not really involved in implementation. Given the relatively high level of representation in the PMC, and the 'joint' nature of the programme, this technical team meeting has been very important and successful in facilitating coordination among the UN agencies. More involvement by RGC representatives in the JPTT meeting would promote result-focused coordination between them and UN agencies and amongst themselves.

The NPC facilitates coordination but does not have a role in managing activities; this is carried out by the government and UN agencies. Overall leadership in terms of management is provided by UNICEF and this, with the support of the NPC, appears to be working well.

CARD and the NNP/MoH provide clear leadership and direction on food security and nutrition issues. This makes it easier for other agencies to work with them, and the JP has been able to do this and to contribute to their capacity building at the same time.

The JP does not have a programme management unit. The NPC is located in the CARD office and all other members of the JPTT (UN agency staff and potentially government staff) are all located in their own offices. Some (about half) of the UN agency staff have been employed to specifically work on the JP, the rest are core staff of the agency. This arrangement has given challenges in terms of direct communication and coordination for implementation, but it appears to have promoted collaboration and mutual understanding among the UN agencies involved. UN agency staff working in the JP represent their agency and their agency's contribution to the goal. This improvement in understanding contributes to the ability of the UN agencies to address multi-dimensional issues and is also likely to last beyond the life of the JP. Some UN representatives also felt that this arrangement had facilitated the leverage of additional financial resources from UN agencies non-JP budgets and that this would have been less likely if the JP team members were physically located outside of their own agency.

NGOs are not involved in JP implementation and are not involved in any coordination meetings. NGOs do work with JPTT UN agency members through other programmes (not the JP) and also contribute to national working groups and consultative committees.

Coordination among JP partner agencies at the provincial level

The Provincial Coordination Committee (PCC) is the main coordination mechanism at the provincial level and this is supported by the JP PPC.

The PCCs meet quarterly, are chaired by a Deputy Governor and all government departments that have an interest in FSN participate and provide a report on progress, not just those that have a link with the MDG:F JP. The provincial governments consider the meeting as a useful forum for bringing all the FSN-related information together and for coordinating the work of all the relevant departments and of the JP.

The PCC and the PPC have been successful in facilitating provincial departments to plan and work together on a common theme and they have enabled the coordination of the work of the different UN agencies involved in the JP. Mutual understanding and cooperation has certainly developed between departments that on first sight do not have much in common (i.e. DoH and DoLVT). PCC members expressed that as well as better understanding and

cooperation between departments, that beneficiaries were able to receive a ‘package of benefits’. NGOs are not participants in this meeting. The Provincial DoH hosts a technical working group that meets monthly. All health NGOs are members are participants in that meeting and the JP PC attends.

It is difficult to separate the attribution of these coordination achievements between the PCC and the work of the PPC – it may be that both are required. Topic-focussed coordination committees are quite common, the unusual element in the JP is the assignment by the JP of a coordinator who has a fairly diverse range of responsibilities and does not represent any one particular UN agency or interest group. In the context of a joint programme the need for and the role of a provincial coordinator is easily recognised. In situations where a number of UN agencies are working in the same location without the framework of a joint programme, a provincial coordinator may have a very positive role in both representing and coordinating the UN agencies and in facilitating the coordination of relevant government departments. The ToRs for the PPC are included in this report in Annex 5 in order to promote the application of this possibility.

The PCC is a JP-initiated and supported institution and its continuation will be dependent on further funding support. The provincial governments acknowledge that the PCC will not continue without external funding. Alternative ways of continuing this function are discussed in the section on sustainability.

4.2.5 Other management issues

Flexibility in programming

The JP has been able to respond effectively to a new priority that has been recognised since the development of the JP document – namely the requirement to develop a curriculum for a MSc in Nutrition.

National Advocacy Action Plan

Each JP is expected to develop a national Advocacy Action Plan with the purpose of accelerating progress on MDGs by raising awareness, strengthening broad-based support and action and increasing citizen engagement in MDG-related policy and practice. The JP has developed an initial draft plan highlighting the advocacy actions already planned in the programme.

Awareness of CMDGs is good among policy makers, but most provincial level staff of government departments only have a general knowledge of them.

MDG:F visibility

A number of publications supported by the MDG:F have UN agency logos alongside the agreed format of the logos of the UN, the MDG:F and the RGC. The MDG:F Joint Implementation Guidelines suggest that the MDG:F logo represents both the Spanish Government and all the UN agencies. The addition of separate UN agency logos alongside the agreed format may be due to funding for the activity that is additional to the JP funds. However the placing of agency-specific logs alongside the UN and the MDG:F logos raises questions about the strength of support for the ‘One UN’ principle that the MDG:F is promoting.

Most provincial level staff of government departments are not familiar with the MDG:F name. Apart from the JP Coordinators, UN staff working on the JP represents themselves by their UN organization.

Added value of the MDG:F Secretariat

The MDG:F Secretariat has facilitating the overall management of the JP, and provided support by interpreting policy and providing assistance when requested. When requested they responded with advice on the Advocacy and Communication Strategy. Feedback is provided on semester and annual reports but it is limited to comments on the general approach.

The Secretariat have taken on lessons learned from different countries and the guidelines have been revised based on this. They have also facilitated technical exchange between countries. JP TT members felt that the most useful forum was the a regional meeting in Bangladesh for JPs in the Children, Food Security and Nutrition window which the DSG CARD, the NPC and the UNICEF focal person attended. Lessons were learnt from other JPs and useful networking was established between NPCs. Although the Secretariat established a web-based 'sharespace' to facilitate networking, the networking happens through direct email contact.

The event that brought all MDG:F JPs together in Morocco was not felt to be a significant contribution to the work.

4.3 Effectiveness (results and potential impact)

The context of JP implementation

It is important to understand the recently established political and governance context that the JP is operating in. In June 2005 the Strategic Framework for Decentralization and Deconcentration Reforms presented the vision and the basic principles of the RGC to guide the process of governance reform at provincial/municipal/district/khan and commune/sangkat levels. This was followed in May 2008 by the law on 'Administrative Management of the Capital, Provinces, Municipalities, Districts and Khans', commonly known as the 'organic law'. This law brought about significant changes in how governance in Cambodia works and in how services are delivered to its citizens. The National Committee for the Management of Decentralization and Deconcentration Reforms has the mandate to implement the new systems. This included establishing elected councils at the sub-national levels and the reorganisation of provincial and district administrations and establishment of standing committees. One important committee that has been formed since the JP started is the Provincial Consultation Committee for Women and Children under the Ministry of Planning.

The impact within the two targeted provinces will need to be viewed in the context of trends across the country and preliminary results of the Cambodia Demographic and Health Survey (CDHS) 2010, once validated, provide evidence on the situation at the time that the JP was starting implementation:

- That improvement in the nutritional status of children has stagnated since 2008 (indicators for stunting, underweight and wasting) probably due to high food prices. (MDG 1);
- Infant and under 5 mortality rate has dropped significantly (MDG 4);

- No preliminary result yet on maternal mortality (MDG 5) but an encouraging increase in assisted delivery by health professionals and in the rate of delivery in a health facility.

4.3.1 Outcome 1: Improvement of nutritional status

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

This outcome has three expected outputs, the first two at the national level for the development and implementation of ‘behaviour change communications’ and the third at the provincial level for the provision of nutrition and food security interventions in Svay Rieng and Kampong Speu Provinces. The bulk of the work of the JP is under this outcome and 70% of the budget is allocated to it.

4.3.1.1 Behaviour change communications (outputs 1.1 and 1.2)

BCC campaigns

The National Communication Strategy to Promote the Use of IFA Supplementation for Pregnant and Post Partum Women (2010-2013) which had been prepared prior to the JP with support from RACHA is being implemented. The BCC plans and materials for the Campaign to Promote Complementary Feeding (2011-2013) is almost complete and will be launched either later this year or early in 2012.

The other main planned communication programme is a fresh promotion of breastfeeding. The NNP plans to update the current National Communication Strategy for the Promotion of Infant and Young Child Feeding (2005-2007) in 2012 and breast feeding will be incorporated in that.

The preparation and implementation of these BCCs is roughly on schedule. Only the IFA supplementation is active so far although previous materials available on breastfeeding have also been used. Support for some of the broadcasting costs has also been received from the Health Sector Support Programme (HSSP2). The UN have a long term agreement on rates with the broadcasting authorities that is renewed every 2 years.

Assessment of the impact of these campaigns is difficult to assess but it was clear that most respondents were readily aware of messages on TV concerning maternity issues and there was a high level of awareness about the use of IFA supplementation by pregnant women and young mothers and about breastfeeding. People in the locations that were visited by the MTE were not aware of messages from the radio as TV was the favoured media among younger people. This finding may be different in areas with lower incomes.

Handbooks

Two handbooks have also been prepared, ‘Food Security and Nutrition; a Guide for Journalists’ and the ‘Nutrition Handbook for the Family’ a discussion resource for women and men. Both of these have been finalised in English and the handbook for the family has been translated into Khmer. However both publications still require endorsement from UNESCO and FAO as well as relevant government partners before they can be published and used. Although these handbooks will be useful outputs for others to use if published towards the end of the JP, the sooner that these are available the sooner they can be used to promote the JP’s goals within the programme period.

Training for medial personnel

One training has been carried out for 34 journalists and another two are planned for 2011 and 2012. The training design makes participants prepare some material for publication and it is said that a number of articles were published in papers. However no follow up of the participants or assessment of the outcome of the training has been carried out.

Training on OSH and maternity protection for factory women

A study on 'Women working in factories and maternal-health focus in the nutrition component was carried out in both provinces and presented in January 2011. During this same period NNP/MoH radio materials on breastfeeding, complementary feeding and IFA were adapted for use in factories. These have been broadcast and 6,000 leaflets and posters distributed.

From November 2010 following training from ILO to DoLVT staff on occupational safety and health (OSH) inspections, training has been provided on nutrition and maternity protection and separately on OSH to workers in 42 establishments (garment and shoe factories, hotels and casinos and some manufacturing factories) in the two provinces. The majority of the workers in these establishments are female (82%) and the table below summarised the number trained in each province. Coverage has been much greater in Svay Rieng (5.7%) than in Kampong Speu (1.7%). Women have participated in proportion to their numbers. The participants of the training are expected to pass their knowledge on to other workers.

Table 4: training to workers in 42 establishments on OSH or FSN and maternity protection

	No. of Establish-ments	Total workforce	% of workforce female	No. trained to June 2011			% of workforce trained	% of female workforce trained
				Female	Male	Total		
Kampong Speu	12	20,118	92%	298	40	338	1.7%	1.6%
Svay Rieng	30	16,675	70%	708	243	951	5.7%	6.0%
Total	42	36,793	82%	1,006	283	1,289	3.5%	3.3%

Good relationships have been established between the DoLVT and many enterprise owners. The DoLVT carries out OSH inspections (40 have been made in Svay Rieng) and the OSH checklist includes checking the hours worked by pregnant women, whether salary is paid during antenatal care (ANC) visits, presence of a breast feeding room). A good working relationship has also developed between the DoLVT and the DoH with information and material exchange.

Since the training was carried out there has been limited follow up of the participants and no assessment of the outcome of the training in terms of how well the new information is cascaded to other workers or in terms of changed attitudes and behaviours, for example; regularly attending ANC clinic, use of factory breast-feeding room, exclusively breastfeeding for six months or expressing breast milk.

From the very selective discussions and observations that the MTE team had the following tentative conclusions can be made (the knowledge and behaviour observed are the effect of may different communication channels, not just the JP activity under review):

- Possibly two establishments have a breast feeding room but no one brings their babies to work (travel facilities are very cramped)
- Direct participants of the training have very good knowledge of pregnancy care, breast feeding issues and of nutrition;
- Limited knowledge on these issues amongst workers who did not attend the training
- Regular attendance at health centre (HC) for ANC
- Intending to deliver at the HC or at private clinics
- Majority exclusively breast feed until returning to work (babies at about 2 to 3 months) and then introduce formula milk while continuing to feed at night until 12 to 18 months
- Awareness on expressing breast milk to sustain feeding while at work but
 - Only one instance of a women planning to or expressing milk
 - Many traditional beliefs and concerns that expressed milk is not good

Awareness on the benefits of breastfeeding is high and most mothers would prefer to continue exclusive breastfeeding until 6 months. Maternity leave regulations provide for three months at half pay and an option of a further 2 months with no pay. The majority of mothers take the full five months and say that they would take more if their employment was protected.

