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HELPING ADDRESS RURAL VULNERABILITIES AND ECOSYSTEM STABILITY (CAMBODIA HARVEST) PROGRAM

Subcontract #_117__ Final Report

Subcontractor: **RURAL ECONOMIC AND AGRICULTURE DEVELOPMENT AGENCY (READA)**

Activity: **_Mobile Kitchen Project in Siem Reap**



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I. EXECUTIVE SUMMARY

Project Overview

Mobile Kitchen Project is one project of Cambodia HARVEST to strengthening the internal and external ability skills of vulnerable household members through short term of mini-training session and village-based cooking demonstration practical ways on family nutritional value with linkages between agricultural chain production such as health and nutrition for pregnant women and lactating mothers, complementary feeding for children with aged 6 to 24 months, why family nutrition matter, family food (3 food groups), sources & roles of essential vitamins/minerals, hygiene/sanitation and five key for food safety for changing their eating behaviours that provided foundation and had subcontract with READA to implementers in 160 target villages at 23 communes of 6 districts (3 ODs, 18 HCs) in Siem Reap province.

2. INTRODUCTION

2.1 Background

The Rural Economic and Agriculture Development Agency (READA) is a non-profit organization with international and local co-operation partners such as CONCERN, ADDA, LOTUS RELIEF CHARITABLE TRUST, AGRISUD, CCC, UNDP, and GSC etc. READA was founded in 2004 and registered at the Ministry of Interior on January 2005 with registration number N090. It was formed by Cambodian volunteers and a technical assistance group comprising of former AGRISUD employees.

READA's vision is for impoverished rural communities to achieve advanced socio-economic autonomy through gaining the necessary knowledge, skills and access to services to undertake and pursue sustainable livelihood activities (ranging from agriculture to small and medium businesses) whilst also increasing awareness on social and health issues.

READA's mission is to build and strengthen the rural community's capacity in order to achieve long term sustainability through:

- Reduction of poverty
- Reduction of imported agricultural products
- Environmental responsibility
- Equity and equality
- Family and SME income generation improvement
- Improvement of rural product value chains.

2.2 Project Objective

- ✓ Using participatory methods training to people living in rural villages about family nutrition and the linkages between agriculture and nutrition
- ✓ Demonstrate practical ways for households to change their eating behavior and, using readily available foods, encourage them to increase dietary diversity and promote healthier diets
- ✓ Focus on the nutritional needs of young children in the first 1,000 days of life through promoting good complementary feeding practices and monitoring children's growth
- ✓ Provide mini-trainings on good food safety and hygiene practices (good practice for food safety)

3. ACTIVITIES AND ACHIEVEMENT

3.1 Approach

To promote greater understanding of the importance of project activities related to family nutrition, food safety, post-harvest management, plan and schedule project visits, READA collaborated with Cambodia HARVEST in conducting an orientation workshop for staff in Commune Councils, Health Centre, Operational Health Districts, the Provincial Health Department, and other relevant stakeholders. Project staff also strengthened liaison with health centre by asking them to attend 1-2 nutrition/cooking demonstrations when a food cart visited the villages in the health centre's coverage area, and to promote the food cart's activities in these villages. In addition, the project staffs to collaborate with relevant village authorities such as the village chief and members of the Village Health Support Group (VHSG) in recruiting participants and staging the sessions of the food carts teams. The READA Mobile Kitchen Project organized and implemented activities in four villages per week.

In addition to the activities described above, the READA Mobile Kitchen Project also undertook the following integrated activities: a project feasibility study, mainstreaming cross-cutting issues, and support for capacity building.

In addition to the activities above, the Mobile Kitchen team members also attended training sessions and meetings with the HARVEST Nutrition and M&E teams working in Siem Reap.

