





Overview of Approach

Humanitarian Background

Cambodia presents high undernutrition rates and important disaster risks, which is common in many developing countries. Nearly 10% of children are dangerously thin (wasted) and 32% are stunted.

These figures are even more alarming in Preah Vihear Province, Action Against Hunger's target area, which borders Thailand and Laos with a population of around 60,000 persons. In this province, 15.1% of children under five are severely malnourished and 44.3% are stunted¹.

Cambodia is among the top 10 of countries² the most exposed to disaster risk and, in Preah Vihear, recurrent seasonal floods alternate with a recent drought trend since 2014.

Approach Rationale

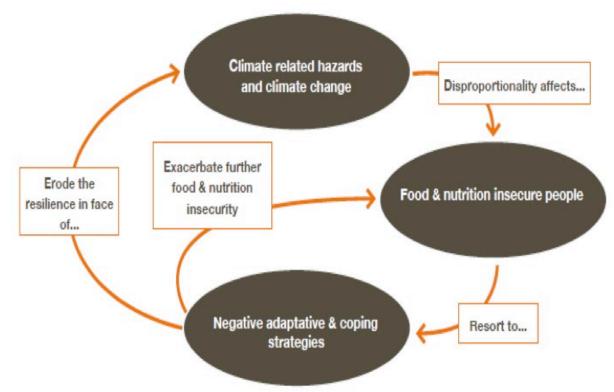
As everywhere, factors and pathways leading to undernutrition are diverse, complex, and most often interconnected. Structural deficiencies and a dynamic of recurrent shocks join forces in a vicious cycle to maintain population in a precarious situation (Figure 1)³.

The relation between shocks and undernutrition has long been established, but is heavily contextual. Indeed local vulnerability and capacities greatly determine the level of negative impact of each shock on nutrition. For example, during different drought events, increased likeliness of children born during that year to be stunted has been measured at 41% in Ethiopia compared to 72% in Niger⁴.

Acute malnutrition rates for flood-affected children in India and Bangladesh have been measured respectively at 30% and 6% higher than their unaffected peers. Numbers often show an impact but large variation exists due to differences in frequency and intensity of hazards and population vulnerability and capacity to deal with hazards.

Action Against Hunger's nutrition security policy acknowledges that "although treatment of acute undernutrition is a critical action to save lives, nutrition prevention and resilience strengthening activities are essential to having a lasting, extensive impact on undernutrition through addressing direct and indirect causes."

Figure 1. Pathways Leading to Undernutrition



Overview of Approach (Continued)

In the Preah Vihear context, it appeared key to address jointly nutrition prevention and resilience. To ensure that the objectives on improving nutrition and improving resilience were not addressed in siloes, the concept of nutrition resilience was adopted.

Furthermore, due to the complexity of factors involved in nutrition and resilience, this joint reflection was aimed at identifying interventions with the highest impact on both resilience and nutrition. There is indeed the risk of dilution of impact in project aiming at addressing both outcomes as activities become overly stretched between sectors.

Action Against Hunger defines resilience as the "capacities of people, household, communities and the systems, on which they depend to resist, absorb, cope and adapt when exposed to hazard or a set of hazards while preserving, restoring or enhancing their food and nutrition security".6

To put forward the nutrition resilience concept (Figure 2) is not radically different, but it clarifies the focus on population affected by undernutrion and systems supporting good nutrition (resilience of who/what?) and the objective to improve nutrition security (resilience for what?).

Figure 2. Nutrition Resilience Framework

Resilience of who/what?

-housholds affected by undernutrtion

-system supporting good nutrition (health, care practice, WASH, FSL...)

Resilience to what?

-frequency and intensity of shocks and stressors

Vulnerability and resilience capacities:

sensitivity to shocks and stressors -capacity to

Resilience for what?

restoring and enhancing food and nutrtion security



Implementation

To inform its project design and prioritize the most relevant activities, Action Against Hunger Cambodia has pushed forward an assessment package encompassing a Nutrition Causal Analysis (NCA), a Participatory Resilience Analysis and Measurement (PRAM) and Participatory Community Action Planning (PCAP).

Objective

The NCA and PRAM have complementary analytical objectives: one is identifying the major causes of malnutrition and the other the main gaps in capacities to deal with shocks.

These two studies have slightly different focus that reinforce their complementarity, the NCA conducts an in-depth analysis of the current structural situation and the PRAM by looking at the history of shocks and response of the population shed the light on a dynamic aspect.

