

## ***Community Based Child and Adolescent Mental Health Program Caritas-CCAMH –A Report for the year 2005***

The highlights of the community based child and adolescent mental health during the year 2005 are: following up the awareness building exercise with action programs in the community, setting-up registers for data-management at community level, distribution of seeds for home garden during the monsoon, sharing the achievements and challenges with the rest of the Caritas team and taking the issue of prevention of needless disability to the national level. Despite the late onset of monsoon and delay in promoting the home garden program, Caritas-CCAMH team achieved immense results with people's participation. The women groups enthusiastically promoted home garden program after the series of social communication process by the Caritas-CCAMH team. Our team successfully highlighted the issue of prevention of needless disability during the International Disability day on 3<sup>rd</sup> December 2005.

### ***1. Evidence Based Intervention and People's Right to Information***

The Caritas-CCAMH team implemented 'evidence based intervention' in collaboration with the village leaders and the volunteers for child development (VCD). The team respected the community's right to information and actively involved the community members in data collection and management, recording the various activities and keeping the records at village level to promote community participation and program sustainability. We held workshops during the months of July-August to build the capacity of the village leaders and VCDs to conduct surveys, record activities in the village and maintain records. The out-reach team facilitated the process by giving them guidance and supervision on-the-job during the field visits. By actively involving themselves in data management, the VCDs and village leaders observed and appreciated the reduction in the prevalence of various disabilities including epilepsy.

### ***2. Awareness Raising on Micronutrient deficiency and Prevention of disabilities***

The CCAMH team effectively implemented prevention of micronutrient deficiency through growing green leafy vegetables (GLV) at one's own backyard in the villages. The social communication and awareness-raising program was intensified with a focus on micronutrient deficiency just prior to monsoon. The community and team members enthusiastically launched this program to prevent needless disability among children.



*(Mr. Vantha communicating on micro-nutrient disorders)*

The community outreach team produced the communication materials on micronutrient deficiency disorders at the center and used them during the field visits to intensify the social communication programs at the community level. In bigger villages the VCDs repeated the sessions in another part of the village to reach larger number of families.

### *3. Home Garden promotion*

Due to intense social communication process the families realized the importance of micro-nutrients such as iodine and iron in the daily diet and its role of in prevention of intellectual disability and promotion of learning at school.



*VCD distributing seeds*

The participants made list of the houses with space around for home garden, the type of vegetable and the quantity of seeds needed and the CCAMH team supplied the seeds to the families through the VCDs.



*(Home garden at Chombok Trob village)*



*(Home garden at Tek Nim village)*

The emphasis was on production of green-leafy vegetables (GLV) and other quick growing varieties with iron and vitamin A content and consuming at home level This program had a huge welcome.

### *4. Capacity Building Program*

The volunteers for child development (VCD) were trained in addressing the issue of domestic violence in the community using the material produced by UNICEF. Whenever there was little educational materials such as iron and iodine deficiency disorders, the team produced it's own literature in participation with the VCDs. The community based volunteers felt more confident with the health communication materials prepared by themselves and used the materials more often.



*(Session on Domestic violence)*



*(VCDs preparing communication material)*

We conducted communication workshops for VCDs at the center in the months of September-October, the health communication materials were field tested. The book 'Where There is No Doctor' in local vernacular was consulted for relevant literature and translation of some of the technical words. The volunteers for child development (VCDs) prepared the health communication charts in collaboration with our team and did role-play during the training sessions at our center.

### *5. School based program and student's perception on 'Child Help-line'*

During the first half of the year, we worked intensively with teacher and children at Anukwat secondary school at Takhmau. We conducted the need for the 'child-help-line' and there was over whelming response from the students. The students not only welcomed the idea but also highlighted the problems for which they will seek help.



*(Ms. Phem Bowineth consulting the students)*



*(Ms. Rozet sharing the outcome with students)*

## 6. Lobbying at National level for Prevention of Needless Disability

On 3<sup>rd</sup> December we joined all the partners working in the disability sector at national level to observe the International Day for the Disabled. Our team went as a procession to highlight the rights of the disabled, particularly the intellectually disabled with banners and placards. The minister for social welfare and the dignitaries for the occasion visited the display of our activities in the stalls allocated in the exhibition grounds. This year we highlighted the prevention of disability program implemented by our team in Kandal province.



*(Procession on 3<sup>rd</sup> December 2005)*



*(Ms. Sok Phaneth explaining HE Eth Sam Heng, Minister for Social Welfare at the exhibition)*

## 7. Story of Ratha\*

Ratha was a 4 year old female kept in a bundle of old cloths by her mother whose husband had abandoned her for other women. Both her parents were alcoholic and her father was often abusive to her. She was suffering from Marasmus, Kwasiorkar and advanced level of Keratomalacia. We were at a loss to counsel the mother, as Ratha was her only child and companion. We gave her some money to go to Kantha Bopa hospital but later we came to know that the girl had died at the hospital. It was evident how the complexity of poverty, gender based violence, alcoholism, makes the children vulnerable for disability and death. The question whether we could have prevented the death of Ratha will hang over our minds for a long time to come.

*\*Name is changed for the sake of confidentiality*

## *9. Future Plan*

### *Targeting the pregnant and lactating mothers*

During the next year, we plan to selectively target pregnant mothers for distribution of iodide salt while taking the message on iodine deficiency disorders and prevention of iodine deficiency through regular use of iodized salt in the daily diet, to the entire community.

### *Extending the work to other villages*

Caritas Cambodia is working in three districts of Kandal province and the Caritas-CCMH team realizes the significance of working with the development sector which will have multiplier effect, helping significant members of the families in the community.

### *Working with Teacher trainees*

The plan to intensify our work in inclusive education has not taken off, given the limited number of staff. Instead, we are considering work with teacher training school, so as to reach maximum number of potential teachers, who will spread out to many districts in Kandal, Kompong Spue and Kompong Thom provinces.

### *Strengthening Parents Groups*

The parents of children with intellectual disability met once in four months at CCMH to discuss their children's problems, needs, challenges and what they can do to improve the quality of life of their children. We plan to organize such groups for parents of children with microcephaly, cerebral palsy, pervasive developmental disorder (PDD), and Down syndrome.

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