



# Evaluation Summary



International  
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Evaluation Unit

## Children, food security and nutrition - Cambodia Joint MDG Programme - Final Joint Evaluation

### Quick Facts

**Countries:** *Cambodia*

**Mid-Term:** *September 2013*

**Mode of Evaluation:** *Independent Joint*

**Technical Area:** *ED/DIALOGUE*

**Evaluation Management:** *United Nations MDG Fund – (UNDP lead) Partners: UNICEF, WHO, FAO, WFP, ILO and UNESCO; Consultant: Frank NOIJ*

**ILO Project Code:** *CMB/09/50/UND*

**Donor:** *MDG AF USD\$ 5,000,000*

UNICEF: 2,501,874      UNESCO: 230,157

WFP: 638,790      WHO: 789,660

ILO: 345,610      FAO: 235,935

**Keywords:** *Food, nutrition, child, social dialogue*

### Taken from the Executive Summary of the MDG Joint Evaluation Report

#### Introduction

The Joint Programme on Children, Food Security and Nutrition is part of the Children, Food Security and Nutrition window of the Millennium Development Goal – Fund (MDG-F) a global partnership between the Government of Spain and the United Nations Development Programme (UNDP). The Joint Programme aimed to accelerate the achievement of the Cambodian MDGs, in particular CMDG 1: Eradication of extreme hunger and poverty, CMDG 4: Reduction of child mortality and CMDG 5: Improvement of maternal health, and to contribute to national health and nutrition

strategies and plans. The programme was implemented from January 2010 to December 2012 with a six month extension till the end of June 2013 to finalize selected activities. The programme responded to the development context in Cambodia. Significant economic development has occurred, with growth rates from 6 to 11 % in the last two decades.<sup>1</sup> However, inequalities have increased and food insecurity and poverty persist amongst vulnerable groups and areas, and maternal mortality rates and levels of stunting and underweight of children till 59 months of age remain high.

In order to achieve its goals, the programme adopted four intermediate strategic objectives, which were informed by earlier successes of Behaviour Change Communication (BCC) campaigns in combination with support at sub-national level.

- Nationwide development and implementation of BCC initiatives for breastfeeding, complementary feeding and iron and folic acid (IFA) supplementation for women during pregnancy and post-partum period;
- Provide support to an integrated comprehensive package of nutrition and food security interventions, delivered with intensity and high coverage in two selected food insecure provinces in the areas of education, agriculture, food safety and nutrition;
- Review and strengthening of the implementation of existing nutrition, food security and agricultural policies and support to the development of new nutrition policies;

- Support to the development of an integrated national food security and nutrition (FSN) monitoring system.

The present evaluation was implemented after the end of the extension period of the Joint Programme. Its purpose includes mutual accountability amongst RGC and UN agencies and towards the MDG-Fund as well as lesson learning and the generation of substantive evidence-based knowledge on FSN programming in Cambodia. The evaluation objectives included the OECD DAC / UNEG evaluation criteria of relevance, efficiency, effectiveness, impact and sustainability. Geographically the evaluation paid particular attention to Kampong Speu and Svay Rieng, the two provinces in which the sub-national activities of the programme have been implemented.

The evaluation made use of a mixed methods approach in which qualitative and quantitative means of data gathering were combined and data triangulated. A participatory approach, involving a wide range of stakeholders in the process, allowed for triangulation of data across the various parties concerned. A desk review and on-going secondary data gathering informed the evaluation process. Interviews were conducted with RGC, UN and NGO partners in Phnom Penh as well as at the sub-national level in the two focus provinces. Visits were paid to provincial departments, operational districts, health centres, farmer field schools, garment factories and discussions conducted with programme implementers and beneficiaries. The timing of the evaluation, overlapping with the period of the National Election, made access to RGC officials difficult while for some UN staff the months of implementation coincided with their holiday period. Several of the UN staff members, in particular those specifically recruited for the implementation of the programme, had moved on, though several of these could be tracked and interviewed.

