Thematic Window on Children, Food Security and Nutrition
UN Country Team in Cambodia
Concept Note
Submitted 5 November 2008

I. 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.

II. Background and Rationale

Malnutrition is a contributing factor to 35% of the 10 million under-five deaths in the world each year. Cambodia is among the countries with the highest burden of maternal and child undernutrition in the world. In the 0-5 age group, 44% are chronically malnourished (stunted), 28% underweight and 8% acutely malnourished (wasted) (CDHS 2005). Despite good progress over the last decade in reducing the number of child deaths, Cambodia has one of the highest child mortality rates in the region. The national under-five mortality rate of 83 per 1000 live births equates to more than 30 000 deaths per year.

Exclusive breastfeeding is the most important protective factor during the first six months of a child's life. Although the average exclusive breastfeeding rate is as high as 60% in Cambodia in the 0-6 month age group, only 20% of infants are still exclusively breastfed when they reach six months of age. More than half of the breastfed infants receive pre-lacteal feeds increasing the risk of life-threatening infections (CDHS 2005). Complementary feeding practices in Cambodia are inadequate in frequency, amounts and nutrient content and result in high malnutrition rates at a very early age. The CDHS 2005 shows that less than half of children aged 6-24 months receive adequate feeding according to the recommended infant and young child feeding practices. Poor hygiene and sanitation lead to frequent episodes of diarrhoea, another important risk factor for malnutrition. A substantial body of evidence

suggests that interventions to improve early initiation and exclusive breastfeeding and complementary feeding, when implemented at scale, will have a significant impact on reducing undernutrition and under-5 mortality (Lancet 2008; UN Standing Committee on Nutrition 2008).

A comparison of Cambodia Demographic and Health Survey data from 2000 and 2005 reveals that there has been no substantial improvement in the nutrition status of women of child-bearing age. One in five women aged 15-49 years are chronically energy deficient with a body-mass-index of less than 18.5 kg/m². Malnourished women are at increased risk of dying during and after childbirth and their babies are at increased risk of intra-uterine growth retardation and developmental delays. The consequences of chronic malnutrition are carried across generations. A low birth weight baby girl of a stunted mother is less likely to grow to her full potential and she will be at increased risk of complications when she herself gives birth. Maternal mortality in Cambodia remains high and essentially unchanged over the last decade at 472 deaths per 100,000 live births (CDHS 2005).

The food price crisis has had a significant impact on poor households in Cambodia and could have devastating consequences on the nutritional status of the most vulnerable. A survey in July 2008 found that 1.7 million Cambodians experience food insecurity as an effect of the high food prices; That number is expected to increase to 2.8 million during the "lean season" (CDRI 2008) . Households have adopted harmful coping strategies such as cutting back food consumption, replacing micronutrient rich foods with staples, selling household and agricultural assets, and increasing loan depth. This will have long term negative consequences for nutrition, health, child development and food security (Klotz C et al. 2008).

There are several key government policies and strategies aimed at improving maternal and child health, nutrition and food security. The Health Strategic Plan for 2008-2015 re-confirms Cambodia's efforts to improve the health of women and children. The first National Nutrition Strategy (2008-2015) emphasizes the strengthening of cross-sectoral collaboration in order to reduce the persistently high maternal and child undernutrition rates. Four out of the 12 Scorecard interventions of the Cambodia Child Survival Strategy focus on improving the nutritional status of children. Similarly, the national multi-sectoral policy on Early Childhood Care and Development (ECCD) recognizes that malnourished children experience impeded cognitive development, perform less well in school and are more likely to be found in the lowest socio-economic quintile as adults. Furthermore, the Strategic Framework for Food Security and Nutrition (2008-2012) provides guidelines for the design and planning of programmes and projects for improved food security and nutrition. The United Nations Development Assistance Framework (UNDAF) for Cambodia 2006-10 sets out the objectives to improve health, nutrition and education for rural poor and vulnerable groups, as well as improving livelihoods and food security in general through agriculture and rural development activities.

