



USAID
FROM THE AMERICAN PEOPLE

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

Subcontract # 105_ Final Report

SUBCONTRACTOR: RURAL ECONOMIC AND AGRICULTURE DEVELOPMENT AGENCY (READA)

Activity: Mobile Kitchen Project in Kampong Thom



[August 19, 2015]

This publication was produced for review by the United States Agency for International Development. It was prepared by READA as a subcontractor to Fintrac Inc. under contract # AID-442-C-11-00001 with USAID/Cambodia.

CONTENTS

1. EXECUTIVE SUMMARY.....	1
2. INTRODUCTION.....	3
2.1 Background.....	3
2.2 Objectives.....	3
3. ACTIVITES AND ACHIEVEMENTS.....	4
3.1 Approach.....	4
3.2 Activity 1	4
3.3 Activity 2.....	4
4. MONITORING & EVALUATION.....	6
4.1 Methodology	6
4.2 Targets.....	6
5. CONCLUSIONS & RECOMMENDATIONS.....	8
5.1 Overall Achievements.....	8
5.2 Lessons Learned	8
5.3 Recommendations	8
6. APPENDICES.....	10
Appendix I: Updated Work Plan.....	10

I. EXECUTIVE SUMMARY

- **Project Overview**

The Mobile Kitchen is an innovative strategy introduced by Cambodia HARVEST in 2013 as a means of reaching a large number of rural communities with interactive, participatory activities to disseminate information to women and men that helps them to understand and adopt improved nutrition, hygiene and sanitation practices. The objective is to promote the importance of healthy, diversified diets for all members of rural households, but in particular for the nutritional health of young children in the first 1,000 days up to their second birthday.

Mobile Kitchen Project of READA, HARVEST-Cambodia have been 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 Why Family Nutrition Matter, Family Food (3 food groups), Sources & Roles of Essential Vitamins/Minerals, Hygiene/Sanitation and Feeding children/teenagers and Five Key for Food Safety for changing their eating behaviours and Growth Monitoring Promotion (GMP) in 180 target villages at 29 communes of 6 districts (3 ODs, 24 HCs) in Kampong Thom province.

- **Activities and Achievements**

The 2 Food Cart teams of Mobile Kitchen Project conducted and provided the mini-training under the topics of why family nutrition matters; family food/3-food groups; essential vitamins & minerals; feeding school children/teenagers; good hygiene; growth monitoring promotion and village-based cooking demonstration sessions to vulnerable household members. Each time a Mobile Kitchen food cart visits a village, there are 2 cooking demonstrations over the course of the day and each cooking demonstration is very participatory and involves participants in activities to show them easy, practical ways to increase dietary diversity and the nutritional value of meals prepared for young children (complimentary foods) and for family meals, as well as important information about food safety, hygiene and sanitation. The 2 Mobile Kitchen food carts visited to a total of 180 target villages and each village is visited twice over a 12-month period started from Mid-August 2014 to August 17, 2015; and, drew participation from the villagers total participants on farm training 23,274 people (F=19,008; M=4,266), 720 training events, of target number 15,000 people. This is over performance results- over plan 8,274 participants.

Two weeks after the food cart visits, a Mobile Kitchen follow-up team returns to each village to conduct home extension visits particularly to households with young children, to assist them to use the information they learned and adopt improved nutrition practices and behaviours. The 2 follow-up teams of Mobile Kitchen Project visited to a total of 180 villages and each village is visited twice over a 12-month period started from Mid-August through August 17, 2015; and, drew participation from target participants total of 22,299 people (F=19,264; M=3,035), 720 meetings, of target number 12,000 people. This is over performance result-over plan 10,299 people. And, therein, the result of weighing the young children under age of 24 months, the amount number is 6,160 times of actual number 4,935 children (some of children is weighed more than once).

- **Conclusions and Recommendations**

The Mobile Kitchen project recognized that good nutrition is fundamental for children's current and future health, as well as their development and learning. The benefits of developing healthy dietary and lifestyle patterns from an early age onwards can positively impact on people's nutrition and health throughout their adult lives, and enhance the productivity of individuals and nations. Nutrition

education is an important element in an overall strategy aimed at improving food security and preventing all forms of malnutrition. Nutritional education and practices are ideal settings for promoting lifelong healthy eating habits and lifestyles. However, these are often small-scale and implemented in short time or as pilot project, focus on children with special needs and prioritize the transfer of knowledge over the promotion of active learning and the creation of appropriate attitudes, life skills and behaviors.