### **Evaluation Findings**

The Joint Programme proved well aligned with the objectives and strategies of the RGC and well in line with the National priorities, including the National Nutrition Programme and the National Strategy for Food Security and Nutrition. Also

alignment with the UNDAF was strong, including alignment with selected outcome areas as well as cross cutting issues. The objectives of the programme, moreover, addressed clear needs in the country, with stunting and underweight of children 0-59 months remaining relatively high, at 40 and 28 % respectively.<sup>3</sup> Moreover, the two provinces where sub-national activities were focused are amongst the six provinces with high child malnutrition.

The programme made use of a multi-sector approach which was meant to address multiple issues related to adverse nutritional conditions of children and women in selected areas. While some of the components were piloted, others appeared at a stage that they could be scaled up. In the design it was not made sufficiently clear what these aspects were and how the different elements of the multi-sectoral approach were meant to converge and create synergy at the local level. A clear theory of change as part of the programme document could have helped but the results framework included was not sufficiently developed to play this role.

The programme, as part of the MDG-F, combined two broad objectives, one concerning accelerated achievement of the CMDGs while the other focused on cooperation across UN agencies and delivering as One UN. The design did include joint governance and management mechanisms across RGC and UN agencies, though no linkages to the wider UN reform process in Cambodia were included, and how the joint programme was meant to enhance this process.

The programme governance and management arrangements made use of existing governance mechanisms and added means for joint management and implementations across the RGC and UN agencies concerned. While programme steering and management arrangements received high level participation and were truly joint, the more practical implementation arrangements through the Joint Programme Technical Team (JPTT) could have benefitted from more regular RGC participation beyond CARD. The programme was a joint initiative, however the responsibility for the delivery of outputs remained with the individual UN and RGC implementing agencies. Though this

was possible at the output level, this was not feasible at the outcome level, where objectives were shared across RGC and UN agencies. The lack of sufficient outcome level monitoring meant that the realisation of these shared objectives was not adequately assessed in order to inform the management of the programme and its components at the sub-national level.

For the assessment of the effectiveness of the Joint Programme, the evaluation focused on aspects of contribution as many of the UN agencies were involved in other FSN initiatives in the selected provinces and beyond and so were RGC and other development partners. Most of the activities planned for each of the programme components could be implemented and outputs achieved. In some cases, like the distribution of micro nutrient powders (MNPs), the activity was scaled up and results ended up far above the target. Also the training of OSH workers was above target. Treatment of SAM and MAM remained below target, mainly due to the discontinuation of incentives to Health Centre (HC) staff and Village Health Support Group (VHSG) members. It proved indispensable to make the system work and which were not absorbed by the health SWAP pooled fund, nor by the regular health budget.

Based on the comparison of outcome level data at baseline and end line studies several positive changes can be observed in the intervention areas. These include improvements in the dietary intake of young children, reduction of the incidence of diarrhoea and increased use of IFA, Vitamin A and practice of deworming. Changes in knowledge, attitudes and practices appear to vary and show less of a consistent pattern of improvement. The data on food security show a decrease in food secure households, which does not seem consistent with the other findings and the economic improvements of households concerned.

The functioning governance and management systems of the Joint Programme proved important enabling factors to reaching results. The limited convergence of components at the local level proved an important constraining aspect. Though there was coordination in terms of selection of geographical areas across the various programme

components, the coverage of each of the components within these areas differed substantially which resulted in lack of synergy at the local level.

Impact level indicators show improvements in the prevalence of moderate as well as severe anaemia among children under 5 years of age as well as an increase of non-pregnant women with normal haemoglobin levels. Moreover, the prevalence of both stunting and underweight in children dropped in the intervention areas. Assessment of impact level changes was constrained by data limitations. The baseline and end line surveys did provide useful data. However, since the comparison areas were no real control groups, this limited the analysis based on this comparison. This affected the level of certainty with which one can draw conclusions from the surveys and results are therefore used indicatively.

