

**Table of Contents**

[Foreword i](#_Toc71810663)

[List of acronyms and abbreviations iii](#_Toc71810664)

[Country Operational Roadmap for Cambodia. Executive Summary vi](#_Toc71810665)

[THE GLOBAL ACTION PLAN FOR THE PREVENTION OF CHILD WASTING 1](#_Toc71810666)

[The United Nations Global Action Plan on Wasting 1](#_Toc71810667)

[The Asia and Pacific Regional Action Plan 1](#_Toc71810668)

[Operationalising the GAP Framework at country level 1](#_Toc71810669)

[COUNTRY BACKGROUND 2](#_Toc71810672)

[GEOGRAPHIC AREAS 4](#_Toc71810673)

[OUTCOMES 8](#_Toc71810674)

[OUTCOME 1. REDUCED LOW BIRTH WEIGHT BY IMPROVING MATERNAL NUTRITION 12](#_Toc71810675)

[OPERATIONAL FRAMEWORK 12](#_Toc71810676)

[Health System: National Policy Commitments and interventions 12](#_Toc71810677)

[Food Systems: National Policy Commitments and interventions 14](#_Toc71810678)

[Social Protection: National Policy Commitments and interventions 17](#_Toc71810679)

[OUTCOME 2. IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WATER, SANITATION AND HYGIENE SERVICES, AND ENHANCED FOOD SAFETY 19](#_Toc71810680)

[OPERATIONAL FRAMEWORK 19](#_Toc71810681)

[Health System: National Policy Commitments and interventions 19](#_Toc71810682)

[Food System: National Policy Commitments and interventions 20](#_Toc71810683)

[WASH: National Policy Commitments and interventions 21](#_Toc71810684)

[OUTCOME 3. IMPROVED INFANT AND YOUNG CHILD FEEDING BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN’S DIETS IN THE FIRST YEARS OF LIFE 21](#_Toc71810685)

[OPERATIONAL FRAMEWORK 22](#_Toc71810686)

[Health System: National Policy Commitments and interventions 22](#_Toc71810687)

[Food System: National Policy Commitments and interventions 23](#_Toc71810688)

[OUTCOME 4. IMPROVED TREATMENT OF CHILDREN WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES 25](#_Toc71810689)

[OPERATIONAL FRAMEWORK 25](#_Toc71810690)

[Health System: National Policy Commitments and interventions 25](#_Toc71810691)

[Social Protection: National Policy Commitments and interventions 27](#_Toc71810692)

[Annex 1. Budget and target population 28](#_Toc71810693)

[Outcome 1: Reduced incidence of Low Birth Weight 28](#_Toc71810694)

[Outcome 2: Improved child health 30](#_Toc71810695)

[Outcome 3: Improved Infant and Youth Child Feeding 32](#_Toc71810696)

[Outcome 4: Improved treatment of children with wasting 33](#_Toc71810697)

[Summary budget 35](#_Toc71810698)

# Foreword

**Country Operational Roadmap for Cambodia under the Framework for Action for the UN Global Action Plan on Child Wasting**

The improvement of food security and nutrition requires multi-sectoral and multi-stakeholder coordination and cooperation and is a foundation for the development of human capital for Cambodia, requiring that all people have access to adequate food and a healthy diet. Food security and nutrition are indispensable factors in developing the society and national economy. To respond to the significance of food security and nutrition, the Royal Government of Cambodia of the 6th Legislature of the National Assembly, has highlighted food security and nutrition in the **Rectangular Strategy for the Growth, Employment, Equity and Efficiency Phase IV**, building the grassroots to achieve the **Cambodia Vision for 2050**, the **National Strategic Development Plan 2019-2023** and the **Cambodian Sustainable Development Goals 2016-2030**, especially the second goal on “**ending hunger, achieving food security, improving nutrition and promoting sustainable agriculture”.**

In combatting malnutrition, the prevention and treatment of wasting is critically important and will lead to improvements in other areas, including stunting and underweight and the reduction of micro-nutrient deficiencies. National goals for the reduction of child wasting have been promulgated through the **Second National Strategy for Food Security and Nutrition (2nd NSFSN) 2019-2023** with the vision:

*All Cambodian people have physical, social and economic access to sufficient, safe and nutritious food, at all times, to meet their dietary needs and preferences and optimize the utilization of this food for a healthy and productive life.*

The Goal for 2023, translates the longer-term vision into specific, measured achievements in terms of the key indicators of progress:

*Between 2014 and 2023, rates of child stunting will be reduced by at least 7 percentage points, child wasting by at least 2 percentage points, and reduce the rates of increase of overweight and obesity for children under 5 years of age and women of reproductive age.*

Cambodia is also committed to ongoing targets for the World Health Assembly to the global nutrition target to reduce and maintain childhood wasting to less than 5% by 2025.

The implementation of the 2nd NSFSN 2019-2023 is supported by the Government Directive (***Sor Chor Nor* Number 934**, dated 20 October 2020) in particular points 1, 4 and 6 which recommend:

*1. The Council for Agricultural and Rural Development (CARD) shall lead to coordinate with the relevant ministries and institutions to successfully implement the 2nd NSFSN 2019-2023.*

*4. All relevant ministries and institutions in cooperation with development partners and civil society organizations shall mobilize resources from various sources to implement sector-led priorities and multi-sectoral priorities in the 2nd NSFSN* 2019-2023*, especially the promotion of food safety, healthy diets, community led nutrition, nutrition sensitive WASH, and monitoring, evaluation and preparing progress reports on the implementation of these priorities to the Royal Government of Cambodia.*

*6. All Municipal and Provincial Administrations shall mainstream food security and nutrition into their development plans and 3-year rolling investment program of communes/Sangkhat in order to promote and improve the food security and nutrition sector at the sub-national level.*

At the launching the 2nd NSFSN 2019-2023, His Excellency Deputy Prime Minister **YIM CHHAY LY,** Chairman of the Council for Agricultural and Rural Development (CARD) affirmed that the General Secretariat of CARD shall cooperate with partner organizations and relevant ministries and institutions to use the six recommendations of **Samdech Akka Moha Sena Padei Techo HUN SEN**, the Prime Minister of the Kingdom of Cambodia, in the Government Directive No. 934 dated 20 October 2020 as the main foundation for formulating the practical action plans to implement so that they are consistent in the effective, efficient, accountable and transparent implementation of the *2nd NSFSN 2019-2023*.

In responding to the **Framework for Action for the UN Global Action Plan on Child Wasting (GAP)**, four UN agencies in Cambodia – the Food and Agriculture Organization of the United Nations (FAO), the United Nations Children’s Fund (UNICEF), the World Food Programme (WFP) and the World Health Organization (WHO) drafted a **Country Operational Roadmap for CAMBODIA** and presented the draft for consultation and consideration by CARD and relevant ministries and institutions of the Royal Government of Cambodia and other stakeholders. The actions proposed under the Roadmap are drawn from sectoral strategies including the National Fast Track Road Map for Improving Nutrition (FTRIN) 2014-2020; National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia 2012; National Social Protection Policy Framework 2016-2025; National Action Plan for Newborn Care 2016-2020; Agricultural Sector Strategic Development Plan 2019-2023; and the National Action Plan II for Rural Water Supply, Sanitation and Hygiene, 2019-2023.

The draft Roadmap was circulated for review and discussed in a National Food Systems Dialogue Event conducted on 1st April 2021. After further input and revision of the draft, the Country Operational Roadmap for CAMBODIA was presented to CARD for endorsement and for consideration as a detailed action plan supporting the 2nd NSFSN 2019-2023, serving Cambodia’s SDG 2 and as a concrete element of the **2030** **Roadmap for Food Systems for Sustainable Development in Cambodia**.

In accordance with the policy and strategic guidelines and targets for the Kingdom of Cambodia, and in support of the national and global targets for the reduction of child wasting, CARD accepts the Country Operational Roadmap as the basis for strategic focus on the issue of wasting and for ongoing planning, resource mobilisation and coordinated action.

CARD further recommends that the oversight of the Country Operational Roadmap for CAMBODIA sits with the Technical Working Group for Food Security and Nutrition (TWG-FSN) chaired by His Excellency Deputy Prime Minister **YIM CHHAY LY,** Chairman of CARD, and remains the responsibility of UN Nutrition in Cambodia for reporting to the TWG-FSN and to the UN at global and regional level in terms of progress and outcomes.