In order to build a comprehensive and sustainable good nutrition programme that addresses all forms of malnutrition, the project is recommended that:

- Consolidate and strengthen ongoing communities based nutrition programmes, aiming at improved nutritional status and learning of school children and creating an appropriate learning environment through nutrition education, nutritional assessment, clean water and sanitation, as well a physical activity education.
- Continue to promote the establishment of home gardens as an integral part of nutrition programme.
- Continue to explore opportunities for appropriate public private partnerships to support health and nutrition education and improvements.
- Donor should continue this programme of good nutrition to reach all the poor communities in Kampong Thom Province, so that they too have broad understanding and skills to improve family nutrition, and especially the nutrition of young children and pregnant women.

2. INTRODUCTION

2.1 BACKGROUND

The Cambodia HARVEST Mobile Kitchen Project is an initiative to disseminate information and promote behavior change about family nutrition to a wide cross-section of people in rural villages in Kampong Thom. The Mobile Kitchen is an innovative strategy introduced by Cambodia HARVEST in 2013 as a means of reaching a large number of rural communities with interactive, participatory activities to disseminate information to women and men that helps them to understand and adopt improved nutrition, hygiene and sanitation practices. The objective is to promote the importance of healthy, diversified diets for all members of rural households, but in particular for the nutritional health of young children in the first 1,000 days up to their second birthday.

Mobile Kitchen Project of READA, HARVEST-Cambodia have been 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 Why Family Nutrition Matter, Family Food (3 food groups), Sources & Roles of Essential Vitamins/Minerals, Hygiene/Sanitation and Feeding children/teenagers and Five Key for Food Safety for changing their eating behaviours and Growth Monitoring Promotion (GMP) in 180 target villages at 29 communes of 6 districts (3 ODs, 24 HCs) in Kampong Thom province.

2.2 OBJECTIVES

To improve the quality of life of vulnerable families, particular women, mothers and children in 180 villages of Kampong Thom province. The specific objectives of the Project are:

- a) Teach people living in rural villages about family nutrition and the linkages between agriculture and nutrition, using participatory methods;
- b) Demonstrate practical ways that households can change their eating behaviors; and, using readily available foods, encourage them to increase dietary diversity and promote healthier diets;
- c) Focus on the nutritional needs of young children in the first 1,000 days through promoting good complementary feeding practices and growth monitoring; and,
- d) Provide mini-trainings on food safety and hygiene issues.

To achieve goal, the project we have designed is to understand these principles:

- Promote dietary diversity
- Know what to promote behaviour change
- Basic hygiene linkages to nutrition
- Healthy food doesn't have to be expensive
- The first 1,000 days of life is crucial, nutritionally.

3. ACTIVITES AND ACHIEVEMENTS

3.1 APPROACH

To achieve and reach target of project goals and objectives, at the beginning of the implementation, READA collaborated with Cambodia HARVEST-FS/Nutrition Specialist team to organize and conduct a half-day orientation workshop to present the Project for Commune Councils, Health Centres, Operational Health Districts, the Provincial Health Department and other relevant stakeholders in area of development project. And then, project staff also strengthened liaison with health centres by asking them to attend 1-2 nutrition/cooking demonstrations when a food cart to visit the villages in the health centre's coverage area, and to promote the food cart's activities in these village. Meanwhile, a commune council is also invited to collaborate in activities of project in their commune territory. In addition, the project team collaborated with relevant village authorities such as the village chief and members of the Village Health Support Group (VHSGs) as designated by local HC to gather the participants and to assist in conducting nutrition/cooking demonstrations during the visit in their village of the food cart team and follow-up team in the growth monitoring and mentoring activities.

The Mobile Kitchen Project is organized schedule and implemented activities at field visit in four villages per week; and, after the visit of the Mobile Kitchen food carts to each visit, the follow-up team went back to each village; one team followed-up in the communities for each of the two food carts.

