



<b>Project</b>	Providing Education Care and Support for Early Childhood through three Kindergartens in Russey Keo, Phnom Penh, Cambodia.
<b>Reporting period</b>	Jan 2104 – June 2014
<b>Report Type</b>	Semester report
<b>Location</b>	Russey Keo, Phnom Penh, Cambodia
<b>Partner/ Donor</b>	Projects Abroad
<b>NGO</b>	Khemara Cambodia. A Cambodian NGO work for advancement of Women & Children.

## Result 1: Children were able to exercise their rights as a child.

### Activity 1: Children received pre education.

<p><b>Description of the activity</b></p>	<p><b>Partially Achieved.</b>  <b>124 children attended, compared to 150 targets (83%).</b></p>
<p>124 children received pre-education through the three childcare centres. This is an average of 42 students per child care centre and is predicted to increase in following reporting periods as the population of Russey Keo continues to increase and awareness and reputation of the new centres rises.</p> <p>The curriculum and program consists of:</p> <ul style="list-style-type: none"> <li>• Literacy - alphabet in Khmer</li> <li>• Literacy – alphabet in English taught by Project Abroad volunteers</li> <li>• Numeracy in Khmer</li> <li>• Numeracy in English taught by Project Abroad volunteers</li> <li>• Social and personal skills development (greetings, how to treat visitors, how to treat teachers etc.)</li> <li>• Hygiene education (washing hands, brushing teeth etc.)</li> <li>• Medical checks</li> <li>• Appropriate referrals to medical centres when required</li> <li>• Dental checks</li> <li>• Morality Education</li> <li>• Story telling</li> <li>• Educational games</li> <li>• Role playing</li> <li>• Creative Activities: singing, dancing (including traditional Khmer dancing), drawing, painting</li> <li>• Science education and observation</li> <li>• Primary School transitional support</li> <li>• Home visits and checks</li> </ul>	

The childcare centres schedules are as follows:

- 6: 30 7:00: Children arrive and are welcomed
- 7: 00- 7:30: National respect
- 7: 30 - 8:00: Exercise
- 8: 00-9: 00: Breakfast
- 9: 00-9: 30: English lessons
- 9: 30-11: 00: Medical examination, dental check, hygiene education (*Rotated through week*)
- 10: 00-10: 30: Educational games and videos
- 10: 30-11: 30: Lunch
- 11: 30-2: 00: Sleep
- 2: 00-3: 00: Creative activities (including singing, dancing , drama and role plays )
- 3: 00-3: 30: Afternoon Tea
- 3: 30-4: 00: Bath / shower and hygiene education
- 4: 00-5:00: General education

There is an official parental financial contribution of 1,000 to 2,000 riel (approximately USD0.25-0.50) per day which covers the cost of lunch. However, should a parent be unable to make this contribution for reasons of poverty, it is seen to by Khemara that their child is not excluded and is offered the same level of care and education. This payment also ensures long terms sustainability of the program.

### Activity 2: Establish peer educator to educate children in the kindergarten

**Description of the activity:**

**Not yet achieved.  
0 child peers educators compared to 6 targeted (0%).**

As this is the first semester of the program, there are no graduated students as yet. No students have completed a year of pre-education. This indicator is expected to be achieved in 2015 as the first graduates of the child care centres are supported in their transition to primary school

### Activity 3: Provide education to children through games

**Description of the activity:**

**Partially Achieved.  
124 children attended, compared to the 150 targeted (83%).**

The children participate in a variety of educational games at the childcare centres each day, and these games are constantly being developed and changed by the teachers to ensure the children are being challenged and remain engaged. Games focus on teaching literacy and numeracy, as well as spatial skills (for example, building blocks) and problem solving (for example, puzzles). The range of games facilitates broad cognitive development in the students. These games are played for a minimum of 1 ½ hours each day.

This indicator is predicted to be achieved in the second semester 2014 as the population of Russey Keo continues to increase.