3.2 Food Cart Team Activity

- ✓ Project staffs daily and bi-weekly meeting
- ✓ Collaboration with Operation district, Health centre, Commune council, Village leader, Village health support group and other stakeholders to conduct the mini-training session and village-based cooking demonstration to rural vulnerable household members.
- ✓ To conduct meeting with the target vulnerable participants on appropriate nutrition practices for their daily basic food needs through extension visit and Technical Assistance supports.
- ✓ Child growth monitoring promotion through weight babies with aged 24 months.

In during 11 months from February 02, 2015 to December 31, 2015 the Mobile Kitchen Project staffs were collaboration with Operation District, Health Centre, Commune Council, Local Authority, Village Health Support Group and others stakeholder to conducted mini-family nutrition training with cooking demonstration twice per village to rural vulnerable households in 160 villages in Siem Reap province.

3.2.1 Food Card Team Achievement

Food cart team result achievement summary

# of expected	# of actual participant			# of pregnant	# Of child weighted			Healthy status color				# of event	# of cooking
	Total	Female	Male		Total	Girl	Boy	Yellow	Green	Orange	Red		
12800	13172	12771	401	762	4228	2088	2140	9	3627	514	78	642	642

3.3 Follow up Team Activity

Following each food card visit a follow –up team went to visit to each village to conduct individual home visit to assist villagers to integrate what they had learnt from the food card team depends on how to improve the family nutrition.

3.3.1 Follow up Team Achievement

Follow up team result achievement summary

# of expected	# of actual participant			# of pregnant	# Of child weighted			Healthy status color				# of event
	Total	Female	Male		Total	Girl	Boy	Yellow	Green	Orange	Red	
9630	10913	10450	463	671	4791	2372	2419	0	4259	463	69	642

4. MONITORING AND EVALUATION

4.1 Methodology

Monitoring:

To measure project progress and impact, READA used the indicators agreed on in their proposal to Cambodia HARVEST.

- READA motivated the target vulnerable rural families, village authorities and relevant stakeholders to collect the data required to monitor the project's progress and outcomes. All project information was shared on an on-going basis among project staff and the READA management team in order to learn from mistakes and successes, and continually improve the work.
- At least three times a quarter, the executive director of READA conducted a field visit to monitor the project and ensure its quality was being maintained.
- Quarterly project review meetings to conduct a SWOT analysis identified the project's strengths, weaknesses, opportunities, and threats and revised the work plan if necessary.
- The Project Coordinator was responsible and accountable for project reports and all other documents that the project was obligated to provide to the head offices of both READA and Cambodia HARVEST.

Evaluation

- 80% of rural vulnerable household have difficult with remember family nutrition categories but they have understand on dietary cooking practice for family and they had more behaviour change with cooking practice.
- 80% understood on hygiene/sanitation and had good hygiene practices in their daily living.
- 85 % understood on family nutrition and always cooking with in more dietary for their family.
- 85 % of vulnerable household members had practiced with 5 keys for food safety (known and change their behaviour about vegetable cleaning that did not lose a vitamin before cooking and food organize in keeping properly or kitchen materials)
- 80 % had drunk boil water, pure water or safety water.
- 60% of mothers had interested and understood on growth monitoring promotion for their children.

4.2 Targets

No	Activities Description	Progress Monitor				
		Target	To date	Balance	Status	Comments
	<u>Key Start-up Activities</u>					
A	Staff recruitment	9	9	0	Done	
B	Project orientation	4	4	0	Done	
C	Procurement process	42	42	0	Done	
1	<u>Logistics Planning</u>					
1.1	Food cart visit schedule	2	2	0	Done	
1.2	Overall work plan	1	1	0	Done	
1.3	Target for food cart team visits	36	36	0	Done	
1.4	Target for follow-up team visits	36	36	0	Done	
1.5	Quarterly project reviews	4	4	0	Done	
2	<u>Village Visits</u>					
2.1	Food cart visit participants	320	320	0	Done	
		12,800	13,172	372	+	
2.2	Follow-up visit participants	320	320	0	Done	
		9,630	10,913	1283	+	
3	<u>Monitoring & Evaluation</u>					
3.1	Weekly logistic and M&E reports	36	36	0	Done	

