

Global Action Plan on Child Wasting

Country Roadmap

Cambodia

Cambodia has achieved remarkable success over the past two decades. There have been registered economic gains coupled with declining rates of undernutrition and food insecurity across the population. Despite this progress, the rates of malnutrition continue to be high, including 9.6% of children under 5 years suffering from wasting.

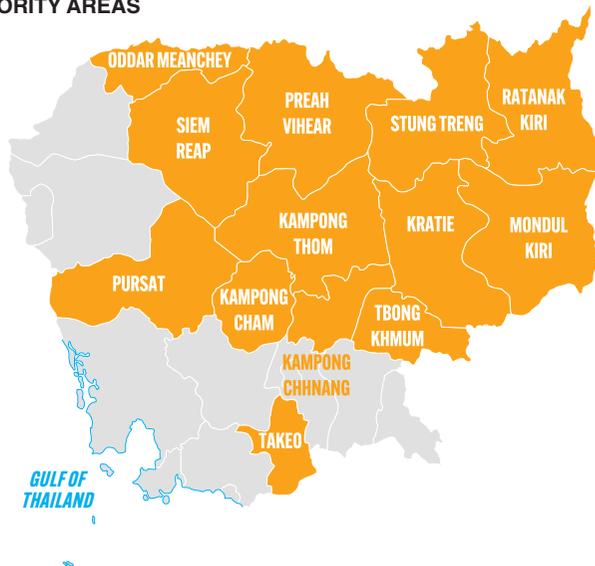
Acute malnutrition is a significant concern in Cambodia and there is national variability in the wasting prevalence rates across the different provinces. In eight (out of twenty-four) provinces, the prevalence of wasting exceeds 10%, indicating a "serious" situation and, in one province (Oddar Meanchey), the rates of wasting exceed 15%, indicating a "critical" situation. Other provinces (Kampong Cham, Tbong Khmum, Takeo, Kampong Thom, Siem Reap, Pursat) have a high rate of wasting and population density, translating into a high absolute number of wasted children.

The determinants of wasting are directly related to the socioeconomic status of the household and residential area. The poorest households and rural areas exhibit the highest prevalence of wasting. It is also higher among children whose mothers are

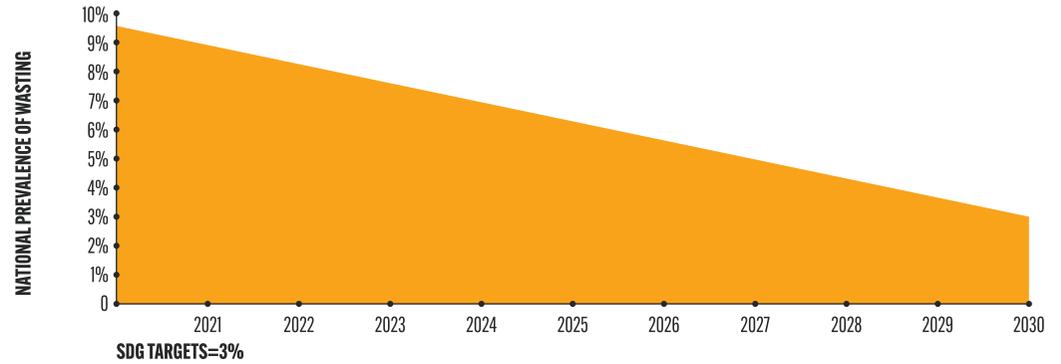
thin or have no education. For example, maternal malnutrition is highest (16%) in three provinces (Kratie, Stung Treng and Preah Vihear) and low birth weight is highest (25%) in two provinces (Ratanak Kiri, Mondul Kiri). Sub-optimal infant and young child feeding practices also contribute to high rates of wasting across the country. In Cambodia, nutritious diets are unaffordable, especially in two provinces (Ratanak Kiri, Mondul Kiri). This is driven by weaknesses in the food system. Finally, lack of access to safe water supply, hygiene and sanitation situations, as well as lack of health care access and utilization also contribute to higher rates of wasting.

In 2020, Cambodia was affected by severe flooding in fourteen provinces as well as the COVID-19 pandemic. The flooding destroyed a significant number of crops and this, coupled with the secondary impacts of COVID-19, challenged the food security of these regions. The COVID-19 impact is also estimated to cause an increase of 14% in the prevalence of acute malnutrition in low and middle-income countries, including Cambodia. Altogether, these events are expected to negatively impact the nutritional status of the Cambodian population, with young children being the most vulnerable.