The PCAP relies on the conclusion of the two analyses to feed into the participative definition of community action plan. Each village will develop its action plan on nutrition resilience.

Implementation Steps

The architecture of the participatory nutrition resilience analysis and action planning can be summarized in this chart (on the right).

Target area:

Choam Ksant District/Preah Vihear Province/Cambodia

Hypothesis: homogeneity of nutrition causes and homogeneity of disaster risks

Literature review:

Draft hypothesis of nutrition causal risk factor and review of disaster risks.

NCA PRAM Initial stakeholder workshop Initial stakeholder workshop 19 hypothesis validation Hazard ranking Selection of 47 relevant capacities Field data collection 4 communities FGDs and KIIs Field data collection 728 HH risk factor survey 3 communities FGDs and KIIs Final workshop Final workshop Result presentation and Result presentation and validation validation

PCAP

Conducted in the 12 villages targeted by the intervention:

- 1) Restitution of results of NCA and PRAM to community members
- 2) Discussion and prioritization
- 3) Definition of community nutrition-resilience action plans

Results

As a result, the NCA identified 14 major and important causes of malnutrition and the PRAM identified 15 weak capacities for resilience. Each of these elements were analyzed in detail.

For each sector of intervention, causes of malnutrition and weaknesses in resilience were analyses and appropriate intervention were discussed with the communities.

The charts on the right are the examples for Water, Sanitation and Hygiene (WASH) and Food Security and Livelihoods (FSL). The text highlighted in yellow are the interventions that were jointly recommended by both analyses while addressing the lens, resilience and nutrition.

Beyond those two sectors, the activity package for DRR that address specific resilience weaknesses and activity package for health system that addresses specific nutrition risk factors were defined.

With this analysis and given the current low level of funding for interventions in Cambodia, Action Against Hunger was able to prioritize a nutrition resilience activity package with a clear rational.

Three axes in WASH and FSL were selected that contribute to both nutrition and resilience:

- Support hygiene and sanitation with social marketing services for latrines and hand washing points (flood and drought resistant design)
- Support of community rice banks (group saving and loan of rice)
- Support of household water storage (ponds) and drought resistant gardens

Water, Sanitation and Hygiene (WASH)

Nutrition (NCA):

Resilience (PRAM):

Action (PCAP):

Support maintenance groups for water sources

Improvement of water and hygiene facilities in health centers and schools

Food Security and Livelihoods (FSL)

Household food insecurity
Agricultural dependence and poor crop
diversity
Poor resilience
Low income and limited livelihoods
Limited access to markets and poor
infrastructure



Resilience (PRAM):

Action (PCAP):

Lessons Learned and Recommendations

The full implementation of this process took 4 months (3 months for NCA and 1 month for PRAM, done in parallel, then 1 month for PCAP in 12 communities), which is a middle ground between humanitarian rapid assessment and long-term community development approach.

One day was allocated by the community for action planning which was insufficient for meaningful participation. It is recommended to stagger the PCAP over several months to avoid community overloading.

The nomination of a project committee seems necessary to sustain the process. The committee constitution needs to consider existing local structure like traditional leadership groups, water user groups, DRR committee and health volunteers.

The NCA and PRAM are framework-based analysis, which means that the conclusions are already present in the initial model. The objective of these analyses is to identify which element play a major role in a specific context.

It might lead to the feeling that the conclusion were known all along and the time invested is not relevant. This creates the risk of stakeholder disengagement. It is crucial to highlight the importance of the process, rather than just the result.

This participatory approach creates awareness and consensus between stakeholders from different sectors and build community ownership for the project.



Contact Details and Further Reading

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To learn more about Action Against Hunger's programs in Cambodia, please visit our website at www.actionagainsthunger.org.

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The views expressed in this document are the responsibility of Action Against Hunger and should not be taken, in any way, to reflect the official opinion of its partners and donors.

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¹ CDHS 2014 data.

²Cambodia is ranked #9 in United Nation 2016 world risk report.

³ Action Against Hunger 2014, "Enhancing climate resilience and food & nutrition security: technical guide".

⁴ 2007/8 UN Human Development Report.

⁵ Action Against Hunger 2014 "Nutrition security policy" p. 9.
⁶ Action Against Hunger 2012 "Enhancing climate resilience and food & nutrition security: policy" p.6.