There is clearly a good opportunity to convey maternity and nutrition information, and possibly services, to large numbers of women, most of them of child bearing age. This is being achieved to some degree but the effect or outcome is largely unknown. It is important to collect information on the scale of this in order to assess the effect of this initiative under the JP, to prepare appropriate follow up activities for the final year of the JP and to contribute to the planning of any similar interventions in the future.

4.3.1.2 Integrated package of nutrition and food security interventions in two provinces (output 1.3)

The main interventions that the JP is seeking to add to existing provision in this area are; the distribution of MNPs, the management of acute malnutrition, the establishment of FFSs and the mainstreaming of knowledge on early childhood care and development among education officers and commune leaders in the province. The JP also supported the HCs with the provision of vitamin A supplementation and Mebendazole for 6-59 month children, IFA supplementation for pregnant and post partum mothers and vitamin A for post partum mothers with the purpose of increasing their coverage throughout the targeted provinces.

Multiple Micronutrient Powders

MNPs for children aged 6-24 months is aimed at the period following exclusive breastfeeding and has in trials been shown to be both effective and feasible in Cambodia. The JP aims to support the Provincial Health Department (PHD) in establishing the distribution of MNPs to all children aged 6-24 months in the two target provinces.

Preparation for the distribution of MNPs (or sprinkles) was started in Svay Rieng in October 2010 with training for HC staff and VHSGs. Due to difficulties with the supply of the supplements which were said to have been diverted to emergencies in Pakistan and Haiti, distribution started in April 2011 in all 38 HCs in the province. A report in May 2011 stated that 84% of the children in the target age range were receiving them. The health centre visited by the MTE reported 89% coverage. Distribution is through the VHSGs.

The HC do not yet have any information on the effect of the MNPs on the children. They claim that since the distribution started there has been a higher attendance at the HC and at outreach clinics. Mothers of children are very positive about the effect of the MNPs, claiming improved appetite and weight gain (using own scales at home).

The monitoring of distribution of the MNPs by VHSGs is confused, with VHSGs not sure when and how they should obtain the next months supply of MNPs for distribution. They are also not sure how many monthly distributions they have made to parents, with HC staff, VHSGs and parents disagreeing on the number of distributions there have been in the group of 14 parents met in Svay Rieng, 5 of them had run out of MNPs. The parents exhibited a good knowledge of how to use the MNPs including the requirement to use one packet every second day.

An NGO working independently of the JP in Svay Rieng, which promotes community-based support for five HCs reported that MNP has a high coverage and that there are no distribution problems in the area that they are involved in.

In Kampong Speu training has recently been provided to four staff in each of the 50 HCs. Training is currently in progress for the 1,400 VHSGs and it is about 50% complete. Distribution of the MNPs has just started through the HCs and trained VHSGs.

Management of acute malnutrition

The JP aims to support the PHD in establishing the effective management of acute malnutrition in all the HCs in the two provinces (total 87). Implementation of this activity started in five HCs in Kampong Speu in October 2010 through training for HC staff and VHSGs. This activity at the HCs is complementary to the development of the national policy and guidelines for the management of acute malnutrition that is being supported by the JP under outcome 2. This is a new initiative in Cambodia and there are regular interactions between the guidelines and practice, with revisions being made to the guidelines based on experience.

An initial screening of all children in the target age range of 6 to 59 months in the five HCs was carried out with a claimed coverage of about 95%. A detailed study of progress was carried out in January 2011 on the first three months of implementation and a number of useful recommendations were made (that study was able to go into much greater depth than this MTE). Information from that study, from the briefing at the province and from the briefing at the HC visited are presented in the table below:

Table 5: Management of SAM/MAM in Kampong Speu

	5 HCs in Kampong Speu ¹		5 HCs in Kampong Speu ²		Prey Vihea HC, Kampong Speu ³	
	October – December 2010		October 2010 – August 2011		October 2010 – August 2011	
	SAM	MAM	SAM	MAM	SAM	MAM
Total number	91	487	108	523	13	52
Cured	15%	3%	37%	45%	62%	40%
Died	1%	0%	1%	0%	0%	0%
Defaulted	27%	17%	43%	43%	31%	52%
Continuing treatment	55%	80%			8%	8%

Sources of information: ¹ Assessment of the Initial Implementation for the Management of Acute Malnutrition, Kampong Speu Province Jan/Feb 2011

² Briefing by Provincial DoH

³ Briefing by Prey Vihea HC staff

Clearly the treatment works with close to half of those identified with acute malnutrition being ‘cured’ or no longer having a MUAC within the specified parameters. There is also a much higher than acceptable rate of defaulting and further study of this is urgently required. Reasons given for this high default rate are:

- PHD and Health Centre staff reported that children do not like the flavour of CSB++ (corn soya blend used for treatment of MAM)
- Mothers are away all day working in factories
- Lack of budget for VHSG meetings at the HC. VHSGs have an important support role in bringing children to the HC.
- From September to December 2010 HC staff had a budget for follow up activities but since January follow up has only been possible in conjunction with outreach activities. (Note, UNICEF have a regular practice of providing support for a new initiative for a few months as a means of post-training supervision)

HC staff stressed that the unacceptable flavour of CSB++ was the main factor and that distance from the HC for mothers and children to attend was not important. However the information given in the table below from one HC suggests that distance is very significant. ‘Fixsize’ villages are those that are less than 10 km from the HC and due to their proximity no outreach activities are carried out there. The size of the village populations was not ascertained. There was detailed discussion on the challenging default rate in the June 2011 PMC.

Table 6: Location of defaulted children

Total number of defaulters (SAM and MAM) from October 2010 to August 2011)	Number of defaulters from ‘fixsize’ villages (9 villages)	Number of defaulters from the other villages (10 villages)
31	4	27

Sources: Briefing by Prey Vihea HC staff

Additional screening of children is only carried out if children come to the HC for other reasons. Many acutely malnourished children in the 5 HC coverage areas won’t be reached if this passive system continues. There is no follow-up screening of those children who have been ‘cured’ of acute malnutrition to see if they have maintained their improved condition.

HC staff claim that the provision of treatment for SAM/MAM has increased outpatient numbers. However the increased outpatient numbers may be due to the successful campaign to promote increased ANC visits and delivery at the HC.

The MoH is concerned over the difficulties that this initiative is facing. It takes a lot of resources; budget and human resources at the HC. The revised interim guidelines that are about to be circulated try and make the initiative more feasible and accessible at the community level.

The role of the VHSGs in providing support and encouragement to the mothers is critical. They are volunteers although they do receive a number of incentives. Payments for attending meetings in the HC were cut in January 2011. It is said that this should have been restored from July 2011 but the VHSGs do not appear aware of this.

It is important that further work is carried out to identify the most appropriate operational setup before attempting to scale up the system to all HC's in the two provinces.

Out of the targeted 87 HCs that the JP aims to introduce management for acute malnutrition over the three year period, implementation started with 5 HCs in Kampong Speu in 2010. The 2011 workplan states that an additional 14 HCs in Kampong Speu and 5HCs in Svay Rieng will be added in Q3 and Q4 and the decision on the number and location has not yet been finalised.

Mainstreaming FSN in Early Childhood Care and Development and in non-formal education

This activity has been carried out using a cascading style of training with a ToT for education officers at the provincial level with these participants responsible for the training at district and cluster school levels. In Svay Rieng staff from all pre-schools and 46 out of the 257 primary schools have participated and a coverage of 76 out of the 690 villages. A further 50 primary schools are targeted for 2012. In Kampong Speu it is understood that the coverage is greater. Based on information provided by the JP the numbers trained are shown in the table below:

Table 7: Participants in mainstreaming FSN in education training

	ToT for education officers (3 days)			Pre-school teachers, CCWC, local leaders, VHSGs (1 or 2 days)		
	Female	Male	Total	Female	Male	Total
Svay Rieng	49	16	65	4,331	217	4,548
Kampong Speu	18	78	96	193	576	769
Total	67	94	161	4,524	793	5,317

Although the participation of NGOs in this activity was identified in the JP document, NGOs were not included in the training. The inclusion of NGOs in the ToT would enable them to use their resources and community links to contribute to this aim.

There is a lack of clarity on what the expected outcomes are from this intervention and although some follow up visits, supported by a prepared checklist are made to participants, these visits are not designed to make an assessment of what the effect of the training has been. In Kampong Speu a review has recently been carried out through a questionnaire sent to school directors but this has not provided any clear information on outcomes.

The participants do have a good level of knowledge on FSN and the following points were presented as outcomes of the training to the MTE team:

- School directors (pre-school and primary school) integrating short lessons on FSN in classes;
- Seen some changes in behaviour, i.e. hand washing;
- Dissemination of nutritional information to parents and children;
- Referral of malnourished children to HC;
- Preschool children attending school much cleaner;

- Increased use of latrines for stools by children;
- Children drink boiled water taken from home;
- Demonstrations of preparation and cooking of nutritious family meals. One example of how this has continued beyond the training is given in the box below.

Pre-school teacher Ms. Sok Yath in Tumnu Bak village, Odong district, Kampong Speu.

Besides teaching in the pre-school class, Ms Sok Yath organised nutrition promotion for young children through food preparation and cooking demonstrations for mothers and villagers who are willing to learn. Food cooking demonstration, which she learnt from the training, was applied in the community to promote awareness and practice on young child feeding. To do this, she talked with mothers and mobilised resources (500 riels each) to buy food and vegetables for conducting the community food cooking demonstration. Most mothers are very happy and volunteer to join the cooking session and to contribute money. This activity was conducted two times each month. The main topics discussed during the cooking session were basic nutrition, three food groups, hand washing, food safety and complementary feeding. She has stopped carrying out the demonstrations recently due to the seasonal workload but she may re-start it once a month.

This component was significantly affected by the late 2011 budget release as UNESCO had disbursed 96% of its 2010 funds. The provincial implementing partners note that they face some difficulty as the contracting arrangement requires them to advance financial resources since the final payment by the UN agency is only received following clearance of a final report and accounts.

A significant lack of training materials (nutrition poster, counselling card, breastfeeding posters, Vitamin A) for use in district and cluster school trainings was reported. Some posters were provided in 2010 to teachers to support them in communicating FSN to their students but none were available in the 2011 training.

Improved food security and nutrition through homestead food production

This component aims to provide ‘Farmer Field School’ (FFS) training and necessary inputs to 2,000 ‘vulnerable households of malnourished children, pregnant and lactating women’ and 400 VHSG members. 900 participants completed the training in early 2011 and another 900 have started the 16 week (1 day/week) training. Each FFS is made up of 30 participants. Of the first 900 participants, 331 (37%) were women.

Training is carried out by the Provincial DoA and there is some follow up after completion of the training. No assessment has been made of the outcomes of the training in terms of productivity or how this has contributed to family nutrition. The following outcomes were identified through meetings with participants of the FFS training:

- There is a clear awareness among those who have completed the training of the link with and overall purpose of improving family nutrition and health;
- Increased production and variety of vegetables;
- Increased household consumption of vegetable produce;
- Able to use some types of land that they could not use before;
- Increased selling of vegetables. Now most of them sell some, an increase on before
- Mortality of chickens decreased – improved chicken housing
- Have already shared lessons with neighbours and with other villages

- Now accessing vegetables with greater variety and confident that they will have vegetables for 12 month/yr;
- Reduced pressure to sell rice in order to buy other food
- About 65% of participants are practicing what they learnt with about 20% of them performing very well (self-assessment by FFS participants and similar to DoA opinion);

A number of VHSG members have been included in each FFS group and this is a useful supplement to their knowledge and skills. The development and application of criteria to select participants is different in the two provinces. In Svay Rieng there was limited awareness of the criteria by DoA officers. Many of the participants were parents (mainly mothers) of young children but many of them had about 2 or 3 hectares of rice fields so they would be unlikely to be seriously food insecure. There does not appear to have been a focus on vulnerable households with malnourished children. In Kampong Speu there was good clarity on the selection criteria and the Department of Planning database had been used to identify poor villages. However in the group of nine participants visited not one of them had 0 to 60 month old children (1 lady was pregnant).

The agricultural inputs have not been provided in unison with the training. In the first round of training they were supplied after the training was completed and in the second round of training (which started in August and will be completed in November) it is expected that the inputs will be distributed in September.

