

Cambodia has made great progress in child and maternal health over the past two decades, but poor nutrition threatens further progress.

Key Recommendations

World Vision calls for the Royal Government of Cambodia to:

- Fully implement the new multi-sectoral National Strategy on Food Security and Nutrition 2014-2018 & act on commitments to Scaling Up Nutrition (SUN) movement.
- Proactively enforce legislation that protects the nutritional status of children during the “First 1,000 Days”
- Improve Cambodian citizens nutritional status through food fortification and complimentary feeding programs.

Malnutrition is the underlying cause of 45% of child deaths globally¹, contributing to child mortality by making more children vulnerable to infection and disease. Between 1990 and 2011 in Cambodia, child and maternal mortality decreased by over 60%² and 70%³ respectively, showing that the Kingdom is on track to meet both Millennium Development Goals 4 and 5.⁴

However, up to 40% of children under-five still remain malnourished, and there has been no demonstrable reduction in stunting rates since 2005.⁵ Malnutrition also shows an equity gap in Cambodia with stunting being more common in rural areas (42%) than urban areas (27%) and least common among children of more educated mothers and wealthier families.⁶

Why is malnutrition prevalent?

It is often thought that malnutrition is simply the result of not having enough food; yet, a child (or adult) can have enough food to eat and still be poorly nourished if they do not have 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 reduces 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 physical and cognitive development of children, reducing a country’s future productivity and economic growth, and adding significantly to national health care costs.⁷ Just recently, the Council for Agriculture and Rural Development

(CARD), WFP, and UNICEF estimated that malnutrition alone costs Cambodia up to US\$400 million annually, or 2.5% of its GDP.⁸

Malnutrition makes children more vulnerable to infection and disease, which can prevent further progress in child mortality. Additionally, with more than half of pregnant women (52%) suffering from anemia⁹, which can lead to premature deliveries and low birth weight for babies,¹⁰ the impact can become generational – 55% of children between 6-59 months were anemic.¹¹ One of the best ways to ensure proper nutrition for infants and children is through appropriate breastfeeding practices, and Cambodia has demonstrated good progress in this area.¹² Initial and exclusive breastfeeding is essential for a child’s nutrition during the first 1,000 days of life, but there remains an urgent need to promote its benefits over breast milk substitutes like baby formula.¹³ Better education and dietary diversification programs are needed to make long-term progress.

Opportunities for progress

Addressing nutrition multi-sectorally: In order to fully address the causes and effects of malnutrition, joint efforts are required across a range of sectors, including agriculture, education, water sanitation, and health care. Cambodia can continue to strengthen its multi-sectoral approach by integrating national policies and programs that improve nutrition. For example, agricultural and food security programs can increase access to foods that are nutrient rich, and including nutrition education in school curricula can increase good nutrition practices in households. Multi-sectoral approaches require strong coordination and accountability across responsible government ministries and will lead to better and more sustainable outcomes.¹⁴

Increasing consumption of highly nutritious and fortified food: Dietary diversification and fortification programs increase the intake of micronutrients by encouraging the consumption of foods with high nutritional value and adding vitamins and minerals to staple foods during manufacturing. In particular, food fortification has proven to be a rapid and cost-effective method to enhance nutrition without drastic changes in diet (as seen in the success of mandatory salt iodization¹⁵). There is great potential to further reduce anemia prevalence through iron fortification of fish and soya sauce.¹⁶

Improving nutrition in the ‘First 1,000 Days’:

The first 1,000 days of a child’s life, from pregnancy until age two, is a window of opportunity for child development. During this time, a child needs exclusive breastfeeding up to six months, complementary feeding, adequate iron and other vitamins. The nutritional status of mothers at the time of conception and during pregnancy is critical for both the health of the mother and for ensuring healthy fetal growth and development.¹⁷ 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 nearly 20 brands of infant formula in Phnom Penh found that none of them were fully compliant with legislation preventing illegal product promotion.¹⁸ This leads to increased confusion and misinformation on healthy feeding practices.¹⁹

Government responses

The Royal Government has highlighted the importance of a multi-sectoral and integrated approach through the *National Strategy for Food Security & Nutrition (NSFNS 2014-2018)*. Additionally, the choice to join the Scaling Up Nutrition (SUN) movement, and to promote nutrition as a priority issue in the NSDP 2014-2018, is a very encouraging response to combat existing nutritional challenges. Focus must now shift to implementation of these good policies and ensuring good coordination across all stakeholders.

World Vision calls on the Royal Government of Cambodia to:

Strengthen Cambodia’s multisectoral approach to nutrition:

- Prioritize implementation and budget allocation for the *National Strategy for Food Security & Nutrition 2014-2018* and ensure that each ministry is accountable to commitments.

- Build upon the recent commitment to the SUN movement by strengthening good nutrition practices, supplement allocation, food fortification, and dietary diversification programs.
- Reduce iron micronutrient deficiencies by passing new composition standards and a mandatory sub-decree for iron fortification of soya and fish sauce.
- Undertake a national consumption survey to identify new effective vehicles for micronutrients.

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 establishing a functional monitoring authority for the advertising, retailing and promotion of breast-milk substitutes.
- Effectively address child diarrhoea by investing in improved sanitation for rural communities and informal urban settlements, and implementing policies that prevent and treat diarrhoea (including scaling-up zinc supplementation and oral rehydration solution at community level).

Improve the understanding of malnutrition among Cambodian citizens

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

1 Black, et al. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, 382(9890), 427-451.
2 UNICEF (2012). *Committing to Child Survival: A Promise Renewed*. Progress Report.
3 WHO, UNICEF, UNFPA, & World Bank (2012) *Trends in Maternal Mortality: 1990-2010*.
4 MDG 4: reduce child mortality by two-thirds; MDG 5: reduce maternal mortality by three-quarters by 2015.
5 Cambodia Demographic and Health Survey (CDHS) 2010.
6 Countdown to 2015 (2013). *Accountability for Maternal, Newborn and Child Survival: The 2013 Update*.
7 Horton, et al. (2010). *Scaling up nutrition: what will it cost?*. Washington, DC: World Bank.
8 Bagriansky, et al. (2014). *Damage assessment report: the economic consequences of malnutrition in Cambodia*. World Food Programme.
9 CDHS 2010.
10 Countdown to 2015 (2013). *Accountability for Maternal, Newborn and Child Survival: The 2013 Update*.
11 CDHS 2010; 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(2), 171.
12 CDHS 2010: exclusive breastfeeding is becoming common practice with more than 70% of children under 6 months of age being exclusively breastfed, compared to 60% in 2005. From 35% in 2005 to 65% in 2010 UNICEF (2012) - *Children in an Urban World*.
13 World Vision (2014). *Improving Child Nutrition by Enforcing Sub-Decree 133*.
14 World Bank (2013) *Improving Nutrition Through Multi-sectoral Approaches*.
15 CDHS 2010.
16 Theary, et al. (2013). Fish sauce, soy sauce, and vegetable oil fortification in Cambodia: Where do we stand to date?. *Food & Nutrition Bulletin*, 34.
17 *The Lancet (2013) Maternal and Child Nutrition series*.
18 World Vision (2014). *Improving Child Nutrition by Enforcing Sub-Decree 133*.
19 Save the Children, HKI, UNICEF, WHO, World Vision (2014). *Joint statement on breast milk substitutes in Cambodia*.