Food and Agriculture Organization of the United Nations

Cambodia

Summary of the Nutrition Education Intervention

Improving Food Security and Market Linkages for Smallholders (MALIS)

Italy, July 2015

Introduction: The nutrition education intervention "Improving Infant and Young Child Feeding Practices" was integrated into the nutrition-sensitive agriculture project "Improving Food Security and Market Linkages for Smallholders (MALIS)" in Otdar Meanchey (OMC) and Preah Vihear (PVR), Cambodia from 2013–2015. The overall objective of the MALIS project was to improve the food and nutrition security of vulnerable rural families who depended primarily on agriculture for their livelihoods. The nutrition education intervention was specifically aimed at improving the dietary intake of families and young children through nutrition and health education.

Child malnutrition in Cambodia: In Cambodia, 32.4 percent of children less than five years of age are stunted according to the 2014 Cambodia Demographic and Health Survey, which represents an eight percent decrease over the last four years. Underweight prevalence in this age group also decreased to 23.9 percent, while wasting prevalence remained fairly constant at 9.6 percent. Major causes of childhood stunting include: inadequate breastfeeding, complementary feeding and care practices, diseases, as well as poor water, sanitation and hygiene.

Nutrition Education to improve infant and young child feeding (IYCF): The nutrition education intervention disseminated culturally acceptable and feasible IYCF practices which were tested and adapted to the needs of the community. Caregivers learned how a diversified diet based on locally available foods can improve children's nutritional status in combination with good hygiene and health practices. The nutrition education intervention consisted of (i) training sessions on improved IYCF practices with four participatory cooking sessions (ii) nutrition modules in Farmer Field Schools (FFS)/Farmer Business Schools (FBS), and (iii) promotional activities at agricultural fairs and field days. Targeted were caregivers of children aged 5–18 months who were enrolled in FFS and FBS.

Project area: Two phases of the nutrition education intervention were implemented through community-based and non-governmental organisations in 64 villages in OMC and PVR provinces from 2013–2015. Phase 1 (August - December 2013) covered 35 villages with 449 caregiver/child pairs, which were studied by a research team from Justus Liebig University (JLU) Giessen, Germany. Community Nutrition Promoters (CNPs) conducted the sessions and were supported by trainers from Provincial Health Department (PHD), Provincial Department of Women's Affairs (PDoWA) and NGOs. Phase 2 (May 2014–February 2015) was conducted by NGO staff and reached 948 caregiver/child pairs. The nutrition education sessions were supported by staff from PHD and PDoWA, and CNPs.

Implementation: Two master trainers from the National Nutrition Program (NNP) and two FAO staff facilitated the 5-day training of trainers for staff from PHD, PDoWA, District Health Centres and NGO partners in the targeted provinces. These trainers in-turn conducted the trainings for CNPs, who were village level volunteers selected from the existing Village Health Support Groups. A total of 153 CNPs were trained. The nutrition education intervention was designed as a series of seven sessions to be held weekly/fortnightly for 2–3 hours over a period of approximately three months. A nutrition education group consisted of up to 15 caregivers with children aged 5–18 months (on recruitment), pregnant women and women of reproductive age. The average participation rate of caregivers was 75 percent in both phases.

Kitchen equipment (i.e. kettle, food cover net, energy saving stove, water bucket, dish rack with cover, large pot with lid, soap and dipper) was distributed to the caregivers during the nutrition education sessions to encourage adoption of improved IYCF practices at home.

Nutrition education materials: A newly developed facilitator's guide included recipes resulting from a participatory, formative research project ("FAO - EU Food Facility project" 2009–2011). During the sessions, "Communication for Behavioural Impact" (COMBI) materials were used including the "Baby Friendly Community Initiative (BFCI)"-flipchart and videos; as well as four nutrition education posters for presentation and discussion.

Title	Content and use
Promoting improved complementary feeding (with recipes): A Manual for Community Nutrition Promoters	The book explained basic principles of promoting good dietary practices using locally available nutritious foods that are in season, focusing on the preparation of safe and nutritious complementary foods for children 6–23 months of age.
Nutrition education posters	• Food safety and personal hygiene • Food preparation and cooking methods • How to prepare enriched porridge • Age-appropriate portion sizes and feeding frequencies

Monitoring and Evaluation: In order to improve the quality of nutrition education sessions, MALIS project monitoring activities focused on identifying enabling factors for caregivers' behaviour change in relation to improved complementary feeding. In Phase 2, sharing meetings were conducted in which caregivers could share their experiences of applying the newly learned skills at home. In addition, home visits were carried out by FAO and NGO staff to evaluate knowledge, attitude and practice (KAP) change. Observations showed an increased number of caregivers who washed their hands with soap before cooking and eating, used boiled water for drinking, regularly cooked enriched porridge and reheated left-over food before feeding it to their child. However, some caregivers still followed traditional practices (e.g. feeding their children with family food which mainly consisted of rice and broth).

Research study: A research team from Justus Liebig University (JLU) Giessen, Germany analysed and documented changes in household food practices, child growth and iron status. Baseline and impact surveys were conducted as well as a longitudinal study. The researchers collected anthropometric measurements, blood specimens and data on dietary intake. Additionally, focus group discussions and interviews were carried out.

For more information contact:

Nutrition Education and Consumer Awareness Group, FAO headquarters
nutrition-education@fao.org
http://www.fao.org/nutrition/education/infant-and-young-child-feeding/en/

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