Phnom Penh, dated 5th May 2021

**SOK SILO CLAIRE CONAN**

**Secretary General Representative and Country Director**

**Council for Agricultural and Rural Development World Food Programme**

**SUN Country Coordinator for Cambodia Country Lead SUN UN Network**

# List of acronyms and abbreviations

|  |  |
| --- | --- |
| **ADB** | Asian Development Bank |
| **ANC** | Antenatal Care |
| **BFCI** | Baby Friendly Community Initiative |
| **BFHI** | Baby Friendly Hospital Initiative |
| **BMI** | Body Mass Index |
| **BMS** | Breast-Milk Substitute |
| **C/S-SDG** | Commune/Sangkat Service Delivery Grants |
| **CARD** | Council for Agricultural and Rural Development |
| **CCF** | Consumer Protection, Competition and Fraud Repression |
| **CDHS** | Cambodia Demographic and Health Survey |
| **CF** | Complementary Feeding |
| **CLTS** | Community-Led Total Sanitation |
| **CNIP** | Comprehensive Nutrition Intervention Package |
| **CNP** | Cambodian Nutrition Project |
| **CPWC** | Commune Program for Women and Children |
| **CSA** | Civil Society Alliance |
| **CSO** | Civil Society Organization |
| **DDF** | Department of Drugs and Foods |
| **DFAT** | Department of Foreign Affairs and Trade |
| **EBF** | Exclusive Breastfeeding |
| **EENC** | Early Essential Newborn Care |
| **EIFB** | Early Initiation of Breast Feeding |
| **EU** | European Union |
| **FAO** | Food and Agriculture Organization |
| **FSN** | Food Security and Nutrition |
| **FTRIN** | Fast Track Roadmap for Improving Nutrition |
| **GAP** | Global Action Plan |
| **GEF** | Global Environment Facility |
| **GFF** | Global Financing Facility |
| **GIZ** | German Development Cooperation |
| **GMP** | Growth Monitoring and Promotion |
| **HEF** | Health Equity Fund |
| **HGSF** | Home-Grown School Feeding |
| **HKI** | Helen Keller International |
| **HMIS** | Health Management Information System |
| **HRF** | Humanitarian Response Forum |
| **IECD** | Integrated Early Childhood Development |
| **IFA** | Iron-Folic Acid |
| **IFAD** | International Fund for Agricultural Development |
| **IMCI** | Integrated Management of Childhood Illness |
| **IP** | Indigenous People |
| **IPC** | Inter Personal Communication |
| **IYCF** | Infant and Young Child Feeding |
| **KfW** | Kreditanstalt für Wiederaufbau (German Development Bank) |
| **LBW** | Low Birth Weight |
| **M&E** | Monitoring and Evaluation |
| **MAFF** | Ministry of Agriculture, Forestry and Fisheries |
| **MCH** | Maternal and Child Health |
| **MCHN-S**  **MEF** | Maternal, Child Health and Nutrition Scorecard  Ministry of Economy and Finance |
| **MISTI** | Ministry of Industry, Science, Technology and Innovation |
| **MIYCF** | Maternal Infant and Young Child Feeding |
| **MMN** | Multiple Micronutrient |
| **MNCH** | Maternal Newborn and Child Health |
| **MNP** | Micronutrient Powder |
| **MoC** | Ministry of Commerce |
| **MoEYS** | Ministry of Education, Youth and Sport |
| **MoH** | Ministry of Health |
| **MoI** | Ministry of Interior |
| **MoLVT** | Ministry of Labour and Vocational Training |
| **MoP** | Ministry of Planning |
| **MoSAVY** | Ministry of Social Affairs, Veterans and Youth Rehabilitation |
| **MoWA** | Ministry of Women’s Affairs |
| **MPA** | Minimum Package of Activities |
| **MRD** | Ministry of Rural Development |
| **MUAC** | Mid Upper Arm Circumference |
| **NCDD** | National Committee for Sub-National Democratic Development |
| **NCDDS** | National Committee for Sub-National Democratic Development Secretariat |
| **NCDM** | National Committee for Disaster Management |
| **NCHP** | National Centre for Health Promotion |
| **NGO** | Non-Government Organization |
| **NMCHC** | National Maternal and child Health Centre |
| **NNP** | National Nutrition Programme |
| **NSCFF** | National Sub-Committee for Food Fortification |
| **NSFSN** | National Strategy for Food Security and Nutrition |
| **NSPC** | National Social Protection Council |
| **PDoEYS** | Provincial Department of Education, Youth and Sports |
| **PHD** | Provincial Health Department |
| **PLW** | Pregnant and Lactating Women |
| **PMRS** | Patient Management and Registration System |
| **PNC** | Postnatal Care |
| **RACHA** | Reproductive and Child Health Alliance |
| **RGC** | Royal Government of Cambodia |
| **RUTF** | Ready-to-Use Therapeutic Food |
| **SAM** | Severe Acute Malnutrition |
| **SBCC** | Social and Behavioural Change Communication |
| **SDG** | Sustainable Development Goals |
| **SERF** | Socio-Economic Response Framework |
| **SHD** | School Health Department |
| **SUN** | Scaling Up Nutrition |
| **T4D** | Technology for Development |
| **TWG FSN** | Technical Working Group for Food Security and Nutrition |
| **UN** | United Nations |
| **UNHCR** | United Nations High Commissioner for Refugees |
| **UNICEF** | United Nations Children’s Fund |
| **USAID** | United States Agency for International Development |
| **VHSG** | Village Health Support Group |
| **WASH** | Water, Sanitation and Hygiene |
| **WFP** | World Food Programme |
| **WHO** | World Health Organization |
| **WVI** | World Vision International |

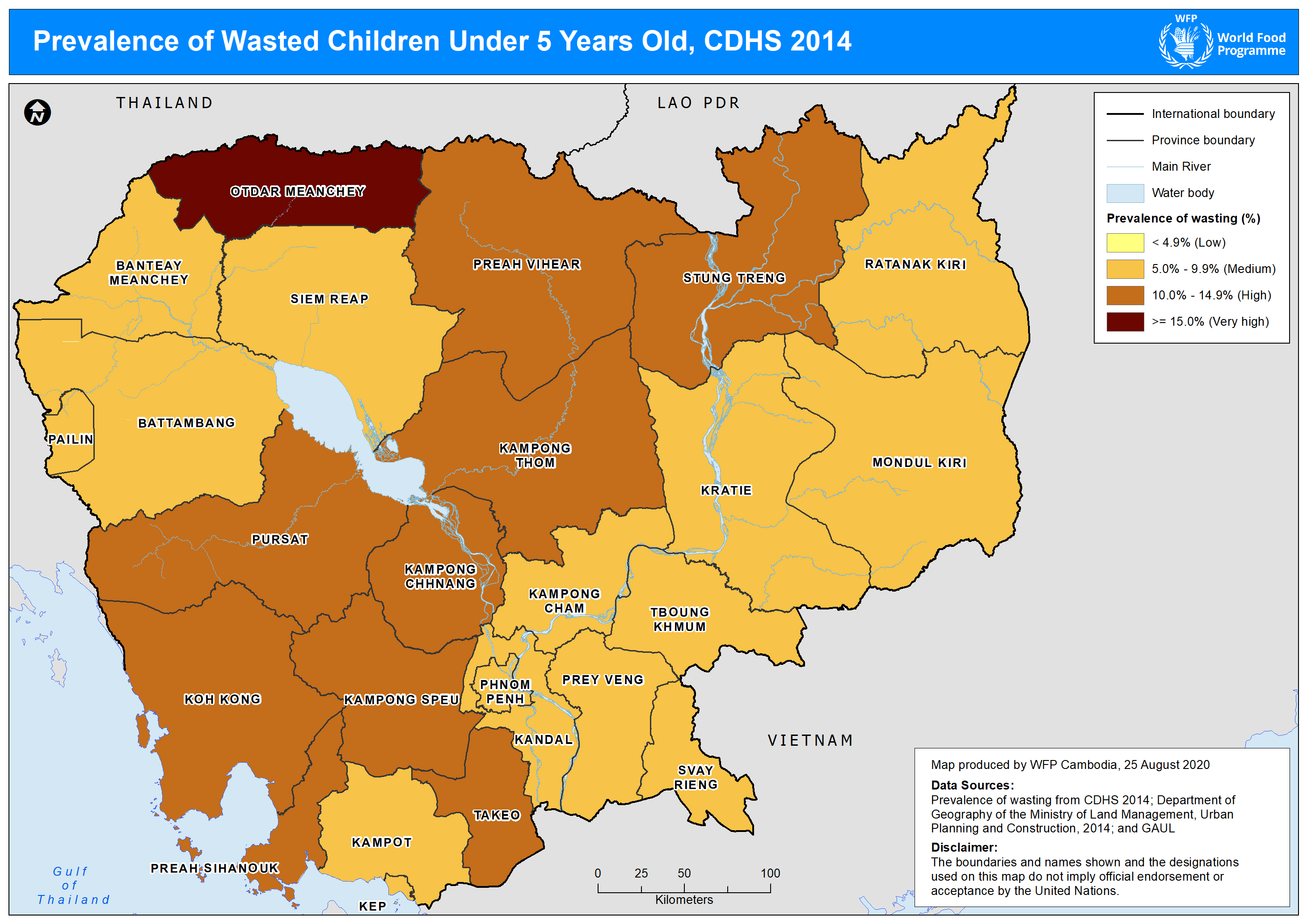
# Country Operational Roadmap for Cambodia. Executive Summary

Background

In Cambodia, one in three children (32 per cent) under 5 years were stunted, and one in 10 children (9.6 per cent) were wasted, CDHS 2014. This is considered very high for stunting and medium for wasting based on WHO and UNICEF prevalence thresholds (NIS 2015; WHO/UNICEF 2017). Wasting is directly related to the socioeconomic status of the household, as well as residential area, with the poorest households and rural areas exhibiting the highest prevalence. Wasting is higher among children whose mothers are thin (Body Mass Index (BMI) <18.5 kg/m2) or have no education (NIS 2017). Lack of dietary diversity and appropriate quantity food intake by age practices, lack of access to safe water supply and hygiene and sanitation situations, and lack of health care access and utilization contribute to wasting and stunting.