**Activity 4: Provide breakfast, lunch and a snack for all children in the childcare centres.**

<p><b>Description of the activity</b></p>	<p><b>Partially Achieved.</b>  <b>124 children attended, compared to the 150 targeted (83%).</b></p>
<p>Children are provided with two meals and one snack each day, consisting of:</p> <ul style="list-style-type: none"> <li>• Breakfast: rice porridge with chicken, pork or fish</li> <li>• Lunch: soup, fried vegetables and meat</li> <li>• Afternoon snack: Egg, Soy Milk, fruit and dessert (e.g. red bean, prakrong or black glass jelly. Additionally on every Tuesday the snack is egg and every Friday snack is soy milk )</li> </ul> <p>These balanced meals are accompanied by nutrition education that is taught to the students informally in the lead up to meals. Additionally, parents are taught about nutrition regularly, and are encouraged to try to provide a similar meal plan for their children at home on days they do not attend the childcare centre to ensure the children’s continued health and nutrition standards.</p> <p>Also, children are taught hygiene such as the importance of and how to wash their hands before each meal and to brush their teeth after each meal.</p> <p>There is an official parental financial contribution of 1,000 to 2,000riel (approximately USD 0.25-0.50) per day which covers the cost of lunch Funding from Project Abroad covers the cost of breakfast and snack. When a parent is unable to make this contribution for reasons of poverty, it is seen to by Khemara that their child is not excluded and does not go hungry. The total contribution from parents from for the reporting period was \$438.99. This contributes to the long term financial sustainability of the project.</p>	

**Activity 5: All children receive monthly health check-up**

<p><b>Description of the activity</b></p>	<p><b>Exceeded.</b>  <b>100% (124) of child care students received 2 health check-ups every month. 76 referrals in total.</b></p>
<p>Khemara cooperates with local health centres to ensure the health of all students at the childcare centres. Health professionals from local clinics are facilitated by Khemara to attend the childcare centres every two weeks to perform general health checks for each student. Children that displayed symptoms or health issues were then referred to clinics for treatment as needed. For the reporting period, there were approximately 2 – 8 referrals per month (76 referrals total). Reasons for referrals included:</p> <ul style="list-style-type: none"> <li>• Cough = 24 children</li> <li>• Fever = 14 children</li> <li>• Pharyngitis = 18 children</li> <li>• Rash = 12 children</li> <li>• Diarrhoea = 8 children</li> </ul>	

Khemara staffs accompanied children to the medical centres, and were taught how to administer any prescribed treatment/medicines. Teachers then conducted home visits to teach the students' parents how to administer treatment.

The average height and weight of children over the reporting period are reported below:

#### Height

Age	January	June
6 yrs	1.04m	1.10m
5 yrs	0.96m	0.98m
4 yrs	0.94m	0.96m
3 yrs	0.90m	0.92m

#### Weight

Age	January	June
6 yrs	17kgs	19kgs
5 yrs	14kgs	15kgs
4 yrs	11kgs	12kgs
3 yrs	8kgs	9.5kgs

### Activity 6: All children receive dental care and treatment

#### Description of the activity

**Achieved.**  
**124 (100%) children have received dental care and check-ups.**

All students were referred to the World Health Organization for dental check-ups twice per month. Teeth cleaning are included in every check and treatment administered as necessary. 124 (57 girls, 67 boys) children received dental checks during the reporting period. Treatments received are listed below:

- 26 children had teeth removed (10 girls, 16 boys)
- 98 children received fillings (47 girls, 51 boys)

It should be noted that children brush their teeth after every meal at the childcare centres, and parents are also regularly educated by Khemara staff on the importance of dental hygiene.

### Activity 7: Children are referred and supported to attend primary school

#### Description of the activity

**Not yet achieved.**  
**No graduates were referred to primary school in 2013-2014**

As this is the first semester of the program, there are no graduated students as yet. This indicated is expected to be achieved in 2015 as the first graduates of the child care centres are supported in their transition to primary school.

**Activity 8: Study Tours are conducted.**

**Description of the activity:**

**Not yet achieved.  
No children participated in study  
tours**

As this is the first semester of the program, there are no graduated students to conduct the school tours as yet. This indicator is expected to be achieved in 2015 as the first graduates of the child care centres are supported in their transition to primary school.

## Result 2: To enable parents, and families to recognize and play a role in taking care of their children.

### Activity 9: Conducted monthly meetings with parents.

<p><b>Description of the activity:</b></p>	<p><b>Exceeded.</b> 196 parents attended monthly rather than the targeted quarterly meetings</p>
<p>196 parents of the 124 children attended a monthly meeting with Khemara staff, aiming to share information and discuss various issues regarding the children and improve child health, education and protection.</p> <p>The meetings focused on:</p> <ul style="list-style-type: none"> <li>• The advantages of early child education as provided by childcare centers</li> <li>• The importance of attendance</li> <li>• The importance of a balanced diet and how this can be prepared in the home</li> <li>• Food suggestions and importance of clean water</li> <li>• The importance of a positive home environment</li> <li>• Fire prevention and safety in the home</li> <li>• Child rights and protection</li> </ul> <p>The increase of the involvement of fathers has been sustained across this reporting period which is very encouraging and ensures the students are receiving maximum support at home an indicated a cultural adaption to futher protect child rights in the home and community.</p>	