In line with the visions expressed in the documents listed above, the MDG-F Joint Programme seeks to reduce mortality, hunger and undernutrition among the most vulnerable through the strengthening and scaling up of existing nutrition, maternal and child health interventions. In addition, the Joint Programme will strengthen the implementation of existing 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 comprehensive intervention packages.

III. Joint Programme Results (Also see Appendix A: Results Framework)

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.

In line with the first outcome to promote integrated approaches for alleviating child hunger and under-nutrition, 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.

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.

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.

Please see Appendix A for the detailed Joint Programme Results Framework.

IV. Joint Programme Design and Implementation Plan

A three-year, integrated behaviour change communication (BCC) campaign will be designed to promote a set of interventions with proven effectiveness in reducing maternal and child under-nutrition: early and exclusive breastfeeding, continued breastfeeding up to two years of age, adequate complementary feeding, micronutrient supplementation and improved food intake for pregnant and lactating women. The National Centre for Health Promotion (NCHP) will plan and coordinate the BCC campaign based on the principles of the COMBI approach with technical assistance from WHO and UNICEF. Key messages for achieving the desired behavioural changes will be identified based on published scientific evidence, consultations with relevant programmes and experts, and the information from focus group discussions. Development and implementation of the mass-media components of the BCC campaign will be contracted to NGOs and private partners with validated

strong track record on delivering behaviour change interventions through TV, radio, printed media and infotainment, including theatre and music. Monitoring and evaluation of the impact of the BCC campaign will be built into the implementation through the use of Knowledge, Attitude and Practice (KAP) surveys.

The mass media campaign will be designed and budgeted to achieve sustained nationwide coverage. The BCC messages will be delivered in a variety of formats ranging from traditional health information messages for informed choices to the delivery of messages through entertainment. Inter-active "Talk-back" shows will be used for local radio stations together with radio-drama. Mass media messages will be reinforced using multiple communication channels at the community level, including interpersonal communication during individual counselling sessions at health centres, group health education, household outreach by village health support groups, workplace dissemination and community mobilization events.

In addition, the Joint Programme will implement a comprehensive, integrated approach to food security and nutrition in two chronically food insecure provinces (Prey Veng and Kampong Speu), based on the integrated Food Security and Humanitarian Phase Classification (IPC) exercise and the latest High Food Prices study (IPC 2007; CDRI 2008). An integrated nutrition package for young children and women will be delivered in these two provinces. Households with malnourished children and/or pregnant and lactating women will receive food supplementation. Poor households will receive training on home food production (year-round homestead gardening, aquaculture and animal husbandry) and receive agricultural inputs (tools, seeds, fertilizers and starter kits).

The government of Cambodia has several key national policies and strategies that support a comprehensive approach to improving maternal and child health, nutrition, food security and agriculture. The Joint Programme seeks to strengthen and coordinate the implementation of these policies. Building upon these existing policies, the Joint Programme also seeks to advocate for new innovative policy initiatives, namely, the use of mid-upper arm circumstance (MUAC) measurements for screening for malnourished children; the management of moderate and severe malnutrition; and the universal micronutrient supplementation for children 6-12 months.

The Joint Programme will strengthen existing mechanisms to monitor and evaluate nutrition activities and build the capacity to conduct routine nutritional surveillance. In this regard, the Joint Programme, together with the Ministry of Planning (MOP), National Institute of Statistics (NIS) of the Ministry of Planning, and Ministry of Health (MOH), proposes the strengthening of the Health Information System (HIS), with a specific focus on quality and use of data. As part of the Joint Programme's policy initiatives universal MUAC screening for malnutrition will be incorporated into the revised HIS. In addition, the

Joint Programme will support the efforts of the Ministry of Planning to establish a national Nutrition Surveillance System. As part of this effort, the Joint Programme will strengthen the analytic capacity of the staff at MOP, NIS and MOH in the area of nutritional surveillance. The capacity building will be delivered through training, workshops and hands-on training during the conduct of household surveys and KAP studies. Both initiatives will form an integral part of monitoring and evaluation of the MDG-F Joint Programme to assess the effectiveness of its interventions.

