

ENDING **MALNUTRITION** IN CAMBODIA IS POSSIBLE



2018 Cambodia Policy Brief on
NUTRITION

ENDING MALNUTRITION IN CAMBODIA

Cambodia has greatly improved child health over the past two decades, but poor nutrition threatens further growth and development.

Key Recommendations

World Vision calls for the Royal Government of Cambodia to:

- Lead on the development and adoption of an ambitious multisectoral National Strategy on Food Security and Nutrition (NSFSN) 2019-2023, ensuring that it receives adequate funding and supporting the quality of implementation and the progress of its commitments to the Scaling Up Nutrition (SUN) movement.
- Improve the implementation of Sub-Decree 133 by supporting the functioning of the Oversight Board and providing a public mechanism to report violations in breast milk substitute marketing.
- Adopt updated Community Participation Policy (CPP) and Primary Health Care Policy and integrate Village Health Support Groups (VHSGs) into the formal national health system.

Malnutrition is the underlying cause of death for at least 3.1 million children in the world, accounting for 45% of all deaths of children under 5ⁱ. In 2017, of all children under 5 years of age globally, 151 million were stunted, 51 million wasted and 38 million overweightⁱⁱ. Asia is estimated to have the largest number of children under 5 suffering from malnutrition in the world (with 83.6 million stunted, 35 million of wasted and 17.5 million of overweight). Two out of five stunted children under 5 are thought to live in Southern Asiaⁱⁱⁱ. This contributes to increased child mortality as children are more vulnerable to infection and disease.

Despite some good progress, the number of Cambodian children under 5 suffering from malnutrition has remained high with 32% of these children showing sign of stunting, 24% being underweight and 10% being wasted^{iv}. Unfortunately, these levels are above the nutrition targets of the Millennium Development Goals (MDGs)^v. Malnutrition also reveals an equity gap in Cambodia with stunting being more common in rural areas (34%) than urban areas (24%) and is least common among the children of more educated mothers and wealthier families.^{vi}

Why is malnutrition prevalent?

It is often thought that malnutrition is simply the result of not having enough food; however, a child (or adult) can have enough food to eat and still be poorly nourished if they do not eat the right foods at the right times. They must also receive the necessary health care (e.g. vaccinations) and have access to clean water and sanitation to protect them from infection and disease, which can reduce the absorption of needed nutrients.

A primary cause of malnutrition in Cambodia is diarrhea as result of poor sanitation in households and the community (e.g. primary school). When a child experiences repeated bouts of diarrhea, accompanied by food that has low nutritional value, they can become chronically malnourished.

Chronic malnutrition results in stunting, which impairs a child's growth and development. Stunting has lifelong and irreversible impacts on the physical and cognitive development of children, reducing the future productivity and economic growth on a country, while also increasing national health care costs.^{vii} In 2014, the Council for Agriculture and Rural Development (CARD), the World Food Program (WFP), and the United Nations



International Children's Emergency Fund (UNICEF) estimated that malnutrition costs Cambodia up to US\$400 million annually, or 2.5% of its GDP.^{xviii}

Malnutrition makes children more vulnerable to infection and disease, which can prevent further progress in lowering the child mortality rate. With more than half of pregnant women (53%) suffering from anemia^x, leading to more premature deliveries and low birth weight for babies^x, malnutrition can become inter-generational (56% of children between 6-59 months are anemic).^{xi}

One of the best ways to ensure proper nutrition for infants and children is through appropriate feeding practices, especially breastfeeding, during the first 1,000 days of life. However, Cambodia has not shown great improvement in this area.^{xii} Initial and exclusive breastfeeding is essential for a child's nutrition, but an urgent need remains to educate mothers and promote the benefits of breastmilk over breast milk substitutes, like baby formula.^{xiii}