The secondary impacts of COVID-19 further challenge food security. Children suffering from severe wasting need specialized lifesaving medical treatment, and according to the Ministry of Health (MoH) statistics, less than 10 per cent of estimated severe acute malnutrition, SAM, cases receive treatment. In the last 10 years, Cambodia has taken important steps related to specific and sensitive nutrition interventions to prevent, detect, and manage of wasting through advocacy, education, mass media campaigns, establishment of treatment service, promotion of local production of ready-to-use therapeutic food (RUTF), and cash transfer program for pregnant women and children under the age of 2 years. The National Fast Track Road Map for Improving Nutrition (FTRIN) 2014-2020 was developed, and The Second National Strategy for Food Security and Nutrition (2nd NSFSN) 2019-2023 delineates sector-specific actions and provides a partnership framework for implementing joint priorities for multi-sectoral actions, and for the cross-cutting issues of gender and youth, equity, and environment.

Thirteen provinces were selected as areas of high geographic priority for interventions for the prevention of wasting. These provinces are Kampong Cham and Tbong Khmum, Kampong Chhnang, Kampong Thom, Kratie, Mondul Kiri and Ratanak Kiri, Preah Vihear and Stung Treng, Pursat, Siem Reap, Takeo and Oddar Meanchey.



**OUTCOME 1**: Reduced low birth weight by improving maternal nutrition

|  |  |  |
| --- | --- | --- |
| **System** | **Priority Actions/ services** | **Delivery platforms** |
| Health | * Reinforce nutrition counselling-ANC * Outreach services * Multiple Micro-Nutrient, MMN, supplements for pregnant women | * Public health services * MOH Technical Working Group |
| Food system | * Strengthen food systems in gender equality, women’s empowerment * National fortification standards and regulatory of food fortification frameworks * Private sector to promote food fortification production and utilization * Promote food diversity production, safety and quality * SBCC campaign-healthy diets | * Food systems Dialogues * Capacity development for women in food production, * Agricultural research * National Sub-Committee for Food Fortification (NSCFF) * TWG FSN |
| Social protection | * Support school-based nutrition program * Align nutrition and social protection for adolescent girls and women * Social cash transfer program to support women and children under two | * Schools, food suppliers, NGO * National Social Protection Council (NSPC) * Ministry of Economy and Finance (MEF) * Ministry of Social Affairs, Veterans and Youth * Sub-national administration for delivering |

**OUTCOME 2:** Improve child health

|  |  |  |
| --- | --- | --- |
| System | Priority Actions/ services | Delivery platforms |
| Health | * Update Fast Track Road Map for Improving Nutrition 2014-2020, IMCI and GMP operational Guideline * Update of CNIP/MPA10 under CNP. * Support implementation of IMNCHN * Implement MIYCN-SBCC strategy focusing on 1000 days * MNP for children 6-24 months | * National level-MOH * Public health at community level * Outreach services |
| Food system | * Establish policies, laws and regulations on national food standards according to National Laws (Food Safety Law in draft), Sub-Decree 133, ISO 22000 and Codex Alimentarius | * MAFF, Ministry of Commerce |
| WASH | * Integrate promotion and counselling on water sanitation and hygiene behaviour and practices | * Integration in public health service * Outreach services * SBCC campaign |

**OUTCOME 3**: Improved Infant and Young Child Feeding

|  |  |  |
| --- | --- | --- |
| **System** | **Priority Actions/ services** | **Delivery platforms** |
| Health | * Support optimal IYCF practices-media campaign, IPC, and GMP integrated in IECD * Scale up MIYCN interventions * Reinforcement of Sub-Decree 133 | * National level-MCHC-MOH * Public health at community level * Outreach services * Oversight board and executive working group level |
| Food system | * Livelihood dynamics and seasonality in the emergency and resilience-building programmes. * Food systems dialogue-PLW * Improved access to low-cost, adaptable and replicable technologies, practices and resources to food insecure farmers | * Food Systems Dialogue to promote awareness * Engagement with VHSG (community level) and NCCDS/MoI (national level) for better vertical mobilization |
| Social protection | * Provision of fortified foods through school meals and advocate social assistance * Support workplace lactation | * Schools, * emergency response, * social protection schemes |

**OUTCOME 4**: Improved treatment of children with wasting

|  |  |  |
| --- | --- | --- |
| **System** | **Priority Actions/ services** | **Delivery platforms** |
| Health | * Early identification of wasting, referral * Scale up Management of SAM * Assessment of barriers to RUTF * Treatment of MAM * Growth promotion, assessment, and monitoring at pre-school level * Include indicators related to SAM in HMIS * Strengthen existing cash transfer mechanism * Technology for development (T4D)- monitoring and feedback mechanisms | * National and sub-national level -MOH * Public health at community level * Schools * Local authorities * Mass screening campaign at pre- and primary school level |
| Social protection | * Strengthen existing cash transfer mechanism * Capacity strengthening for preparedness and readiness for emergencies. | NCDM for coordination at national and sub-national level |

**TARGETED POPULATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **System** | **Outcome 1** | **Outcome 2** | **Outcome 3** | **Outcome 4** |
| Health | Pregnant women  Women 15-49  Vulnerable households | Pregnant women  Children under 5  Children under two | Pregnant women  Lactating women  Caregiver having child 0-24M | Pre- and primary school children  Children under five  Poor HH |
| Food System | Women groups  School age children | General population | Small producers  Food insecure HH |  |
| Social Protection | Women 15-49  School age children |  | School age children  Pregnant and lactating women  Employers | Pregnant women  Lactating women  Children under two  Poor HH |
| WASH |  | General population |  |  |

# THE GLOBAL ACTION PLAN FOR THE PREVENTION OF CHILD WASTING

## The United Nations Global Action Plan on Wasting

In March 2020, five United Nations (UN) agencies – the Food and Agriculture Organization (FAO), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children’s Fund (UNICEF), the World Food Programme (WFP) and the World Health Organization (WHO) - released the Framework for Action for the UN Global Action Plan on Child Wasting (hereafter ‘GAP Framework’) to accelerate progress in preventing and managing child wasting. The GAP Framework identifies four outcomes to achieve the Sustainable Development Goals (SDGs) targets on child wasting and to improve the early detection and treatment for those who need it:

1. Reduced incidence of low birth weight
2. Improved child health
3. Improved infant and young child feeding, and
4. Improved treatment of children with wasting.

For each of these outcomes, the GAP Framework defines proven pathways to accelerate the delivery of essential actions and to create a more enabling environment for their success.

The GAP Framework aims to support countries in prioritising and coordinating the delivery of preventive and treatment actions across four key systems: food, health, social protection and water, sanitation and hygiene. It is designed to be relevant for all populations affected by wasting, including development and humanitarian contexts as well as marginalised groups, and recognises the need to engage and empower communities. It will be accompanied by a Global Roadmap for Action to form the complete UN GAP on Child Wasting.

## The Asia and Pacific Regional Action Plan

During the development of the GAP Framework, the regional offices of four UN agencies (FAO, WFP, WHO and UNICEF) considered how the UN can collectively support regional and country efforts to prevent and treat wasting in the Asia and Pacific region. With regional UN coordination mechanisms already in place in Asia and the Pacific, this regional plan, once finalised, will help to ensure that the UN focuses its efforts on a core set of catalytic actions, with clear agency accountabilities, to support priority countries in accelerating national efforts to prevent and treat wasting.

## Operationalising the GAP Framework at country level

UN agencies at both regional and country level will support countries with high wasting burdens to develop Country Roadmaps for Action under the leadership of national governments. These roadmaps will identify a set of priority actions needed to accelerate progress on the prevention and treatment of wasting which can then be integrated into broader national policies, strategies and plans. Countries will be encouraged to follow a comprehensive approach to develop these roadmaps that engages actors across multiple systems (health, food, social protection and water, sanitation and hygiene) and multiple stakeholders (development and humanitarian partners, bilateral and multilateral organisations, civil society and the private sector).

UN Agencies in Cambodia have worked together to draft this Country Roadmap for Action for Cambodia based largely on existing policies and plans. The draft has been presented to Government and other stakeholders for review and inclusion of other relevant actions, before seeking Government endorsement and moving on to implementation, with the support of the Government, UN Agencies, other development partners and civil society.

The UN in Cambodia recognises that it is crucial to integrate actions to prevent and treat wasting into existing and forthcoming national multi-sector nutrition strategies and plans including the National Food Systems Dialogues. The UN Agencies involved reconfirm their commitment to support the Royal Government of Cambodia (RGC) in addressing maternal and child malnutrition in all its forms.