Each of the three outcome areas of the Joint Programme will build upon and coordinate a variety of on-going child health and nutrition promotion activities by the government of Cambodia, NGOs and UN organizations. Coordination of the Joint Programme activities among the six UN organizations and national partners will be as follows:

WHO, in cooperation with the Ministry of Health, National Maternal Child Health Centre, National Nutrition Programme and Child Survival Management Committee, will coordinate the development and adoption of new policies and support of the implementation of strategies aimed at improving maternal and child nutrition. WHO will support the development and monitoring of the package of evidence-based, cost effective interventions to be delivered in the two targeted provinces based on the Cambodia Child Survival Strategy, peer-reviewed evidence-based recommendations and advice from internationally recognized institutions. In conjunction with the Ministry of Health, Department of Planning, WHO will further develop capacity of the Health Information System staff at national and sub-national level in collecting, reporting, analyzing and using health data. In cooperation with UNICEF, WHO will also contribute to the planning and development of the BCC campaigns.

UNICEF, in cooperation with the Ministry of Health National Centre for Health Promotion and National Nutrition Programme, will develop a comprehensive nationwide BCC plan for improving infant and young feeding practices in consultation with other relevant MOH departments and programmes and with technical assistance from WHO, UNESCO and WFP. The BCC plan will incorporate already existing communication tools and mass-media product as well as BCC interventions already planned or under development. This will include the scaling up of existing BCC campaigns on breastfeeding, antenatal care, and Vitamin A supplementation. UNICEF will coordinate the implementation of interpersonal communication through health centers, schools, established BFCI villages, MCH Project villages (WFP), community learning centers (UNESCO), farmer field schools (FAO) and the Better Factories Cambodia Programme (ILO). In the two selected provinces and in coordination with MOH, FAO, WFP, ILO and UNESCO, UNICEF will support the implementation of the integrated package developed by WHO. UNICEF will also support the MOH in revision of the HIS to reflect malnutrition policy, improving the quality of the HIS by contributing to on-going revisions and strengthening the government capacity to

use and report nutrition information at all levels, as well as establish a connection between the HIS and NIS to provide data for nutrition surveillance.

ILO, in conjunction with the Ministry of Labour, CAMFEBA and trade unions, will build on the Better Factories Cambodia programme to reach women in garment factory and hotel sectors and improve work conditions. This programme creates a supportive and enabling environment in which workplace policies and educational events can reinforce BCC messages through the workplace. Policies that enable working women to leave for a period before and after birth are vitally important for the health of the mother and infant and for establishing breastfeeding practices that are essential to child health and nutrition. Upon return to work, supports for breastfeeding, such as nursing breaks, nursing facilities and advice, can be extremely helpful for enabling breastfeeding through the minimum 6 month period suggested by the WHO. Enhancing women's ability to return to work without giving up breastfeeding can help promote better child nutrition and health.

WFP, in conjunction with the National Maternal Child Health Centre (NMCH) and NGO cooperating partners, will reinforce BCC messages through the ongoing Support for Mother and Child Health (MCH) Project, which provides targeted food assistance, along with complementary health and nutrition counseling, to pregnant and lactating women, children 6-24 months and mothers of children 6-24 months in chronically food insecure provinces. Mother support groups from established baby-friendly communities and village health volunteers will incorporate BCC messages into one-on-one and group counseling sessions during community and household outreach efforts. In addition, as part of the comprehensive approach to food security and nutrition, WFP will scale up the MCH Project to cover the two targeted chronically food insecure provinces.

UNESCO, in cooperation with the Ministry of Education, Youth and Sport and Ministry of Information, will use non-formal education venues and media channels to disseminate BCC messages. UNESCO will enhance and expand the network of community learning centers (CLCs), which provide a forum for non-formal education and cultural services and have been effective in the past at reducing barriers to participation in community mobilization. Fifteen new community learning centers will be created in the two target provinces (Kampong Speu and Prey Veng) and the existing 6 CLCs in these two provinces will be enhanced to be fully operational. Non-formal education and training programmes will be organized in the CLCs for district and commune officials, local health center staff, village health support groups, and parents and other caregivers on early childhood education and care, health, food security and other agricultural and vocational skills. CLCs also provide a venue for community mobilization events, such as community theatre, song competitions and other arts.