Another good way to improve nutrition for young children in Cambodia is through Community Participation in Health (CPH), especially Village Health Support Group (VHSG). These community groups contributed significantly to the achievement of MDGs 4-6 on reducing child mortality and child under-nutrition.^{xiv} The CPH program is recognized as a community participation approach and a local mechanism to sustainably improve health through establishing ongoing feedback from health centers (HCs) to communities and from communities back to HCs. Each village should have 2 mixed-gender VHSG members to serve approximately 300 people in their community,^{xv} with one of the members focusing on improving nutrition. Although VHSGs play an essential role in preventing and responding to malnutrition, the lack of financial support, poor supervision, lack of professional development opportunities and insufficient ongoing/refresher trainings are negatively impacting their effectiveness in their communities.

Opportunities for progress

Addressing nutrition multisectorally:

In order to fully address the causes and effects of malnutrition, joint efforts are required across a range of sectors, including agriculture, education, water and sanitation, and health care. Cambodia can continue to strengthen its multisectoral approach by integrating national policies and programs that improve nutrition. For example, agriculture and food security programs can increase access to foods that are nutrient rich, and nutrition lessons can be added to school curricula to improve food-related practices in households. Multisectoral approaches require strong coordination and accountability across responsible government ministries and will lead to better and more sustainable outcomes.^{xvi}

Improving nutrition in the 'First 1,000 Days':

The first 1,000 days of a child's life, from conception until age two, is a window of opportunity to secure proper child development. During this time, a child needs exclusive breastfeeding for the first six months, then continued breastfeeding with complimentary foods up to age 2 or beyond, with supplementation to ensure adequate intake of iron and other key nutrients. A mother's nutritional status at the time of conception and during pregnancy is critical for both the health of the mother and for optimal fetal growth and development.^{xvii} However, mothers and children face many challenges during this critical time of development, including social and economic pressures that undermine good nutrition practices. For example, a recent survey of 110 brands of infant formula in six provinces of Cambodia found that none of these brands were fully compliant with Cambodian legislation designed to prevent misleading product promotions.^{xviii} This leads to increased confusion and misinformation on healthy feeding practices.^{xix}

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Addressing nutrition through Community Participation Policy (CPP):

Cambodia's current policy on community participation was approved in 2003 to promote the use of community volunteers in the national health system.

Health Centers are responsible to provide technical training and supervision to support VHSGs. However, to address the gaps in financial and technical support from HCs, the Ministry of Health (MoH) has allowed NGOs to contribute to capacity building of VHSG members and to support them in implementing activities under their responsibilities.

The Royal Government of Cambodia (RGC) can support the sustainability of these initiatives by reviewing and updating the policy, increasing financial support to improve implementation of activities, and integrating VHSGs into the formal health structure.

Government responses

The government has made significant progress in responding to child malnutrition issues. The call for re-enforcement of sub-decree 133 by the Prime Minister on National Nutrition Day of November 2015 is a good example of this improvement.

In mid-2015, the MoH issued warning letters to all HCs, pharmacies, and private companies to strictly implement and comply with the sub-decree.

The Oversight Board – a committee that is responsible for monitoring the implementation of sub-decree 133 – was officially established and the whole monitoring system was piloted in four provinces in 2017.^{xx}

A total of 32 cases violating Sub-Decree 133 were filed by a civil society to the Executive Working Group (EWG) of the Oversight Board for further actions. As a result, 16 violators received warning letters.

A follow up system has been set in place to ensure that violators will be monitored and further actions taken if needed.

World Vision calls on the Royal Government of Cambodia to:

Strengthen Cambodia's multisectoral approach to nutrition:

- Develop an ambitious NSFSN 2019-2023 and ensure adequate funding and quality implementation aligned with Sustainable Development Goal (SDG) #2.
- Build upon the recent commitment to the SUN movement by strengthening good nutrition practices, supplement allocation, food fortification, and dietary diversification programs.