An additional training has been provided to 10 members of each FFS on ‘Integrated food production and community development’ that aims to provide tools and approaches for establishing, running and managing community group/farmer cooperatives. The purpose is that farmers and farmers groups are empowered. Some groups have started an informal savings scheme but there has been no follow up. Of the 300 trained to date 40% are women.

Opportunities and constraints in relation to outcome 1

The potential role of NGOs

NGOs have contributed at the national level in the development of guideline, policies, and BCC strategies through participation in the nutrition working group. However NGOs have not participated in any of the activities in output 1.3, the provision of an integrated food security intervention at the provincial level. It was reported by the JP TT that NGOs were unable to participate since they already had their plans developed.

At least two NGOs are working to support and strengthen VHSGs in the target provinces and therefore with improved communication and understanding they could contribute to the JP-supported interventions without necessarily having an implementation contract.

The JP is aiming to pilot a model for MNP and for the management of acute malnutrition that can be taken to scale in other provinces and there is therefore a concern that the model should not be dependent on an untypical situation in relation to support from an NGO. While this is true there are also many HCs in other provinces where NGOs are providing support at the community level and effective models of partnership need to be developed so that the benefits of working with NGOs can also be taken to scale.

Budget for field support

Staff, officials and VHSGs often state that the budget for field assessment and monitoring is limited. Government offices often have very limited budgets to cover travel and meal expenses and can only carry out field visits in connection with specifically funded activities like training. The limited follow up and also the lack of assessment of training outcomes has been identified by the MTE as a significant limitation. On the other hand the JP is supporting interventions through the government system and as far as possible is avoiding the payment of unsustainable expenses.

Information, education and communication (IEC) materials

A common constraint expressed by implementing staff was a shortage of materials (posters, flip charts, leaflets) to support training and extension. Some specific instances were:

- Health staff in PHD and HC reported that there were not enough nutrition promotion materials to provide to VHSGs. The materials included IYCF counselling cards (initiation of breastfeeding, exclusive breastfeeding, complementary feeding, feeding the sick child), posters and leaflets on MNPs (how to use sprinkles);
- During the training for district and cluster schools, PDoEYS staff experienced a shortage of training materials on FSN (vitamin A poster, three food groups, complementary feeding, food safety and hygiene). In some instances materials were borrowed from the HC. Some materials had been available in 2010 but not in 2011;
- VHSG has only one copy of MNP leaflet and this makes it difficult for her to disseminate key messages on this to mothers in the community;
- Those trained in maternity protection in the garment factories do not currently have any BCC materials for extension to other workers.

The JP TT is aware of this shortage of materials. As soon as the materials associated with the new complementary feeding campaign have been finalised these will be published. It is expected that this will be in February 2012.

4.3.2 Outcome 2: Nutrition, food security, and agricultural policies

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

Early Childhood Care and Development (ECCD) National Action Plan (NAP)

The National ECCD policy was approved by the Prime Minister in February 2010 and the JP has support the development of the NAP. The second draft of the ECCD NAP has been prepared by the MoEYS. Work on this started in November 2010 and it was reported in February 2011 that this was waiting for ministerial approval. However it appears that the Review Committee requires endorsement from the Council of Ministers. The names were submitted in January 2010 and it is not clear why the Review Committee requires such high level authorisation or why the process is taking so long.

Increased capacity of provincial, district and commune staff in FSN in the provinces

The implementing agency, CARD, is very clear on the purpose of the 3-day training; to strengthen the capacity of planners and decision makers in FSN at provincial and district levels. The expected outcome is that the planners have the capacity to integrate FSN in their development plans. The result of the training in terms of changes in level of knowledge is assessed at the end of each course but there has not been any follow up or assessment of training outcomes. Exactly the same package has been implemented with support from other projects and independent assessments of these have shown that the concepts taught have been incorporated in development plans.

The JP supported training covers some of the districts in the target provinces but not all. CARD also has support from two other development projects and expects to be able to achieve full coverage. A very few NGO staff have also participated in the training.

It is clear that the training is effective in knowledge transfer with provincial district and commune staff clearly aware of information on FSN. It is said by the participants that new initiatives have been incorporated in CC investment plans and in provincial level workplans.

Due to delays in budget release the timing of the training has not been synchronised with the commune planning cycle.

National interim guidelines for the management of acute malnutrition

These guidelines have been developed through an extensive consultative process involving government, NGO and other development partners. The Nutrition Working Group of the MoH which UN agencies participate in is a key forum for this process. Since this is a new intervention in Cambodia the guidelines are being developed in parallel with the pilot work being carried out with the support of the JP. A number of revisions have been made to the guidelines based on experience and the current guidelines are 'interim' as further revisions will be required. The development and approval of these guidelines are an important development towards the management of acute malnutrition.

National Policy and Guidelines for Micronutrient Supplementation

The development of the policy and guidelines started in September 2010 and has been supported through a consultative and participatory process. The final draft was shared with the Nutrition Working Group for final comments in May 2011. A dissemination workshop is planned for 2012. A training package on micronutrient supplementations is currently under development.

Curriculum developed for MSc in nutrition

Although not included in the JP document, support for the development of this curriculum has been provided in response to a request from the MoH. A Technical Working Group was established by the Ministry of Health in Dec 2010. It was chaired by the National Institute of Public Health with 13 members from relevant MoH's Departments and Centres. An International Consultative Workshop was held in 14-16 June 2011 and the final draft of the curriculum has now been prepared.

Strategic Framework for Food Security and Nutrition (SFFSN) (2008-12)

CARD requested assistance from the JP for the mid-term review of the SFFSN 2008-2012 and this is currently going ahead. The same consultant will, with non-JP resources, begin the process of updating the strategy.

4.3.3 Outcome 3: Integrated food security and nutrition monitoring

Integrated food security and nutrition monitoring system developed

Food Security and Nutrition Bulletin and the FSNIS website

The Food Security and Nutrition Information System (FSNIS) is maintained by CARD and the JP has provided support for the development of this system. The Food Security and Nutrition Data Analysis Team (FSNDAT) was established in October 2010 with representatives from CARD, MAFF, Ministry of Water Resources and Meteorology, MoH,

National Committee for Disaster Management and the National Institute of Statistics (NIS). The FSNDAT are instrumental in carrying out studies and in developing a number of products.

The FSN Bulletin is planned to be produced quarterly. To date there have been three editions published, the first in November 2010. The quality of these bulletins is excellent. The first three editions were in English and it is planned from the fourth onwards to have them in both Khmer and English. The bulletin is targeted at government ministries, development agencies and NGOs. The third edition, while acknowledging support from some UN agencies does not mention assistance provided by MDG:F.

The FSNIS website (<http://www.foodsecurity.gov.kh/>) which is managed by CARD has been redesigned with support from MDG:F to make it easier to use. It contains a link to the FSN Bulletin.

There is limited awareness of the website among government and NGO staff who appreciate it as a useful source of secondary data. Few organisations/staff are aware of the FSN Bulletin.

Food consumption data analysis training was provided by the NIS in March 2011 to relevant ministries and partners. The results of the analysis has been presented in the Food Security Forum at CARD in May.

Small area estimation of poverty and malnutrition.

The MDG:F has been supporting NIS and Massey University in the analysis of secondary data in order to produce statistical models for the small area estimation study. GIS maps of poverty and malnutrition will be the outcome of this work and it is expected that results will be available in mid-2012. Progress is on track with a possible delay of 6 months due to difficulties experienced in accessing data.

Food Security Atlas

Work on the 3rd version of the Food Security Atlas has not started yet and is waiting for the official release of the 2010 CDHS data. Similar information is now available from Cam-Info, Cambodia's socio-economic database system hosted by NIS and the requirement for this product should be reviewed.

4.4 Sustainability of project impacts

This section will first look at the overall sustainability of the JP taking into consideration compatibility with existing structures, coordination and ownership. More specific issues, and the sustainability of some of the outputs, will then be reviewed under each of the JP outcomes.

Overall sustainability

Due to the high level of participation by government ministries in identifying priority issues to be included in the JP, and the inclusion of these, most of the activities of the JP are additional inputs and resources for existing or planned government interventions. They are also embedded in existing government structures. They are therefore likely to remain on the agenda of the relevant ministry. The RGC does receive a high level of development

assistance and sustainability for some of these actions will be dependent on further development assistance. In most cases the provision of such assistance is highly likely since the JP has been addressing issues that are central to the achievement of the MDGs.

The coordination mechanism at the provincial level, that has been promoted by the JP and has been significant in increasing the effectiveness of the interventions, is the PCC. This is not a government institution and all stakeholders are clear that without further external support it will not continue. One possibility is for further grants to sustain the PCC and it is possible that a CARD/FAO project may continue to support it as the coordination body for a provincial food security forum in the future. Unless this is confirmed it is important that the JP takes the initiative to transfer the responsibilities of the PCC to a permanent provincial forum. Provincial and central stakeholders consider the Provincial Consultation Committee for Women and Children under the Ministry of Interior as the most appropriate. This is a new committee that had not been formed when the JP started.

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

It is expected that the BCC campaigns will achieve the desired result and that these do not need to be sustained. They have also received support from the Health Sector Support Programme in the past.

The MoH are confident that the main new interventions that the JP has introduced, the MNPs and management of SAM/MAM will be incorporated in the government budget, including the anticipated scaling up of these activities in 2013. Reasons given for sufficient resources being allocated to this work are:

- This is the national programme of the MoH and it is realised to be a priority;
- It is a cross cutting issue. There will be contributions from other ministries (MAFF) and also from private sector (social marketing) and from other development partners (WB);
- There is a decentralised process for planning. The PHD develops a plan with priorities;
- Support will be provided from donors for the Health Sector Support Fund.

The MoH are concerned about the level of resources that the management of acute malnutrition takes both in budget and in human resources at the HC. Screening and regular follow up require significant time. The interim guidelines try and make the treatment more feasible and accessible at the community level and therefore requiring less follow up from the HC. The distribution of MNPs is much less demanding on the time of the HC staff. As long as finance is available for the purchase of the materials the HCs will be able to manage their distribution.

UNICEF have begun to look at the costs of taking these two programmes to scale across Cambodia and has ongoing discussions with the ministries on this. The cost of the MNPs will need to be picked up by the health sector pool fund and at some time in the future transferred to full government responsibility. With management of acute malnutrition the main issue is the time required, not the cost of the supplies, and for sustainability this needs to be integrated into the regular work of the HC. This is the principle that the JP has been working on and the basis of the interim guidelines that have been developed.

A significant aspect of the JPs intervention at the provincial level has been for the development of human capacity; skills, knowledge and awareness, among government staff in different departments, amongst elected representatives and amongst community members and volunteers. This investment in human capacity at the provincial, district, HC and local levels will continue to promote the objectives of the JP beyond the programme period.

The DoLVT accept that monitoring the provision of maternity protection is part of their work, it is included in policy and legislation, and will continue without the support of the JP. Maternity protection is incorporated into the work of the Department of OSH. These issues have also been taken up in some of ILO's work on a wider scale including:

- Better Factories Cambodia Programme makes use of some of the materials produced by the JP;
- 2011 World Day for Safety and Health at Work in Kampong Chhang province included some messages about maternity protection;
- Breast milk expressing training was given in 10 factories in Phnom Penh as part of the Social Protection and Gender Project funded by the Spanish Agency for Development Cooperation (AECID).

The DoLVT also expect that the cooperation developed with the DoH will continue.

The MAFF consider the FFS as part of their normal activity and that these will be able to continue with PDA support. The MAFF would like to incorporate them into agricultural cooperatives. Successful growers in the FFS are already saving their own seeds and will have little reliance on outside support to maintain their improved levels of production.

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

Members of the PMC are confident that these important products will have long-term effects. The JP has been able to provide support for their development and by the end of 2012 they should all be ready to be used.

Outcome 3: Integrated food security and nutrition monitoring system developed

Now that the FSN DAT has been established and trained they will be able to continue their work and produce the FSN Bulletin. All the members of the team are full time staff of different ministries. The FSN DAT also has a review workshop planned for January 2012 and sustainability will be one of the issues to be discussed.

The WFP's work in this area is an ongoing programme which will be continued beyond the life of the JP. The Food Security Analysis Unit exists in the WFP and will continue to do so.