In addition, UNESCO has broad experience working closely with media agencies, clubs and associations of journalists in Cambodia, as well as collaborating with the Ministry of Information (MoI), the Cambodia Communication Institute (CCI), the Department of Media and Communications (DMC), and Media Training Center (MTC), with 1,150 working journalist members. UNESCO will encourage the MoI and the networks of media professionals to establish collaborative actions to enhance and expand the dissemination and understanding (at nationwide and grassroots levels) of the BCC messages.

FAO, with the cooperation of Ministry of Agriculture, Forestry and Fisheries, will reinforce BCC messages through Farmer's Field Schools, an effective venue to reach vulnerable households involved in small-scale agricultural production. As part of the comprehensive package of food security and nutrition interventions, the Farmer Field Schools will also be the venue for conducting training on home food production (year-round homestead gardening, animal husbandry and aquaculture) and appropriate nutrition education and providing agricultural inputs (tools, seeds, fertilizers and starter kits) to trained households.

V. Monitoring and Evaluation

Monitoring will be on-going as part of the interventions being implemented. Monthly data collection will be carried out by the relevant staff supporting implementation of the stated activities. In consultations with all stakeholders, outcome measurement frequency will be decided and implemented. Secondary data sources and primary data sources will be extensively analyzed and interpreted to demonstrate progress and achievement of the expected results. Training and capacity building in monitoring implementation, data collection, analysis and reporting will be part of the monitoring and evaluation process. Annual or semi-annual meetings and workshops will also be held as needed to share the monitoring and evaluation results. Please see the Joint Programme Results Framework for the complete set of outcomes, outputs and indicative activities.

The indicators to measure the impact of the Joint Programme outcomes in reducing child and maternal undernutrition are as follows: Decrease percentage of children under 5 with under weight (<-2 SD); Decrease percentage of children under 5 with wasting (<-2 SD); Decrease percentage of children under 5 with stunting (<-2 SD); Decrease percentage of children with anaemia; Decrease percentage of women of reproductive age with low BMI; Increase the percentage of women gaining 7 kg or more during their pregnancy; Decrease percentage of pregnant women with anaemia; Decrease percentage of women of reproductive age with anaemia; and Decrease percentage of pregnant women with night blindness.

The methodology for the measurement of outcomes 1.1 and 1.2 include the following: Maternal, Newborn and Child Health Household Surveys (Baseline & Endline), KAP Survey (Baseline & Endline), Cambodian Demographic Health Survey 2010 (2015), Anthropometric Surveys 2010, 2011, 2012, SES Survey 2009; Impact of High Food Prices Survey; Annual audience tracking survey reports; Participant evaluations; Household monitoring visits; Monthly food distribution reports; Monthly food consumption monitoring reports; and Quarterly and annual activity reports. The methodology for the measurement of outcomes 2.1, 2.2, 3.1 and 3.2 are relevant line ministry and UN agency quarterly and annual progress reports.

VI. Institutional Arrangements and Management Plan

The participating UN organizations in the proposed MDG-F Joint Programme for Children, Food Security and Nutrition in Cambodia are UNICEF, WHO, FAO, WFP, UNESCO and ILO.

UNICEF has extensive expertise in the field of child health and nutrition, collaborating with the Ministry of Health, National Centre for Health Promotion and National Nutrition Programme on behavior change communication activities, the development of an integrated package of nutrition services for children and women, strengthening outreach for integrating screening for undernutrition and counseling for nutrition; training of volunteers on nutrition-related issues; and strengthening of nutrition monitoring systems. UNICEF's budget expenditure over the past two years was approximately US $44 million.

