Joint Programme for Children, Food Security and Nutrition in Cambodia

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Summary Challenges and Lesson Learned at the Sub National Level (Both Targeted Provinces)

Key Areas	Challenges/Difficulties	Lessons Learned
Coordination		
The areas of focus included: - Launching of JP at the sub-national - Establishment of Sub-national coordination committee and its meeting - Bank accounts	1. Great interest of other relevant thematic partners at sub-national level, however the JP cannot expand beyond its current funding resource. 2. Interested NGOs working in the nutrition sector are waiting to see the outcomes of JP implementation before they decide to join hand. 3. There are few existing FSN coordination mechanism available at sub-national level but not well functioned and coordinated, sometimes duplication. 4. Opening of bank account is time consuming and complicated procedures 5. The PCC president does not keen with its body and coordination yet. It depends on the MDG Provincial programme coordinator to coordinate the activities. 6. Each implementing partner at the provincial level receives their implementing agreement from individual implementing UN agencies. Thus, the fund flow comes directly from each implementing agency. 7. Some provincial implementing partners such as PDA and PDEYS are planning across coordination body at the provincial level but some others such as PHD and PoLVT planning their work directly with their UN implementing partners by over passed the	1. Initial JP start-up had good participation and supports from provincial government offices and its line authorities and the spirit continued. 2. Mobilizing extra relevant partners to be part of the MDG JP coordination mechanism at sub-national level has expanded the important of FSN concepts across the sectors. For instance, Dept. of Social Affairs, Dept. of Women Affairs, and Dept. of Rural Development are engaged in the on-going programme implementation, monitoring and evaluation within the PCC. 3. That would be a great benefit if all annual work plan and proposals develop through one coordination system. This will be unique and faster way to catch up implementation on time, and duplication and conflict would not happen. 4. Continuing strong support from provincial government office with a deputy provincial governor being assigned to lead JP sub-national coordination committee, this process of being built ownership for a longer term. 5. JP has greatly facilitate the coordination and collaboration by bringing various UN agencies, national and sub-national partners including NGOs working together to address the same goals MDG1, 4 & 5. It is greatly facilitates the coordination and collaboration of relevant UN agencies and government counterparts. For

	provincial coordination. 8. Delay in the disbursement of funds for implementing programme at the provincial level. 9. Inadequate facilities and IEC materials to be used by the trainers/facilitators for the mainstreaming of FSN in ECCD, FFSs and in the workplaces.	instant, PDoLVT has worked closely with PPC and PHD. This is something that should be continued in the future. If there is another funding opportunity in the future the program should expand to more relevant partners from women affairs, social affairs, and rural development. 6. Having an individual JP bank account has helped improve program funds transfer faster and easier.
Multiple Micro-nutrient Suplementation	1. Delay in the start-up micro-nutrient programme implementation, supplies have arrived since the beginning of the year 2. VHSGs are not active in doing outreach awareness raisings for local villagers on complementary feeding, and/or importance and use of MNP, not applicable. Training VHSG is not sufficient; 3. Insufficient and limited capacity of VHSG and community people at all levels are a major constraint. Their involvement in community is important but with no incentives for their participation, it is difficult to sustain their interest and support (no bi-monthly meeting happens as planned). 4. Community-based interventions/activities are difficult to implement without ground support from health workers (no support for follow up and supervision). 5. There is complaint about workload at health center level, increased activities into one package of outreach/EPI staff or activities while number of staff remains same. 6. Counterparts are working based on project or fund if not they seem to less pay attention with our activities (PHD).	1. Implementation of micronutrient supplementation is a good complement for moderate and severe malnutrition children who dislike the current foods product (csb++ & bp100). 2. Implementing the supplementation of multi-micro nutrient powder (MNP) without campaign or clear instruction into mass population gives conflicting workload to health center staff. 3. Behavior change communications at community level for new interventions (MNPs and MAM) is really crucial which should have been taken place before distribution. The distribution of the supplements should not be done without proper education or communications. 4. Mobilizing resources from other sources which are not from MDG-F is very helpful and beneficial. For example, Good recipe demonstration has been carried out for FFS members and workplace workers (Garments and CASINO) either in the form of "Food demonstration day" by involved Provincial Department of Health in types of aliments and their nutritional roles, nutritional needs of children and pregnant women, food hygiene, improved cooking practice, and good recipe demonstrations using the recipe demonstration posters and documents published by the EUFF project;
Farmer Field Schools	1. Delayed in the provision of agricultural inputs due to technical and procurement procedures due to	1. Including in the FFS training agenda of complementary cooking demonstration classes for the FFS household