# TABLE 1 CHILD WASTING: GLOBAL TARGETS AND NATIONAL PREVALENCE

|  |  |
| --- | --- |
| Global Target (2030) | **By 2030, reduce wasting prevalence to less than 3%** |
| Global Target (2025) | **By 2025, reduce wasting prevalence to less than 5%** |
| Current National Prevalence (2020) | *2014 prevalence 9.6%* |

# TABLE 2 CHILD WASTING: A NATIONAL AND SUB-NATIONAL SNAPSHOT

|  |  |  |  |
| --- | --- | --- | --- |
| **WASTING PREVALENCE** | | **Current (%)**  **CDHS 2014** | **2025 Target (%)** |
| **National Level: Cambodia** | | *9.6%* | *5%* |
| **Target provinces** | ***Agencies active*** | **Current (%)**  **CDHS 2014** | **2025 Target (%)** |
| Kampong Cham and Tbong Khmum | *WHO* | *8.1%* | *3.55%* |
| Kampong Chhnang | *WFP, FAO, WHO, CNP, HKI* | *11.2%* | *5.10%* |
| Kampong Thom | *UNICEF, WFP, FAO, WHO, GIZ, HKI* | *13%* | *6%* |
| Kratie | *UNICEF, WHO, CNP* | *6.5%* | *2.75%* |
| Mondul Kiri and Ratanak Kiri | *UNICEF, WHO, CNP, HKI* | *8.2%* | *3.60%* |
| Preah Vihear and Stung Treng | *UNICEF, WFP, FAO, WHO, CNP, HKI* | *13.5%* | *6.25%* |
| Pursat | *UNICEF, WFP, FAO, WHO* | *12.3%* | *5.65%* |
| Siem Reap | *UNICEF, WFP, FAO, WHO, HKI* | *9.5%* | *4.25%* |
| Takeo | *UNICEF, WHO* | *14.6%* | *6.80%* |
| Oddar Meanchey | *UNICEF, WFP, FAO, WHO* | *15.1%* | *7.05%* |

# COUNTRY BACKGROUND

Over the past two decades, Cambodia has registered economic gains, accompanied by a substantial decline in food deficit and the proportion of the population classified as undernourished by FAO. This fell from 29 per cent in 1999–2001 to 15.3 per cent in 2014–2016. However, national statistics from 2014 show that one in three children (32 per cent) under 5 years were stunted, and one in 10 children (9.6 per cent) were wasted. This is considered very high for stunting and medium for wasting based on WHO and UNICEF prevalence thresholds[[1]](#footnote-1),[[2]](#footnote-2). These statistics do not align well with Cambodia’s progress to reach lower-middle-income status.

With 9.6 per cent of children suffering from wasting, acute malnutrition is a significant concern, especially in the 8 provinces[[3]](#footnote-3) where wasting prevalence exceeds 10 per cent. The highest prevalence was in Oddar Meanchey, where over 15 per cent of children under 5 were wasted. Wasting is directly related to the socioeconomic status of the household, as well as residential area, with the poorest households and rural areas exhibiting the highest prevalence. Wasting is higher among children whose mothers are thin (Body Mass Index (BMI) <18.5 kg/m2) or have no education[[4]](#footnote-4) . Sub-optimal infant and young child feeding (IYCF) practices, lack of access to safe water supply and hygiene and sanitation situations contribute to wasting and stunting.

Children suffering from severe acute malnutrition (SAM) need specialized lifesaving medical treatment, which is extremely limited. According to the Ministry of Health (MoH) statistics, less than 10 per cent of estimated SAM cases receive treatment. The need for treatment services increases during emergencies, such as drought and flood, indicating that the country needs to build resilience to emergencies. According to current protocols, children with moderate acute malnutrition are referred for nutrition counselling.

In 2020, Cambodia was affected by severe floods in 14 provinces, destroying a significant number of crops. This was in addition to the secondary impacts of COVID-19, which further challenge food security. In the Lancet in July 2020, a 14-per cent increase in acute malnutrition among children was estimated for low- and lower-middle-income countries due to secondary impacts of COVID-19. These events are expected to negatively impact the nutritional status of the Cambodian population, with young children being the most vulnerable. Prior to these events, around one in five households were estimated to have been unable to afford a nutritious diet[[5]](#footnote-5).

Cambodia must prioritize scaling up prevention and treatment services for wasting. Safeguarding access to nutritious, safe and affordable diets should be a cornerstone of the country’s emergency response and recovery. Making food systems more resilient will enable Cambodia to mitigate the impacts of emergencies on the health and nutrition of vulnerable groups.

For prevention, early detection, treatment and management of wasting, Cambodia has taken important steps in the last 10 years, including:

* Promotion of Maternal Infant and Young Child Feeding (MIYCF) during Maternal and Child Health contacts and through advocacy, education, mass media campaigns and other platforms.
* Treatment services for severely wasted children initiated in 2011, (more than 32,000 cases received treatment) as well as integrated management of childhood illness (IMCI) for care and treatment of common causes of wasting at primary health care services.
* The national guideline on management of SAM updated following the WHO guidelines and a new product called “Nutrix” made with local ingredients replacing the imported ready-to-use therapeutic food (RUTF).
* The on-going cash transfer program for pregnant women and children under the age of 2 years and the new COVID-19 Cash Transfer Programme aimed to reach an estimated 700,000 households living in poverty.

The last Cambodia Demographic and Health Survey (CDHS) was conducted more than six years ago. It is the only reference point for nationwide prevalence, but may not reflect the current situation on wasting, or disparities at sub-national level. The planned CDHS in 2021 is expected to fill gaps related to data. The Health Management Information System (HMIS) focuses on collecting data from routine health service activities and health problems, however it does not cover the management of SAM cases.

The National Fast Track Road Map for Improving Nutrition (FTRIN) 2014-2020 provides clear guidelines for reducing maternal, infant and young child undernutrition. FTRIN includes specific actions for preventing, treating and management of wasting. The Second National Strategy for Food Security and Nutrition (2nd NSFSN) 2019-2023 delineates sector-specific actions and provides a partnership framework for implementing joint priorities for multi-sectoral actions, and for the cross-cutting issues of gender and youth, equity, and environment. The core components of the FTRIN provide the basis for priority actions for the health sector in the 2nd NSFSN

Prevention and treatment of wasting has been prioritized in the UN Cambodia framework for the immediate Socio-Economic Response Framework (SERF) to COVID-19 that outlined several measures and recommendations on improving food security and nutrition (FSN) from a multi-dimensional human security perspective. In particular, key nutrition actions are well captured under SERF Pillar 1 (Health First: Protecting health services and systems during the crisis) and Pillar 2 (Protecting People: social protection and basic service). The Cambodian Nutrition Project (CNP)[[6]](#footnote-6) serves as another important opportunity for UN to leverage resources and capacities for prevention of wasting.

Nutrition-sensitive actions contributing to the prevention of wasting can benefit from closer orientation to nutrition objectives and coordinated targeting where it is possible to identify points of geographic prevalence or concentrations of vulnerable populations. A concerted effort is needed to ensure that mothers, infants and young children have access to adequate safe and nutritious food, water, sanitation and hygiene (WASH) services, health care and a clean-living environment. Improved livelihoods, social protection schemes and resilient communities contribute to reducing wasting.

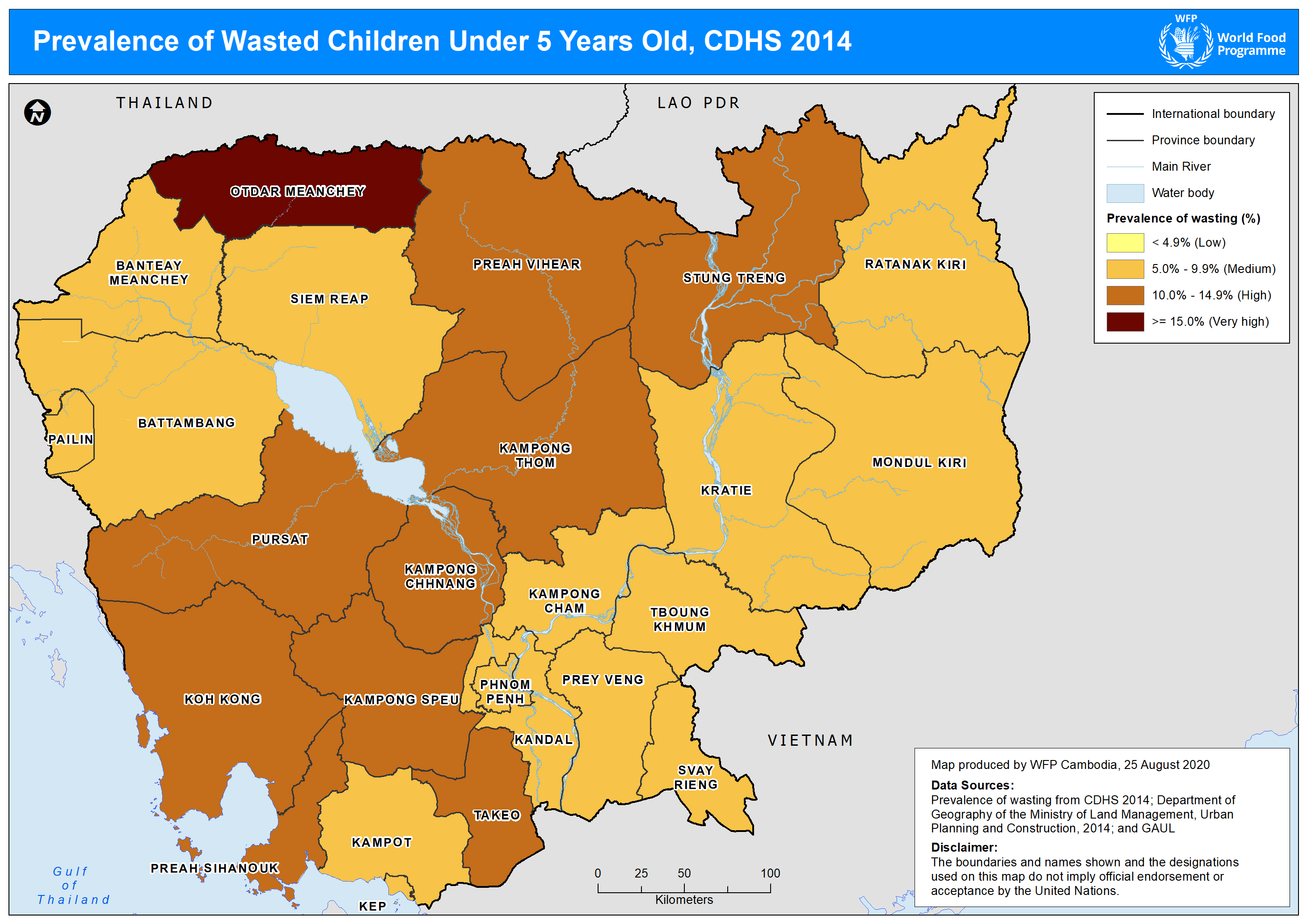
Implementing the GAP on Child Wasting will strengthen joint efforts to prevent and treat wasting, by identifying and prioritizing interventions across four key outcomes and different sectors.