Scale-up key interventions that improve the nutritional status of achildren in their first 1,000 days of life:

- Enforce Sub-decree 133 on the Marketing of Products for Infant and Young Child Feeding by ensuring that the Oversight Board is fully operational and by strengthening the Sub-decree 133 violation complaint mechanism and tools to further engage the public.
- Effectively address child diarrhea by investing in improved sanitation for rural and urban communities, and implement policies that prevent and treat diarrhea (including scaling-up zinc supplementation and oral rehydration solution at the community level).

Improve the understanding of malnutrition among Cambodian people

- Build upon the progress made in understanding of exclusive breastfeeding through education programs on correct complementary feeding practices.
- Subsidize national television programs for nutrition promotion in collaboration with NGOs.
- Ensure regular education and outreach by VHSGs and schools to include nutrition education and promotion.



Revise Community Participation Policy to reduce the number of children suffering from malnutrition

- Ensure that VHSGs in Cambodia meet the global standards of functionality according to the |Community Health Worker (CHW) assessment and implementation tool.^{xxi}
- Update and adopt the Community Participation Policy and Primary Health Care Policy.
- Integrate VHSGs into the formal national health system.
- Provide technical support to sub-national authorities to secure and integration of VHSGs into Commune Investment Plans.

World Vision's Health and Nutrition Programme in Cambodia

Health and Nutrition is one among World Vision's four strategic programmes including Health and Nutrition, Education, Child Protection and Youth. Our Health and Nutrition programme's goal is to increase in children who are healthy and well nourished. Annually, over 220,000 children are directly impacted by our Health and Nutrition Programme through our 93 Health and Nutrition projects in Phnom Penh and 9 provinces across Cambodia.



i The Guardian, Malnutrition identified as root cause of 3.1 million deaths among children, 2013.

ii UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates (2018).

iii United Nations sub-region, 2017.

iv CARD (2016). National Action Plan for Zero Hunger Challenge in Cambodia.

v The MDGs targets were 25% stunting, 6% wasted and 19% underweight.

vi Ibid.

vii Horton, et al. (2010). Scaling up nutrition: what will it cost?. World Bank

viii Bagriansky, et al. (2014). Damage assessment report: the economic consequences of malnutrition in Cambodia. World Food Programme.

ix CDHS 2014.

x Countdown to 2015 (2013). Accountability for Maternal, Newborn and Child Survival.

xi Charles, C.V., Summerlee, A. J., & Dewey, C. E. (2012). Anemia in Cambodia: prevalence, etiology and research needs. Asia Pacific journal of clinical nutrition, 21, 171.

xii According to the data from the CDHS 2014, exclusive breastfeeding has declined with only 65 percent of children under 6 months of age exclusively breastfed, compared to 75% in 2010. Thirty-four percent of children aged 12-23 months were fed with a bottle in 2014, as compared with 25 percent in 2010.

xiii World Vision (2014). Improving Child Nutrition by Enforcing Sub-Decree 133.

xiv WHO Regional office for Africa, (2017). Community Health Worker Programmes in the WHO African Region: Evidences and Options – Policy Brief.

xv Inter-ministerial Committee on Primary Health Care (IMCPHC) (2002), Implementation Guidelines for the National Policy on Primary Health Care.

xvi World Bank (2013) Improving Nutrition Through Multi-sectoral Approaches.

xvii The Lancet (2013) Maternal and Child Nutrition series.

xviii World Vision and HKI (2015). Breast-milk Substitutes Promotion and Labeling Violations: Observations at Points-of-sale in Six Provinces across Cambodia.

xix Save the Children, HKI, UNICEF, WHO, World Vision (2014). Joint statement on breast milk substitutes in Cambodia.

xx ARCH, 2017, Strengthening monitoring and enforcement of the Code in Cambodia

xxi For more details, see [here](#).

World Vision



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World Vision first entered Cambodia in 1972. For over 40 years, World Vision has committed to child well-being. Health and Nutrition is one among our four strategic programmes including Education, Health and Nutrition, Child Protection and Youth.

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