Joint Programme for Children, Food Security and Nutrition in Cambodia

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Summary Challenges and Lesson Learned at the National Level

Categories	Challenges	Lesson Learned
General Issues	1. Delay in the implementation and expansion of some interventions/activities due to insufficient time for the development and field test of new guidelines/strategies and training and IEC/BCC materials. Consequently, some targets set for the JP might not be reached. 2. The three year JP is might be too short to see the impact on behaviour change that leads to improved health and nutritional status of target beneficiaries, especially for those new interventions/programmes, e.g. Management of Acute Malnutrition, Multiple Micronutrient Powders (MNPs), and Complementary Feeding Campaign. These interventions either have not been implemented or implemented in very small scales	
Multi Sectoral Coordination/ Collaboration and Team Work	1. Coordination- Implementation guidelines create project structure for coordination. This undermines government coordination efforts and duplicates coordination efforts. 2. UN agencies adopting a programme based approach and those working on projects have a difficult time working together 3. There are a few enterprises that do not want to cooperate with Labour Departments to conduct the workshops/trainings and do not allow the labour inspectors to take pictures during inspection visits on	1. A multisectoral data analysis team was formed under a high level council (CARD) to ensure that regularly collected data is used. Instead of setting up a vertical, temporary surveillance system, the analysis team has focused on analysing regular national household surveys and administrative statistics. In addition to FSN bulletins and reports, increasing the use of data has led to identification of information gaps. Partners are now supporting quality improvement of administrative data. The data analysis team approach has led to increased use

	occupational safety and health; 4. It has been since in the first year of implementation that it was not convenient to invite representatives from each enterprise to take part in a joint training on a repeated basis of training; 5. Some management always think of productivity rather than allowing a group of 20 to 30 workers to take part in the training on occupational safety and health and reproductive health and breast milk expressing ; 6. Some level of work participants/enterprise's representatives do not have levels of authority to decide in the yearly work planning; 7. Lack of commitment from factory management to implement the agreed action plan for example showing TV and radio spots on maternal and child health during lunch time; 8. Some government staff assigned by ministries for the FSNDAT were not involved previously in data management and analysis, which has made access to data difficult in some cases 9. Motivation and capacity to participate actively in analysis and production of the quarterly bulletin is limited in some cases 10. Among 3 produced bulletins, only one produced in 2010 as FSNDAT creation was delayed 11. FSN bulletin is not yet published in Khmer as current version of the bulletin is in English. Translation from English to Khmer is important and requires additional commitment from FSNDAT members. New system to draft Bulletin #4 in Khmer during the preparation and analysis phase will be piloted in Q3 2011. 12. Sustainability of the FSNDAT and production of FSN bulletin are still a concern if current technical and financial support does not continue. 13. Delay in (1) updating Food Security Atlas and (2) SAE of poverty and malnutrition due to late official release of	of data in a coordinated manner, better dialogue between sectors, and quality improvement of data. The next step is to turn the information into action. 2. Through collaboration with the two provincial labour departments of Svay Rieng and Kampong Speu and training provided, ILO BFC is keen to expand the capacity building for MoLVT labour officials in the areas of cycle of labour inspection, cycle of labour dispute resolution, and occupational safety and health to the wider group of labour officials from both ministerial and other provincial levels; 3. The Joint Programme has opened the door of different provincial departments such as Department of Health, Department of Information and Department of Labour closely collaborated together to contribute to the achievement of joint programme outputs. These included the production of radio spot and radio roundtable discussion and the broadcast of radio spots. The Health Department joined hands with Labour Department in delivering training on maternity protection, safe motherhood, and importance of breastfeeding; 4. The Joint Programme provided trust and relationship building between Labour Department and Health Department in reaching out the female garment workers at reproductive age on addressing maternal and child health issues through the joint training and most of the enterprise management contribute to achieve MDGs related by giving time/place to accommodate the training on maternity protection, OSH, and behavioral change communication on breastfeeding, complementary feeding, and IFA as planned and presentation for quarterly report; 5. The Joint Programme greatly facilitates the coordination and collaboration of relevant UN agencies and government counterparts. WHO has worked closely with UNICEF and WFP and this is something we should