	difficulty to find in Cambodia trustworthy providers of agricultural inputs. 2. Food security component limited in its coverage areas due to funding situations and selection of sites were based on priorities. 3. FFS's principle of food production and community development has not been well applied due to not enough time has been allocated for put into practice the lessons that has been taught, therefore extra resources and efforts needed. 4. Selection of farmers for FFS has been done hastily. Some FFS members maybe could be former beneficiaries of other programmes, especially in Svay Rieng province. 5. Although FFS members get some lessons on nutritional aspects (presence of vitamins in vegetables, good recipe demonstration…), they do not know clearly about what achievement is required from their involvement in order to realize the nutritional objectives. 6. Though there is workshop has been organized by FAO for PDA staff on FFS ways which aims at empowerment of farmers. But to understand and put into practice the concept of farmer empowerment takes a lot of time. 7. There is no Farm Model design (form) provided to FFS group members so that at least there is still Farm Plot exist after, not even project phase out, but just after one year of implementation. 8. PDA is mainly focused on agriculture techniques, not entirely focused on contributing to achievement of the joint programme outputs – improvement nutritional status of children 0-24months, pregnant women and lactating women and empowerment of farmers.	members with young children had good connection between food production and nutritional food consumptions for the families. 2. The training of farmers in non-formal and participatory methods of group facilitation/leadership/development is part of the FFS training. But the way it has been carried out by EDI does not seem to contribute substantially to the main objective of FFS training that is empowerment of farmers. For that reason, an evaluation of EDI training will be planned, and TOT of PDA staff in non-formal and participatory training methods is also planned. 3. Providing agricultural techniques and inputs for farming is not enough to secure young child and infant, pregnant and lactating women food and nutrition, but increase knowledge and capacity on preparing and feeding them properly is essential. 4. Provincial Department of Agriculture Officials realizes that not only rice production fully contributes to food and nutrition security, but involved with different sectors/entities and for multiple and integration is the right thing to carry onward.

Early Childhood Care and Development	1. Inadequate facilities and IEC materials to be used by trainers for their mainstreaming in schools and communities. Suggest to merge with #10 under coordination section 2. Lack of time of teachers, provincial and district education staff and local authorities to conduct mainstreaming activities. 3. Education staff and local authorities often prioritize government program even if schedule have been agreed upon in the agenda. 4. There is no support on producing training tools/materials such training manual. 5. Lack of involvement from local authorities during follow up visit. The team spends many times in order to meet CC leaders. 6. No transportation provided, PDoEYS staff uses own bicycles to work for the project. 7. Training duration is short while more training topics to be covered. 8. Simplify training contents for low knowledge participants (pre-school, primary school and household mothers),	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. Existing curriculum on life skills which include nutrition lessons are not used as part of the mainstreaming. Lesson guides (e.g. Training manual) for food security should be prepared by trainers based on the trainings that have been received. 3. Dissemination work plans of mainstreaming FSN in the formal and informal settings such as schools, communes, villages and households has adapted into their day-to-day agenda. It is important when work plans on mainstreaming in the formal and informal settings such as school, commune, village and household are shared among them. 4. Participatory methodology for certain groups should be taken into consideration to facilitate more learning and knowledge and experience sharing.
Maternity and Child Care and Protection in Workplace	1. There are few enterprises that do not want cooperate with PDoLVT to conduct the workshop and do not allow the labor inspectors to take OSH inspection pictures 2. Some workers' education is very low as a result we need more time or often to conduct education or training; 3. Some top factory management is careless with the issues and think it is not their responsibility. They allow PDoLVT to conduct training/workshop because they think they have fund and their job to do so; 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	7. IEC materials printing should be gone through expert agencies such printing T-shirt, Slogan on Safe Maternity, Breast Feeding, Antenatal Care, Post-Partum Care, IFA, … should be certified by PHD or NNP before printing; 8. Breast Milk Expression should applicable at home, not at workplace, since workers are coming to work in the morning and return home after work in the evening, while no one bring children along in the workplace. In some other workplace, breast milk expression is not possible as mothers work far from homeland and stay long time at the sites; is a challenge? 9. There is not yet assess whether or not the workers/employers/employees and how many of them are applying what they have been trained about OSH, nutrition, breast feeding, complementary feeding,