3.2	Attendance list for food cart	640	642	2	+	
3.3	Attendance list for follow-up	640	642	2	+	
3.4	Quarterly report	4	4	0	Done	

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Overall Achievements

In during 11 months from February 1, 2015 to December 31, 2015, the Mobile Kitchen Project staffs were collaboration with Operation District, Health Centre, Commune Council, Local Authority, Village Health Support Group and other stakeholders to conducted mini-family nutrition training with cooking demonstration twice per village to rural vulnerable households in 160 villages in Siem Reap province. In this period there are 5 visits from the donors and the other partners to overall target in Siem Reap province. So among the overall HH participants for food card is expected 12,800 and the actual number were higher than target 13,172(12,771 whom were female) and for follow up is expected 9,630 and the actual number were higher than target 10913(10,450 whom were female)

5.2 Lesson Learn

- ✓ The Mobile Kitchen Project is a new model in nutrition education and would be interesting from rural vulnerable household or others and be easy understand with cooking full of delivery dietary food for help their healthy.
- ✓ Most members of nutritionally-vulnerable households are interested in learning how to cook and clean vegetables without losing any essential vitamins, how to cook enriched porridge (bobor), and how to cook a nutritious meal of fried rice with meat and mixed vegetables.
- ✓ Most of the participants, and especially pregnant/lactating women, were eager to participate in learning from the Mobile Kitchen activities because they wanted to cook delicious, nutritious meals for their family members, and to ensure that their young children were adequately fed during the first 1,000 days of their lives. They also wanted to continue breastfeeding beyond 6 months.
- ✓ The visits from follow-up teams providing refresher mini-trainings and technical assistance to target, vulnerable participants were critical in motivating good nutrition practices that changed poor family eating habits and poor family and early-childhood nutrition.

5.2 Strengthening

- ✓ READA Mobile Kitchen Project staffs were better on data entry into CIRIS
- ✓ READA Mobile Kitchen Project staffs were better facilitation In the community
- ✓ READA Project staffs and community have good communication either HARVEST.

5.3 Recommendations

Base on the project activity implemented, and the results achieved by the mobile kitchen team with malnutrition-vulnerable household over 11 months from February 1, 2015 to December 31, 2015. So the food cart team conducted mini family trainings on nutrition and hygiene as well as cooking demonstration twice per day in each village and return to same village one more in the second six months of the project. About a month after food cart team visit, a follow up team conducted extension visits with those who had participated with food cart session in order to refresh them on the family nutrition and hygiene, but they still need more time to refresh on the course of mobile kitchen activity.

6. APPENDICES

APPENDIX I: UPDATED WORK PLAN

6.1 Next Planning

6.1.1 Beneficiary and Target

Expectation of beneficiary 2080 in 2 Operation Districts, 4 districts, 12 health centres, 14 communes and 52 villages in Siem Reap province.

6.2 Target summary table

OD's name	Name of district	Name of Health Center	Name of commune	# of village		
1.Soutr Nikom	1. SoutrNikom	1.Chansar	1. Chansar	19		
			2. Khnar Pour	0		
		2. Samraong	3. Samraong	7		
		3. Popel	4. Popel	6		
2. Angkor Chum Mr.MakSamoeun H/P: 012 620 290	2. Pouk	4. Samraong Yea	5. Samraong Yea	0		
			6. KeavPoar	1		
		5. Khnat	7. Khnat	2		
		6. Puok	8. Lvea	2		
	4. PrasatBakong	7. Kandaek	8. Kantreang	9. Kandaek	1	
				10. Kantreang	2	
				11. Ballangk	3	
				10. Bakong	12.Bakong	1
	4. Angkor Thum				0	
				11. Peak Snaeng	13. Peak Snaeng	6
				12. SvayChek	14. SvayChek	2
2 ODS	4 districts	12 HCs	14communes	52		

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Prepared by Mr KhimOudong
Position: MK Project coordinator