# GEOGRAPHIC AREAS

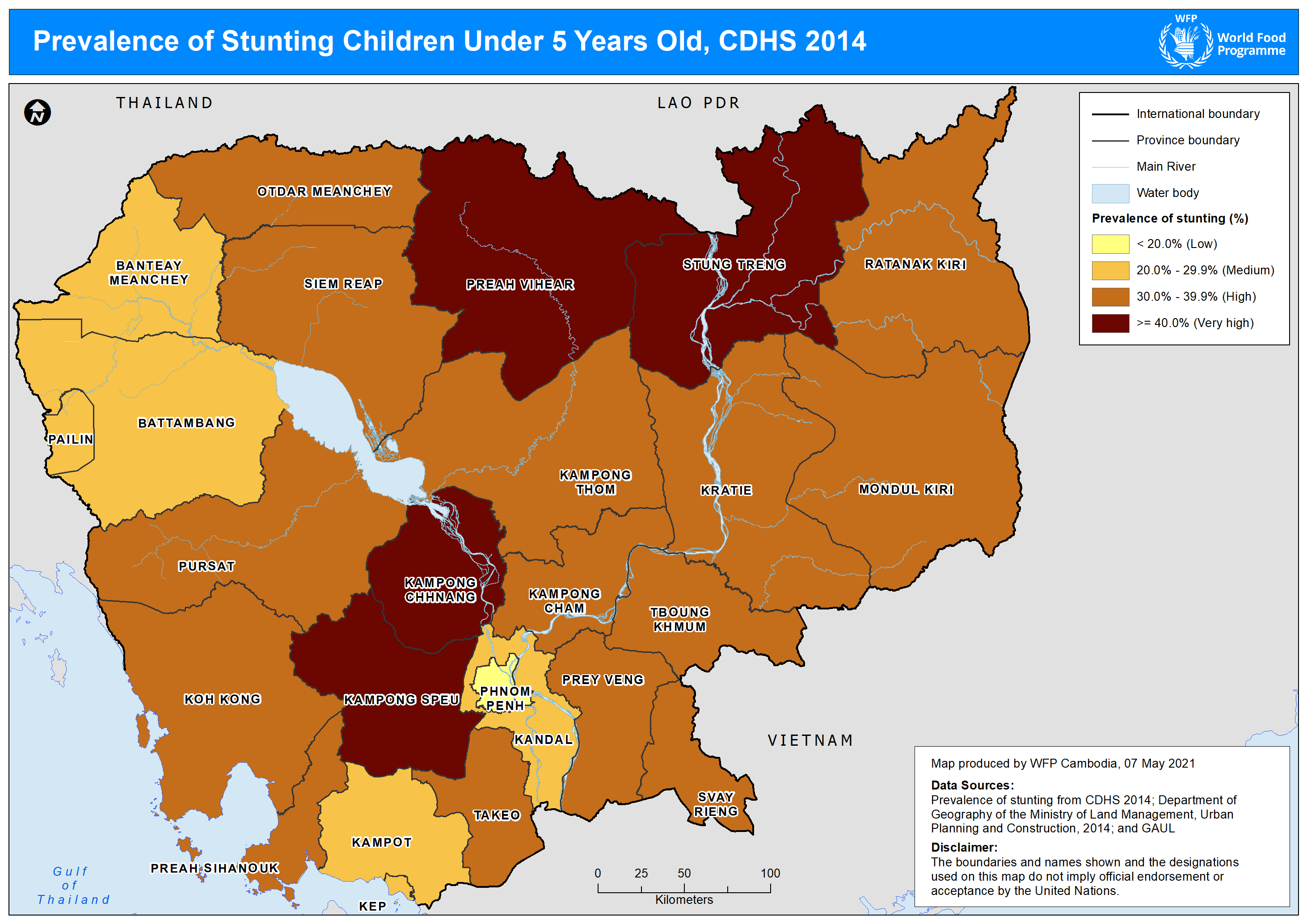
Thirteen provinces were selected as areas of high geographic priority for interventions for the prevention of wasting. These provinces are Kampong Cham and Tbong Khmum, Kampong Chhnang, Kampong Thom, Kratie, Mondul Kiri and Ratanak Kiri, Preah Vihear and Stung Treng, Pursat, Siem Reap, Takeo and Oddar Meanchey. Efforts will also be made at national level to strengthen analytics to support decision making, and to support better planning for FSN actions at commune level. Lessons learned and best practices will be shared nationally and sub-nationally, so they can be replicated across the country.

These geographic areas were selected based on their high prevalence or incidence of malnutrition, and to align with priority geographic areas for different sectors, to ensure better convergence of activities and multiply the impact of nutrition-sensitive/specific actions to better prevent and treat wasting.

**Figure 1: Prevalence of wasting in Cambodia for children under five (CDHS 2014)**

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**Figure 2: The Prevalence of stunting in Cambodia for children under five (CDHS 2014)**



The north-east of the country (Ratank Kiri/Mondul Kiri, Stung Treng/Preah Vihear, Kratie) has some of the highest prevalence of undernutrition (stunting and wasting). It is also remote, lags behind in social indicators such as health and education, and has high rates of poverty. Ratank Kiri/Mondul Kiri has one of the highest rates of children born with a low birth weight at 25 per cent (CDHS 2014). There is high non-affordability of nutritious diets compared with the rest of the country (66 per cent vs. 21 per cent nationally), driven by weaknesses in the food system. Nutritious foods are more expensive than in the rest of the country, which is compounded by high poverty rates. According to the CDHS (2014), maternal undernutrition is high in Kratie (16 per cent) and Stung Treng/Preah Vihear (16 per cent) and very few children receive diverse diets (21 per cent in Kratie and 28 per cent in Stung Treng/Preah Vihear). Investing in these areas is important from a ‘no-one left behind’ principle. Ratanak Kiri and Mondul Kiri have many marginalized ethnic groups and are the hardest provinces to reach. Supporting this part of the country is critical to reduce rising inequality in Cambodia. Oddar Meanchey has the highest levels of wasting, at 15 per cent. To effectively address malnutrition, it is imperative that this province is prioritized.

Other areas selected have high population density and a high incidence of undernutrition. Kampong Cham/Tbong Khmum (51,434), Takeo (39,731), Kampong Thom (28,659), Siem Reap (27,138) and Pursat (20,242), in terms of absolute numbers, have some of the highest numbers of wasted children in Cambodia. Kampong Thom and Takeo have districts with the highest numbers of wasted children (>4,000). Providing interventions in these areas will enable effective support for a large number of vulnerable children and families. Preventing wasting in these areas will enable better attainment of national targets.

In the areas selected, there is geographical convergence that can be capitalized on in terms of ongoing nutrition-related programming of the four UN agencies (see Table 2), and other stakeholders, such as the CNP, GIZ and Civil Society Organizations (CSOs). The Cambodia CNP is active in six of the target provinces proposed for the National Roadmap - Mondul Kiri, Ratanak Kiri, Kratie, Stung Treng, Preah Vihear, and Kampong Chhnang – with added opportunities for sharing successful experience with the CNP’s seventh priority province of Koh Kong This will enable interventions to accelerate impact in these communities, leverage other resources, and build stronger models and partnerships that can be scaled and replicated across the country.

WFP is supporting the Ministry of Education, Youth and Sport (MoEYS) in Kampong Chhnang, Kampong Thom, Banteay Meanchey, Pursat and Siem Reap to provide school feeding for vulnerable communities (around 207,900 children in 841 schools). GIZ will support nutrition education in four high schools in Kampong Thom and in Kampot, in particular for young women from 15 years and up and working with food vendors, and school gardens. In all of these areas, schools can be better leveraged to deliver priority actions and strengthen the role of the food and social protection systems to prevent and treat acute malnutrition. School feeding is also provided in six additional provinces, so the models developed as part of this plan can be easily scaled to support vulnerable children and their families in these areas. National Home-Grown School Feeding (HGSF) run by MoEYS covers 205 schools for 53,342 children in 6 targeted provinces including Siem Reap, Banteay Meanchey, Battambang, Kampong Cham, Preah Vihear and Stung Treng from 2019-2021.

