



# SAVING LIVES IN THE FIRST THOUSAND DAYS

World Vision  
Cambodia

In Cambodia, under-nutrition remains the underlying cause of much of the health issues faced by children and mothers. Poor infant feeding practices persist, as does the tendency for many Cambodians to seek medical help at the last possible moment.

The under-5 mortality rate is high at 88 deaths per 1,000 live births and 77 percent of rural dwellers have no access to improved sanitation facilities. The risk of contracting diarrheal infection is 3 to 4 times higher among children who are malnourished. Approximately 29 percent of children under 5 are underweight.

Despite Cambodia's economic and technological advances, many of its hospitals and health centers remain understaffed and lack the resources and expertise to provide sanitary, safe, and reliable services.

Among impoverished communities, pregnant women and small children are particularly vulnerable. A combination of precarious livelihoods, increased migration from rural to urban sectors, perpetuating gender inequalities, and cultural taboos impedes the adoption of positive health practices.

Though many challenges persist, the prevalence of HIV and AIDS in the population has dropped significantly from 0.9 percent in 2006 to 0.6 in 2011. As of 2010, 90 percent of people living with HIV and AIDS have access to antiretroviral drugs.

There remain, however, other health fronts to tackle, including the high rates of tuberculosis and mosquito-borne diseases such as malaria and dengue. There is also the risk of food, water and mosquito borne diseases such as dysentery, hepatitis A, typhoid, and dengue fever.

World Vision's health interventions focus on the first 1,000 days of life - the time between conception and a child's second birthday (-9 to +24 months) - which are critical in determining the child's proper cognitive and physical development. This period is when a child is most vulnerable to under-nutrition and illnesses that could lead to irreparable, lifelong negative effects.

## THE FACTS

- Under 5 mortality rate: 88 per 1,000 live births (UNDP)
- Proportion of children underweight (under five): 29% (World Bank)
- Proportion of pregnant women receiving prenatal care: 89% (World Bank)
- Proportion of births attended by skilled health staff: 71% (World Bank)
- Maternal mortality rate: 250 per 100,000 live births (World Bank)
- Proportion of children breastfed under 6 months: 73.50% (Trading Economics)
- Proportion of population with access to improved sanitation facilities: 31% (World Bank)

- *The Water and Sanitation Program Report Cambodia (2012)*
- *The World Bank (2012)*
- *UN AIDS Cambodia Country Progress Report (2012)*
- *UNDP International Human Development Indicators Cambodia (2011)*
- *World Health Organization Cambodia Reduces Maternal Mortality Report (2012)*

## WORLD VISION'S RESPONSE

World Vision works to improve the health of children and women of reproductive age through the adoption of effective health promoting behaviors and access to primary health care and clean water.

In 2011, World Vision focused on addressing the problem of malnutrition and infant mortality by implementing health and nutrition projects that monitored the first 1,000 days of life. This period, from conception to a child's second birthday, is critical for cognitive and physical development. World Vision collaborated with 70 government health centres and benefited more than 54,000 pregnant and lactating mothers, and 62,000 children under the age of two.

- **Mothers:** Antenatal care, delivery by skilled birth attendants, postnatal care, postnatal supplements and birth spacing.
- **Children:** Measles vaccination, vitamin A supplements, ORS/Zinc for diarrhea, de-worming, and iron supplements.
- **Households:** Early initiation of breastfeeding, exclusive breastfeeding, appropriate complementary feeding, hand washing, and iodized salt for cooking.

World Vision works to improve access to safe water, sanitation infrastructure, and good hygiene habits so mothers can raise their children in a healthy environment with clean water and sanitation facilities that can help reduce the risk of disease and infection.

Through our Prevention of Mother to Child Transmission (PMTCT) initiative, World Vision facilitates HIV counseling and testing for pregnant women and to ensure that HIV positive pregnant women receive anti-retroviral medication and opportunistic infection treatment prophylaxis. World Vision also works with orphans and children infected and affected by HIV and AIDS to make sure they have the same educational and vocational opportunities as all children, and to reduce stigma and discrimination.

### BETTER HEALTH, BRIGHTER HOPES



Ly Savin, 25, lives in Sre Andong village in Battambang Province with her husband. They are farmers with a plot of land for cultivation. She attributes the good health of her two sons, Ly Hour, 5, and Ly Hourng, 2, to World Vision's campaign to promote good health practices.

When Savin was pregnant with her first child in 2006, she refused to listen to World Vision ADP staff or the village health group and the health centre staff who tried to teach her

how to prevent communicable diseases by boiling water, keeping clean, and sleeping under mosquito nets.

Moreover, she only went for two antenatal check ups to get iron tablets and receive tetanus injections. Savin did not consume all the tablets and ate low-nutrition foods. After giving birth, she slept on a bed heated on top of a fire and drank traditional medicine and wine.

Her firstborn did not receive any vaccinations. Instead, she says, "I fed drops of water to my baby within three hours after birth and I began giving him food when he was three to four months because I saw he was small and my breast milk was not enough. I did not prepare nutritious foods for my son. I practiced poor hygiene so he often became sick with diarrhea, fever, and respiratory problems."

During her second son's pregnancy, Savin had learned her lesson. "My husband always brought me to the health centre for antenatal check ups and encouraged me to take iron tablets. The village health support group also visited me at home. [My second son] was breast-fed immediately and I no longer gave him drops of water. I received Vitamin A, IFA tablets and Mebendazol. I ate meals with nutritious food."

As a result of her improved health habits, Savin no longer had pale eyelids or hands and she felt full of energy after the birth of her second child. "I

brought my [second child] to get all the necessary vaccinations and I exclusively breastfed him for six months," she says. Savin also received training on how to make nutritious foods such as borbor, a mix of rice with green leafy vegetables, pumpkin, egg yolks, meat (fish, chicken, or pork), and oil.

Savin started attending home gardening and chicken raising workshops to supplement her family's livelihood. Each time she sells her chickens, she says, "I can earn 100,000-150,000 Riel (USD\$25-37). From this income, I can buy rice, clothes, learning materials for my children to go to school and I am able to join traditional ceremonies."

A village leader selected Savin to become a model mother in 2011 tasked with training other mothers on good infant and young child feeding habits, and to encourage them to utilize the health centre services. She is also a model entrepreneur, helping others to recognize the value of a small enterprise such as chicken-raising.

"I would like to thank the World Vision Health and the Nutrition project and staff that have supported trainings on breastfeeding, home-gardening and small animal raising, nutritious food and sprinkles. I hope that my community can learn a lot from my story about the breast feeding practice and the success of chicken raising," says Savin. ■