

Final Report - Summer 2007

Healthy Community Curry Kitchen
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Overview

The Healthy Community Curry Kitchen (HCCK) at the WP/H Niggaha School in Bulathsinhala, Sri Lanka, provides a venue for daily school lunch and monthly Community Health Outreach. In a rural area of Kalutara District, Niggaha is a small community in which most adults work on tea and rubber plantations; the Niggaha School educates about 45 children in grades one through eight. The community faces many health problems associated with poverty and rural areas such as dengue fever, malaria, various infections, and poor dental health. Furthermore, access to fresh fruit and vegetables is rare, families are often unable to afford nutrient rich foods, and children rarely receive lunch after school. The HCCK aims to assist this community by reducing food insecurity, improving overall community health, and building community solidarity. These goals have guided the HCCK since its inception, but have been adapted to fit community needs.

Goals

Reducing Food Insecurity. On the most basic level, the HCCK will provide one nutritious, reliable meal each day for the school children and once monthly for the entire community. Each meal consists of red rice, two curries (protein and vegetable), a salad of local greens, fruit, and boiled water. Including all expenses, each plate costs 30 Rupees or approximately \$0.28. Originally, a weekly community meal was proposed, but daily lunches for school children were deemed more appropriate. The HCCK will also contribute to the local economy by purchasing food items from community members whenever possible.

Improving Overall Community Health. As originally intended, the HCCK will address iron, iodine and vitamin A deficiencies by serving locally available foods rich in these micronutrients and encouraging the community to use similar ingredients at home. The children will be continuously encouraged to practice good hand washing, and sanitation standards will be strictly enforced in the kitchen. Health education, occurring monthly during the Community Health Outreach, includes topics deemed relevant by community members in conjunction with the local Ministry of Health.

Community Solidarity. Although the supervisory board includes local officials and myself, community members staff the kitchen and control its daily functioning. Through this process, we hope that greater bonds will be formed between community members and that they will take pride in their work, capability, and themselves.

Participants

Towards these goals, the entire Niggaha community, the school staff, and local and district level health officials are united. Daily, three community members volunteer to cook lunch, and the manager supplies the kitchen with necessary food and equipment. The local Public Health Inspector (PHI) also inspects the HCCK for sanitation and oversees the menu on a biweekly basis. The manager and PHI coordinate the Community Outreach Days, and the Ministry of Health provides materials for education and screenings. Mrs. Shyamalee Wickramasinghe, Desk Officer for Projects Abroad, monitors program finances by examining receipts from the manager, providing him a monthly allowance, and forwarding accounting records to myself. Project funds are transferred to Mrs. Wickramasinghe every three months.

Timeline

The HCKK was completed this summer and will continue for a minimum of two years under the current budget. Further funding will be sought thereafter.

June 25th and 26th: Initial meetings with local officials and the Niggaha community.

July 2nd: Lunches begin in temporary structure

July 5th: Construction of permanent kitchen begins *July 13th*: First Community Outreach Day (dental health screenings and education; 30 volunteers from Projects Abroad hold basic first aid classes and an art competition) *July 24th*: HCKK Grand Opening Ceremony with community members and local officials; first meal cooked in the permanent kitchen *August 15th*: Construction of permanent kitchen completed *September 3rd*: School lunches resume after holiday

Results

While a full assessment is not yet possible, the HCKK is an initial success. The kitchen has provided school lunch for 7 weeks (August is a school holiday) and over 100 community members attended the first Community Outreach Day. Food insecurity is being directly addressed by providing the lunches, while dental screenings provided at the Community Outreach Day will be followed-up with treatment in September. Community solidarity *with the HCKK* is evident in the overwhelming outpouring of support. Parents and family members readily contributed whatever they could offer, including donating their trees to build the kitchen and volunteering their time to staff it; a local wholesaler and vegetable merchant will also stock the kitchen at reduced prices. Whether or not the HCKK will strengthen the community and improve relationships with the school staff is not yet apparent, but several teachers noted the parents' increased interest and involvement. At least three parents are at school each day, making a concrete contribution to the school community by preparing the daily lunch. This fosters greater communication and interaction between school staff and parents. Children also benefit from their parents' active involvement in and contribution to their school.

Specifically in the areas of food insecurity and community health, the HCKK is expected to have a greater impact than originally proposed. An unintended result of the HCKK is the possibility of improved school attendance and student retention—at least one child has already returned to the school because of the HCKK. Growth and attendance records will be examined biannually to examine possible changes in school attendance and growth rates for the children. This information may also be used to pursue future funding.

Continuous evaluation will be conducted over the next two years, and changes will be made based on community requests and supervisor observations. For example, it may eventually become necessary to pay community members to cook. The HCKK belongs first and foremost to the Niggaha community, and, therefore, it seems inconsistent to turn it into a workplace. However, community members are losing wages for each day they choose to cook, and the voluntary system may not prove to be a permanent solution. If at any point in the future it becomes impossible to find volunteers, a small stipend will be offered to people to cook, or permanent cooks will be hired from the community, as was the original intention.

It should also be noted that the HCKK was intended to provide a secular meeting place for Sinhala, Tamil, and Muslim people. In choosing a community, it was apparent that mixed communities were not only rare, but often found in the urban/coastal areas already receiving international aid. Niggaha, an entirely Sinhala and Buddhist community, was selected based on overwhelming need, strong local leadership, and a true desire to host the HCKK.

Implications

For the purposes of this project, peace is defined as a sense of wellness, both social and physical, in which stressors on the community, family, and individual are reduced and healthy growth is facilitated. The HCKK has immense potential for fostering peace, as its goals will be pursued for a minimum of two years. Stress on families—particularly breadwinners—is expected to be reduced through the provision of daily lunches that also promote bodily and intellectual growth in children. Physical wellness is facilitated through health screenings, treatment, and education provided to the entire community. Finally, the HCKK will foster invaluable personal ties between community members, school staff, and local officials.

The lesson I take from the HCCK is that extreme adaptability is necessary for this type of project to succeed. The original project proposal was completely overhauled, and the HCCK continues to mold itself to the community's needs. Furthermore, the Niggaha community has inspired me to see potential, rather than the need. This project is a success only because the community immediately took ownership of it, and the Healthy Community Curry Kitchen became our common vision.