4.5 Contribution to other development objectives

MDGs and UNDAF

The JP was designed to contribute directly to MDGs 1, 4 and 5 and as reviewed in section 4.1.2 this was achieved. Similarly the JP contributes directly to objectives under UNDAF, in particular outcomes 1 and 2.

It is not possible to identify what progress has been made towards these objectives. The endline survey in March 2013 will give the best measure of impact. Based on the theory of change, it is expected that some progress should have been made, although this will be quite

limited as some of the most important interventions have only recently started (distribution of MNPs) or have a limited coverage in the provinces (management of SAM/MAM).

MDG-F thematic window goals (Children, Food Security and Nutrition)

The ToRs for the MDG:F on Children, Food Security and Nutrition presents its goals under three outcome areas as follows:

1. Promotion of integrated approaches for alleviating child hunger and under nutrition;
2. Advocacy and mainstreaming of access to food and nutrition of children into relevant policies;
3. Assessment, monitoring and evaluation.

The design of this JP has followed these three outcome areas closely. The contribution that this JP has to the goals of this thematic window will parallel the success of the JP in achieving its three outcomes.

Paris Declaration and Accra Agenda for Action

Based on the detailed description of the design and implementation of the JP already provided in this report, the following broad assessment is given for each of the Paris Declaration Principles (out of low, medium and high):

The Principles	Level of achievement
1. Ownership: <i>Developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.</i>	Medium
2. Alignment: <i>Donor countries align behind these objectives and use local systems.</i>	Medium
3. Harmonisation: <i>Donor countries coordinate, simplify procedures and share information to avoid duplication.</i>	Medium
4. Results: <i>Developing countries and donors shift focus to development results and results get measured.</i>	Medium
5. Mutual accountability: <i>Donors and partners are accountable for development results.</i>	Medium

One UN

Some sections of this MTE report have already directly addressed issues that relate to the goal of the UN delivering as one at the country level. In particular section 4.2.4 (collaboration and networking) identifies the positive contribution of the JP TT structure and the coordination at the provincial level to this objective. Section 4.2.5 on MDG:F visibility raises questions about the level of alignment of the UN agencies to the MDG:F identity and probably by inference to the ‘One UN’ identity.

It is very clear from statements made that the Spanish Government is not seeking any special recognition in implementation and that their priority is aid harmonisation among UN agencies - ‘Nations United’.

Senior officials of the RGC clearly see the UN agencies as distinct, with each one focusing on different areas, and that they look to see the synergy between one or more UN agencies and the goals that they are working towards.

Some implementation difficulties that have been identified are:

- The UN agencies have different procedures for working with government. For example UNICEF, WHO and WFP already have a workplan with the MoH and all activities can fit into that. They can provide an advance for agreed work and the activities can start quickly. UNESCO needs a detailed proposal with budgets and a workplan. FAO usually require a number of competitive proposals and ILO tend to work on short (3 or 6 month) time limited agreements;
- Some inconsistency in DSA between agencies.

The JP has certainly had a positive role in promoting the UN agencies to work together in the following ways:

- It is a partnership and they are required to make it work;
- Caused regular dialogue, mainly informal, among UN agencies;
- Increased realisation of the added value of each agency and its mandate;
- Actions were interdependent i.e. management of acute malnutrition involved policy and implementation and different UN agencies work in those different areas;
- UN agencies are working together on joint data management and analysis related to food security and nutrition, namely through CAM INFO and the FSN data analysis team

- A closer cooperation formed between UNICEF, WHO and WFP on some of the goals.

5 Conclusions, recommendations and lessons learnt

Summary of key contributions of the project and significant constraints

The main assessment mechanism for measuring the results and impact of the MDG:F JP on Children, Food Security and Nutrition is the baseline/endline surveys. There is limited information available on the outcomes of many of the provincial level interventions, particularly those associated with changes in knowledge. Identifiable results can be seen in the following areas:

- Implementation of the IFA supplementation BCC and the preparation of the complementary feeding BCC;
- Increased cooperation amongst agencies working on FSN at the provincial level;
- Provincial (including HC) health staff trained and implementing the distribution of MNPs and the management of acute malnutrition;
- Some observed improvement in nutritional status from management of acute malnutrition, from MNPs (increased appetite), and from FFS (more and increased variety of vegetables and improved consumption practice);
- Good levels of knowledge among direct participants of training;
- Supportive policies and guidelines developed at the national level on the management of acute malnutrition and micronutrient supplementation and the development of the curriculum for MSc in Nutrition;
- Improved analysis and accessibility of FSN data and increased capacity of CARD to continue to provide this service.

Some issues that are limiting the potential effectiveness of the MDG:G JP achieving its expected impact are:

- Delay in the NSC endorsement of the 2011 workplan and subsequent budget release;
- Lack of follow-up and assessment of the outcomes of much of the training;
- Limited supply of IEC materials for the effective extension of training to the intended target group;
- Unexpected challenges in the management of acute malnutrition and the required level of resources required to achieve this successfully;
- Limited synergy between the training for mainstreaming nutrition in ECCD and other aspects of the JP;
- The JP has not attempted to utilise the potential contribution of NGOs in supporting FSN interventions at the community level;
- Some delivery and scheduling difficulties.

Recommendations for MDG:F Secretariat

- The NSC should be requested to review PMC recommendations when their endorsement is required and provide the necessary authorisation quickly without attempting to hold a face-to-face meeting.
- Baseline/endline studies: A no-cost extension should be given to enable the end-line survey to be carried out in April 2013, three years from the date of the baseline. The

indicators to be collected by the baseline should be reviewed prior to automatically collecting them in the endline survey.

- The MDG:F Secretariat should review the following aspects of the semester reporting requirements:
 - The requirement to submit the semester reports online
 - The utility of the ‘General Thematic Indicators’

Recommendations for PMC and key partner institutions:

Management issues:

- The project work plan should be reviewed and blockages/potential blockages identified to ensure implementation is speeded up
- The JPTT should identify ways to encourage regular involvement of RGC representatives in the JPTT meeting in order to promote coordination at the national level. This may require some changes to the agenda and the style of the meeting.
- The NPC and the PMC monitor the correct use of the MDG:F logo and the use of separate UN agency logos on publications supported by the MDG:F;
- The PMC should develop a policy on how UN staff working on the MDG:F JP should identify themselves.
- Progress on the approval of the ECCD NAP should be reviewed by the next PMC.
- The process for endorsement of the handbooks ‘Food Security and Nutrition; a Guide for Journalists’ and the ‘Nutrition Handbook for the Family’ from UNESCO and FAO should be prioritised and a specific target date for publication set no later than the end of 2011. In addition the guide for journalists requires translation into Khmer within the same timeframe.

Recommendations on the JP monitoring framework:

- At this stage in the programme it would not be helpful to completely revise the monitoring framework. The need is to ensure that there are some outcome indicators for each outcome that can provide an indication of progress towards the intended impact at the end of 2011 and 2012.
 - The project monitoring framework should be reviewed clearly identifying whether the existing indicators are impact, outcome, or output/activity level;
 - For each outcome a limited number of outcome indicators should be identified, including some quantitative and some qualitative indicators (these may already exist under outputs or may need to be developed), ensuring that information can realistically be collected and analysed. Future semester reports should report clearly on these indicators;
 - The expected outcomes or results of the training on ‘FSN concepts and objectives for decision makers’ (CARD), mainstreaming FSN in education (MoEYS), FFS (MAFF), on nutrition and maternity protection (MoLVT) and on FSN for media personnel (UNESCO) need to be clearly identified. Based on these expected outcomes, the JP, together with relevant implementation partners, needs to identify outcome indicators and then establish some assessment mechanisms for them and ask for reports on the level of achievement of these indicators. The JP will then be able to report on the outcomes of these activities in its semester report;
 - The assessment of the outcomes of the trainings already completed, possibly with some follow-up and support activity, should be prioritised over providing further training;

- The result indicators for each of the training areas should be incorporated in the JP monitoring framework and the level of achievement reported on each semester.

Recommendation on MNPs:

- VHSGs in Svay Rieng should be given a refresher training on the use and distribution of MNPs, including a revised system to monitor distribution;
- Regular meetings should be held between the VHSGs and HC staff in order to facilitate information flow from the HC to the community and feedback.

Recommendations on management of acute malnutrition:

- A decision needs to be made quickly on the expansion plans for 2011. It is suggested that in order to get wider exposure to different situations that 5 HCs in Svay Rieng are selected;
- A revised costed work plan for the limited expansion of the management of acute malnutrition in health centres over the remaining period of the JP should be developed with revised targets for the number of HCs to be covered. The priority in this workplan should be the development and testing of suitable methodologies that can be scaled up within the two target provinces and beyond;
- The revised workplan should include a revised budget and should specify what they will do with the funds that were originally allocated to this component;
- One of the methodologies should if possible include the involvement of NGOs in a situation where an NGO is already actively promoting the community-HC link through activities with the VHSG. Such situations do exist within the targeted provinces;
- The methodology should include a means of carrying out regular screening and referral of all at risk children;
- Further study should be carried out to determine the reasons for the high default rate and to identify ways to overcome difficulties identified;
- A follow up survey of the current condition of those ‘cured’ of acute malnutrition should be carried out;
- A closer link should be made between the PHD and the JP supported training for decision makers (CARD) and for mainstreaming FSN in education (DoEYS) in order to promote and support the VHSGs in their role;

Recommendations on OSH and maternity protection for factory women:

- An assessment of the outcome of the training should be carried out identifying outcomes in direct participants and in intended indirect participants. Based on the findings the messages should be reviewed and follow up meetings held with training participants;
- The staff of the DoLVT need additional capacity in their knowledge of maternity and nutrition issues if they are to continue to promote this initiative;
- Additional training/extension materials (simple leaflets and posters) need to be given to participants to enable them to communicate effectively with other workers;
- Advocacy should be carried out to promote the extension of unpaid maternity leave to cover at least the six months of exclusive breast feeding;

Recommendations on mainstreaming FSN in ECCD:

- A review of mainstreaming nutrition in ECCD should be carried out by the PMC/JPTTM clearly identifying the purpose and anticipated outcomes and how these interact with and support other components of the JP;
- Following the above review the implementing partners should review the workplan for 2012 prioritising follow-up of previously trained participants over new training and carrying out an assessment of the outcomes of the training carried out to date;
- In any new training carried out NGOs that are already active in ECCD/FSN in the targeted location should be invited to attend.

Recommendations on FFS training:

- Prior to the selection of participants for the 2012 training, the participant selection criteria should be reviewed and a strategy developed so that participants are selected in accordance with the criteria;
- Agricultural inputs should be provided in unison with the training. Provision to the current FFS participants should be made immediately and in 2012 it should be in parallel with the training;
- An assessment of the outcomes of the completed training in terms of improved food security and nutrition should be made in conjunction with follow up and the provision of support to participants;
- The 'Nutrition Handbook for the Family' should be utilised in the training and in follow up activities as soon as it has been published;
- The purpose and suitability of the training on 'Integrated food production and community development' should be reviewed;

Recommendation on follow up and assessment of training outcomes:

- Resources will need to be allocated to support the additional follow up and assessment of training outcomes that the MTE is recommending. While doing this the purpose and expected outputs of these field support activities need to be carefully prepared and clearly specified to those participating.

Recommendation on IEC materials:

- IEC materials should be published and distributed to implementing partners as soon as possible after they have been finalised as part of the complimentary feeding strategy.

Recommendations on FSN capacity development training:

- The timing of the training on FSN for provincial, district and commune officials should be synchronised with the commune planning cycle i.e. in March and April;
- Future training should promote the role of CCs and CCWC in supporting VHSGs through commune investment plans;
- NGOs who work in FSN in the same area should be included in the training;

Recommendations on integrated food security and nutrition monitoring:

- Awareness of the CARD website and of the FSN Bulletin should be promoted among central and provincial government and non-Government agencies;
- The need for the production of the 3rd version of the Food Security Atlas should be reviewed considering alternate sources of information now available.