### Activity 10: Conducted follow-up and home visits each month per child

<p><b>Description of the activity</b></p>	<p><b>Achieved.</b> 124 (100%) children are weekly home visits conducted.</p>
<p>Home visits are conducted every week for each student. These visits are used to build rapport and to improve communication between the childcare centre staff and the parents as well as provide informal parenting education.</p> <p>The home visits are used to:</p> <ol style="list-style-type: none"> <li>1. Follow up the children who missed the class</li> <li>2. Follow up the children's health condition (especially where they have having treatment for a medical condition)</li> <li>3. Follow up livelihood of the family</li> <li>4. Observe the children's home environment</li> <li>5. Follow up children and parents' behavioural change</li> </ol>	

6. Follow up violence against children
7. Encourage the parents to send their children to the childcare centre and focus on the importance of education
8. Encourage the parents to financially support the program
9. Individually educate the parents and encourage the parents to keep their children and house clean, and encourage clean living, clean eating, and clean drinking.

As the child care centres offer reliable and high quality care for children between 6:30- 5pm, parents have been facilitated to be able to earn an income as they do not need to worry about their children if they are at the child care centres. This has led to an increase in the standard of living for the families, many families note that there is a gender balance in the home, as both mother and father are able to earn an income, and both female and male children are able to stay in school and gain an education, as young women do not need to leave school to care for younger siblings. This is benefit that was not predicted to be achieved this early on in the project and will ensure the long term benefit of the childcare centres to the larger community.

## Result 3: To promote and encourage parents to be responsible for ensuring and implementing children’s rights.

### Activity 11: Follow up children after refer to primary

<b>Description of the activity</b>	<b>Not yet achieved.</b> <b>o graduates followed up at primary school</b>
<p>As this is the first semester of the program, no students have completed a year of early childhood education and therefore have not transitioned to primary school as yet. This indicator is expected to be achieved in 2015 as the first graduates of the child care centres are supported in their transition to primary school.</p>	

### Activity 12: Staff and teacher capacity strengthened.

<b>Description of teach activity:</b>	<b>Achieved.</b> <b>100% of childcare centre staff participated in training sessions.</b>
<p>Khemara management works to constantly improve the pedagogical skill and capacity of childcare centre staff to ensure the education provided to students and the quality of care is of a high standard. Management provide internal trainings, and also arranged external trainings, In partnership with Ministry of Education, Youth and Sport, to increase the knowledge, skills and capacities of all childcare centre staff numerous areas (for example, children’s rights, early childhood development, parenting etc.). Staff are also trained on current project strategic goals and implementation.</p> <p>In particular, training in the area of Child Protection is of the utmost importance for the Khemara. The Ministry of Social Affairs, Veterans and Youth and Youth Rehabilitation (MoSVY) has classified Khemara as a Child Safe Organisation meaning Child Protection is a key strategic focus of the organisation. Refresher training on Khemara’s Child Protection Policy is conducted every six months.</p> <p>A list of external trainings that were attended by childcare centre staff in the reporting period include:</p> <ul style="list-style-type: none"> <li>• 2-days “Technology of teaching in childcare centres ” training from Prak Solida, Director of Pre-school teacher Training Centre, Ministry of Education, Youth and Sport.</li> <li>• 3-days “Technology of making material” training from Prak Solida, Director of Pre-school teacher Training Centre, Ministry of Education, Youth and Sport</li> </ul>	



### Activity 13: Refresher training provided to teachers

<b>Description of the activity</b>	<b>Achieved.</b> <b>100% of childcare centre staff participated in training sessions.</b>
<p>In addition to the trainings noted above, teachers have attended monthly refresher trainings in the areas of observation, storytelling, educational games, role playing, how to use new teaching materials and food nutrition.</p> <p>Teachers receive training in art and dance from the University of Arts.</p>	

### Activity 14: Teachers Material Making training conducted

<b>Description of the activity</b>	<b>Achieved.</b> <b>Weekly material-making meetings conducted for all centre staff</b>
<p>In order to ensure that students remain engaged and are constantly being challenged at a level appropriate to their stage of cognitive development, teaching materials are consistently updated and exchanged between the childcare centres. Staff meetings are conducted weekly to develop new materials.</p> <p>To ensure the childcare centres also look engaging and interesting for children (which helps encourage attendance), the classrooms are also constantly redecorated. Khemara volunteers play an important role in this, painting the walls, re-plotting the gardens etc. as requested. The children are also involved in this process with teachers and volunteers teaching them how to make decorations for their classrooms from craft materials that are available.</p>	

## Result 4: Build and strengthen Networks across all levels to increase access to care and support for children in the community.