The Government, UN, other development partners and CSOs have active presence in the selected provinces. UNICEF is supporting the government to implement Integrated Early Childhood Development (IECD) interventions in the five north-eastern provinces and WHO is supporting almost of selected provinces to implement Early Essential Newborn Care (EENC) to improve the quality of care, especially for pre-term and low birth weight babies and promote breastfeeding. The interventions are in Health, Nutrition, WASH, Education, Child Protection and Social Protection.

UNICEF is working in the geographic areas with the lowest child development indicators: the north-eastern provinces of Mondul Kiri, Ratanak Kiri, Kratie, Stung Treng and Preah Vihear, as well as poor urban areas of Phnom Penh while WHO is supporting the MoH to develop the National Operational Guidelines and Clinical Training Tools for Growth Monitoring and Promotion (GMP). These provinces are a converging area for implementation of maternal, infant and young child nutrition, child growth monitoring and micronutrient supplementation for UNICEF and WHO.

FAO will work with WFP to develop nutrition-sensitive food value chains for school feeding in Siem Reap, Kampong Thom and Kampong Chhnang provinces, and link this work to the development of nutrition education programmes for schools in the same provinces. In other projects, FAO will target food value chain development and smallholder farming in north-west Cambodia. Fisheries programmes conducted by FAO with the Ministry of Agriculture, Forestry and Fisheries (MAFF) are directed at communities along the Mekong and Tonle Sap. Work to support the resilience of smallholder farmers to climate shocks will complement the extension and value chain investments by the International Fund for Agricultural Development (IFAD), the Asian Development Bank (ADB) and the World Bank, through MAFF, covering most of the target provinces.

# OUTCOMES

There are four outcomes associated with the GAP. The GAP framework for action is shown below in Figure 3. The four outcomes for the GAP are:

* Outcome 1. Reduced low birth weight by improving maternal nutrition.
* Outcome 2. Improved child health by improving access to primary health care, water, sanitation and hygiene services, and enhanced food safety
* Outcome 3. Improved infant and young child feeding by improving breastfeeding practices and children’s diets in the first years of life
* Outcome 4. Improved treatment of children with wasting by strengthening health systems and integrating treatment into routine primary health services

For each outcome, the interventions proposed under the Country Roadmap for Cambodia are categorised as belonging to either the health system, the food system, social protection or to WASH. The priority interventions are shown by outcome for each sector below.

**OUTCOME 1. REDUCED LOW BIRTH WEIGHT BY IMPROVING MATERNAL NUTRITION**

**Health System: National Policy Commitments and interventions**

* Increase the number of infants born safely at health facilities, having received appropriate antenatal care (ANC) (National Strategic Development Plan 2019-2023).
* Initiate Multiple Micronutrient (MMN) supplementation to women of reproductive age, particularly those who go through pregnancy in selected areas with a high prevalence of nutritional deficiencies (National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia 2012).
* Support the MIYCN Social and Behavioural Change Communication (SBCC) to provide better inter personal communication (IPC) and change maternal nutrition behaviours.

**Food Systems: National Policy Commitments and interventions**

* Strengthen food systems through increasing women's participation and empowerment in food systems (2nd NSFSN 2019-2023: Gender and Youth; Food Value Chains).
* Strengthen food systems through ensuring the accessibility and affordability of sustainable healthy diets for women of reproductive age (2nd NSFSN 2019-2023: Gender and Youth; Food Value Chains, Food Safety and Fortification).
* Strengthen food systems through increasing women's participation and empowerment and ensuring the accessibility and affordability of sustainable healthy diets for women of reproductive age (2nd NSFSN 2019-2023: Gender and Youth; Food Value Chains, Food Safety and Fortification).

**Social Protection: National Policy Commitments and interventions**

* Provide school-based nutrition activities including school feeding and scholarship programmes, nutrition education, school food nutrition guidelines and standards, health programmes, WASH in schools and school gardening. Combine into a cohesive programme to support nutrition in schools, including for adolescent girls and boys (2nd NSFSN 2019-2023; National Social Protection Policy Framework 2016-2025).
* Promote improved design of food/cash assistance programmes on the basis of the specific nutritional needs of adolescents, pregnant and breastfeeding women and strengthen the implementation of the existing 1000 day cash transfer programme (2nd NSFSN 2019-2023).
* Study the possibilities to implement a cash transfer program for children and pregnant women at national level linked to support and encouragement for pregnant women, especially those from poor families, to receive adequate counselling and pregnancy check-ups to protect the health of the unborn children and pregnant women likewise (National Social Protection Policy Framework 2016-2025).

**OUTCOME 2. IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WATER, SANITATION AND HYGIENE SERVICES, AND ENHANCED FOOD SAFETY**

**Health System: National Policy Commitments and interventions**

* Increase access, coverage and quality of essential interventions for the promotion of new born and child health and wellbeing, caregiver mental health, and prevention and treatment of common childhood illnesses close to where children live (National Action Plan for Newborn Care 2016-2020, Fast Track Road Map for Improving Nutrition, 2014-2020 and National Strategic Development Plan 2019-2023).
* Support the rollout of the MIYCN-SBCC Strategy for improving mothers and caregivers’ knowledge of breastfeeding, complementary feeding and other child health essentials (e.g. immunization) through better IPC tools (e.g. for ANC and Postnatal Care (PNC)), more effective tool usage, and more responsive communication/counselling (by health centre staff) and outreach by village health support groups (VHSG)

**Food System: National Policy Commitments and interventions**

* Reduce contamination of crops in farms, enhance food safety in markets and improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children (food value chains, food safety and fortification for 2nd NSFSN 2019-2023).

**WASH: National Policy Commitments and interventions**

* Increase the implementation of joint nutrition and WASH programmes; increase coverage of handwashing facilities and water and sanitation, WASH services at community level (National Action Plan II for Rural Water Supply, Sanitation and Hygiene, 2019-2023 and 2nd NSFSN 2019-2023).

**OUTCOME 3. IMPROVED INFANT AND YOUNG CHILD FEEDING BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN’S DIETS IN THE FIRST YEARS OF LIFE**

**Health System: National Policy Commitments and interventions**

* Increase early initiation and exclusive breastfeeding (EIFB) rates, and adequate complementary feeding (CF) and hygiene practices. Eliminate the harmful effects on children of the inappropriate marketing of breast-milk substitutes (BMSs) and processed foods, high in added sugar, salt and trans-fats (MIYCN-SBCC Strategy and 2nd NSFSN 2019-2023).

**Food System: National Policy Commitments and interventions**

* Strengthen the food system by improving the availability and affordability of healthy and nutritious diets for vulnerable groups, particularly in meeting the nutritional needs of women and children in situations of acute food insecurity (2nd NSFSN 2019-2023: Food Value Chains, Food Safety and Fortification; FSN in Disaster Management and Climate Change; ASDP 2019-2023).

**Social Protection: National Policy Commitments and interventions**

* Improve access to age-appropriate, nutritious, affordable and sustainable foods through social protection transfers (cash or in-kind) targeting at-risk children and women (2nd NSFSN 2019-2023).