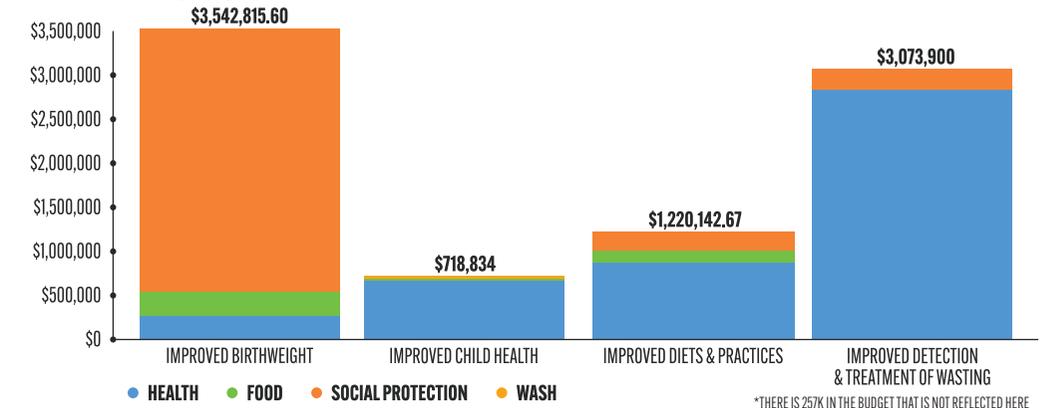
GEOGRAPHICAL PRIORITY AREAS



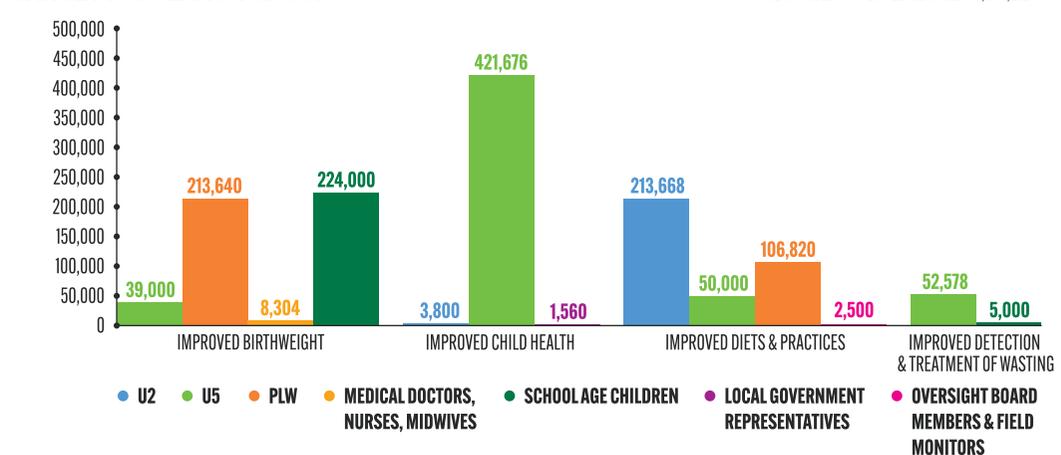
REACHING THE SDG TARGET BY 2030



ANNUAL COST (USD)



TARGET POPULATION GROUPS



By 2025

- REDUCE LOW BIRTHWEIGHT TO 7.5%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 68%
- INCREASE THE COVERAGE OF TREATMENT SERVICES BY 200% FOR CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR A SELECT % OF THE POPULATION