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.

3.2 ACTIVITY 1

The 2 Food Cart teams of Mobile Kitchen Project conducted and provided the mini-training under the topics of why family nutrition matters; family food/3-food groups; essential vitamins & minerals; feeding school children/teenagers; good hygiene; growth monitoring promotion and village-based cooking demonstration sessions to vulnerable household members. Each time a Mobile Kitchen food cart visits a village, there are 2 cooking demonstrations over the course of the day and each cooking demonstration is very participatory and involves participants in activities to show them easy, practical ways to increase dietary diversity and the nutritional value of meals prepared for young children (complimentary foods) and for family meals, as well as important information about food safety, hygiene and sanitation. The 2 Mobile Kitchen food carts visited to a total of 180 target villages and each village is visited twice over a 12-month period started from Mid-August 2014 to August 17, 2015; and, drew participation from the villagers total participants on farm training 23,274 people (F=19,008; M=4,266), 720 training events, of target number 15,000 people. This is over performance results- over plan 8,274 participants.

The cooking demonstrations were intended to show participants that cooking nutritious food for the family, and supplementary foods for young children, was easy, and that there were practical ways to increase the dietary diversity and nutritional value of family meals and complementary foods prepared for young children. Participants also learned the basics of family nutrition, good hygiene practices, and food safety.

3.3 ACTIVITY 2

Two weeks after the food cart visits, a Mobile Kitchen follow-up team returns to each village to conduct home extension visits particularly to households with young children, to assist them to use the information they learned and adopt improved nutrition practices and behaviours. The 2 follow-

up teams of Mobile Kitchen Project visited to a total of 180 villages and each village is visited twice over a 12-month period started from Mid-August through August 17, 2015; and, drew participation from target participants total of 22,299 people (F=19,264; M=3,035), 720 meetings, of target number 12,000 people. This is over performance result-over plan 10,299 people. And, therein, the result of weighing the young children under age of 24 months, the amount number is 6,160 times of actual number 4,935 children (some of children is weighed more than once).

In addition to the activities above, the Mobile Kitchen team members also attended training sessions and meetings with HARVEST-FS/Nutrition Specialist and M&E teams to improve the project progress.

4. MONITORING & EVALUATION

4.1 METHODOLOGY

Monitoring:

To measure project progress and positive 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.
- Organized the quarterly meeting in order to review project progress and address any issues to ensure successful implementation of the project and to identify and solve any problems or issues that have arisen during project implementation.
- 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-FS/Nutrition Specialist and M&E teams.

Evaluation:

The project progress was measured over the 12 months, primarily through face-to-face interviews conducted with beneficiaries and by observing changes in their outlook and the physical health of themselves and their families. The children were monitored by observing changes of appearance, weight using their infant's yellow card. Data gathered during the meeting with each participant when they registered for the Mobile Kitchen training and demonstrations and follow-up teams were provided to Cambodia HARVEST-FS/Nutrition Specialist and M&E teams. These were the participant's name, phone number, village, date of first and second mobile kitchen visit, dates of follow-up refresher training and counselling, etc. For young children's data is input in a format consists of information on names of village, commune, district, mobile kitchen staff; name and age of household head, name and age of mother, family ID, name of baby, sex of baby, date of birth, newborn baby weight, including weigh's information such as date, weigh and age...etc.

All data of participants and young children collected from community in meeting or training of project activities were also entered into CIRIS.

4.2 TARGETS

Nº	Activities Description	Progress Monitor				
		Target	achieved	Balance	Status	Comments
	<u>Key Start-up Activities</u>					
A	Staff recruitment	9	9	0	Done	
B	Project orientation to staff	9	9	0	Done	
C	Procurement process	9	9	0	Done	
I	<u>Logistics Planning</u>					
I.1	Overall work plan	1	1	0	Done	
I.2	Target for food cart teams visit	41	41	0	Done	
I.3	Target for follow-up teams visit	41	41	0	Done	
I.4	Quarterly project reviews	4	4	0	Done	
2	<u>Village Visits</u>					
2.1	Target for food cart teams visit	360	360	0	Done	
		15,000	23,274	(8,274)	+	
2.2	Target for follow-up teams visit	360	360	0	Done	
		12,000	22,299	(10,299)	+	
2.3	Target of training for food cart teams	720	720	0	Done	