Impact level changes were confirmed through qualitative data from interviews with staff of HCs, VHSG members and programme beneficiaries. In particular the positive effects of SAM and MAM treatment at the HC and community level and the use of MNPs on child health and performance stand out. Apart from Joint Programme implementation, the impact level results have been affected by the overall economic growth in the intervention areas, as implied by an increase in economic status indicators in the end line survey.

In terms of sustainability the FSN agenda is increasingly owned by RGC, which has been reflected in the National Seminar on food security and nutrition of mid-2012 and the development of the new National Food Security and Nutrition Strategy (NFSNS). In terms of the Joint Programme the coordination role played by CARD stand out, co-chairing the PMC and participating in monthly JPTT meetings.

The Joint Programme was able to develop capacities at the enabling environment, organizational and individual levels. Joint Programme components have mostly worked through Government systems and sub-national service providers as well as through selected NGOs. Moreover, work on home gardening and small livestock rearing was conducted through

existing farmer field schools. At the national level the support to the FSN data analysis team resulted in a functioning mechanism to periodically consolidate and publish FSN data.

An organizational capacity developed concerns the support to the establishment of the Food Security and Nutrition data analyses team, which monitors data from participating Line Ministries on FSN and publishes those in a quarterly bulletin. This team remained operating with support from WFP.

In financial terms progress has been made to sustain results with the purchase of ready to use therapeutic food (RUTF) and MNPs through the pooled Health SWAP fund (HSP II), which enhances the likeliness of these expenses to be absorbed in future in the RGC health budget. The costs of incentives needed to make the SAM and MAM management at HC and community level operational, however, have not been incorporated into the HSP II fund so far.

The merger of meetings of the Provincial Coordination Meeting of the Joint Programme with the Women and Children Consultative Committee (WCCC) provided an example of how FSN coordination could continue at the sub-national level. Replication and scaling-up were not systematically addressed across the Joint Programme but were dealt with component-wise. The three year time frame of the Joint Programme proved to provide limitations in terms of the level of systemic sustainability that can be reached in such a period of time.

## **Conclusions**

The relevance of the programme was relatively high, with a clear alignment with RGC policies and strategies and with the UNDAF and responding to clear needs with high levels of stunting and underweight of children in parts of Cambodia. Quality of the programme design varied and was limited in various respects. The multi-sector programme approach proved relevant in practice, though the rationale and workings of it were not made sufficiently explicit in the programme document. The programme was not built around an explicit and shared theory of change on the whole of FSN in Cambodia. Some programme

components were in a pilot stage while other were being scaled up, while management and monitoring requirements were not necessarily sufficiently adapted to these different implementation practices.

In terms of efficiency the governance and management mechanisms set up proved to work well. So did the coordination systems at the national and sub-national levels, which benefitted from the placement of coordinators at the national and the provincial level. The main limitation in efficiency concerns the focus on activities and their immediate outputs in programme planning and monitoring. This, at the expense of sufficient attention to outcome level changes, and limiting assessment of those changes that were shared amongst participating UN and RGC agencies. This severely limited results-based management. The spot visits and the baseline and end line surveys did provide important data, but they have not been able to sufficiently cover this gap. The outcome and impact level data from end line survey became available only after Joint Programme completion.

The programme has been relatively effective and has been able to reach impact and outcome level changes. In particular the decrease in moderate as well as severe anaemia levels and the decrease of underweight among children under 5 years of age in the intervention provinces stand out. These impact level changes appear to be affected by the outcome level results identified, in particular improvements in dietary intake of small children, improved feeding practices, reduced incidence of diarrhoea, and enhanced use of IFA and Vitamin A supplementation. The changes in knowledge, attitudes and practices on nutrition and hygiene related issues showed mixed results. Impact and outcome level changes have been affected by the outputs that could be reached by the Joint Programme in each of the programme components.

For further details on the recommendation and lessons learned see the full report.