



# Unlocking Cambodia's future by Significantly Reducing Rates of Child Malnutrition



The number of children suffering from malnutrition in Cambodia has been reducing in recent years; however, the rate of progress remains unacceptably slow and continues to threaten the development of human capital.

## What is happening in child nutrition?

32% of children are stunted, 24% are underweight, and 10% are wasted. This is a very high prevalence of malnutrition, and reveals an equity gap in Cambodia with stunting being more common in rural areas (34%) than urban areas (24%) and is less common among the children of more educated mothers.<sup>i</sup> Levels of stunting vary widely among provinces in Cambodia, ranging from 18% in Phnom Penh to 44% in Preah Vihear and Stung Treng. In addition to geography, poverty also plays a major role in how malnutrition impacts the population, with children from households in the lowest wealth quintile more likely to be malnourished than children from households that are wealthier.<sup>ii</sup>

One of the main contributors to malnutrition in Cambodia is diarrhea as result of poor sanitation in households and in community areas (such as pre-schools and primary schools). When children experience repeated bouts of diarrhea, accompanied by food that has low nutritional value, they can become chronically malnourished and have increased vulnerability to infectious diseases.<sup>iii</sup>

Many children are also born with poor nutrition due to the high percentage of pregnant women suffering from anemia (53%)<sup>iv</sup>, which leads to more premature deliveries and low birth weight for babies.<sup>v</sup> In this way, malnutrition can become an inter-generational burden.

## What is the impact if not addressed?

Stunting is hitting children at a critical window of their development, with 16% of newborns already stunted by 6 months of age and peaking at 40% among children 36–47 months.<sup>vi</sup> Malnutrition at such a large scale can have long term negative impacts on the country. For example, in 2014 the Council for Agriculture and Rural Development, the World Food Program, and UNICEF estimated that malnutrition costs Cambodia up to US\$400 million annually, or 2.5% of its GDP.<sup>vii</sup>

Through a variety of measures, stunting has lifelong and irreversible impacts on a child's physical and cognitive development and can reduce future annual income for both men and women, as well

**Child nutrition** is enshrined in the United Nations Convention on the Rights of the Child, and is a key component of achieving **SDG 2**:



End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

as increasing health costs.<sup>viii</sup> Without an effective strategy that links nutritional gains with other sectors – including education, social protection, labor protection for working mothers and affordability of nutritious foods – Cambodia may struggle to develop the human capital necessary for achieving its 2030 ambitions.<sup>ix</sup>

## What are the obstacles to progress?

Too often, malnutrition is understood to be caused simply by not having enough food to eat. In reality, good nutrition is about having the right foods at the right time, along with receiving necessary health care and access to clean water and sanitation. Malnutrition is a “multi-sector” issue, and improving it requires well-coordinated and interconnected interventions from a range of actors for a sustained period of time. Reductions in malnutrition will not be achieved without greater levels of cross sectoral coordination and joint efforts in agriculture, education, water and sanitation, and health care.

Cambodia has had a multisector strategy to improve nutrition among children and pregnant women; however, the inter-ministerial coordination required for this to be successfully implemented has been lacking. This obstacle will become more and more serious as the situation for children and families evolves. For example, a growing number of women of child-bearing age are migrating internally for employment, resulting in different requirements for accessing ante and post-natal care services, and their children are often left with other family members, which means they cannot be exclusively breastfed for six months. In the face of such shifts, multi-sectoral approaches that are well coordinated and accountable across ministries are critical for sustaining nutritional outcomes for children.<sup>x</sup>

One of the best ways to ensure proper nutrition for infants and children is through appropriate feeding practices during their first 1000 days (from conception until they are 2 years old). This period of time has been described as a critical window of opportunity for health, nutrition and cognitive

development, which are all keys to future health, wellbeing and income potential.

Exclusive breastfeeding for the first six months of life and continued until age two (or beyond) is the best nutritional choice for children.<sup>xi</sup> However, only 65% of children are exclusively breastfed from 0-5 months of age.<sup>xii</sup> Many parents are unsure of appropriate feeding practices during their baby’s first 1000 days. This is partly because Cambodia has been flooded with mixed and confusing messages about the best way to feed newborns and infants, with many caregivers adopting feeding practices that are not best for their children – introducing different types of food too early (such as rice porridge or soup) or spending large amounts of money on chemical milk products (baby formula). Much of this confusion can be attributed to misleading marketing information and illegal promotions that targets caregivers. A survey of breast milk substitutes in 6 provinces in 2018 found that none of the 165 different products available for sale fully complied with Cambodian law or the international guidelines that are designed to protect citizens from misleading information and improve nutritional practices.<sup>xiii</sup>

At the local level, Cambodia has a strong cadre of community health volunteers, called Village Health Support Group (VHSG) who are critical for supporting the community level participation in programs that prevent and respond to malnutrition. However, VHSGs are not fully integrated into the formal health system and usually lack the training, financial support and supervision to be truly effective. They may also not have the ability to influence or understand the impacts that services other than Health Centers has on malnutrition.<sup>xiv</sup>

Malnutrition can be reduced by improved inter-ministerial coordination of resources, improving training and technical support to sub-national authorities and VHSGs, and by updating policies for community participation policies that guides the activities and accountability for VHSGs.