Recommendation on provincial coordination:

- The future potential of the PCC should be reviewed and alternative provincial coordination forums assessed. If necessary capacity building of an alternative forum should be provided

Recommendations on the potential role of NGOs:

- The potential for NGOs to contribute to the JP goals, particularly in support of field implementation including the distribution of MNPs and the management of acute malnutrition, should be explored and NGO staff should be included in training programmes by CARD, MoH/NNP, DoL and DoE. This refers to NGOs that have good links with the community and are strengthening community level structures such as VHSGs;
- NGOs in the two provinces should be identified that are already active in FSN (although possibly calling it something else) and those involved in HC support/VHSG support;
- Discussions should be initiated with NGOs well before implementation so that if necessary the NGOs can revise or develop plans for their participation;

Recommendations for JP management:

Recommendations on semester reporting:

- Financial data should be provided for both annual figures and accumulative figures from the beginning of the JP;
- ‘Estimated delivery rate budget’ in section C should be calculated on the basis of disbursed funds not committed funds;
- The information presented under the ‘Achievement of target to date’ should include accumulative data as well as achievements for that semester;
- Information on the baseline situation in the monitoring framework should be reviewed and updated based on the results of the baseline study;

Recommendation on the National Advocacy action plan:

- The NPC coordinates the finalisation of the National Advocacy action plan, utilising the expertise available from communication specialists in the UN agencies and linking with the UNDP project to localise the Cambodian MDGs.

Lessons learnt/good practices

- In situations where a number of UN agencies are working on a common theme in the same location, a UN-supported provincial coordinator can have a positive role in both representing and coordinating the UN agencies and in facilitating the coordination of relevant government departments. This role can be supported in situations where there is no formal UN ‘joint programme’. A sample ToR for this kind of position are in Annex 5.
- A JP management team, where members are located in their own UN agency’s office may face communication and coordination challenges but is likely to be more effective in promoting real UN coordination through increased mutual understanding and cross agency representation on specific themes.
- Regular food preparation and cooking demonstrations by volunteers is an effective way to extend principles learnt in training and also provided a nutritious meal for those involved. This activity can be an ongoing outcome of training that is promoted and monitored by staff during follow up visits.

Annex 1: Evaluation ToRs

TERMS OF REFERENCE **FOR THE MID-TERM EVALUATION OF THE JOINT PROGRAMME** **FOR CHILDREN FOOD SECURITY AND NUTRITION IN CAMBODIA**

1. General Context:

In December 2006, the UNDP and the Government of Spain signed a major partnership agreement for the amount of €528 million, with the aim of contributing to progress on the MDGs and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. The MDG Achievement Fund (MDGF) supports countries in their progress towards the Millennium Development Goals and other development goals by funding innovative programmes that have an impact on the population and potential for duplication.

The MDGF operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme mode of intervention and has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

With US\$134.5 million allocated to 24 joint programmes, this area of work represents almost 20% of the MDG-F's work. Our efforts contribute to achieving the MDG goals of reducing child mortality and eradicating extreme poverty and hunger.

Interventions range from providing low cost nutritional packages that can save lives and promote healthy development to engaging with pregnant and lactating mothers ensuring they are healthy and aware of key nutrition issues. Advocacy for mainstreaming children's right to food into national plans and policies is also a key element of the fight against under nutrition.

The 24 joint programmes encompass a wide range of subjects and results. Nevertheless, certain similar underlying characteristics can be identified across most of these joint programmes. The majority of the programmes in the window seek to contribute to (1) directly improving the nutrition and food security of the population, particularly children and pregnant women, and (2) strengthening the government's capacity to know about and plan for food security and nutrition problems. Most of the other outcomes fit in these two themes, broadly defined. For example, improving food security and increasing the supply of nutritious foods with agricultural interventions is directly related to the first outcome, reducing food insecurity and malnutrition. Similarly, many Joint Programs propose improving policies on foods security, either through mainstreaming into general policies or through the revision of current policies on food security.

The beneficiaries of the Joint Programs are of three main types. Virtually all joint programs involve supporting the government, at the national and/or local levels. Many programs also directly target children and/or pregnant women, who are the most vulnerable to malnutrition and food insecurity. Finally, many programs also benefit the health sector, which is at the forefront of the fight against, and treatment of, malnutrition.

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

Duration: January 2010 – December 2012

Current stage of implementation: Middle stage

Official Starting Period: 01 April 2010

Programme Summary:

The Joint Programme will contribute to the attainment of the Cambodian Millennium Development

Goals 1, 4 and 5 by improving the nutritional status of children aged 0-24 months and pregnant and lactating women. In partnership with relevant government ministries, it will build capacity to implement nationwide behavior change communication programmes to promote early and exclusive breastfeeding, adequate complementary feeding and improved maternal nutrition. In addition, it will implement a comprehensive integrated package of nutrition and food security interventions to reduce undernutrition and improve food security among a high risk population. The Joint Programme will further strengthen nutrition, food security and agriculture policies and develop innovative implementation strategies for improving nutrition at population level. It will strengthen existing monitoring systems, assess the impact of implemented interventions and provide guidance for scaling up the comprehensive package.

Joint Programme Results:

The overall objective of the Joint Programme is to contribute to the attainment of the Cambodian

Millennium Development Goals no. 1 (eradicate extreme poverty and hunger), no. 4 (reduce child mortality) and no.5 (improve maternal health). The Joint Programme seeks to achieve this by strengthening the coordination of nutrition interventions across public sectors and UN organizations and the building of national capacity and ownership. The Joint Programme will enhance the capacity of the National Centre for Health Promotion (NCHP) and the National Nutrition Programme (NNP), under the Ministry of Health (MOH), as well as the Ministry of Education, Youth & Sports, Ministry of

Agriculture, Forestry & Fisheries, Ministry of Labour, and Ministry of Information, to develop, plan and implement large-scale behaviour change communication interventions. It aims to enhance capacity at provincial, district, health centre and community levels to implement comprehensive intervention packages that address a wide range of risk factors in two food-insecure provinces. This will provide important experiences for expanding nutrition and food security interventions in the country.

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

- 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
- 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
- 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

In line with the first outcome to promote integrated approaches for alleviating child hunger and undernutrition, the proposed Joint Programme aims to improve the nutritional status of children 0-24 months and pregnant and lactating women through two strategies: improving infant and young child feeding practices at population level through a nationwide behaviour changer communication (BCC) intervention and protecting vulnerable populations through an integrated comprehensive package of nutrition and food security interventions delivered with high coverage in two food-insecure provinces.

Measurable outputs for this outcome include a finalized Behaviour Change Communication (BCC) strategy; the development and implementation of the BCC mass-media campaign nationwide; the development and production of BCC training materials; the training of Village Health Support Groups and other community communicators throughout the country in BCC; community mobilization events held nationwide; and the development and operationalization of the comprehensive integrated package of interventions with high coverage in two food-insecure provinces.

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

- 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

For the second outcome of advocating and mainstreaming access to food and nutrition into relevant policies, the Joint Programme will strengthen the implementation of existing nutrition, food security and agricultural policies and develop new innovative policies addressing malnutrition. Measurable outputs for this outcome include a report on the implementation status of current relevant policies; policy implementation guidelines; well-trained staff in relevant ministries in the application of the guidelines; intersectoral and relevant Technical Working Group meetings on policy implementation; and the development and adoption of new policies on the following: using MUAC for screening to identify malnourished children; the management of moderate and severe malnutrition; and universal micronutrient supplementation for children aged 6-12 months. In conjunction with these new policy initiatives, additional outputs include the development of training materials and an implementation plan for achieving universal coverage of management of moderate and severe malnutrition and the development of an implementation and procurement plan for universal micronutrient supplementation.

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

For the third outcome of assessment, monitoring and evaluation, the Joint Programme will revise and strengthen the Health Information System (HIS) and improve coordination

between existing monitoring systems, including food security monitoring, and establish a national Nutrition Surveillance System. Measurable outputs for this outcome include the following: a functional national Nutrition Surveillance System; well-trained staff at the Ministry of Planning, National Institute of Statistics and MOH in the area of nutritional surveillance; a revised HIS which incorporates universal MUAC screening for malnutrition; and well-trained HIS staff at national and sub-national levels in the area of coordinating the collection, management and use of nutrition-related data.

2. OVERALL GOAL OF THE EVALUATION

!

One of the roles of the Secretariat is to monitor and evaluate the MDGF. This role is fulfilled in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation.

Mid-term evaluations are formative in nature and seek **to generate knowledge, identifying best practices and lessons learned and improve implementation of the programmes during their remaining period of implementation.** As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the Programme Management Committee, the National Steering Committee and the Secretariat of the Fund.

!

!

3. SCOPE OF THE EVALUATION AND SPECIFIC GOALS

!

The mid-term evaluation will use an expedited process to carry out a systematic, fast-paced analysis of the design, process and results or results trends of the **joint programme**, based on the scope and criteria included in these terms of reference. This will enable conclusions and recommendations for the joint programme to be formed within a period of approximately four months.

The unit of analysis or object of study for this mid-term evaluation is the joint programme, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This mid-term evaluation has the following **specific objectives**:

1. To discover the programme's **design quality and internal coherence** (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the **Millennium Development Goals**, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.
2. To understand how the joint programme **operates** and assess the **efficiency of its management model** in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the **One UN** framework.

3. To identify the programme's **degree of effectiveness** among its participants, its contribution to the objectives of the Children Food Security and Nutrition **thematic window**, and the Millennium Development Goals at the local and/or country level.

4. EVALUATION QUESTIONS, LEVELS AND CRITERIA¹

The evaluation questions define the information that must be generated as a result of the evaluation process. The questions are grouped according to the criteria to be used in assessing and answering them. These criteria are, in turn, grouped according to the three levels of the programme.

1. Design level

1.1 Relevance: The extent to which the objectives of a development intervention are consistent with the needs and interest of the people, the needs of the country, the Millennium Development Goals and the policies of associates and donors.

- a) To what extent the identification of the problems, inequalities and gaps, with their respective causes, clear in the joint programme?
- b) To what extent the Joint Programme take into account the particularities and specific interests of women, minorities and ethnic groups in the areas of intervention?
- c) To what extent has the intervention strategy been adapted to the areas of intervention in which it is being implemented? What actions does the programme envisage, to respond to obstacles that may arise from the political and socio-cultural context?
- d) To what extent were the monitoring indicators relevant and do they meet the quality needed to measure the outputs and outcomes of the joint programme?
- e) To what extent has the MDG-F Secretariat contributed to raising the quality of the design of the joint programmes?

1.2 Ownership in the design: national social actors' effective exercise of leadership in the development interventions

- a) To what extent do the intervention objectives and strategies of the Joint Programme respond to national and regional plans?

¹ The main users of the evaluation represented in the evaluation reference group (Section 8 of the TOR), and specifically the coordination and implementation unit of the joint programme, are responsible for contributing to this section. Evaluation questions and criteria may be added or modified up to a reasonable limit, bearing in mind the viability and the limitations (resources, time, etc.) of a quick interim evaluation exercise.

- b) To what extent have the country's national and local authorities and social stakeholders been taken into consideration, participated, or have become involved, at the design stage of the development intervention?

2. Process level:

1.3 Efficiency: The extent to which the resources/inputs (funds, time etc.) have been turned into results

- a) How well does the joint programme's management model – that is, its tools, financial resources, human resources, technical resources, organizational structure, information flows and management decision-making – contribute to generating the expected outputs and outcomes?
- b) To what extent are the participating agencies coordinating with each other and with the government and civil society? Is there a methodology underpinning the work and internal communications that contributes to the joint implementation?
- c) To what extent are there efficient mechanisms for coordination that prevent counterparts and beneficiaries from becoming overloaded?
- d) To what extent does the pace of implementing programme outputs ensure the completeness of the joint programme's results? How do the different components of the joint programme interrelate?
- e) To what extent work methodologies, financial tools etc. shared among agencies and among joint programmes are being used?
- f) To what extent more efficient (sensitive) and appropriate measures been adopted to respond to the political and socio-cultural context identified?
- g) How conducive are current UN agency procedures to joint programming? How can existing bottlenecks be overcome and procedures further harmonized?

1.4 Ownership in the process: National social actors' effective exercise of leadership in the development interventions

- a) To what extent have the target population and the participants taken ownership of the programme, assuming an active role in it?
- b) To what extent have national public/private resources and/or counterparts been mobilized to contribute to the programme's goals and impacts?

3. Results level:

3.1 Efficacy: Extent to which the objectives of the development intervention have been met or are expected to be met, taking into account their relative importance.