2.4	Target of meeting for follow-up teams	720	720	0	Done	
3	<u>Monitoring & Evaluation</u>					
3.1	Weekly logistic and M&E reports	44	44	0	Done	
3.2	Attendance list for food cart teams	720	720	0	Done	
3.3	Attendance list for follow-up teams	720	720	0	Done	
3.4	Local/VHSGs contact list update	4	4	0	Done	
3.5	Quarterly report	4	4	0	Done	
3.6	Final report	1	1	0	Done	

Status key:

Done : Completed
 + : Ahead of schedule
 = : On schedule
 × : Behind schedule

5. CONCLUSIONS & RECOMMENDATIONS

5.1 OVERALL ACHIEVEMENTS

Over the course of 12 months started from Mid-August 2014 through August 17, 2015, the Mobile Kitchen Project team had done its project implementation in 180 villages and each village was visited twice in this period. With target attendance of 42 people per day per village, the overall target for beneficiaries was 15,000 people. The actual number of participants was higher than the target—23,274 participants (19,008 of whom were female). Cooking demonstrations were held to show participants easy, practical ways to increase the diversity and nutritional value of their families' diet, how to supplement the meals prepared for young children (complementary foods). In addition to the basics of good family, and early childhood nutrition, participants learned good food safety and good family as well as individual hygiene practices.

2-week period after the visit of the Mobile Kitchen food carts, the follow-up teams went back to each village. Over the course of the visit, they assisted villagers to promote and improve their family nutrition practices related to: complementary feeding and the health of their infants; increased dietary diversity in family meals; and, food safety and hygiene...etc. During these visiting, the follow-up team had meeting with villagers; and, in particular, with mothers depending on the circumstances in the village: a small-group meeting of 15-20 people; informal group discussions with several mothers; and/or individual discussions with mothers at their homes. The follow-up team member and the VHSG weighed the babies, recorded in the project records. They achieved a total of 180 villages and each village is visited twice over a 12-month period; and, drew participation from target participants total of 22,299 people (F=19,264; M=3,035), 720 meetings, of target number 12,000 people. And, therein, the result of weighing the young children under age of 24 months, the amount number is 6,160 times of actual number 4,935 children (some of children is weighed more than once).

The Village Health Support Group (VHSG) in each village collaborated with the Mobile Kitchen teams, both mobile kitchen food cart and follow-up teams throughout the field-based activities.

5.2 LESSONS LEARNED

- The brand name “Mobile Kitchen” and the unique activities undertaken by the food cart team were effective in attracting many nutritionally-vulnerable people, as well as local authorities to the mini-trainings and cooking demonstrations in the their villages.
- Most members of nutritionally-vulnerable households are interested in learning how to cook and clean vegetables without losing any essential vitamins 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.
- Most participants more understanding on family nutrition through dissemination and education session from project that will lead them to change their eating behaviour and to promote healthier diet in the household, as well as share these message of good nutrition practice to the others.

5.3 RECOMMENDATIONS

In order to build a comprehensive and sustainable good nutrition programme that addresses all forms of malnutrition, the project is recommended that:

- Consolidate and strengthen ongoing communities based nutrition programme, aiming at improved nutritional status and learning of school children and creating an appropriate learning environment through nutrition education, nutritional assessment, clean water and sanitation, as well a physical activity education.
- Continue to promote the establishment of home gardens as an integral part of nutrition programme.
- Continue to explore opportunities for appropriate public private partnerships to support health and nutrition education and improvements.
- Donor should continue this programme of good nutrition to reach all the poor communities in Kampong Thom Province, so that they too have broad understanding and skills to improve family nutrition, and especially the nutrition of young children and pregnant women.

6. APPENDICES

- Appendix 1: [Updated Work Plan \(Monitoring Report\)](#)
- Appendix 2: [Local-Contact List](#)
- Appendix 3: [List of villages visited](#)
- Continue close collaboration with Cambodia HARVEST, relevant stakeholders and local authorities.
- **Chart of brief achievement:**