**Activity 15: Conduct quarterly community education on the advantage that the parents take children to attend with childcare centre**

<p><b>Description of the activity</b></p>	<p><b>Achieved.</b> 6 community education meetings were conducted. 54 (approx.) persons are attended the meetings.</p>
<p>Khemara staff facilitates community education meetings in each village (3 villages total) quarterly to teach parents and community members about topics which are important for the parent take the children to attended childcare centre. Each quarter a different topic is covered of the following topics:</p> <ul style="list-style-type: none"> <li>• Pre-education</li> <li>• Nutrition</li> <li>• Health Service</li> <li>• contribution from parents</li> <li>• Fund Raising</li> </ul> <p>The average attendance is 9 community members (including 3 parents). Within the reporting period, several parents approached childcare centre staff offering to host the meetings at their houses (whereas previously, staff needed to request a venue within the community). This is very encouraging and shows the growing strong reputation of the project within the community and the long term sustainability of the program.</p>	

**Activity 16: Child Care Support Committee meeting is conducted**

<p><b>Description of the activity</b></p>	<p><b>Achieved.</b> 1 quarterly committee meetings conducted</p>
<p>The aim of the Childcare Support Committee is to discuss ways to continue to support the childcare centre (including community fundraising and community mobilization), to promote child rights within the communities and to education community members on the benefits of sending their children to the childcare centres (for example, they will receive pre-education, nutritious food and health services, and parents will have more time to focus on their livelihoods). The meetings also act as a feedback channel from the communities on the childcare centres, enabling staff to constantly improve the project and tailor activities to the needs of the community. The meetings are conducted quarterly.</p> <p>Members include:</p> <ul style="list-style-type: none"> <li>• Khemara Executive Director</li> <li>• Project Assistants</li> <li>• Teachers</li> <li>• Village Chiefs</li> </ul>	

- Commune Chief and Deputy Chief

This is very important that community chief and deputy chief are finding of fund raising to support childcare centre. This is reflective of the change in the Commune Council to initiate funding to child rights issues due to increased awareness of child related issues (compared only spending on local infrastructure).

## 5- Evaluation of the protect management

### 5.1 Effectiveness: Analyse the degree in which the specific goals have been met.

#### (1) Improve English

In assistance with Projects Abroad care volunteers, the students of the childcare centres receive direct English teaching as well as regular contact with native English speakers to build on and reinforce previous English language learnings. A minimum of 5 hours per week is specifically dedicated to formal English teaching. Additionally, educational games and routine activities that also incorporate informal English language teaching, both serve to increase the level of English of the students. This will be further reinforced as the first child care centre students graduate to primary school and its formal English curriculum. In addition, the parents and cares of the students are also learning Basic English from their own children who are acting as teachers to their parents.

#### (2) Promote early childhood development

Children at the childcare centres physical development is assessed through fortnightly health checks at medical centres and dental checks. The three balanced meals provided daily to all students ensures the children are receiving the nutritional requirements for growth and development. Social development is ensured through the daily activities from educational games through to meal times. Students interact with both peers and adults and develop appropriate social skills to build positive relationships. The low students/ staff ratios in the child care centres ensure that staff are able to work one on one with students who need individual assistance. The emotional and social development of students is also built into curriculum in educational games and videos. Both staff and volunteers are constantly observing the students signs of child abuse or neglect, learning difficulty or disability which are then referred on as needed. Home Visits, parent and community education session also promote early childhood development by providing education on Pre-education, nutrition, Health Service and child rights.

#### (3) Improve hygiene levels of the children

Hygiene education and assessment is structured into daily program plans for a minimum of 1.5hours per day. Also, hand washing and its importance is conducted before every meal. In addition, teeth are brushed and the correct technique and the importance of oral care are conducted after lunch. Students also have daily bath or shower at the end of the day. Hygiene education is also incorporated in parent and community education meetings.

#### (4) Improve the level of stimulation to each child

All child care centres aim to provide physical, mental and sensory stimulation to all children. Social stimulation is consistent throughout the 10.5 hours of operation of the centres where children develop friends and learn interaction and social skills by being stimulated by wide ranging social experiences that could only happen in a group environment. Books, educational toys and outdoor equipment also improve the level of stimulation of children as they play and learn from a range of new resources. Videos and games also stimulate children and lead to cognitive, emotional and social development. Teachers have undergone training on new

pedagogical techniques to and are constantly working to vary the experiences and sources of stimulation for all children.