WHO has collaborated extensively with and provided technical assistance to the Ministry of Health, National Maternal Child Health Centre, National Nutrition Programme and Child Survival Management Committee in the areas of maternal health and child survival. WHO's budget expenditure over the past two years was US $14 million.

FAO, in collaboration with the Ministry of Agriculture, Forestry and Fisheries, has supported several key food security programmes in Cambodia, including the Special Programme for Food Security (SPFS), related SPFS programmes, Food Security Policy for Poverty Eradication, Off-farm Income Generation for Food Security, and Support to Smallholders Livestock. In the past two years FAO's budget was US $6.7 million.

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

budget expenditure for the MCH Project over the past two years was US $5.2 million, while WFP's total budget expenditure for all food assistance activities over the past two years was US $52 million.

UNESCO, in collaboration with the government, NGOs and the other UN agencies, has supported the formulation of Cambodia's early childhood care and education (ECCD) policy. UNESCO also supports the non-formal education system through community learning centers and literacy classes for difficult-to-reach adult and youth populations in rural and remote areas. In the past two years, UNESCO has contributed approximately US $400,000 for education programmes in Cambodia.

ILO has been operating the Better Factories Cambodia programme with an annual budget of US $1.4 million to improve working conditions in the garment industry for a workforce that is over 90% female. ILO has also collaborated with WHO and UNICEF to promote the social protection of women and children and to eliminate child labour in Cambodia.

The Ministry of Health (MoH) will be the lead executing agency for the technical components of the Joint Programme. Relevant MoH departments, namely, the National Centre for Health Promotion (NCHP), the National Nutrition Programme (NNP), and National Maternal Child Health Centre (NMCH), will provide technical input and coordination on the BCC campaign, the comprehensive integrated package of nutrition and food security interventions, and nutrition related policy initiatives. Other ministries, including the Ministry of Education, Youth & Sports, Ministry of Agriculture, Forestry & Fisheries, Ministry of Labour, and Ministry of Information will ensure technical support to relevant programme and policy formulation and implementation activities. The National Institute of Statistics (NIS) of the Ministry of Planning and Department of Planning of the Ministry of Health will be the key partners in strengthening monitoring systems. The Council for Agriculture and Rural Development (CARD), the coordinating body for food security and nutrition activities of the Royal Government of Cambodia, will also provide technical support on the implementation of food security programmes, policies and activities.

A National Steering Committee (NSC) will be established to provide oversight and guidance to the programme. The NSC will consist of the UN Resident Coordinator (chair), a representative from the Embassy of Spain, and a representative from the Royal Government of Cambodia from non implementing parties – The Council for the Development of Cambodia/Cambodia Rehabilitation and Development Bureau (CDC/CRDB).

A Programme Management Committee (PMC) is the main mechanism for operational coordination and will consist of a representative of the Office of the UN Resident Coordinator, a representative of the involved UN agencies and Line Ministries. The PMC is chaired by the UN Resident Coordinator or his/her representative. Programme management will link to the UN Country Team and will be

incorporated within the annual UNDAF monitoring cycle. The programme's implementation will also be reported to the government donor technical working groups for food security and nutrition, health and education.

All outputs will be managed by the relevant UN agency as outlined in the programme results framework. A designated programme coordinator for each agency will be responsible for day to day coordination of programme activities and preparation of consolidated progress reports.

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Capabilities Statements

FAO, as one of the oldest UN agencies in Cambodia, has been working in the field of food security to address the issues of hunger and undernutrition. The primary objective of its programmes is to ensure the sustainability of agricultural development and positive impact on food security, nutrition and the health of the local population. FAO is actively involved in six provinces in Cambodia, namely, Kampot, Takeo, Pursat, Siem Reap, Kampong Thom and Kampong Cham. Most of FAO's programmes are aimed at improving food security and resulting in the improved nutritional well-being of the population. FAO has also implemented the "Women, Irrigation and Nutrition (WIN)" project in Cambodia to address the nutrition issues of vulnerable groups, such as pregnant women and lactating mothers. FAO is co-facilitator of the Technical Working Group on Agriculture and Water and promotes food-based approaches to achieving household food and nutrition security.

