

Community-Based Mothers & Child Center (CMCC)



Report June-September 2013

Project managed by Build Your Future Today Centre (BFT) of Siem Reap, Cambodia.

Fund provided by GlobeMed at the University of Virginia in USA.



History of Arak Svay :

Arak Svay village is located in Nokor Thom Commune, Siem Reap District and Province. The village is about 12 km from Siem Reap town.

It comprises of 128 families with a total population of 659 people, of which 331 are male and 328 female. There are 94 children age under 5 years, 52 boys and 42 girls.

Arak Svay is one of the villages based in Angkor Park Zones, which is a protected area of immense historical value with magnificent temples and monuments from the 8th to 14th century. Within the area, amidst the splendor of the antiquities, and invisible to the majority of tourists, are the local people who live in extreme poverty.

The park is protected by the Government of Cambodia, and has resulted in the establishment of a protected zone. For the villagers living in the area, this means prohibiting them from clearing more land or cutting small trees and bushes for firewood and also selling the property. This severely affects their livelihood.

As a result of the protected zone the living conditions are very restricted and tough for the people, especially those who are living far from the main street. Most of the children from big families became scattered from their homes and are not able to go to school because their families are too poor to support them. Many children became beggars in the temple areas and some others became street children in Siem Reap city.

Story of Sre Robong

Sre Robong Village in Beng Mealea Commune, Svay Leu District, Siem Reap Province is located about 75 km in the East from down town of Siem Reap sharing the border with Cham Resh, Chan Har, Thnal Thmei and Khom Bor Or. Currently, there are 537 residents, which comprise 125 families consisting over 85% of adult illiteracy. Sre Robong village's main occupation is 80% rice farming, 10% gardeners and 10% laborer.

A school has been built in Sre Robong by Save the Children Norway, consisting of 5 rooms. There are about 332 school age children in the entire village with only 159 of them attending school. Most of the children from Sre Robong villages have no access to education because the school is far from home and they have no means of getting to the school.

The total of 2 volunteers from the village and 1 official teacher from other distant village are not able to teach courses on a regular basis due to a lack of government assistance. Due to this lack of financial support to the teachers the classes are not functioning regularly. Poor service leads to a delay in enrolling children year by year. Even though "Bamboo shoots" was developed to enhance children's understanding of their rights and to build their capacity to claim, as defined by the United Nations Convention on the Rights of the Child (CRC), in regions as reclusive as Sre Robong, the idea of investing efforts on their children, who will be the leaders of this country in the near future, is a notion that they do not adhere to nor understand.

Children are not informed of the importance of daily hygiene, and the repercussions of drinking unclean water on their health. The delay in enrolling children is a main concern; a fully functioning school, with quality teaching is an absolute priority in Sre Robong village. Crop production is almost nonexistent, with little farming land in addition to the crisis over the dispute on land concession and confiscation by the company at Sre Robong, making the rice production very low, and living conditions very difficult. Families in immediate need often resort to credit from other families, receiving a high interest rate of 15%, which is unsustainable for the affected families. The low level of education of the parents and the immediate need of survival do not allow them to plan ahead and think in the long-term. Most earn their living from day to day.