**OUTCOME 4. IMPROVED TREATMENT OF CHILDREN WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES**

**Health System: National Policy Commitments and interventions**

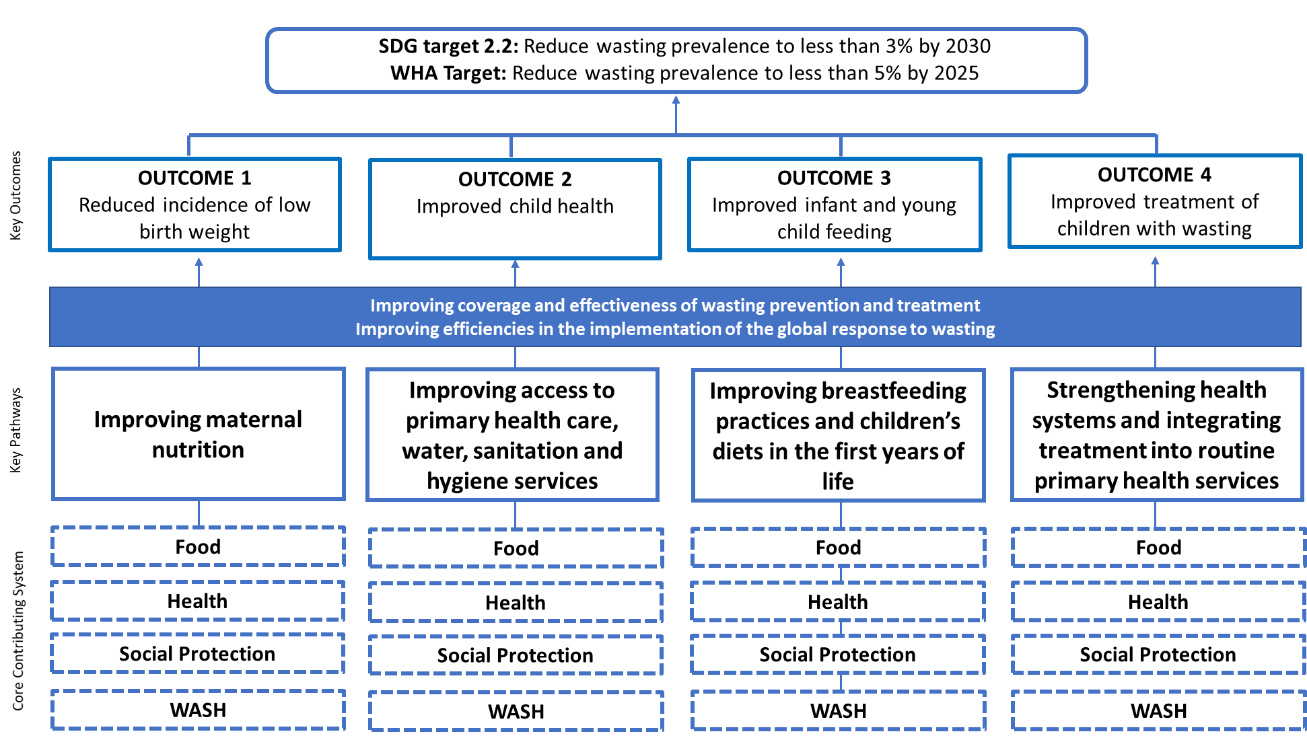
* Strengthen the integration of early detection and treatment for wasting as part of routine primary and community health care services and ensure referral systems are in place for appropriate management of wasting in children. Leverage the Health Equity Fund (HEF) for financial support for care and transport for treatment of wasting (2nd NSFSN 2019-2023).
* Strengthen national health information systems to regularly monitor and report wasting and wasting-related data, to support and inform the implementation of national services for effective prevention and treatment. Leverage coordination with the National Committee for Sub-National Democratic Development Secretariat (NCDDS) for community engagement for the identification and follow up of SAM in communities (Fast Track Road Map for Improving Nutrition, 2014-2020).

**Social Protection: National Policy Commitments and interventions**

* Support government shock-responsive social protection to develop national framework and its implementation activity in areas with food insecurity, giving a safety net transfer to families with at-risk children.

**Figure 3: The GAP Framework for Action**

The objective of the GAP is to reduce wasting prevalence to less than 5% by the year 2025 and further reduce wasting prevalence to less than 3% by the year 2030.

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# OUTCOME 1. REDUCED LOW BIRTH WEIGHT BY IMPROVING MATERNAL NUTRITION

|  |  |
| --- | --- |
| **Global Target (2025)** | **By 2025, reduce low birth weight by 30%** |
| **National Target (2025)** | ***By 2025, reduce low birth weight by 30% (7.5%)*** |
| **Current national % of low birth weight newborns** | ***8% (CDHS 2014)*** |

## OPERATIONAL FRAMEWORK

## Health System: National Policy Commitments and interventions

*Increase the number of infants born safely at health facilities, having received appropriate antenatal care (ANC) (National Strategic Development Plan 2019-2023)*

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| **Intervention** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| 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 with intentional targeting of high risk pregnant women including those with severe anaemia, early pregnancy to reduce low birth weight. Training for VHSG to provide outreach (supporting community access to services by Health Centre staff) and increase demands for services. | ANC contacts at health centres, hospitals and outreach sites. Promote EENC and Integrated Management of Newborn and Childhood Illness (IMNCI)/Maternal, Newborn and Child Health (MNCH). | Pregnant women. | For human resources, MoH, National Nutrition Programme (NNP) (National Maternal and Child Health Center (NMCHC)), and provincial health departments (PHD), districts and health care workers at hospitals and health centres. | Capacity building, support implementation, M&E (CNP, GIZ, UNICEF and WHO). Technical support, monitoring implementation (Scaling-up Nutrition Civil Society Alliance (SUN CSA) partners and GIZ). CNP provides comprehensive nutrition intervention package (CNIP)/minimum package of activities (MPA10) training, training on IPC tools. In addition: The use of Maternal, Child Health and Nutrition Scorecard (MCHN-S) to assess capacity and boost service delivery performance (through an incentive scheme. |

*Initiate Multiple Micronutrient (MMN) supplementation to women of reproductive age, particularly those who go through pregnancy in selected areas with a high prevalence of nutritional deficiencies (National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia, 2012).*

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| **Interventions** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| Conduct feasibility assessment on MMN supplementation for pregnant women including review of experience in other countries.  Support adaptation of the National Micronutrient Guideline for inclusion of MMN supplements for pregnant women that include calcium, iron and folic acid.  Implement MMN supplementation (Capacity building of health staff, procurement and distribution of MMN supplements, supervision and monitoring). | MOH Technical Working Group at National Level for assessment and guideline adaptation. All ANC contacts at health centres, hospitals and outreach sites for implementation MMN program. | Women of reproductive age and pregnant women. | MoH, NNP (NMCHC), for coordination on Guideline adaptation. PHD and health facilities, human resources for implementation. | Assessment (CNP, GIZ, HKI, academic/research institutions). Support adaptation of guideline (UNICEF and WHO). Procurement and distribution of micronutrient powders (MNPs) (UNICEF), capacity building, Monitoring and Evaluation (M&E) (UNICEF and WHO). CNP to support the shift from iron-folic acid (IFA) to MMN, the MCHN-S to be updated to incorporate the availability of stocks, information on what to provide, and patient satisfaction or receipt during ANC visits; update the CNIP/MPA 10 training so Health Centre staff are informed of changing policy. |

## Food Systems: National Policy Commitments and interventions

*Strengthen food systems through increasing women's participation and empowerment in food systems (2nd NSFSN 2019-2023: Gender and Youth; Food Value Chains, Food Safety and Fortification).*

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| **Intervention** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| 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. | Promote through the food systems Dialogues. Provide capacity development programmes for women in food production, processing and agri-business. Agricultural research for development, extension, education and market linkages. Coordination supported by the Technical Working Group for Food Security and Nutrition (TWG FSN). | Women producer groups, women in agriculture, small-scale processing and agri-business. | Ministry of Women's Affairs (MoWA) promotes women's empowerment and gender equality. MoH for guidance on nutrition and behaviour change. MoEYS to support any actions relating to schools. MAFF supports agricultural research and development aspects. NCDDS of the Ministry of Interior (MoI) contribute to the facilitation of indigenous populations and vulnerable groups in food production and nutrition safeguarding. | Funding and technical assistance from: IFAD, FAO, WFP, UNICEF, WHO, SUN CSA, Global Environment Facility (GEF), World Vision international (WVI), GIZ and the European Union (EU). CNP focuses mainly on access to health and nutrition services, empowerment and capacity building of VHSGs. World Bank LASED-3 supporting nutrition sensitive agriculture training for participants in Indigenous People (IP) land titling and agriculture programs. |

*Strengthen food systems through ensuring the accessibility and affordability of sustainable healthy diets for women of reproductive age (2nd NSFSN 2019-2023: Gender and Youth; Food Value Chains, Food Safety and Fortification).*

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| **Interventions** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| Develop national fortification standards and reinforce regulatory frameworks and promote fortification of staple foods (rice and condiments) and bio-fortification 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 national food fortification standards through technical support coordination by the National Sub-Committee for Food Fortification (NSCFF) and overall coordination through the TWG FSN. | General Population (focus on school age children, women and children). | Multisectoral coordination by NSCFF of the Ministry of Planning (MoP) for the development of food fortification standards and promotion of food fortification. MoWA promotes women's empowerment and gender equality. Ministry of Industry, Science, Technology and Innovation (MISTI) for product development and industry standards. The Ministry of Commerce (MoC) to regulate markets and engage the private sector. MoH for guidance on nutrition and behaviour change. MoEYS to support any actions relating to schools. | Funding and technical assistance from: IFAD, FAO, WFP, UNICEF, WHO, SUN CSA, and the EU. WB Agriculture Sector Diversification Project engages MAFF to support private sector producer organizations to strengthen investments in nutrition-sensitive value chains. |

*Strengthen food systems through increasing women's participation and empowerment and ensuring the accessibility and affordability of sustainable healthy diets for women of reproductive age (2nd NSFSN 2019-2023: Gender and Youth; Food Value Chains, Food Safety and Fortification).*

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| **Interventions** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| 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. | Agricultural research and development, extension and marketing, public campaign & social media. Coordination through the TWG FSN. | Women producer groups, women in agriculture, small-scale processing and agri-business and women amongst vulnerable populations including migrants and urban and rural poor. | MAFF supports Research for Development Extension and Education. MoP to support food fortification. MoWA promotes women's empowerment and gender equality. MISTI for product development and industry standards. MoC to regulate markets and engage the private sector. MoH for guidance on nutrition and behaviour change. MoEYS to support any actions relating to schools. | Funding and technical assistance from: IFAD, FAO, WFP, UNICEF, WHO, SUN CSA, GEF, GIZ, WVI and the EU. |

## Social Protection: National Policy Commitments and interventions

*Provide school-based nutrition activities including school feeding and scholarship programmes, nutrition education, school food nutrition guidelines and standards, health programmes, WASH in schools and school gardening. Combine into a cohesive programme to support nutrition in schools including for* *adolescent girls and boys (2nd NSFSN 2019-2023; National Social Protection Policy Framework 2016-2025).*

