ENDING MALNUTRITION IN CAMBODIA IS POSSIBLE
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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 5. In 2017, of all children under 5 years of age globally, 151 million were stunted, 51 million wasted and 38 million overweight. 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 Asia. 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. Unfortunately, these levels are above the nutrition targets of the Millennium Development Goals (MDGs). 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.

**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 of a country, while also increasing national health care costs. In 2014, the Council for Agriculture and Rural Development (CARD), the World Food Program (WFP), and the United Nations...
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.

Opportunities for progress

Addressing nutrition multisectorally:

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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. 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. This leads to increased confusion and misinformation on healthy feeding practices.

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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.** 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 children 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.\textsuperscript{xix}
- 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.

\begin{itemize}
\item 222,410 children from 0-5 years benefited
\item 85,937 Girls beneficiaries
\item 5,102 most vulnerable children beneficiaries
\end{itemize}

\textsuperscript{i} The Guardian, Malnutrition identified as root cause of 3.1 million deaths among children, 2013.
\textsuperscript{iii} United Nations sub-region, 2017.
\textsuperscript{v} The MDGs targets were 25% stunting, 6% wasted and 19% underweight.
\textsuperscript{vi} Ibid.
\textsuperscript{vii} Horton, et al. (2010). Scaling up nutrition: what will it cost?. World Bank
\textsuperscript{ix} CDHS 2014.
\textsuperscript{x} Countdown to 2015 (2013). Accountability for Maternal, Newborn and Child Survival.
\textsuperscript{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.
\textsuperscript{xiii} World Vision (2014). Improving Child Nutrition by Enforcing Sub-Decree 133.
\textsuperscript{xv} Inter-ministerial Committee on Primary Health Care (IMCPHC) (2002), Implementation Guidelines for the National Policy on Primary Health Care.
\textsuperscript{xvi} World Bank (2013) Improving Nutrition Through Multi-sectoral Approaches.
\textsuperscript{xx} ARCH, 2017, Strengthening monitoring and enforcement of the Code in Cambodia
\textsuperscript{xxi} For more details, see [here](https://www.worldvision.org).
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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.