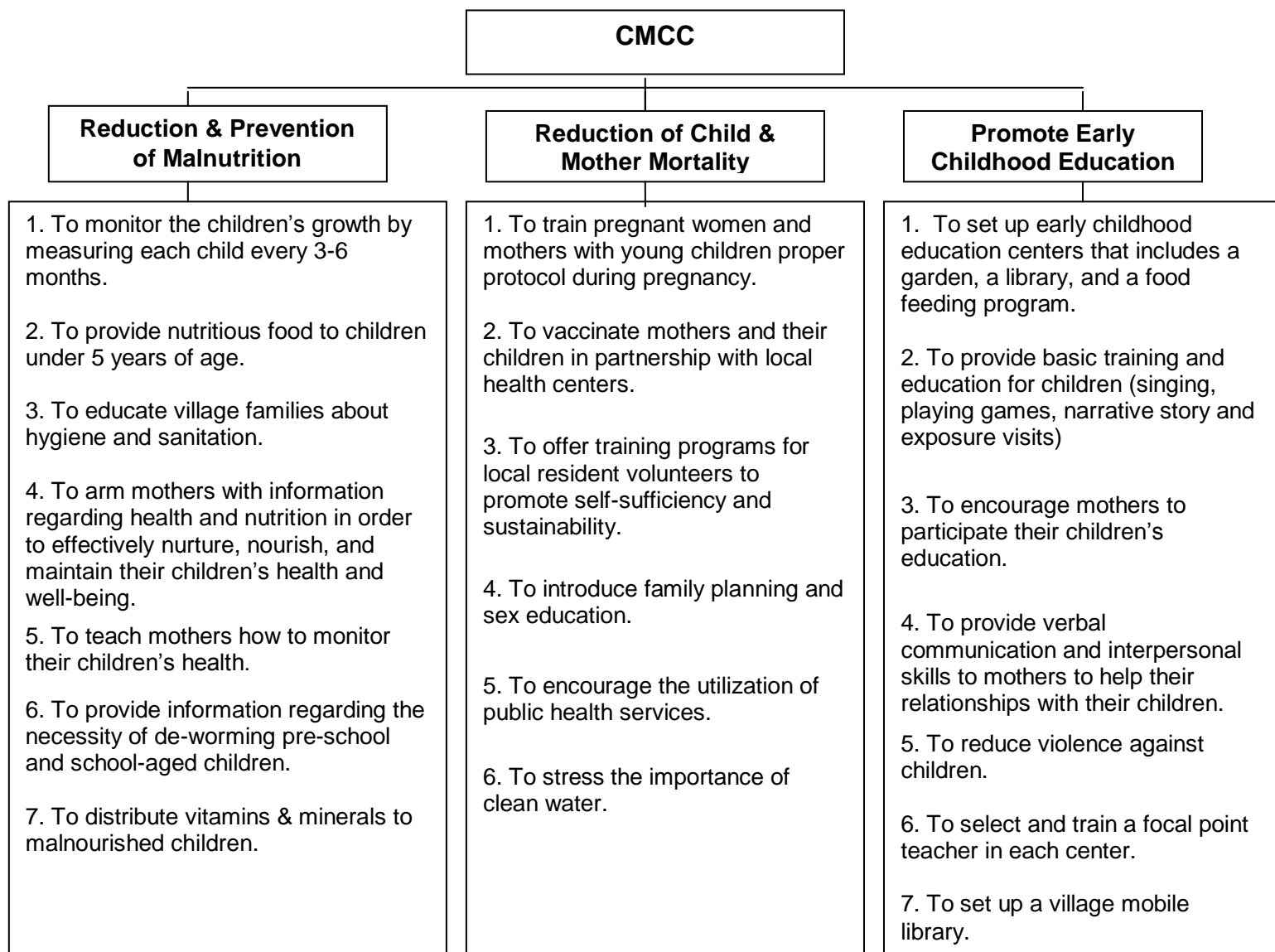
Seeing these situations, BFT has been working very enthusiastically to provide villagers in the Angkor Park areas and Sre Robong with opportunities to have alternatives and choices by helping them to become literate and to coordinate these efforts to produce measurable improvements in food security, educational opportunity and income potential.

Project Purpose

The CMCC aims to stop the cycle of malnutrition in mothers and young children and to promote early childhood education among the pre-school children.

Three Main Objectives:

1. Eliminate malnutrition in children aged 5 and under.
2. Reduce the rate of child and mother mortality by providing primary awareness about Health
3. Promote Early Childhood Education and Improve the Interactions and Communications to the mothers and children



Introduction

This Annual report outlines and explains the activities carried out in Arak Svay and Sre Robong villages from June through September 2013.

During this time, the project:

- Held several meetings with community members and local leaders;
- Provided daily nutritionally supplemented food to 74 community children age of 5 years and under;
- The community gardening for nutrition food for feeding the children*
- Provided Health Care and Education to community members with assistance from overseas volunteer nurses;
- Provided training on proper interaction and communication to the children and their parents;
- Referred some sick children and adults to health center and hospital.

