**COMMON**

Community-Oriented Multisector Mechanism on Nutrition

The goal is to design a multisector pilot mechanism to offer a sustainable solution to undernutrition. This intervention would simultaneously target six key sectors impacting nutrition in Cambodia.

**TARGET BENEFICIARIES**

This project will benefit 25,000 people, or about 5,400 households. The project will particularly target women and children under 5. More than 550 public servants will be trained and supported, as well as 2,600 local civil society leaders.

**TIMEFRAME**

3 years (2017-2020)

**TOTAL BUDGET**

990,000 USD

With financial support from:

Action Against Hunger is currently looking for additional funding partners

**GEOGRAPHICAL FOCUS**

The project will target 22 villages (4 communes) in the province of Preah Vihear, in Northern Cambodia. 37% of the province population live under the poverty line. According to the diagnostics we conducted in the district, 34.9% of children suffer of chronic malnutrition, and 6.7% of acute malnutrition.

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**A Worrying Nutritional Context**

1 out of 28 children will not reach 5 years of age, and nearly 10% of children are dangerously thin (wasted) and 32% are stunted. 76% of children aged 6 to 23 months do not eat properly in accordance with international standards, and 18% of Cambodian's population is food insecure.

**A Tailored multisector answer**

The multisector mechanism will provide an answer to all the major factors of undernutrition in the region, identified through a thorough participatory assessment conducted in 2016. The intervention will be implemented at community-level and in a participatory manner, involving beneficiaries at all stages.

**Ambitious indicators**

We expect this integrated intervention to lead to a reduction of the chronic malnutrition rate among children under 5 years old from 34.9% to 29.6% over the target area, and from 6.7% to 5.6% for acute malnutrition.

**A Scalable Intervention**

After this three years pilot phase, when the model will have been designed, tailored and tested in this target area, the results will be evaluated and documented to define the modalities of the scaling-up. In the next phase (2020-2023), the model will be extended to cover one or more province (several hundred thousand people).
**EXPECTED RESULTS**

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<tr>
<th>INDIVIDUAL &amp; HOUSEHOLD LEVEL</th>
<th>COMMUNITY &amp; VILLAGE LEVEL</th>
<th>DISTRICT &amp; PROVINCIAL LEVEL</th>
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<td>The capacity of our partners to find sustainable solutions to improve their nutritional resilience is strengthened.</td>
<td>Nutritional practices and women capacities are strengthened at the family level.</td>
<td>The population improves its practices in terms of water, sanitation and hygiene (WASH), as well as water resource management.</td>
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<td>Beneficiaries (male and female) put into practice their trainings, specifically in terms of women empowerment and women implication in the fight against undernutrition.</td>
<td>Food security is improved at the household level thanks to better infrastructure, production methods and structure at the community level.</td>
<td>The model and its results are evaluated and documented to define the modalities of scaling up in the next phase and for advocacy.</td>
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<td><strong>HOW CAN WE GET THERE?</strong></td>
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<td>By simultaneously implementing a wide range of integrated activities at various levels</td>
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**INDIVIDUAL & HOUSEHOLD LEVEL**
- Outreach to promote gender equity
- Set up and monitor gender action plans
- Set up an innovative peer-to-peer approach at Household level: the Care Groups approach
- Outreach activities through the Care Group approach to spread key messages on good nutritional practices, infant care and WASH messages
- Support rehabilitation and construction of small water storage assets

**COMMUNITY & VILLAGE LEVEL**
- Support communes and villages during elaboration of Communal Investment Plan (CIP) in order to integrate nutritional resilience issues
- Support the strengthening of the detection and referral system for severe acute malnutrition from the community level to the referential provincial hospital for treatment
- Capacity building at the local level to spread best practices regarding WASH, water resource management, and hygiene (4 key messages)
- Support Rice Banks in villages to improve access to food during food-shortage
- Promote agricultural diversification (i.e vegetable garden) according to Good Agricultural Practices
- Build 25 new wells, repair 25 hand pumps in the 22 target villages, distribute 110 rainwater collection kits
- Set up the sanitation social marketing model through:
  - Strengthening of the demand side (Social Behavior Change)
  - Strengthening the supply chain (for latrines, water filters and hand washing stations)
  - Facilitating access to micro-finance

**DISTRICT & PROVINCIAL LEVEL**
- Set up and facilitate a coordination and information sharing platform including all types of actors: authorities, INGO and NGO at the district level
- Strengthen capacity of the Provincial Department of Rural Development (PDRD) in his role of local coordination for water management
- Share the capitalization report within expert networks at the end of the pilot phase
- Advocacy at the national level

**GET IN TOUCH WITH ACTION AGAINST HUNGER IN CAMBODIA**

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