	on a repeated basis of training; 5. There is limited consideration from workplace management to manage echo education within their compounds. So the training can room 20-30 workers at a time and there is no any continuation of education plan. Since they does not have level of authority to decide in the yearly work planning after training; 6. There is no evident that who and how many of them listen to the RADIO spots and round table. And not so sure how many workers apply what they have been trained (for instant breast milk expression.	ANC/PNC and breast milk expression; 10. PDoLVT can implement OSH, Maternity and Childhood Care and Protection, IYCF effectively when they include workplace management and clinics. After that both, management and clinic should come up with continue education to other workers in their workplace through clinics. Meaning that clinic nurses should be trained on all of this BF, CF, IFA, ANC/PNC, IYCF 11. Network and linkages between PHD and PDoLVT should be built to have better access to information on BCC and IEC materials and health services amongst workers 12. Interviewing working mothers (n=3) who took maternity leave at the time said bottle feeding is common for new-born baby when mothers at work, none of them aware of expressing breast milk before.
Management of Acute Malnutrition		

These included: - Training of HC staff and VHSG - Community screening, care and treatment - Referral of children with complications for treatment	1. MAM Training was too much information for such low-level health centre staff and community health volunteers that leads to confusion at the end. 2. Development of guideline and training materials is time consuming where implementation went without clear directions and no IEC materials supports. 3. High rate of defaulters caused by travel distance, taste of foods product and efforts of caregivers. 4. Appear to have poor communication and counselling with caregivers by the health centre staff and health volunteers. 5. HC and communities were not well informed about referral of malnourished children with complications to get treated at the hospital	1. Implementation of new service of nutrition program through the public health system leads to increase caseload at the health centre and created public awareness. 2. Involvement of community volunteers, village leaders and local government led to high rate of children being screened and received treatment at the health center, lack of incentive and follow-up meeting has meant that screening and household follow-up has not continued in the community. 3. Community supports including local authorities, religious groups, NGO at the community level has improved health communication, follow up and referral in the community, especially with caregivers and local authorities and also the families. 4. Malnourished children whom followed instructions well from health workers and volunteers along with proper care of caregivers had shown significant improvement. 5. Inpatients care at the referral hospital ward for treating acute malnutrition function and well equipped. Incentivised system for ward staff has been developed and applied for the service accordingly.
Capacity building, Monitoring and supervision		
	1. Implementation procedures of each organisation has not well oriented for sub-national partners which created confusion of expectation from JP. 2. Because of low salary and wage, the government staff has contracted several projects at the same time, so their commitment is limited and sometimes careless with the achievements of joint programme (PDA and PHD). 3. PDoLVT staffs do not have enough background knowledge about nutrition and maternity protection. 4. Sub-national level trainers/facilitators i.e education, agriculture & labour have limited knowledge on FSN and its inter-connection 5. Implementing Partners report only work result related to MDG fund, not all of their activities on FSN.	1. Implementing Partners report only work result related to MDG fund, not all of their activities on FSN. 2. The PCC members should report all of their related activities on FSN regularly to the PCC. 3.