Projects Implementation with Collaboration at Arak Svay and Sre Robong Village

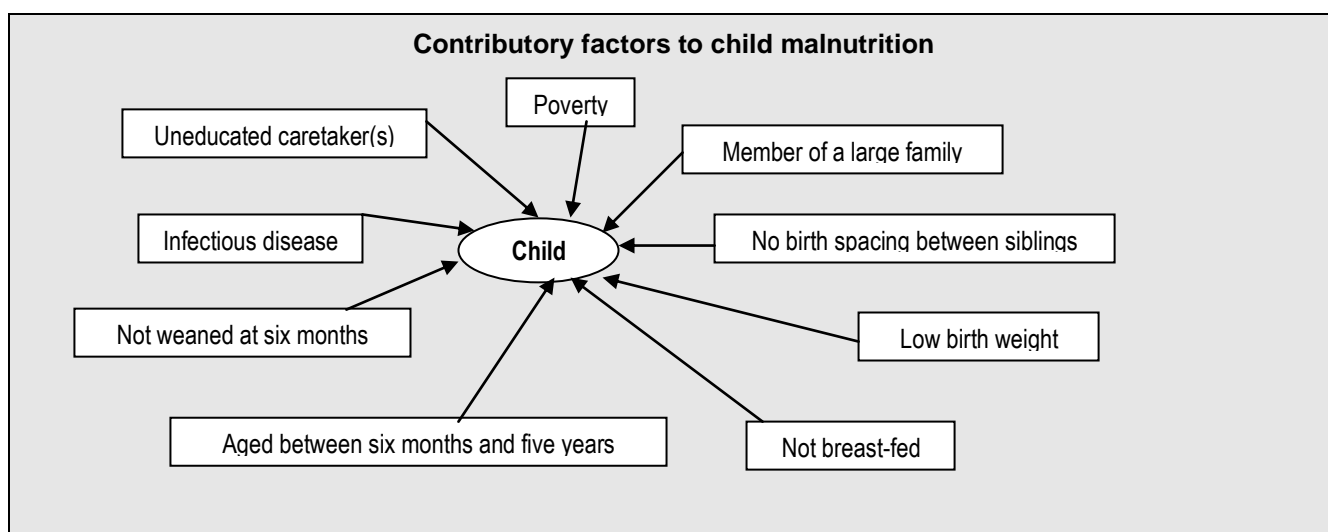
The community members, children and staff from BFT center would like to extend their sincere appreciation to all of our oversea volunteers (from Australia, UK and Denmark) as nurses, medical students, mother and child interaction educators and BMI system developers who provided their hard-work and diligence to support our work.

Also, thanks to the French Organization ANTENNA who has come to work with us on the test of Spirulina. They are going to provide us the products of Spirulina as part of the nutritious food supplements at Arak Svay village (on a trial basis).

Work Achievements

Objective 1: To provide better nutrition through providing a source of daily supplementary food for Community pre-school children so that they are able to attain improved general health

Outputs 1: The community pre-school children are improving general health through the provision of better nutritional daily food and clean water (Safe and Healthier Children)



Activity 1: To collect Body Mass Index (BMI) data, Mid Upper Arm Circumference (MUAC) data, record the age and make comment on general physical appearance.

- For the past three months BFT and our partner GlobeMed, along with the assistance of a medical volunteer from the UK, Canadian and US conducted BMI measurements of 74 children in Arak Svay Village and found only 10 children who were considered at risk and 1 who was at extreme risk. Appropriate actions were executed for each case such as sending the extreme risk case to a health center for a checkup.



“Conduct Body Measure Index among children age 5 years and under”

Activity 2: Provide nutritious food to children aged 5 and under

- Every day each child under 5 is provided with food that forms the basis of a nutritious diet.
- Re-assessment of BMI and other data will be performed periodically, with an initial re-assessment at 3 months, followed by ongoing re-assessments each 6 months.
- On the basis of satisfactory improvements shown by these re-assessments, the nutrition program will be slowly phased out.
- A pilot program in Kok Yieng and Trach Chrum villages showed that satisfactory improvements allowed for the program to be completely phased out after 4 years.



(Once breakfast every morning is really important for the poor children in community)

Activity 3: Provide clean water and hygiene / sanitation education

- A strategy that combines the provision of wells, purification filters and purification chemicals is being implemented, with completion already achieved in several villages.
- Education on the importance of hygiene and the installation of facilities such as toilets and hand-washing stations at schools is well underway. Every morning before breakfast, a community volunteer and/or staff commutes to the village to teach the children and their mothers about cleanliness and proper hygiene such as washing their hands before meals and drinking clean water. After the meal, they are then given basic health lessons like the dangers of contaminated water for consumption.



(The young generation both in schools and Villages have educated the lesson how to keep themselves clean and staying healthy)

Activity 4: De-worming for the family and School

- De-worming medication is provided to all members of each family and school in every village throughout the program.
- A lesson was presented describing the signs, treatment and prevention of worms.