## What needs to be done?

While estimates exist on the economic costs of malnutrition, the real long-term impacts of malnutrition on both individual children and Cambodian society as a whole are incalculable and pose a significant threat to child rights and future economic growth.

To change the game on child nutrition, the Child Rights Now! coalition recommends that the Royal Government of Cambodia:

1. Further strengthen Cambodia's **multisectoral approach** to improving nutrition through an ambitious new National Strategy on Food Security and Nutrition (2019-2023) which includes clear costings, monitoring plans and data collection, and is aligned with SDG 2.
2. Continue **exploring partnerships**, such as those that emerge from the Scaling Up Nutrition movement, that enhance practices in food fortification and dietary diversity programs.
3. Invest in **sanitation and hygiene infrastructure, especially in rural communes**, and implement prevention and treatment services for **diarrhea** (including scaling up zinc supplementation and oral rehydration services at the local level).
4. **Combat false or misleading nutrition information** that negatively impacts children by strengthening the Oversight Board and complaint mechanism for Sub-Decree 133 on the Marketing of Products for Infant and Young Child Feeding and invest in public messaging to mitigate against misinformation that has already been shared in stores and medical facilities.
5. Support public education campaigns to **improve the knowledge and understanding** of Cambodians in relation to nutrition and appropriate feeding practices for children, including financially supporting NGOs to ensure messages reach the entire population.
6. Adopt an updated **Community Participation Policy** and Primary Health Care Policy and integrate Village Health Support Groups (VHSGs) into the formal national health system.
7. Increase **training and education** to VHSGs and other local actors to understand the multi-sector nature of malnutrition and ensure Communes are empowered to allocate local resources (in the Commune Investment Plan) to support local nutrition initiatives

## How child rights are the key to future economic growth and development in Cambodia

On child rights, Cambodia has achieved in less than three decades what many nations took a century to achieve. However, sustaining economic growth and achieving the country development targets will require increased productivity and innovation by a skilled, educated and healthy workforce. These workers are today's children and they continue to experience gaps in the full realization of their rights preventing them to reach their full wellbeing and potential.

For Cambodia to continue its growth and achieve its ambitious plans for 2030, we need to "change the game" for children and address these gaps.

The Child Rights Now! coalition believe that putting children at the center of Cambodia's development strategy will ensure the dramatic progress on child rights needed to develop the human capital Cambodia requires to meet ambitious growth and development targets, including the Cambodian Sustainable Development Goals and becoming an upper-middle income country by 2030.

- 
- i Council for Agricultural and Rural Development, 2016: National Action Plan for Zero Hunger Challenge in Cambodia.
  - ii National Institute of Statistics (NIS), Directorate General for Health, and ICF International, 2015: Cambodia Demographic and Health Survey 2014.
  - iii Prüss-Üstün A, Bos R, Gore F, Bartram J., 2008: Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health. World Health Organization.
  - iv NIS, 2015: Cambodia Demographic and Health Survey 2014.
  - v Countdown to 2015, 2013: Accountability for Maternal, Newborn and Child Survival.
  - vi USAID, 2018: Cambodia: Nutrition Profile.
  - vii Bagriansky, et al., 2014: Damage assessment report: the economic consequences of malnutrition in Cambodia. World Food Programme.
  - viii Flabbi, L. and Gatti, R, 2018: Policy Research Working Paper 8309; A primer on human capital, World Bank Group.
  - ix World Bank Group, 2019: Cambodia Economic Update May 2019
  - x World Bank, 2013: Improving Nutrition Through Multi-sectoral Approaches.
  - xi According to the WHO, almost all mothers can breastfeed successfully. However, a small number of health conditions of the infant or the mother may justify recommending that she does not breastfeed temporarily or permanently. Health care workers should be consulted in the decision to stop breastfeeding and the benefits weighed against the risks posed.
  - xii NIS, 2015: Cambodia Demographic and Health Survey 2014.
  - xiii World Vision International and Helen Keller International, 2018: Point-of-Sale Promotion and Labelling Violations of Breastmilk Substitutes in Cambodia: Observations in six provinces, Second Phase, 2018.
  - xiv World Vision, 2018: Ending Malnutrition in Cambodia is Possible – 2018 Cambodia Policy Brief on Nutrition.