- a) To what extent is the joint programme contributing to the attainment of the development outputs and outcomes initially expected /stipulated in the programme document?
1. To what extent and in what ways is the joint programme contributing to the Millennium Development Goals at the local and national levels?
 2. To what extent and in what ways is the joint programme contributing to the goals set in the thematic window?
 3. To what extent (policy, budgets, design, and implementation) and in what ways is the joint programme contributing to improve the implementation of the principles of the Paris Declaration and Accra Agenda for Action?
 4. To what extent and in what ways is the joint programme contributing to the goals of delivering as one at country level?
- b) To what extent are joint programme's outputs and outcomes synergistic and coherent to produce development results?`
- c) To what extent is the joint programme having an impact on the targeted citizens?
- d) Are any good practices, success stories, lessons learned or transferable examples been identified? Please, describe and document them
- e) What types of differentiated effects are resulting from the joint programme in accordance with the sex, race, ethnic group, rural or urban setting of the beneficiary population, and to what extent?
- f) To what extent is the joint programme contributing to the advance and the progress of fostering national ownership processes and outcomes (the design and implementation of National Development Plans, Public Policies, UNDAF, etc)
- g) To what extent is the joint programme helping to increase stakeholder/citizen dialogue and or engagement on development issues and policies?
- h) To what extent is the joint programme having an impact on national ownership and coordination among government entities?

3.2 Sustainability: The probability that the benefits of the intervention will continue in the long term.

- a) Are the necessary premises occurring to ensure the sustainability of the impacts of the joint programme?

At local and national level:

- i. Is the programme supported by national and/or local institutions?
- ii. Are these institutions showing technical capacity and leadership commitment to keep working with the programme and to repeat it?
- iii. Have operating capacities been created and/or reinforced in national and local partners?
- iv. Do the partners have sufficient financial capacity to keep up the benefits produced by the programme?

- v. Is the duration of the programme sufficient to ensure a cycle that will ensure the sustainability of the interventions?
- vi. have networks or network institutions been created or strengthened to carry out the roles that the joint programme is performing?
- b) To what extent are the visions and actions of partners consistent with or different from those of the joint programme?
- c) In what ways can governance of the joint programme be improved so as to increase the chances of achieving sustainability in the future?

Country level:

- d) During the analysis of the evaluation, what lessons have been learned, and what best practices can be transferred to other programmes or countries?
- e) To what extent and in what way is the joint programme contributing to progress towards the Millennium Development Goals in the country?
- f) To what extent and in which ways are the joint programmes helping make progress towards United Nations reform? One UN
- g) How have the principles for aid effectiveness (ownership, alignment, managing for development results and mutual accountability) been developed in the joint programmes?
- h) To what extent is the joint programme helping to influence the country's public policy framework?

!

5. METHODOLOGICAL APPROACH

The mid-term evaluation will use an international consultant, appointed by MDG-F, as the Evaluator to conduct the evaluation and a locally hired consultant who will support the Evaluator by providing information about local context such as institutions, protocol, traditions, etc. and assist with translation of key meetings/ interviews during the mission as needed. It is the sole responsibility of the Evaluator to deliver the inception, draft final and final reports.

The Evaluator will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TOR, the availability of resources and the priorities of stakeholders. In all cases, the Evaluator is expected to analyse all relevant information sources, such as annual reports, programme documents, internal review reports, programme files, strategic country development documents and any other documents that may provide evidence on which to form opinions. The Evaluator is also expected to use interviews as a means to collect relevant data for the evaluation.

The methodology and techniques to be used in the evaluation should be described in detail in the inception report and the final evaluation report, and should contain, at a minimum, information on the instruments used for data collection and analysis, whether these be documents, interviews, field visits, questionnaires or participatory techniques.

6. EVALUATION DELIVERABLES

The Evaluator is responsible for submitting the following deliverables to the Secretariat of the MDGF:

!

☞☞ Inception Report (to be submitted within seven days of the submission of all programme documentation to the Evaluator)

This report will be 5 to 10 pages in length and will propose the methods, sources and procedures to be used for data collection. It will also include a proposed timeline of activities and submission of deliverables. The inception report will propose an initial theory of change to the joint programme that will be used for comparative purposes during the evaluation and will serve as an initial point of agreement and understanding between the Evaluator and the evaluation managers. The Evaluator will also share the inception report with the evaluation reference group to seek their comments and suggestions.

☞☞ Draft Final Report (to be submitted within 10 days of completion of the field visit)

The draft final report will contain the same sections as the final report (described in the next paragraph) and will be 20 to 30 pages in length. This report will be shared among the evaluation reference group. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its main findings, conclusions and recommendations. The MDGF Secretariat will share the draft final report with the evaluation reference group to seek their comments and suggestions.

☞☞ Final Evaluation Report (to be submitted within seven days of receipt of the draft final report with comments)

The final report will be 20 to 30 pages in length. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings, conclusions and recommendations. The MDGF Secretariat will send the final report to the evaluation reference group. This report will contain the following sections at a minimum:

1. Cover Page
2. Introduction
3. Description of interventions carried out
 - 1.5 Background, goal and methodological approach
 - 1.6 Purpose of the evaluation
 - 1.7 Methodology used in the evaluation
 - 1.8 Constraints and limitations on the study conducted
 - 1.9 - Initial concept
 - 1.10- Detailed description of its development: description of the hypothesis of change in the programme.
4. Levels of Analysis: Evaluation criteria and questions
5. Conclusions and lessons learned (prioritized, structured and clear)
6. Recommendations
7. Annexes

7. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The mid-term evaluation of the joint programme is to be carried out according to ethical principles and standards established by the United Nations Evaluation Group (UNEG).

- **Anonymity and confidentiality.** The evaluation must respect the rights of individuals who provide information, ensuring their anonymity and confidentiality.
- **Responsibility.** The report must mention any dispute or difference of opinion that may have arisen among the consultants or between the Evaluator and the reference group of the Joint Programme in connection with the findings and/or recommendations. The Evaluator must corroborate all assertions, and note any disagreement with them.
- **Integrity.** The Evaluator will be responsible for highlighting issues not specifically mentioned in the TOR, if this is needed to obtain a more complete analysis of the intervention.
- **Independence.** The Evaluator should ensure his or her independence from the intervention under review, and he or she must not be associated with its management or any element thereof.
- **Incidents.** If problems arise during the fieldwork, or at any other stage of the evaluation, the Evaluator must report these immediately to the Secretariat of the MDGF. If this is not done, the existence of such problems may in no case be used by the Evaluator to justify the failure to obtain the results stipulated by the Secretariat of the MDGF in these terms of reference.
- **Validation of information.** The Evaluator will be responsible for ensuring the accuracy of the information collected while preparing the reports and will be ultimately responsible for the information presented in the evaluation report.
- **Intellectual property.** In handling information sources, the Evaluator shall respect the intellectual property rights of the institutions and communities that are under review.
- **Delivery of reports.** If delivery of the reports is delayed, or in the event that the quality of the reports delivered is clearly lower than what was agreed, the penalties stipulated in these terms of reference will be applicable.

8. ROLES OF ACTORS IN THE EVALUATION

The main actors in the mid-term evaluation are the Secretariat of the MDGF, the Programme Management and the Programme Management Committee. The Programme Management Office, PMC, and RC Office will serve as the evaluation reference group. The role of the evaluation reference group will extend to all phases of the evaluation, including:

- Facilitating the participation of those involved in the evaluation design.
- Identifying information needs, defining objectives and delimiting the scope of the evaluation.
- Providing input on the evaluation planning documents (Work Plan and Communication, Dissemination and Improvement Plan).
- Providing input and participating in the drafting of the Terms of Reference.
- Facilitating the evaluation team's access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods.
- Monitoring the quality of the process and the documents and reports that are generated, so as to enrich these with their input and ensure that they address their interests and needs for information about the intervention.
- Disseminating the results of the evaluation, especially among the organizations and entities within their interest group.

The Secretariat of the MDGF shall manage the mid-term evaluation in its role as proponent of the evaluation, fulfilling the mandate to conduct and finance the mid-term evaluation. As manager of the mid-term evaluation, the Secretariat will be responsible for ensuring that the evaluation process is conducted as stipulated; promoting and leading the evaluation design; coordinating and monitoring progress and development in the evaluation study and the quality of the process. It shall also support the country in the main task of disseminating evaluation findings and recommendations.

9. TIMELINE FOR THE EVALUATION PROCESS

A. Design phase (15 days total)

1. The Secretariat shall send the generic TOR for mid-term evaluation of Cambodia JP Children, Food Security and Nutrition to the reference group. The reference group is then to adapt these to the concrete situation of the joint programme in Cambodia, using the lowest common denominator that is shared by all, for purposes of data aggregation and the provision of evidence for the rest of the MDGF levels of analysis (country, thematic window and MDGF).

This activity requires a dialogue between the Secretariat and the reference group of the evaluation. This dialogue should be aimed at rounding out and modifying some of the questions and dimensions of the study that the generic TOR do not cover, or which are inadequate or irrelevant to the joint programme.

2. The MDGF Secretariat will send the finalized, contextualized TOR to the Evaluator it has chosen.
3. From this point on, the Portfolio Manager is responsible for managing the execution of the evaluation, with three main functions: to facilitate the work of the Evaluator, to serve as interlocutor between the parties (Evaluator, reference group in the country, etc.), and to review the deliverables that are produced.

B. Execution phase of the evaluation study (55-58 days total)

Desk study (15 days total)

1. The Portfolio Manager will brief the Evaluator (**1 day**). He/she will hand over a checklist of activities and documents to review, and explain the evaluation process. Discussion will take place over what the evaluation should entail.
2. The Evaluator will review the documents according to the standard list (see TOR annexes; programme document, financial, monitoring reports etc.).
3. The Evaluator will submit the inception report to the MDGF Secretariat; the report will include the findings from the document review and will specify how the evaluation will be conducted. The Evaluator will share the inception report with the evaluation reference group for comments and suggestions (within **seven days of delivery of all programme documentation to the consultant**).
4. The focal points for the evaluation (PMC Co-Chairs) and the Evaluator will prepare an agenda to conduct the field visit of the evaluation. (Interview with programme participants, stakeholders, focus groups, etc) (Within **seven days of delivery of the desk study report**).

Field visit (9-12 days)

1. In-country, the Evaluator will observe and contrast the preliminary conclusions reached through the study of the document review. The planned agenda will be carried out. To accomplish this, the Secretariat's Portfolio Manager may need to facilitate the Evaluator's visit by means of phone calls and emails to the reference group.
2. The Evaluator will be responsible for conducting a debriefing with the key actors he or she has interacted with.
3. The Evaluator will be responsible to present the preliminary findings of the evaluation to the PMC members at the PMC meeting which will be happened on the 16th September 2011 at UNICEF meeting room.

Final Report (31 days total)

1. The Evaluator will deliver a draft final report, which the Secretariat's Portfolio Manager shall be responsible for sharing with the evaluation reference group **(within 10 days of the completion of the field visit)**.
2. The evaluation reference group may ask that data or facts that it believes are incorrect be changed, as long as it provides data or evidence that supports its request. The Evaluator will have the final say over whether to accept or reject such changes. For the sake of evaluation quality, the Secretariat's Portfolio Manager can and should intervene so that erroneous data, and opinions based on erroneous data or not based on evidence, are changed **(within 14 days of delivery of the draft final report)**.

The evaluation reference group may also comment on the value judgements contained in the report, but these do not affect the Evaluator's freedom to express the conclusions and recommendations he or she deems appropriate, based on the evidence and criteria established.

3. The Secretariat's Portfolio Manager shall assess the quality of the final version of the evaluation report presented, using the criteria stipulated in the annex to this TOR **(within seven days of delivery of the draft final report)**.
4. Upon receipt of input from the reference group, the Evaluator shall decide which input to incorporate and which to omit. The Secretariat's Portfolio Manager shall review the final copy of the report, and this phase will conclude with the delivery of this report by the MDGF Secretariat to the evaluation reference group **(within seven days of delivery of the draft final report with comments)**.
5. **Phase of incorporating recommendations and improvement plan (within 21 days of delivery of the final report):**

1. The Secretariat's Portfolio Manager, as representative of the Secretariat, shall engage in a dialogue with the reference group to establish an improvement plan that includes recommendations from the evaluation.
2. The Secretariat's Portfolio Manager will hold a dialogue with the reference group to develop a simple plan to disseminate and report the results to the various interested parties.