School	Number of Children	Number of tablets given
Sre Robong	55	55



(The children in Sre Robong school getting De-worming pills)

Activity 5: Distribute vitamins & minerals to malnourished children adults

- The protocols established and being implemented as part of **Activity 1** includes indicators for at-risk children. Interventions applied include referrals to Health Centers or Hospitals that have established nutrition programs that include the provision of a regime of vitamins and minerals to counter identified deficiencies.
 - The Angkor Hospital for Children is running a parallel program that includes visiting local schools and providing vitamin and mineral supplements for older children;
 - With donations from French organization ANTENNA, we are provided with the essential Spirulina mineral to supplement the children's meal during the Feeding program;
 - Children and adults with signs of cold or flu are given vitamin C and/or multivitamin tablets;
 - Women with symptoms of anemia are provided with iron tablets.

Activity 6: Ongoing assessment of the children's measurement of growth.

- Assessment of the success of the overall program requires ongoing measurement of each child to track progress and improvement.
 - Initial measurement of BMI and MUAC will be done after 3 months
 - Ongoing progress will be assessed through re-measurement every 6 months
- Progress as determined from this monitoring will be used in determining schedules for the phasing out of food provision (**Activity 2**) and for the continuous improvement of the nutrition education aspects of the program.

Outputs 2: To arm mothers with information regarding health and nutrition in order to effectively nurture, nourish and maintain their children's health and well-being.

Activity 1: To provide mothers with relevant information regarding health and nutrition.

- Each week, each village is provided with an education session, with a different health and/or nutrition topic covered each week.
 - Education sessions such as visual presentations and reading health manuals are currently conducted by volunteer nurses, and health educators assisted by BFT staff translators;
 - Retention of the educational material from the education sessions can be gauged by participation during and after the session;
 - Interest in the education sessions can be gauged by the increases in attendance seen at the sessions on a week-by-week basis.



Activity 2: To assist mothers in learning how to effectively apply health and nutrition information in helping their young children to be healthier.

- The education program is built on a foundation of creating understanding of:
 - **why** it is important that the mothers understand the topics being presented
 - **how** the issues apply to their children and how the symptoms can be identified
 - **what** are the causes of issues being discussed and their effects on the children
 - **actions** the mother can take to address the issue, to the benefit of their children
 - **evaluate** changes to the health of their children

Activity 3: To help mothers deal with changes in the health of their young children.

- For Output 1, Activity 1 data is collected for all children under 5. Protocols for this activity identify at-risk children for whom early intervention is warranted, including:
- The need for home follow-up and treatment for at-risk children and pregnant women;
- Use survey tools to accurately identify and record the current health and nutrition status of at risk families, using a protocol for follow-up checklist;
- Development of a follow-up program to include best breast feeding practices, food supplementation (currently trialing the use of Spirulina granules for effectiveness), and referrals for vaccinations and medications from nearby Health Centers;
- Develop and implement a program to ensure follow-up visits to the families at least monthly, including weighing and monitoring mothers and children to see if they are improving and providing referrals to Health Centers when required.



(BFT staff & volunteers have come to the villages to educate the mother how to look after and keeping clean to the children)

Objective 2: To improve access to quality healthcare and health education for the community and reduce high mother and child mortality rates

Outputs 1: To develop the Safe Mother concept through promoting good health seeking behaviours among pregnant women, postpartum mothers and their families regarding pregnancy, delivery and the post delivery period for the mother and infant



Activity 1: To gather knowledge and skills in assisting the mothers to effectively apply the information in helping their young children to be healthy.

- Health lessons are presented to the women on ways to stay healthy during pregnancy and while breast feeding;
 - Topics included the dangers of smoking cigarettes and drinking alcohol, advice pregnant women when to go to health center/clinic, advice pregnant women to have a healthy diet and how to do that.
- Mother Clubs actively meet and discuss topics related to their community, health care, hygiene or sanitation. From the results of the group discussions, they have used initiative to make plans for action to be taken.
 - The Mothers' Clubs are groups of women that were established to support mothers of children under 5 helping other mothers. Many of the mothers have graduated from the adult literacy courses where they acquired a lot of general information on top of their basic education on how to read and write and have acquired life-skills. To help facilitate them to transform these skills in what they learned from the classes into real action, the project has helped to coordinate all their learnt knowledge and skills to produce measurable improvements in food security, educational opportunity and income potential. There were several group discussion meetings in different villages under the BFT support, including Trach Chrum, Arak Svay, Kok Yieng and Kravan.
 - The activities in Mother Clubs will also help develop self-confidence to empower the women to participate in decision making to contribute to change for the better for their family as well as in the whole community.