ILO has nearly a decade of experience working on improvement in safety, health and working conditions in the workplace in Cambodia, with a strong focus on workers in the garment, agriculture and construction sectors. ILO has on-going programmes providing advisory services, information and training on occupational safety and health, safe motherhood, maternity protection and HIV/AIDS workplace education. The current *Better Factories Cambodia* (BFC) programme operates with an annual budget of 1.4 million USD focusing on improvements of working conditions and productivity in the garment industry. Maternity protection addressing the needs for occupational health and safety, safe motherhood, leave, breastfeeding and economic security during and after pregnancy are an integral part of the BFC operations. ILO's key partners in this field are the Ministry of Labour and Vocational Training, Ministry of Women Affairs, Cambodian Federation of Employers and Business Associations, and National Federations of Trade Unions.

UNESCO has extensive and close cooperation with the Ministry of Education, Youth and Sport, as well as the Ministry of Information, the institutes, the NGOs and the other UN agencies in supporting Cambodia's early childhood care and development (ECCD) in its policy and standard formulation. The National ECCD Policy has been revised in 2008 to be implemented. In the past decade, UNESCO has also assisted the country to draw upon the global and regional resources for the innovative concepts, practices, and lessons learnt on ECCD. UNESCO has also assisted the country in developing its non-formal education system to reach out to the populations which are difficult to reach through the formal education system. Community Learning Centers (CLCs) have proved to serve the needs of the rural community by providing knowledge and skills through practical vocational trainings.

UNICEF has over 50 years of experience in Cambodia. It has a team of 20 professionals working on health and nutrition at the national level and in six focus provinces. This team is supported by Regional

Advisors and a team of nutrition experts at Head Quarters. Participation in the Health Sector Support Programme allows UNICEF to bring evidence from the global, national, and sub-national level to influence policy making and resource allocation to priority areas. Through its partnerships at national and sub-national level, UNICEF facilitates the development and testing of models of service delivery that can influence national policy development processes and be applied nationwide. Main areas of cooperation in nutrition in Cambodia currently include BFHI, BFCI, micronutrients supplementation, surveillance and monitoring and BCC. In the next two years, UNICEF will expand its support to maternal nutrition, infant and child feeding, as recommended by the recent Country Programme review with Government.

The World Food Programme (WFP) has almost 30 years of experience delivering food assistance to food insecure households in Cambodia. Among UN agencies, WFP has the largest field presence, with a network of sub-offices and warehouses that cover all 24 provinces and offer extensive logistical and monitoring capacity. Currently, WFP, in conjunction with the government and NGO partners, is implementing the Support for Mother and Child Health (MCH) Project, which provides food assistance, along with complimentary health and nutrition counselling, to pregnant and lactating women, children 6-24 months and mothers of children 0-24 months in four high chronically food insecure provinces. In addition, WFP co-chairs the Technical Working Group on Food Security and Nutrition and has extensive experience in monitoring food security, most recently leading the Integrated Food Security and Humanitarian Phase Classification (IPC) exercise (2007) and the Impact of High Food Prices in Cambodia study (2008).

The World Health Organization (WHO) has provided technical assistance to the Ministry of Health (MoH) for over 35 years. WHO's mission in Cambodia is to support the government and people of Cambodia to achieve its health development goals, in particular by facilitating a proactive policy dialogue among all stakeholders towards strengthening sector-wide management in health, while maintaining sound technical assistance in areas jointly identified as health priorities. WHO, therefore, focuses their technical assistance in areas towards the attainment of the health-related Millennium Development Goals, such as preventing and treating communicable diseases and chronic disease. The strengthening of health systems is a high priority for WHO, including the provision of adequate numbers of appropriately trained staff, sufficient financing, suitable systems for collecting vital statistics, and access to appropriate technology, including essential drugs. WHO, together with the MoH and other development partners, have continued their commitment to maternal health and child survival in making them a top priority for action.