	the CSES2009/CDHS2010 14. Some provincial health department staff has a nutritional approach very medical: they pay mainly attention to the medical consequences/ aspects of malnutrition and have difficulty to understand the prevention aspect of the nutritional approach of the joint programme. 15. The same for some of the provincial department of agriculture staff who focus on the agricultural technical aspects, and they think less on the joint programme efforts. 16. Some health centers do not have precise data on the extent of malnutrition on their areas on the household and village levels for targeting the FFS. 17. The coordination and communication between implementing departments at the provincial level in Svay Reing shoe some progress though it still need further improvement on collaboration and communication.	continue to carry on our work in the areas of food security and nutrition --- working together to reach the same goal. 6. Keep contact and good relationship with key statisticians/data managers in line ministries and institutes, even though he/she is not a member of the FSNDAT team. This facilitates access to relevant data for the FSN bulletin. 7. Originally, it was proposed to organize a quarterly workshop for the FSNDAT outside Phnom Penh to motivate staff to produce the FSN bulletin. However, this is not practical, affordable or sustainable. Instead, a core team from CARD and WFP collect data from relevant institutions in advance, conduct preliminary data analysis, draft the bulletin and organize a workshop in Phnom Penh to discuss and get consensus with all FSNDAT members. This has proved to be the most productive and cost effective model, as evidenced by the regular production and the improvement in overall quality of the FSN bulletin in 2011. 8. Follow up closely PDA planning and implementation down to the level of practical details such as opening a correct bank account, opening or using an e-mail in their provincial office, ensuring a regular communication and useful information exchange between members of the partner focal team; 9. Make a reasonable arrangement with local partners about some operational costs such as transportation fees for agricultural inputs, PCC meeting budget, transportation fees for local partners implementing the project, follow-up fees on FFS set up.
Policy/ IEC Development and Implementation	1. Proposal limitations – Limited time of UN staff, lack of direction from government and reliance on external consultant for proposal finalization negatively affected the quality of the proposal. Context-specific, strategic	1. It is more effective when a gov't official (i.e. Dep. Governor) assigned someone to be a focal point to focus on FSN program in close coordination with POE and the office of the governor.

	direction is not clearly presented in the proposal. 2. Disconnect between proposal and early implementation – The consultant and most of the UN staff involved in proposal development are not directly involved in programme implementation; lack of continuity is inefficient and creates confusion in proposal interpretation. This is compounded with the hiring of project specific staff. 3. Delay in the approval of the National Committee on ECCD by the Council of Ministers to have the ECCD National Action Plan (NAP) become final and executory. 4. The ECD NAP was not achieved in accordance with the plan/set time frame. 5. Slow progress in the finalization of the ECD NAP development. 6. Not all enterprises have workplace policies on occupational safety and health which helps facilitating the show of TV and radio spots on maternal and child health, nutrition, breastfeeding, and complementary feeding and IFA supplementation during workplace. 7. Development of policy, guidelines, strategies and training materials is very time consuming as we have to go through a consultative and participatory process, so that all relevant stakeholders are in agreement and will support their future implementation. There are many policy, guidelines and training materials developed in the last one and a half year. 8. Implementation of some of these new policy and guidelines have been difficult, especially the management of acute malnutrition. Insufficient and limited capacity of health staff at all levels are a major constraint. Community involvement is important but with no incentives for their participation, it is difficult to sustain their interest and support. 9. Community-based interventions/activities are difficult to implement without ground support from NNG(s).	2. The ECD NAP approval may be expedited when there may be close follow-up done by involved UN head/ representatives. 3. There's a need to formulate a plan together with the Unit Head of relevant UN agency (i.e. UNESCO & UNICEF) in order to speed up the process of approval of NAP National Committee by the Council of Ministers. 4. Based on the commission of informative study on maternal health of garment working mother focussing on nutrition and the informative research on Workplace Policies/Regulations on Maternity Protection it reveals that a number of factories provided extended maternity leave more than 3 months required by law; 5. Through the application of Joint Programme, it has been obvious that management should not only focus on the working conditions without taking into considerations into the safety and health of their workplace. This is proved to the fact that management paid attention to the need for the establishment of committee on occupational safety and health at the workplace; 6. The Joint Programme has contributed greatly to the new policy development and implementation of new interventions/programmes, which helps catalyze the work with other health partners --- we start and then we can get more partners on board.

