

Community-Led Child Nutrition Project

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Partnership Approach

**CBOs & informal
groups**

**Local Experts
NGO (WP)**

**Health Department &
Local Authorities**

**Community
Driven models,
demonstrate
with quality in
certain pockets,
target and
community**



**Demonstrate
good practices,
lesson learnt and
influencing for
broader impacts
for a larger
change**

Partnership Cooperation and Long-term Commitment

Studies Shows

- **Malnutrition is major issues affecting Cambodian children (both mothers and/then children**
- **30% out of 634 children aged 0-5 were malnourished**
- **Weakening and gaps of supports systems at local level (VHSG, CC, VDC, parents etc..**
- **Knowledge, attitudes and practices of mothers, fathers and community people are still limited**



Pilots Vs. Learning Phase

**Multilevel
interventions at
community level**



**Functioning of Core
Parents, Youth Groups,
VHSG, Peer-to-Peer
tutoring and supports**



**Addressing the issues
of malnourished
among mothers and
children 0-5**



**The effectively
services delivery
(HC, HP, OD, PhD)**



**The roles CBOs,
Local Actors,
NGOs and Donors**

CLCN Project

"Improved nutritional health of children, especially for marginalised and vulnerable children aged 0-5 years old".

40 villages, 8 communes in Chhloung District, Kratie



Holistic

Interventions of ECCD

Demand and Supply Sides



equitable access, participation and holistic programming addressing discrimination, behaviors, attitudes of parents and vulnerability, and early stimulation of children.

Implementation Strategy

**HC & CCWC –
Supports and
Monitoring**



BCC

**Lead Fathers,
Grandmother, and
youth groups
Core Parents**



**Positive
Davian
Inquiry
Team**

**Interventions for
malnourished &
Preventions of at
Risks Children**



**Technical inputs
provided by local
implementing NGO/WP**



**VHSG, Core, and Youth – identify, &
interview PD & Non-PD, and Screen
malnourished, and run NERP sessions**



Key Interventions



Identify PDI team and provide training.

PDI team lead villages mapping, households classifications, market assessment, food seasonal availability, and growth monitoring assessment.



Growth
monitoring
assessment
for screening
malnourished
children

Develop menu
for running
NERP. This
session last for
12 days.



Outcomes

48 PDI Team members trained on PDI process and NERP program.



PDI team weigh total 1,050 children 0-5 weighted, identified from 8 villages in Chhloung. With 160 children joint NERP program. The results shown 20-30% increased weigh.



THANKS YOU SO MUCH FOR YOUR ATTENTION