Appendix A **Joint Programme Results Framework**

Expected UNDAF Outcome(s):	• *Improve health, nutritional and education status and gender equity of rural poor and vulnerable groups* • *Agriculture and rural development activities have improved livelihoods and food security, as well as reinforcing the economic and social rights of the most vulnerable in targeted rural areas*

Joint Programme Outcomes[1]	Outputs (by agency)	Budget (by agency)	Indicative activities (by agency)	National and local partners
1.1 Improved infant and young child feeding practices ▪ Increase the percentage of children aged 0 – 6 months who are exclusively breastfed ▪ Increase the percentage of newborn babies who are breastfed within one hour after birth ▪ Decrease the percentage of infants who receive pre-lacteal feeds ▪ Increase the percentage of infants and young children who receive appropriate (frequency, quantity and composition) complementary food between the ages of 6 – 24 months ▪ Increase percentage of breastfed children 6-8m receiving semi-solid foods	▪ Behavior Change Communication (BCC) strategy developed and finalized (UNICEF, WHO) ▪ BCC mass-media campaign developed and implemented nationwide (UNICEF,WHO) ▪ BCC training materials developed, evaluated and reproduced (UNICEF,WHO) ▪ Village Health Support Groups and other community communicators trained in BCC throughout the country (UNICEF,WHO, FAO, WFP, UNESCO, ILO) ▪ Community mobilization events launched nationwide (UNICEF,WHO, FAO, WFP, UNESCO, ILO)	$2,300,000 UNICEF $220,000 WHO $200,000 WFP $150,000 FAO $200,000 ILO $200,000 UNESCO	1. Finalize Behavior Change Communication plan (UNICEF, WHO) 2. Conduct mass media campaign via TV, radio and print media (UNICEF) 3. Conduct # of BCC trainings (UNICEF,WHO, FAO, WFP, UNESCO, ILO) 4. Train # of participants (UNICEF,WHO, FAO, WFP, UNESCO, ILO) 5. Conduct # of BCC-related outreach visits (UNICEF,WHO, FAO, WFP, UNESCO, ILO) 6. Hold # of community mobilization events (UNICEF,WHO, FAO, WFP, UNESCO, ILO) 7. # of audience members participating in community mobilization events (UNICEF,WHO, FAO, WFP, UNESCO, ILO)	MoH, MoEYS, MAFF, MoL, MoI, MoP, NMCH, NNP, NCHP, NGOs, CAMFEBA, Trade Unions

[1] Text in bold are outcome statements, followed by bulleted performance indicators for Outcomes 1.1 and 1.2.

1.2 Integrated comprehensive package of interventions delivered with high coverage in two food-insecure provinces ▪ Increase deworming coverage of children and pregnant and lactating women ▪ Increase the percentage of children receiving treatment (ORS & zinc) for diarrhoea ▪ Increase the percentage of post partum women receiving Vitamin A supplementation ▪ Increase the percentage of children 6-59 months receiving Vitamin A supplementation ▪ Increase the percentage of pregnant women receiving iron/folate supplementation ▪ Increased production of crops, fish and small livestock by trained households ▪ Increased proportion of households consuming micro-nutrient rich foods through home production ▪ Reduced proportion of households with poor or borderline food consumption	▪ Implementation plan developed and operationalized (WHO, UNICEF, FAO, WFP, UNESCO, ILO) ▪ Planned coverage achieved (UNICEF,WHO, FAO, WFP, UNESCO, ILO)	$1,000,000 UNICEF $550,000 WHO $2,200,000 WFP $1,200,000 FAO $480,000 ILO $600,000 UNESCO	1. Distribute micronutrient supplementation to # of children 6-12 months (UNICEF, WHO) 2. Train # of referral hospitals in the management of severe malnutrition (WHO) 3. Treat # of severely malnourished children at hospital (WHO) 4. Train # of Health Centres on the use of MUAC and distribution of Sprinkles (WHO, UNICEF) 5. Distribute food supplementation to # of pregnant and lactating women and young children (WFP) 6. Conduct # of nutrition counseling sessions through health centers and outreach visits (UNICEF, WFP, FAO) 7. Hold # of trainings and education programmes promoting BCC at CLCs and through the workplace (UNESCO, ILO) 8. Train # of households on home-production (homestead gardening, animal husbandry and aquaculture) (FAO) 9. Distribute # of agricultural inputs (tools, seeds, fertilizers, and starter kits) to trained households (FAO)	MoH, MoEYS, MAFF, MoL, MoI, MoP, NMCH, NNP, NCHP, NGOs, CAMFEBA, Trade Unions
2.1 Existing nutrition, food security and agricultural policies (IYCF, ECCD, SAW, FSN SF, Vitamin A, Iron/Folate, Sub-	▪ Current implementation status of relevant policies reviewed and gaps identified (UNICEF,WHO,	$50,000 UNICEF	1. Complete report on the implementation status of current policies (WHO, UNICEF, WFP, FAO)	MoH, MoEYS, MAFF, MoL,