	10. There are not sufficient funds to develop and implement behavior change communications for new interventions, for example MNPs. The distribution of the supplements should not be done without proper education or communications. 11. The MDG-JP project started with new national strategy/policy/guidelines, new tools for implementation, monitoring, and evaluation, and new improved food products, all of which required a lot of time and human/financial resources for testing/piloting the initial implementation.	
Management of Acute Malnutrition	1. The programme was very attractive to beneficiaries in the beginning, but later the default rate is very high, and as time went on fewer cases were found, i.e., currently only 2 children are enrolled and receiving treatment in all 5 HCs. Contributing factors include (No incentive provided (it was cut) to HCs staff after the end of 2010, No more monthly meetings at the HC level between HC staff and VHSG and at OD level (due perhaps to no more fund support). We observed a drastic drop in beneficiaries Q4 2010 (445 children registered) to Q1 2011 (22 children registered), Some children don't like the flavor or taste of CSB++ and BP100, Parents, especially mothers, lack awareness of the programme and its importance, HHs are too poor & lack the means to travel to HCs, which is quite far from their homes and VHSGs who are based at the village level are not active in doing outreach/referral) 2. Currently, only children who are brought by their parents to HCs for other medical treatment are screened by HC staff for acute malnutrition. Many acutely malnourished children in the 5 HC coverage areas won't be reached if this passive system continues. 3. Incentive to support government staff and community volunteers/VHSG, mainly for capacity building, monitoring, and meeting, is required because the national	1. Implementing treatment of moderate acute malnutrition through the public health system leads to heavy caseload at the health center for an intervention that does not require specialized certification. 2. Implementing the treatment of severe acute malnutrition without revising IMCI gives conflicting protocol to health center staff. Successful implementation may not be possible without first ensuring that IMCI is functional as the recognition and appropriate treatment of infection is essential. 3. Community Mobilization was carried out to screen for acute malnutrition. Involvement of community volunteers, village leaders and local government led to ~95% of children being screened. After the public event, families of identified children were encouraged to seek treatment. Within days nearly all of the children came to the public health center for treatment. In a context where >80% of health expenditure is to the private sector this is a practice that could lead to higher coverage of other essential public health interventions. While the initial screening was successful, a lack of incentives has meant that screening has not continued in the community or at the health center. 4. It's hard to rely only on the existing structure of the

	budget allocated is still very limited, particularly for nutrition-related activities. 4. The programme is introduced in Cambodia, guideline and training materials are copied from other countries, which are not completely fitting the situation of Cambodia. Both guidelines and training materials require changing/modifying from time to time during implementation. This will take sometimes for expansion of the implementation in the two provinces as original planned.	government without providing any support on operational costs, because they are busy with many other activities and have no working means (incentive, transport) to do additional tasks. Also, awareness at the community level about the programme, and if possible, use of local food/products that are accepted by local people, should be considered 5. Shortage of government staff to coordinate and manage the project at national, sub-national and community levels, including human, financial, and technical capacity 6. It seems too early for handing over the overall responsibility to the government staff within 3-year implementation period based on above mentioned status. The role of NGOs in supporting implementation should be seriously considered and a feasible model developed. 7. Community volunteers/VHSG and HC staff do not work without incentives/external support 8. Due to poverty and lack of knowledge mothers/caregivers often focus on their daily income activities rather than taking care of / following up with their malnourished children.
Multiple Micronutrients Powders (MNPs)	1. The message given from HC staff to care takers is not consistent and clear from one HC to another especially on the frequency and use of MNPs. Some mothers received message to use 1 sachet of MNPs divided into three times per day. Some received message that 1 sachet of MNPs divided only one or two times a day (Kim Heang trip report) 2. Many mother who received MNPs from HC leave their children with someone else (grandmother or grandfather) to take care are at home while they go out of home to earn the money but they do not pass proper message on the use of MNP to the care takers who take care their children at home. Resulting the care takers do not know the use of MNPs.	1. A simple and short message on the use of MNPs should be developed and used widely both HC staff and VHSG. "Not more than 1 sachet a day" 2. A proper supervision on the use of MNPs from HC to the village and at home of children should be made regularly. 3. Majority of villagers/care takers are very positive with MNPs and feel that their babies are eating much more food, growing better and clever. 4.