OUTCOME 1 REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Capacity building of health workers (training and provision of appropriate tools) to reinforce full ANC service package (4+ visits) with all components including counselling on maternal nutrition.
	Conduct feasibility assessment on MMN supplementation for pregnant women. Support adaptation of the National Micronutrient Guideline for inclusion of MMN supplements to pregnant women, that include iron and folic acid. Implement MMN supplementation.
FOOD	Strengthen food systems in gender equality, women's empowerment, community participation, ownership and inclusion of excluded groups, and responsiveness to special needs, including populations on the move and both urban and rural populations. Develop national fortification standards and reinforce regulatory frameworks and promote fortification of staple foods (rice and condiments) and biofortification through conventional breeding.
	Work with the private sector to develop a business case for the regulatory framework and promote food fortification utilization and diversification in production and consumption. Promote food diversity, safety and quality and provide capacity development programmes for women in nutrient dense food production, processing, value addition and agri-business. Promote production and consumption of local nutritious foods. Integrated SBCC campaign to promote healthy diets especially for pregnant and lactating women.
	Support school based nutrition program through procurement of supplies, financial assistance, technical assistance and coordination support. Align nutrition and social protection policies, strategies and programmes to leverage social protection systems to more effectively contribute to nutrition results for vulnerable adolescent girls and women. Explore possibilities for delivery of nutrition interventions to prevent and support treatment of wasting through safety nets. Strengthen systems to link vulnerable pregnant women and children under 2 years with social cash transfer program.

OUTCOME 3 IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Develop effective communication strategies and tools to promote and support optimal IYCF practices including use of mass media and social media platforms for campaigns and Inter Personal IPC. Develop dietary guideline for children GMP and developmental milestone tracking integrated with Integrated Early Childhood Initiative (IECD).
	Support community based implementation of the GMP guideline and developmental milestone tracking. Scale up MIYCN interventions (Maternal Nutrition, EIBF, EBF, continued BF, adequate CF, and dietary diversity) to be implemented during all MCH contacts in health facilities and community levels. Reinforcement of the implementation of Sub-Decree 133 through capacity building of national BMS code oversight board and ongoing monitoring of implementation.
FOOD	Include livelihood dynamics and seasonality in the design and delivery of emergency and resilience building programmes. Advocate for responsiveness of food systems programmes to the needs of pregnant and lactating women during food systems dialogue. Provide improved access to low-cost, adaptable and replicable technologies, practices and resources to food insecure farmers in order to support household income and food and nutrition security.
SOCIAL PROTECTION	Provision of fortified foods through school meals; advocate for integration of nutrition considerations in social assistance. Support workplace lactation and advocacy for extension of maternity leave.

OUTCOME 2 IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Update Fast Track Road Map for Improving Nutrition (FTRIN 2014-2020), IMCI clinical Guideline, and GMP operational Guideline. Support implementation of Integrated Maternal Newborn Child Health and Nutrition that includes: EENC, IMCI, GMP and Immunization, maternal nutrition and micronutrients, newborn care including identification and management of LBW. Implementation of the MIYCN-SBCC strategy at national and sub-national levels, including the rollout of revised IPC tools and SBCC campaign, focusing on the first 1,000 days of life. Assess effective delivery platforms for MNP. MNP distribution for children 6-24 months.
	FOOD
WASH	Integrate promotion and counselling on hygiene and sanitation behavior and practices, specifically in community-based nutrition programmes through capacity building of local government and communities.

OUTCOME 4 IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Adapt simplified approaches for early identification of wasting, referral and actions (update guidelines, capacity building of health workers, community volunteers and parents with low-literacy/numeracy anthropometric tools). Scale up Management of SAM to provinces and districts with high burden of wasting including capacity development, provide necessary supplies and conduct and monitoring and quality assurance. Conduct assessment of barriers to RUTF utilization and compliance to SAM treatment in order to improve SAM treatment outcomes (increase cure rate, reduce defaulter rate).
	Treatment of MAM. Consultation between stakeholders to identify suitable interventions for dietary supplementation, sectoral leadership in sustainable manner, what capacity is available and to review current treatment of moderate acute malnutrition. Conduct growth promotion, growth assessment, and growth monitoring for school-aged children using Mid Upper Arm Circumference (MUAC) screening at pre-school level. Include indicators related to SAM (admission and treatment outcome) in HMIS; Build capacity of health workers on reporting nutrition data through HMIS. Technology for development (T4D): introduction of low-cost easy-to-use digital health tools (e.g. RapidPro) to support real-time monitoring and feedback mechanisms, particularly at community level (for caregivers, community members and service providers).
SOCIAL PROTECTION	Strengthen existing cash transfer mechanism, registration, and link programme to FSN through capacity building of commune council and nutrition service providers and nutrition sensitive social protection mechanisms, such as conditional cash transfer. Provide capacity strengthening to local communities and authorities for preparedness and readiness for emergencies.