#### **(5) Improve the quality of life for those living with disabilities**

Staff and volunteers at childcare centres conduct observation of possible signs of child abuse or neglect, learning difficulty or disability. Any cases of possible signs of child abuse or neglect, learning difficulty or disability are referred to project assistant and are followed up with correct child safe procedures. In addition Khemara offers one on one care to two children with disabilities and provide additional assistance to parents and carers where possible.

### **5. 2 Role of the Project Abroad Volunteers**

Project Abroad Volunteers have contributed greatly to the cognitive, social, emotional and physical development of students of the childcare centres. The volunteers have:

- Provide English teaching, as native English speakers, to children and through regular interactions with children, improve the spoken English level of students
- Provided one on one care and attention to students when needed or time available
- Support through observing possible signs of child abuse or neglect, learning difficulty or disability and refer on to staff
- Provide English language training to childcare centre staff
- Decreased the student/ staff ratios therefore increasing the targeted level of care that is provided to all students
- Brought with them new games, educational techniques and skills that have been adapted into curriculum
- Provided new resources and outdoor equipment to allow for stimulation and physical development
- Assist in practical activities of the day (such as meal times, hygiene and game time) to ensure the smooth running of the program and provide one on one assistance if required
- Facilitated children learning social skills and how to interact with a greater range of people through the volunteers work
- Volunteers can work to assessment and reporting of children's cognitive, social, emotional and physical development through completion of individual records
- The volunteers have also assisted to provide a stimulating learning environment through their work preparing resources and educational materials for the classrooms

### **5. 3 Beneficiaries:**

The main beneficiaries include:

- 1) The children are the main beneficiaries of the project, being provided with quality pre-education, nutrition and health care. The quality of the pre-education is reflected in their strong grades once they transition to primary school and whilst there are many cases of health care referral, these are for minor issues (fever, cold, flu etc.) and all of the students' height and weight measurements fall within a healthy range for their age. Finally, the strong attendance rates indicate the children thoroughly enjoy their time at the centres, are engaged in the lessons and want to come to centres every day.

- 2) The Parents are a key secondary beneficiary of the project. The parents are given time to focus on establishing a stable livelihood for their family, safe in the knowledge their children are being protected and cared for. Often, both mothers and fathers are participating in income-generating activities which are improving the level of gender equality in the home. Further, the increased income is reducing the stress and tension often caused by poverty and promoting harmony within the home. Additionally, the children are often acting in a teacher capacity toward their parents, teaching them about health (the risks of drinking, smoking etc.), hygiene (washing hands and brushing teeth) and nutrition, as they have learned within the childcare centres. Parents and care givers are also attending parent and community education meeting which has increased their awareness and knowledge of child rights and protection, nutrition, parenting skills and safe home environments.
- 3) The community has benefited as the income earned by parents is being largely spent in in community businesses, which all contribute to the health of the community at large. The community has benefited through increased awareness of child issues and rights through the education programs. The establishment of the centres has brought about an increase of awareness of the importance of early childhood education and development.
- 4) As direct results of the three childcare centres, new staff (teachers and cooks) have been employed by Khemara, which has increased the teacher's incomes and resultantly, has (through spending their wages) has contributed to the income of the small businesses and the community at large.

#### **5.4 Problems faced**

Enrolments are not yet at desired levels. As the centres are still only new, the community is still becoming aware of the quality early childhood education available at the centres and the importance of this education. The number of students enrolled has steadily increased since the establishment of the centres and this is expected to continue due to both increased population in the Russey Keo area, knowledge of the centres and the on-going community meetings that help to spread the word of the centres and their importance.

As the child care centres are still in the beginning stages of establishment, there are still some minor gaps in teaching materials and resources. It is expected that all centres will be equally equipped by the end of the year.

#### **5.5 Lessons Learned**

Staff have noted the more involved the parents become, the smoother the project is able to run. As the reputation of the project grows, parent and community involvement is increasing and this is very encouraging and facilitates the smooth implementation and long term sustainability of the project.

#### **5.6 Looking Forward**

As the childcare centres continue their operations into the second semester of 2014, the project is expecting:

- A sustained growth in students attending all centres

- Increased teacher training sessions
- More community and care giver awareness of the importance of early childhood education which is predicted to lead to more enrolments
- A possible move to expand the childcare program geographically into other areas with high level of need
- There is predicted to continue an increase in the number of fathers and male care givers attending the community education meetings. This will further serve to increase the gender balance and bring about whole community change and child protection.