10. ANNEXES

a) Document Review

MDG-F Context

1. MDGF Framework Document
2. Summary of the M&E frameworks and common indicators
3. YEM Thematic Window TORs
4. General thematic indicators
5. M&E strategy
6. Communication and Advocacy Strategy
7. MDG-F Joint Implementation Guidelines

Specific Documents for Joint Programme

1. MDG F Joint Programme Document: results framework and monitoring and evaluation framework
2. Bi-Annual Reports
3. Color-coded Annual Workplan
4. Highlights of Programme Management Committee Meetings
5. Mission reports from the Secretariat and by JP Technical Working Group
6. Annual Work plan/Provincial Work plan
7. The MDG baseline evaluation report
8. Study report on Women Working in Factories and Maternal Health - Focus on the Nutrition Component
9. 2010 ASSESSMENT OF INITIAL IMPLEMENTATION OF MAM
10. The challenges and lesson learned of MDG JP
11. Drafted Family Nutrition Hand Book
12. Provincial Coordinating Committee Reports
13. Food Security Bulletins (Issue No.1, No.2 and No.3)
14. National Interim Guidelines for the Management of Acute Malnutrition
15. Curriculum for MSc in Nutrition
16. National Policy and Guidelines for Micronutrient Supplementation to prevent and Control Deficiencies in Cambodia
17. National Communication Strategy and IEC/BCC materials to Promote the Use of Iron/Folic Acid (IFA) Supplementation for Pregnant and Post Partum Women and IEC/BCC materials
18. The Drafted Media Handbook by UNESCO?
19. Financial Information (MDGF)

Other in-country documents or information

1. Evaluations, assessments or internal reports conducted by the joint programme
2. Relevant documents or reports on the Millennium Development Goals at the local and national levels
3. Relevant documents or reports on the implementation of the Paris Declaration and the Accra Agenda for Action in the country
4. Relevant documents or reports on One UN, Delivering as One

b) File for the Joint Programme Improvement Plan

After the interim evaluation is complete, the phase of incorporating its recommendations shall begin. This file is to be used as the basis for establishing an improvement plan for the joint programme, which will bring together all the recommendations, actions to be carried out by programme management.

Evaluation Recommendation No. 1				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
1.1			Comments	Status
1.2				
1.3				
Evaluation Recommendation No. 2				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
2.1			Comments	Status
2.2				
2.3				
Evaluation Recommendation No. 3				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
3.1			Comments	Status
3.2				
3.3				

Annex 2: People and organisations consulted

Met in Phnom Penh

Spanish Agency for International Cooperation and Development (AECID)

Mr. Juan Pita, General Coordinator of the Spanish Cooperation in Cambodia

RGC representatives at the central level

H.E Mr. Srun Darith, Deputy Secretary General, CARD

Mr. Puth Samith, Deputy Director General of Education, MoEYS

Mr. Srun Sokhom, Deputy Director General, GDA

Mr. Rithy, GDA

H.E Professor Sea Huong, Under Secretary of State, MoH

Dr. Prak Sophonneary, DD of National Maternal and Child Health Center

Dr. Ou Kevanna, Programme Manager of National Nutrition Program, MoH

H.E Mao Sambath, Under Secretary of State, MoLVT

Mr. Nuth Sophorn, Deputy Director of Child Labour Department

UN agencies

Mr. Joel Conkle, Nutrition Specialist, UNICEF

Mr. Kurt Burja, Program Officer, WFP

Ms. Heng Mori, WFP

Ms. Marina ORO, Program Coordinator, UNESCO

Mr. Chea Sophal, National Programme Officer, ILO

Mr. Luc Hieu, Nutrition Specialist, FAO-MDG-F

Ms. La Ong Tokmoh, WHO

Ms. Mercedes, UNRCO

Ms. An Lund, UN Senior Coordination Specialist, UNRCO

Ms. Viorica BERDAGA, Chef of Health and Nutrition

Mr. Tun Sophoan, Program Coordinator

MDG:F JP on Children, Food Security and Nutrition staff

Mr. Ung Kim Heang, National Program Coordinator, MDG-F

Mr. Savun Sam Ol, MDG-F Provincial Coordinator

Mr. Ros Thoeun, MDG-F Provincial Coordinator

Other organisations involved with JP implementation

Mr. Vann Piseth, President of Meeting with Enterprise Development Institute

NGOs not directly involved with the JP implementation

Ms. Chan Theory, Executive Director, Reproductive and Child Health Alliance

Dr. Chan Ketsana, RACHA

Dr. Chhin Lan, RACHA

Mr. Aminuzzaman Talukder, Country Director, Helen Keller International

Mr. Hou Kroeun, Program Manager, (HKI)

Met in Svay Rieng province

Government staff

Mr. Chen Sathea, Director of Governor Cabinet

Mr. Has Bunny, Director of PoDLVT

Mr. Neb Chem, Deputy Director of PDRD
Mr. Kem Samith, Deputy Director of Provincial Department of Finance
Ms. Chhim Sophorn, Office Chief, PDoWA
Mr. Pov Thida, Deputy Director of PDA
Ms. Neth Sovanna, Vice Chief, PDoEYS
Ms. You Pheach, Office Chief, PHD
Mr. Van Saren, Director of Social, Veteran Affairs and Youth Rehabilitation
Mr. Nhem Sok, Deputy Chief office, PDoLVT

HC staff in Khsetre commune

Mr. OD Director
Ms. HC chief
Mr..... Vice chief of HC
8 HC staff (6 women, 2 men)

Group meeting with 30 mothers of children aged 0 -5 years

VHSG members

1 man, 1 lady

Farmer Field School in Sangke village,

Group leader (man) and 15 members (14 women, 1 man)

Garment Factory and OSH and workers in Sheico Garment factory

Ms. Nguon Kosal, Group leader, member of OHS committee
Ms. Chan Sina, Group Leader, member of OHS committee (9 months pregnant)
Ms. Reach Sarin, Group Leader, member of OHS committee
Ms. Suon Sopha, Group Leader, member of OHS committee
Mr. Mey Ley, Human Resource Manger
Ms. Nguon Ry, garment worker
Ms. Som Pheng, garment worker
Ms. Chan Sophy, Garment worker
3 randomly selected workers, 1 6 months pregnant, 1 9 month old baby and 1 5 month old baby

Rural Economic Development Association (REDA) (NGO not involved with implementation)

Mr Boeuth Peth, Agriculture Project Manager, REDA
Mr. En Chamroeun, M&E Officer, REDA
Mr. Khleang Yon, Project Officer, REDA
Mr. Ngeth Samoeun, Project Coordinator, REDA
Mr. Pok Thoeun, Program Manager, REDA

Meetings in Kampong Speu

Government staff

Ms. Chair of PCC, Deputy Governor,
Mr. Say Panha, Deputy Director of PDA
Mr. Chea Lorn, Deputy Director of PDRD
Mr. Sim Ratanak, Deputy Director of PoDLVT
Ms. Pann An, Chief of MCH, PHD

Mr. Chann Vanna, PoEYS
Mr. Eng Chanthy, PoEYS
Mr. Duch Bunna, Chief of Education Office, PDEYS
Mr. Kov Thy, Chief of District Education Office
Mr. Cheng Kim Long, staff of district of Education Office

Meeting at Sabrina Garment Factory

Mr. Michael, Administrator
Ms. Hang Luy, Chief of Administration
Mr. Sim Chantha, staff of administration office
Mr. Chhiev Virith, Chief of Union
Ms. Hun Soeun, Group leader, member of OHS
Mr. Chorn Sokhoeun, vice-chief of union
Ms. Lay Kim Youen, group leader, member of OHS
Ms. Chhiv Chhun Heng, group leader, member of OHS
Ms. Phum Sokhom, worker (pregnant)
Ms. Hou KimHong, worker (with children 5 months old)
Ms. Am Chanda, worker (pregnant)
Ms. Chum Lina, worker (with child 3 months old)
Ms. Men Neang, worker (pregnant)
Ms. Chuon Srey Roth, worker (with child 6 months old)

World Vision (NGO not involved with implementation)

Ms. Veth Chamroeun, MCH Project Officer
Ms. Chuon David, Acting ADP Manager

Farmer Field School in Prey Vihea commune

Group leaders and 1 members (5 women, 6 men)

CCWCC in Sdock commune

Mr Um Cham, CC chief
Ms. Sok Tola, HC midwife
Mr. Yan Chanthoeun
Mr. Som Oeun

HC staff in Prey Vihear commune

Mr. Phain Samnang, EPI staff
Mr. Ong Savon, drug store section

1.25 Meeting with preschool teacher, Community Learning

Ms. Sok Yat, Preschool teacher
Mr. Meas Kimthourn, CLC director
Mr. Phang Thy, literacy teacher
Mr. Thet Seth, director of primary school
Mr. Bin Touch, village chief

Annex 3: Itinerary for MTE country visit

Date/Time	Description	Institution involved	Location of Meeting	Facilitators	Remark
Sunday 04th September 2011					
13:30-16:30	Meeting with International Consultant, welcome introduction, review itinerary and discuss on process and method of mid term review	National Consultant (Khin Mengkheang), MDG-JP National Program Coordinator (Kim Heang Ung) International Consultant (Keith Fisher)	Kabiki Hotel, Phnom Penh	Kim Heang Ung	
Monday 5th September 2011					
Morning					
8:30 -12:00	'Initial briefing meeting between consultant and Joint Program Team;	MDG-JP Technical Working Group (TWG) and relevant partners	UNICEF Office, Phnom Penh	Kim Heang Ung	About 15 people
Afternoon					
14:00-14:45	Meeting with Mr. Douglass , Ms. Ann Lund – UN Coordination Specialist and Ms. Mercedes – UN Coordinator Officer:	UNRCO	UNRCO Office, Phnom Penh	Kim Heang Ung	PMC Co-chair (from UN side)
15:15-16:15	Meeting with H.E. Mr. Rath Virak, Secretary General, Chair of FS Forum and TWG FSN, + H.E Mr. Srun Darith, Deputy Secretary General, PMC Co-Chair	Council for Agricultural and Rural Development (CARD)	Council for Agricultural and Rural Development (CARD) at Council of Ministers	Kim Heang Ung	
Tuesday 6th September 2011					
Morning					
9:45-10:45	Meeting with H. E. Mr. Ou Eng,	Ministry of Education,	MoEYS	Kim Heang Ung	PMC Member

	Director General of Education Directorate, + Mr. Puth Samith, Deputy Director General of Education, MoEYS	Youth and Sport (MoEYS)		and Marina Oro	
11:00 -12:00	Meeting with RACHA Ms. Chan Theory, Executive Director	Cambodian NGO	RACHA Office, Phnom Penh	Kim Heang Ung	NGO on reproductive health
Afternoon					
13:30 -14:15	Meeting with Mr. Vann Piseth, Executive Director	Enterprise Development Institute (EDI)	FAO Representation Office, Phnom Penh	Kim Heang Ung and Luc Hiev	NGO providing capacity building to FFS
14:45 pm- 15:45	Meeting with Mr. Srun Sokhom, Deputy Director General, General Directorate of Agriculture (GDA)	Ministry of Agriculture, Forestry and Fisheries (MAFF)	GDA Office, Phnom Penh	Kim Heang Ung and Luc Hiev	PMC Member
16: 00 - 17:00	Meeting HKI, Mr. Zaman Country Director and Mr. Hou Kroeun, Program Manager	HKI	HKI Office, Phnom Penh	Khin Mengkheang	NGO working on nutrition
Wednesday 7th September 2011					
Morning					
8:00-8:45	Review outcomes meetings from last day, discussion on planning for next step	Keith, Khin Mengkheang, Kim Heang Ung	Kabiki Hotel, Phnom Penh	Keith	
9:00-9:45	Meeting with Mr. Juan Pita, AECID General Coordinator and	AECID (Spanish Cooperation Agency)	AECID Office, Phnom Penh	Kim Heang Ung	Donor Representative
10:00-11:00	Meeting with H.E. Prof. Sea Houg, Under Secretary of State + Dr. Prak Sophoaneary, Deputy Director of National Mother and Child Health Center (NMCHC) + Dr. Ou	MoH/NMCHC/NNP	Ministry of Health, Phnom Penh	Kim Heang Ung	PMC Member