"The Mother club having meeting for changing the idea to improve the theirs knowledge"

Activity 2: Training pregnant women and mothers with children the essentials of care such as cold and flu prevention, de-worming treatment, dehydration and diarrhea, germs, the 3 important food types necessary during pregnancy, breast feeding newborns, sex education and health, birth spacing, dengue fever, the importance of personal hygiene.

- Safe Motherhood: In recognizing the role maternal health has on child health it has been decided that a Safe Motherhood component to this project is vital. Safe Motherhood health education will be introduced during the Mother Clubs meeting, however, a comprehensive program has been developed and is being implemented during SMCC projects. This then will give the opportunity to carefully prepare, and implement a thorough program that has long-term benefits, reducing maternal and infant morbidity and mortality and improving pregnancy outcomes, through:
 - The pregnant women receiving full vaccination;
 - Safe child delivery at health center;
 - Regular visit to prenatal clinic;
 - Promoting anti-tetanus vaccination;
 - Promoting iron supplementation for pregnant women;

- Training community health facilitators in pregnancy and prenatal care, nutrition during pregnancy, care during delivery and post-partum care;
- Breast-feeding promotion;
- Vitamin A distribution to post-partum mothers.



"Information about malaria and dengue fever have presented to the villager house by house in community"

The total number of the villagers we educated in many different topics. The sessions were conducted among small and big groups and we ask them to spread the word in their families and with neighbors.

The idea for the future is to make sure every village is educated, after that we will exam them to make sure they are making progress in their knowledge about health.

Activity 3: To offer training programs for local residents to promote self-sufficiency and sustainability

- BFT chooses a volunteer in a specific field such as teaching pre-school children, sewing, cooking, making jewelry and weaving in order to:
 - 1) Have a local member of the community to assist in the programs to promote self-sufficiency,
 - 2) Teach them a skill.



"BFT Staff and Volunteers having a group picture"

Activity 4: To introduce Family Planning and Sex Education

- A volunteer health practitioner provides education and information to the mothers in order to ensure their babies' health, gives them options for birth control methods, and educates them about sexually transmitted diseases and other health risks in addition to basic sex health.
- Condoms are distributed and the mothers are encouraged to visit planned parenthood centers at their local Health Centers.



"The villagers practicing how to use Condom after the family planning lesson have presented"

Activity 5: To work closely with the Health Center to ensure available services are appropriately accessed by members of the community

- Increase uses of public health care services by communities;
- Identify children and families with nutrition problems and provide follow up in home to insure that the families know about and receive full services from the new Nokor Thom Health Center;
- Volunteer nurses conducting education programs, assessing health issues and encouraging people to go to the Health Centers or Hospital as required;
- Medical supplies donated through BFT are fairly distributed among Health Centers in the region.



Activity 6: Home visit in the village

- record the age and condition of all children if not already included in our BMI and MUAC measurements;
- identify pregnant women and make sure they are receiving prenatal care;
- make sure mothers are aware and coming to the morning feeding/education program;
- provide children and adults with vitamins;
- conduct health checks on family members who are sick or injured;
- identify income and other problems that may impact the family.



Objective 3: To provide verbal communication and interpersonal skills to mothers to ensure they build healthy relationships with their children.

Output 1: Every child deserves good care and a loving life.

Activity 1: To develop the mother-child education program and provide training to mothers to understand how to use better communication to interact with their children

- The conditions of education for community-based people were limited. Most of the adults do not read and write their own language. They normally do not value the advantage of the education and from this perspective they do not encourage their children to attend school either. Many young children are not receiving proper care; interactions with their parents and other family members were not good. Their family environment can be very difficult and most of the time the young children are not well communicated with or inspired. The common practices of mistreating children by frightening them and beating them results in children becoming discouraged, frightened, lacking confidence and not developing to their full potential.
- In order to reduce the problems mentioned above, the mother-child education program of BFT, together with financial support from the GlobeMed and other partners, provided basic education on proper interaction and communication values to the parents of young children in the communities. During this time, the different workshops reached more than 300 young children and parents from the villages of Kok Yieng, Trach Chrum, Bos Em and Araksvay



"Help mothers understand how to interact with children to improve their health and education growth"

Activity 2: To promote early childhood education among the pre-school children in the community through providing basic training and education (including English and Khmer language, singing, playing games, narrative story and exposure visits)

- Every afternoon from Monday to Sunday, the community volunteers have worked with dedication and enthusiasm to transfer skills to the young children in the villages of Kok Yieng, Trach Chrum, Bos Em, Arak Svay and Sre Robong vilages
 - There are 50 to 60 children attending the courses in each center;
 - The volunteers have worked very hard with the children to facilitate them learning basic education in Khmer and English literacy, art, telling short stories and play with toys;
 - Over 150 young children with ages ranging from 3 to 5 years from those 3 community centers are enjoying their learning and playing. They are very proud to sing English songs and take part in interactive play.