decree on Marketing of products for IYCF, BCC) strengthened and implemented	FAO, WFP, UNESCO, ILO) ▪ Relevant line ministries strengthen their policy implementation in collaboration with the Joint Programme (UNICEF,WHO, FAO, WFP, UNESCO, ILO)	$75,000 WHO $50,000 WFP $25,000 FAO $25,000 UNESCO	2. Develop and circulate policy implementation guidelines (WHO, UNICEF, WFP, FAO) 3. Train # of relevant ministry staff on policy implementation guidelines (WHO, UNICEF, WFP, FAO) 4. Convene intersectoral, inter-ministerial and technical working group meetings (UNICEF,WHO, FAO, WFP, UNESCO, ILO) 5. Convene sub-national meetings (UNICEF,WHO, FAO, WFP, UNESCO, ILO)	MoI, MoP, NMCH, NNP, NCHP, CARD, TWG-H, TWG-FSN TWG-Ed
2.2 New policies developed and adopted	▪ Policy for using MUAC for screening to identify malnourished children and mothers developed (WHO, UNICEF) ▪ Policy for the management of moderate and severe malnutrition developed (WHO, UNICEF) ▪ Training material and implementation plan for achieving universal coverage of management of moderate and severe malnutrition developed (WHO, UNICEF)	$75,000 UNICEF $150,000 WHO	1. Develop and finalize new policies (WHO, UNICEF) 2. # of new policies adopted (WHO, UNICEF) 3. # of new policies operationalized (WHO, UNICEF)	MoH, NMCH, NNP, NCHP, CARD, TWG-H, TWG-FSN

	▪ Policy for the universal micronutrient supplementation (i.e., sprinkles) children 6-12 months developed (UNICEF, WHO) ▪ Implementation and procurement plan for universal micronutrient supplementation developed and initiated. (UNICEF, WHO)			
3.1 National Nutrition Surveillance System established	▪ Support for the development and establishment of a nutrition surveillance system provided (UNICEF, WHO) ▪ Analytic capacity of the relevant staff at MoP, NIS and MoH enhanced in the area of nutritional surveillance (UNICEF, WHO)	$425,000 WHO $75,000 UNICEF	1. Produce Nutrition Surveillance reports (WHO, UNICEF) 2. Convene Nutrition Surveillance meetings with stakeholders (WHO, UNICEF) 3. Train relevant ministry staff in nutritional surveillance (WHO)	MoP, NIS, MoH, CARD
3.2 Health Information System (HIS) strengthened	▪ HIS revised to improve the quality and use of data (WHO, UNICEF) ▪ Universal MUAC screening for malnutrition incorporated into HIS (WHO, UNICEF) ▪ Capacity of HIS staff at national and sub-national level enhanced to collect, analyze, report and use HIS data. (WHO)	$75,000 UNICEF $150,000 WHO	1. Train # of staff in HIS data analysis and reporting (UNICEF, WHO) 2. Convene meetings with stakeholders to discuss HIS data (UNICEF, WHO) 3. # of recommended revisions adopted by HIS (UNICEF, WHO)	MoP, NIS, MoH