	3. The distribution of MNPs to community is done though health center staff during outreach and/or through VHSGs or village chief. Some VHSG and village chief doing good distribution and some are not. 4. There is no close supervision and follow up from HC staff to the village and at home of children on the use of MNPs. 5. Lack of communication strategy and IEC/BCC materials to promote the use of MNPs	
Infant Young Child feeding (IYCF)	1. The National Communication Strategy to Promote Optimal Breastfeeding Practices expired and needs to be updated, to include emerging issues related to breastfeeding among working mothers.	2. IYCF promotion in garment factories cannot rely on standard IEC materials. Promotion should focus on practical solutions like expressing breastmilk; many of the standard IYCF recommendations are not practical for mothers working away from home. 3. Community education on IYCF is a focus area for multiple UN agencies. Various agencies support ongoing vertical programs implemented through multiple ministries. This leads to inefficient programming. Decentralization provides an opportunity to address this; implementing community education through local government structures may be an acceptable solution for all partners.
Capacity Building and Training	1. Lack of interest/ commitment to the program from local authorities 2. Inadequate facilities and IEC materials to be used by trainers for their mainstreaming in schools and communities. 3. Lack of time of teachers and local authorities to conduct mainstreaming activities. 4. Local authorities often prioritise government program even if schedule have been agreed upon in the agenda. 5. Some FFS members are not very active, and do not always attend all the FFS training sessions over 4 weeks. 6. Any FFS member having a strong commitment and willingness to join the project activity and apply lessons learned gets more results than less committed farmers. 7. Some Labour Officials still have limited facilitating	1. At least POE/DOE officials must be trained on basic IEC materials development 2. Based on recommendations and challenges provided under the informative study on “Maternal Health of Working Garment Workers with Focus on Nutrition”, ILO/BFC Social Protection and Gender Project provided funds to National Nutrition Programme to conduct a series of training for pregnant and lactating women on Breast Milk Expressing; 3. The training on maternity protection and nutrition and OSH conducted at the workplace proved very effective in promoting the knowledge and behavioural change on nutrition/meal taken by workers at the workplace as well as the knowledge on occupational health and safety; 4. Participants from each enterprise paid attention to our

	techniques and skills which do not meet the standard of professional facilitator/inspectors; 8. There has been still limited knowledge of workers as a result the Labour Officials need more time to educate or train;	sessions and shared ideas with problems challenges and improvement of working conditions; 5. Professional and experienced trainers train the right issues 6.
Communication and Media	1. Delay in the implementation due to other prior commitment made by MTC. 2. There is a difficulty of timely communication with some PDA staff due to they did not use the e-mail or did not have very frequent access to e-mail network; and some focal staff for the project cannot be easily and timely contacted as they can be very busy in some periods or be in mission in very remote areas or do not share enough useful work-related information between them; 3.	1. The journalist workshop will be more focused on media techniques, sourcing and networking rather than providing too much detail on FSN compared to 2010 training. 2. Enterprise level media communication coordinated by admin officials/focal point person at the workplace in 2010 and early 2011 showed very effective in raising the awareness of hygiene, health, safety, nutrition, breastfeeding, complementary feeding and IFA supplementation through TVs spots and radio dramas
Fund Management	1. Delay in the disbursement of funds 2. Some local partner staff explicitly request "financial incentive" from donor agencies for cooperating in project implementation, given that their official monthly salary is insufficient to face all their livelihood costs. 3.	1. Early disbursement of funds will ensure early delivery or operation of planned activities and not clash with other Ministry programs (i.e. examinations or public holidays 2. Timely disbursement of funds proved to be more helpful in order to arrange schedule with MTC so training can be conducted based on initial schedule set.
M&E/Reporting	1. Project reporting – Joint Programme reporting requirements are not aligned with government or UN reporting, creating additional burden on UN staff and not allowing capacity building.	