During this year there were four community volunteers; Doum Aim, Doem Rong, Houm Srey Moa, Chan Tearn and Heng Sen who taught English and Khmer language, singing, playing games, narrative story and exposure visits every evening at Kok Yeing, Trach Chrum and Araksvay villages. Now we created other Pre-school education places in Bos Em and Sre Robong Villages.



“Pre-school education in Araksvay Village teaching by Doum Aim”



“Pre-school education in Trach Chrum Village teaching by Doem Rong”



“Pre-school education in Kok Yieng village teaching by Houm Srey Moa”





“Pre-school education in Sre Robong Village teaching by Heng Sen”

- Activity 3:** To encourage mothers to actively participate and encourage the education of their children
- In many villages, education is not prioritized. Many villagers still feel that their children are required to work in the fields. In order to combat these practices, we provide support and assistance to poor families by giving the children school supplies, uniforms, and sometimes donating bicycles and picking them up in a van so that their education does not become a burden to their parents. By consistently giving support to the mothers and their children, we can ensure a higher attendance rate.



- Activity 4:** To reduce and ultimately end violence against children by improving a family's capacity for building life skills, moral education, promote the idea of a happy family, food security and income generating activities.
- In targeting families in crisis, we enlisted Buddhist monks to create a program called Peace Building. When we learn of families with domestic violence histories, a home visit is scheduled where we proceed to give them counseling as well as a spiritual support system to reduce the risk of violence to the children living in crisis conditions;
 - In one case, we assisted in the construction of the family's home so that the mother and her children had a warm and dry place to sleep and eat.



Activity 5: To train a focal point teacher, 6 community volunteers and a cook for each center.

- Besides providing classes to the young children and parents in their own communities, the community volunteers have also had the opportunity to learn and improve their own skills in English, computers, leadership skills and some teaching methodologies;
- They have been receiving English and computer training skills at BFT center from Monday-Friday and teaching methodology on the week-end (Saturday & Sunday);
- We provide Learning Trips/ Exposure Visits to the volunteers where they are exposed to a variety of new information and knowledge.



"The community volunteers training skills in BFT"

Activity 6: To set up a village mobile library.

- With donated books and toys from private donors and friends of BFT, we have organized and maintained a mobile library that would be accessible to all children who wish to utilize it.



"The children in each villages are enjoying with the toys and reading the story so much"

IV. THE WAY FORWARD

* Constraints / problems:

- Funding
 - A significant part of the success of BFT Centre is our commitment to growing as a part of the community in which we operate. While we rely heavily on the generosity of our volunteers for their time and dedication, we cannot function effectively without local staff. In a country as poor as Cambodia, our local staff must be paid staff. Money to pay wages is essential.
 - Most of our programs involve the distribution of food, educational material and the use of medical supplies. Much of this is donated directly but the need to purchase supplies is still significant.

- Transport to the villages surrounding Siem Reap is an integral part of our activities. This includes the use of local drivers and their vehicles as well as vehicles we have or are currently attempting to raise funds to buy. The roads to the villages are in very poor condition and transport in general is an issue. Our current efforts include trying to raise money necessary to buy a truck capable of transporting staff and volunteers into the villages and assisting villagers to get to a Health Center or Hospital.
- Trust of the community
 - Parts of our program are new. The first step in many villages is to convince the people that they should be a part of it.
 - The messages used to educate the people in the villages must be simple, with clear links to their everyday lives. This approach will give early success in small steps but, importantly, will show people that they should continue to be a part of the program.

*** Recommendations / follow-ups:**

- Proceed with the ongoing implementation of the BFT Centre programs.
 - Patience will be required as the early successes will be small but will establish a strong foundation on which to grow and succeed in an accelerating way.
 - Take action when indicators point to someone who is likely at risk. If, for example, we believe a child needs to go to the hospital, make the arrangements to get the child there. It will not happen without taking action and if it doesn't happen, the chance of successful outcomes will be limited.
- Ensure continuous improvement is built into our processes and protocols.
 - We will always be able to find better ways of achieving success.