	Kevanna, Director of National Nutrition Programme				
11:00-14:00	Leave Phnom Penh for Svay Rieng				Rented car
Afternoon					
14:00 - 17:00	Meeting with SVR Provincial Coordinating Committee(PCC) & provincial implementing partners	PCC Svay Rieng (PDA, PHD, PDLVT, PDEYS other line departments)	Provincial Governor Office , Svay Rieng	Savun Sam Oi	(Overnight in Svay Rieng)
Thursday 8th September 2011					
Morning					
7:30 -10:00	Visiting Khsetre health center implementing multiple micronutrients supplement	MDG-F target Beneficiaries	Pou Village, Khsetre Commune, Kampong Ro District,	Savun Sam Oi	
10:00 -12:00	Home visit to families with children using multiple micronutrients supplementation and meeting with VHSG/mother support Group, pre-school teacher	MDG-F target Beneficiaries	Prey Sangkae Village, Khsetre commune, Kampong Ro District, Svay Rieng	Savun Sam Oi	
13:30 -15:30	Visit Farmer Field School (FFS) Group – villagers who trained on agricultural issues, visit to outlet of Zinc and ORS	MDG-F target Beneficiaries	PreySangkae Village, Ksetre Commune, Kampong Ro District, Svay Rieng	Savun Sam Oi	
16:00 -17:00	Meeting with Rural Economic Development Association (REDA) organization.	NGO in the province, supporting activities in 5 HCs in SVR.	REDA Office	Savun Sam Oi	(Overnight in Svay Rieng)
Friday 9th September 2011					
Morning					
7:30 -08:30	Travel to Svay Rieng Garment or Sheico Garment factory – at		Bavet , Svay Reing Province	Savun Sam Oi	

	Special Economic Zone of Bavet				
08:30 -10:30	Meeting Occupational Safety and Health (OSH) committee as well as garment workers	MDG F Target Beneficiaries	Svay Rieng Garment or Sheico Garment factory	Savun Sam Ol	
Afternoon					
13:30 – 14:30	Meeting with Svay Chrum commune leaders mainstreaming FSN in education sector	MDG F Target Beneficiaries	Svay Chrum district, Svay Rieng Province	Savun Sam Ol	
14:30 – 15:30	Meeting with community pre-school teachers in Khmote village, and Mother Group Leaders in Tapor village, Tasuos commune	MDG F Target Beneficiaries	Svay Chrum district, Svay Rieng, Province	Savun Sam Ol	
Monday 12th September					
Morning					
8:30-9:30	Meeting with H.E. Mr. Mao Sambath, Under Secretary of State + Mr. Veng Heang and Mr. Nouth Sophorn	Ministry of Labor Vocational and Training (MoLVT)	MoLVT, Phnom Penh	Kim Heang Ung and Chea Sophal	PMC Member
10:00 - 11:00	Meeting with Mr. Richard Bridle, UNICEF Representative in Cambodia	UNICEF	UNICEF Office, Phnom Penh	Kim Heang Ung and Joel Conkle	Lead UN Implementing Agency
Afternoon					
14:00 -17:00	Meeting with KPS Provincial Coordinating Committee(PCC) & provincial implementing partners	MDG F Target Beneficiaries (PDA, PHD, PDLVT, PDEYS, other line departments)	Kampong Speu Province	Ros Thoeun	(overnight in Kompong Speu)
Tuesday 13th September 2011					
Morning					
08:00 – 10:30	Meeting OSH committee,	MDG F Target	Sabrina Garment	Ros Thoeun &	

	group discussion on health issue with garment worker	Beneficiary	Factory, Kampong Speu	Sim Rattanak	
10:45 -12:00	Meeting with World Vision Organization in the province	NGO working on health sector	WV Office	Ros Thoeun	
Afternoon					
13:30 – 15:30	Travelling to visit Farmer Field School (FFS) members	MDG F Target Beneficiary	Pork Tang/ Trapeong Loek Village, Sdock Commune, Kong Pisey District	Ros Thoeun	
15:30 – 17: 00	Meeting CCWC in Sdock Commune	MDG F Target Beneficiary	Kampong Speu Province	Ros Thoeun	
Wednesday 14th September 2011					
Morning					
07:30 – 10:30	Meeting HC staff at Prey Vihea HC that implemented management of acute malnutrition and Sprinkles.	MDG F Target Beneficiary	Boeung Changreak village, Prey Vihea commune, Kong	Ros Thoeun	
10:30– 12:00	Home visit at two families of malnourished child and another Sprinkles user and meeting with VHSGs at the same village.	MDG F Target Beneficiary	Boeung Changreak village , Prey Vihea commune, Kong Pisey district	Ros Thoeun	
Afternoon					
13.30 – 15:00	Meeting with PoE/DoE officers (primary education officer, NFE officer) at DoE office in Udong district	MDG F Target Beneficiary	PoE KPS	Ros Thoeun	
15:00 – 16:00	Meeting with Cluster Directors and CLC Managers, Pre-school teachers.	MDG F Target Beneficiary	Odong district,	Ros Thoeun	
Thursday 15th September 2011					
Morning					

08:00 -09:00	Meeting Mr. Tun Sophon, ILO Programme Coordinator + Mr. Chea Sophal, MDG Project Coordinator	MDG F Target Beneficiary	ILO Office	Chea Sophal	
Afternoon					
14:00-15:00	Meeting with Mr. Kurt Burja	WFP	UNICEF Office	Kim Heang Ung	
15:00 – 17:00	Feedback meeting with JPTWG/ Evaluation Reference Group		UNICEF Office	Kim Heang Ung	
Friday 16th September 2011					
Morning					
Afternoon					
14:00 – 17:00	PMC Meeting: Consultant present preliminary findings to the PMC members	PMC Meeting	UNICEF Office	PMC Co-chairs and Kim Heang Ung	

Government Counterparts:

1. Council for Agricultural and Rural Development (CARD)
2. Ministry of Health /National Mather and Child Health Center
3. Ministry of Agriculture, Forestry and Fishery (MAFF)
4. Ministry of Labor and Vocational Training (MoLVT)
5. Ministry of Education, Youth and Sports (MoEYS)

UN Implementing Partners:

- 1- UNICEF
- 2- WHO
- 3- FAO
- 4- WFP
- 5- ILO
- 6- UNESCO

JP TWG: All the UN implementing agencies of the JP and government counterpart s (CARD and NNP).

Evaluation Reference Group: Members are similarly to the JPTWG but not all people from the JPTWG represent in this ERG.

Annex 4: Documents reviewed

Project Specific References

- CARD: Food Security Bulletins (Issue No.1, No.2 and No.3)
Curriculum for MSc in Nutrition
Joint Programme for Children, Food Security and Nutrition in Cambodia. 1st, 2nd and 3rd semester monitoring reports
MDG:F JP for Children, Food Security and Nutrition in Cambodia, 2010. Report on baseline study
MDG:F JP for Children, Food Security and Nutrition in Cambodia. Colour-coded Annual Workplans
MDG:F JP for Children, Food Security and Nutrition in Cambodia. JP Technical Team Meeting minutes
MDG:F JP for Children, Food Security and Nutrition in Cambodia. PMC meeting minutes 2010 and 2011
MDG:F JP for Children, Food Security and Nutrition, 2011. Drafted Family Nutrition Hand Book
MDG:F JP for Children, Food Security and Nutrition, 2011. The challenges and lesson learned of MDG JP (internal review document)
MDG:F JP for Children, Food Security and Nutrition, 2011. The Drafted Media Handbook by UNESCO
MDG-F Project document for 'Joint Programme for Children, Food Security and Nutrition in Cambodia' including the results framework and M&E framework
MDG-F. Terms of reference for the mid-term evaluation of children food security and nutrition JPs
Mission reports from the Secretariat
National Nutrition Programme, 2011. National Interim Guidelines for the Management of Acute Malnutrition
National Policy and Guidelines for Micronutrient Supplementation to prevent and Control Deficiencies in Cambodia
NNP/NMCHC, 2010: National Communication Strategy and IEC/BCC materials to Promote the Use of Iron/Folic Acid (IFA) Supplementation for Pregnant and Post Partum Women and IEC/BCC materials
Skau J, 2010. Women Working in Factories and Maternal Health - Focus on the Nutrition Component
Walsh A, February 2010. Assessment of the Initial Implementation for the Management of Acute Malnutrition, Kampong Speu. Valid International

General References

- Boase B. August 2010. Mid-Term Evaluation of the MDG-F Cambodia Creative Industries Support Programme
CARD, 2008. Strategic Framework for Food Security and Nutrition in Cambodia 2008-2012
MDG-F. 2007. UNDP/Spain MDG Achievement Fund; Framework document
MDG-F. 2009. Advocacy and Partnership: Guidance note for elaborating advocacy action plans
MDG-F. 2009. MDG-F Advocacy and Communication Strategy
MDG-F. Joint implementation guidelines
MDG-F. Monitoring and evaluation strategy

MDG-F. Summary for M&E frameworks and common indicators
 MDG-F. Thematic indicators for the Children, Food Security and Nutrition window
 RBMB/VBNK. December 2010. The Evaluation of the Paris Declaration, Final
 Report, Cambodia Country Study Report
 UN, 2010. United Nations Development Assistance Framework 2011-2015
 UNDP, Phnom Penh, September 19, 2010. Current Status of Cambodian Millennium
 Development Goals (draft)
 Wood, B; Betts, J; Etta, F; Gayfer, J; Kabell, D; Ngwira, N; Sagasti, F;
 Samaranayake, M. The Evaluation of the Paris Declaration, Final Report,
 Copenhagen, May 2011

Annex 5: Provincial Coordinator’s ToRs

Summary ToR of MDG JP Provincial Programme Coordinator

PURPOSE OF THE ASSIGNMENT:

The main purpose of this assignment is to support coordination and implementation of the Joint Programme for Children, Food Security, and Nutrition in Cambodia at the provincial level, including coordination of involved government ministries, UN agencies, and implementing partners.

Work Assignments/TOR:

Under the authority of the UNICEF-MDG lead agency in Cambodia and under direct supervision of the UNICEF Nutrition Specialist, the JP Provincial Programme Coordinator has the following duties

- Based on the annual work plan of the JP prepare a provincial operational plan
- At the end of Year 1 prepare a provincial operational plan for Year 2 based on achieved work and the overall JP work plan
- Support sub-national partners (Health, Education, Labour and Agriculture) to ensure JP activities reflect their priorities, work plans and annual budgets
- Participate with relevant national level activities through meetings, capacity building and exchange of activities. (JPTWG, PMC, FSN TWG....)
- Networking with relevant provincial offices and local authorities through meeting, workshop and exchange of activities (Health TWG, PCC TWG, CWCC...)
- Support sub-national partners to ensure they work together to deliver the programme, in compliance with the work plan;
- To advise the National Programme Coordinator (NPC) on the implementation of the joint programme and to make recommendations on substantive issues;
- To establish and maintain effective coordination mechanisms (PCC) in the respective province by supporting meetings, workshops, and communication

- campaigns, including organizing quarterly meetings between provincial implementers and the JP TWG, and facilitating joint monitoring activities
- To support all provincial partners implementation of the JP activities of direct technical assistance to operations planning as appropriate.
 - To function as the liaison between the six UN agencies and its partners and the four provincial implementers of JP activities, including seeking UN support to provide technical assistance to implementers when necessary.
 - To facilitate resolution of disputes among partners at the sub-national level and to troubleshoot obstacles to timely implementation
 - Coordinate and share information/experience with the other PPC.
 - Increase the knowledge of sub-national stakeholders on joint programme activities, the need for them and the expected benefits
 - Ad hoc supports for development partners work outside JP framework (World Bank, FAO & UNICEF) through coordination support, programme review and evaluation.
 - Work collaboratively with citizen groups fostering their active participation in programme management, implementation, monitoring, and evaluation
 - Day-to-day communication through email and telephone with UN agencies and its partners and sub-national implementing partners.
 - Join monitoring and supervision visits with sub-national partners, the six UN agencies and its partners for different ground level implementation activities (Health, Education, Labour, Agriculture and NGO of UN partner) for a fix and open schedule basis.
 - To share that corrective actions are taken as a result of Monitoring and Supervision findings;
 - To ensure transparency of the M&E process by disseminating information to partners and relevant stakeholders, including citizens
 - To identify lessons learnt and report these to the national JP TWG and sub-national TWG
 - To collect and compile monitoring reports from implementing partners to the National Programme Coordinator (quarterly and bi-annual)
 - Support the NPC in preparing quarterly updates of the annual workplan
 - To prepare current monthly progress report and workplan for following month to direct line supervisor