

The role of locally available foods in improving food and nutrition security in rural Cambodia

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Introduction

In the last decade, Cambodia's poverty rate has declined but malnutrition rates remain high, and complementary feeding practices continue to be poor. In 2010, 40 percent of children less than 5 years old were stunted, 28 percent underweight and 11 percent wasted.¹

In 2011, FAO Cambodia started the 42-month nutrition-sensitive agriculture MALIS project entitled: 'Improving Food Security and Market Linkages for Smallholders in Preah Vihear and Otdar Meanchey.' The German Federal Ministry of Food and Agriculture (BMEL) is funding collaborative research with FAO and Justus Liebig University Giessen to study the project impact.

MALIS is targeted at smallholder farmers and the nutrition-related objectives are:

- Increased capacity to diversify production, enhanced productivity and greater resilience
- Improved family feeding practices



Map of Cambodia

Methods

Key capacity development strategies are: a) Training of Trainers; b) 'Save and Grow' Farmer Field Schools; c) Membership of Community-Based Organisations associated with Farmer Business Schools; and d) Nutrition Education (NE) sessions for caregivers of infants and young children (Box 1).

Box 1: NE intervention activities

- First trainings of trainers and volunteer Community Nutrition Promoters (CNPs) in July 2013
- Selection and enrolment of 1387 with infants and young children aged 6-18 months from FFS and the wider community to ensure nutrition-agriculture linkages
- NE sessions in targeted villages started in August 2013 facilitated by CNPs, who also conduct follow-up home visits
- Training and supervision of CNPs by staff from the Provincial Health Department (PHD), District Health Centres, Provincial Department of Women's Affairs (PDoWA) and NGOs: Malteser International (MI) and Farmer Livelihood Development (FLD)
- Seven NE sessions focusing on improved infant and young child feeding, hygiene and food safety practices
- Four participatory cooking demonstrations, in which caregivers learned how to prepare improved thick and multi-ingredient porridge (*bobor khap krop kroeung*) from locally available foods, and how to responsively feed their young children

An interim review was conducted with 60 purposively selected caregivers from Preah Vihear (PVR) and Otdar Meanchey (OMC) in December 2013, and the final NE sessions and graduation ceremonies took place in January 2014.

In order to improve the quality of the NE intervention, MALIS project monitoring activities focused on identifying enabling factors for caregiver behaviour change in relation to complementary feeding.



A caregiver cultivates morning glory in her home garden



Diverse ingredients for enriched *bobor*



Caregivers participating in a cooking demonstration



Bobor made from a variety of locally available fruit, vegetables and animal source foods



Caregivers attending a nutrition education session



A caregiver feeding her child responsively

Results

Results of the interim review showed that:

- 72 percent of caregivers reported to have learned how to prepare enriched *bobor*
- 33 percent prepared *bobor* every day for their child
- Frequently reported constraints for cooking enriched *bobor* were "lack of time" and the belief that the "child does not like to eat the porridge"
- Caregivers reported that their children cried less, had healthier skin, less diarrhoea and gained weight, and they requested take-home material to help them remember the recipes

To combat the perception that children did not like enriched *bobor*, a complementary feeding campaign was conducted in 35 villages during February - March 2014. A cooking demonstration and tasting of *bobor* by all villagers was followed by a one-week *bobor* distribution in which children aged 6-23 months were given *bobor* three times a day. Overall feedback from caregivers was positive and children liked the *bobor*.

The MALIS nutrition team also produced new training materials, designed four NE posters for facilitators and caregivers, developed nutrition modules for FFS, and created food availability calendars to promote the use of diverse foods during different seasons.

Since the start of the project a total of 1387 caregivers of infants and young children aged 6 - 18 months participated in NE sessions, which took place in 99 villages and were facilitated by 153 CNPs. Average participation rate for caregivers was 75 percent (Table1).

Table 1: Summary of NE sessions for caregivers

Item	OMC	PVR	Total
Caregivers	741	646	1387
Villages	54	45	99
CNPs	85	68	153
Average caregiver participation rate [percent of sessions]	80	70	75

Conclusions

- Locally available foods play an important role in improving the food and nutrition security of household members in rural Cambodia; particularly for infants and young children through improved complementary feeding.
- Regular feedback from caregivers and trainers is crucial to improve the quality of the NE intervention.
- Follow-up home visits are essential to reinforce NE messages and to observe whether behaviour change related to improved complementary feeding has occurred.

References

¹ National Institute of Statistics, Directorate General for Health, and ICF Macro, 2011. Cambodia Demographic and Health Survey 2010. Phnom Penh, Cambodia and Calverton, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF Macro.

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