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| **Intervention** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| Support school-based nutrition program through procurement of supplies, financial assistance, technical assistance and coordination support | School-based:  School staff, food suppliers, local NGO and subnational administration for coordinate and implement nutrition relevant activities (e.g. Nutrition campaign, SBCC, building WASH infrastructure etc.) | Pre- and primary school children | MoEYS for coordination and facilitation with key relevant ministries/institutions including health, finance, FSN Social Protection at national level, and school staff and subnational administration at local level. | Coordinated and facilitated by WFP for programme design and M&E. Implementation by CSA - PLAN International, WVI, Reproductive and Child Health Alliance (RACHA), and support from the Council for Agricultural and Rural Development (CARD) -SUN Movement. Other programmes by FAO for supply chain development and School Food Nutrition Guidelines and Standards, UNICEF, WHO for health and nutrition in schools. |

*Promote improved design of food/cash assistance programmes on the basis of the specific nutritional needs of adolescents, pregnant and breastfeeding women (2nd NSFSN 2019-2023).*

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| **Interventions** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government 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. | At national level, under overall guidance of the National Social Protection Council (NSPC) the Ministry of Social Affairs, Veterans and Youth Rehabilitation  (MoSAVY) for coordination with CARD and other key actors to revise programme or policy and strategy as required. The Ministry of Economy and Finance (MEF) for leveraging the HEF for universal health coverage. | Women of reproductive age and vulnerable household who may/may not be affected by disaster. | MoSAVY for coordination and facilitation with key actors for social assistance programme from national to subnational level under overall guidance of NSPC. | All UN agencies (UNICEF, WHO, WFP, FAO) for joint advocacy and technical support for assessment and analysis. UNICEF, WFP and FAO for support to financial service provider, local NGO, and sub-national administration for delivering the assistance at local level. Reprogramming of HEF budget under CNP so that poor get access to social health insurance and additional support is provided in the form of health benefits and transport/food support for children being treated for SAM . |
| Explore possibilities for delivery through safety nets. | At national level, under overall guidance of NSPC the MoSAVY to generate evidence/information on delivery strategy. |
| Strengthen systems to link vulnerable pregnant women and children under 2 years with social cash transfer program. | MoSAVY, Financial service provider and sub-national administration for delivering the assistance at local level |

# OUTCOME 2. IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WATER, SANITATION AND HYGIENE SERVICES, AND ENHANCED FOOD SAFETY

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| Global Target (2030) | By 2030, achieve universal health coverage, including access to quality essential health care services for all |
| National Target (2025) | *national data not available* |
| Current National Universal Health Coverage Index | *national data not available* |

## OPERATIONAL FRAMEWORK

## Health System: National Policy Commitments and interventions

*Increase access and coverage of essential interventions for the promotion of new born and child health and wellbeing, caregiver mental health, and prevention and treatment of common childhood illnesses close to where children live (National Action Plan for Newborn Care 2016-2020, Fast Track Road Map for Improving Nutrition, 2014-2020 and National Strategic Development Plan 2019-2023)*

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| **Interventions** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| Update Fast Track Road Map for Improving Nutrition 2014-2020, IMCI clinical Guideline, and GMP operational Guideline and update of CNIP/MPA10 under CNP. | National level at MOH. | Pregnant women and children from birth to 5 years of age, Low Birth Weight (LBW) infants. | MoH, NNP (NMCHC), responsible for coordination and leading the National Nutrition Working Group for updating the guidelines. | Technical and financial support to revise and update the FTRIN, IMCI clinical guidelines, update the GMP operational guideline and the GMP clinical training tools, training for health care workers (UNICEF and WHO in collaboration with other health partners). CNP with WB and pooling partner support. |
| Support implementation of Integrated Maternal Newborn Child Health and Nutrition that includes: EENC, IMCI, GMP and Immunization, maternal nutrition and micronutrients, new born 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. | Health care service delivery, especially at primary health care facilities (health centres) and community outreach. | Pregnant women and children from birth to 5 years of age, LBW infants. Entire population of SBCC campaign. | MoH, NNP (NMCHC), responsible for human resources for implementation. Provincial health department and operational districts, and health staff at primary health. care facilities providing clinical service delivery. | Training for health care workers, monitoring the implementation (WHO and UNICEF in collaboration with other health partners). SBCC campaign (UNICEF, WB, Global Financing Facility (GFF), KfW, DFAT). |
| Assess effective delivery platforms for MNP for children 6-24 months. | Assessment at national level through the NNP. | Children 6-24 months. | MoH, NNP (NMCHC), to coordinate assessment. | Technical support, finance and tools (UNICEF, WHO). MNP supplies (UNICEF), assessment (UNICEF, WB and Pooling Partners and academic research institutions). Promotion of healthy diet (WFP, FAO, UNICEF, WHO, HKI, WVI GIZ, CSA, and other development partners). |
| Initiate MNP distribution for children 6-24 months. | Integrated with GMP at health facilities and outreach sites. | MoH, NNP (NMCHC), provincial health departments for human resources and monitoring. |

## Food System: National Policy Commitments and interventions

*Reduce contamination of crops in farms, enhance food safety in markets and improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children (food value chains, food safety and fortification for 2nd NSFSN 2019-2023).*

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| **Intervention** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| Establish and enforce policies, laws and regulations on national food standards for quality and safety, according to National Laws (Food Safety Law in draft), Sub-Decree 133, ISO 22000 and Codex Alimentarius. | MAFF provides technical assistance as part of value chain development. MoC oversees food safety standards in markets. | Entire population. | MAFF, human resources, laboratories (limited funding), MoH and MoC. | Strengthening of regulations, testing and enforcement capabilities, FAO and IFAD. NGOs assisting with organic certification schemes. Funding and technical assistance. |

## WASH: National Policy Commitments and interventions

*Increase the implementation of joint nutrition and WASH programmes; increase coverage of handwashing facilities and water, sanitation and hygiene (WASH) services at community level (safe water and sanitation) (National Action Plan II for Rural Water Supply, Sanitation and Hygiene, 2019-2023 and 2nd NSFSN 2019-2023).*

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| --- | --- | --- | --- | --- | --- |
| **Intervention** | | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| Integrate promotion and counselling on water sanitation and hygiene behaviour and practices, specifically in community-based nutrition programmes, through institutional strengthening, capacity building of local government and communities, decentralized services and M&E. | Include WASH aspects in nutrition counselling at health facilities and community outreach. SBCC including a media campaign for positive WASH behaviour at national and sub-national levels. CLTS approach for safe drinking water service and hand-washing facilities. | | Entire population for WASH behaviours. | The Ministry of Rural Development (MRD) and MoH for human resource and promotion of water hygiene and sanitation at community level, health facilities and capacity building with local government. | UNICEF for technical assistance and monitoring. Funding and technical assistance from WFP, GIZ, HKI, and CNP. |

# OUTCOME 3. IMPROVED INFANT AND YOUNG CHILD FEEDING BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN’S DIETS IN THE FIRST YEARS[[7]](#footnote-7) OF LIFE

|  |  |
| --- | --- |
| Global Target (2030) | By 2025, the rate of exclusive breastfeeding in the first six months will increase to at least 50%, and at least 40% of children between 6 and 23 months consume a minimum dietary diversity with an emphasis on animal sourced foods, pulses, fruits and vegetables. |
| National Target (2025) | *By 2025, the rate of exclusive breastfeeding will increase to 68% (reverse declining trend), and at least 48% of children aged 6–24 months consume minimum dietary diversity (maintain the current level while the secondary impacts of COVID-19 and other emergencies may have negative impacts)* |
| National % Exclusive breastfeeding under 6 months | *CDHS 2014 (EBF 65%, Diet Diversity 48%)* |

## OPERATIONAL FRAMEWORK

## Health System: National Policy Commitments and interventions

*Increase early initiation and exclusive breastfeeding rates, and adequate complementary feeding and hygiene practices. Eliminate the harmful effects of inappropriate marketing of breast-milk substitutes and processed foods, high in added sugar, salt and trans-fats (MIYCN-SBCC, Baby Friendly Hospital Initiative (BFHI) and Baby Friendly Community Initiative (BFCI), Sub-Decree 133, 2nd NSFSN 2019-2023).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Interventions** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| Develop effective communication strategies and tools to promote and support optimal IYCF practices including use of use mass media and social media platforms for campaigns and IPC. Develop dietary guideline for children. GMP and developmental milestone tracking integrated with IECD. | All Maternal and Child Health (MCH) contacts in health facilities and community levels for IPC and national and local mass media and social media for campaigns. | Pregnant and lactating women, and mothers/care givers of children 0-24 months; for SBCC, entire population. | MoH, NNP (NMCHC), PHD for human resources and monitoring. | Technical and financial support to revise and update the BFHI operational guidelines; monitoring implementation (WHO, in collaboration with other health partners). Technical support, finance and tools (UNICEF, WHO). Promotion of healthy diet (WFP, FAO, UNICEF, WHO, GIZ, CSA, and other development partners). CNP supports MIYCN-SBCC strategy rollout and monitoring: Rollout out of revised IPC tools for health centres, communities and households; integration of revised SBCC messaging into various training modules and assessment tools, including CNIP/MPA10, MCHN Scorecard, VHSG training/Commune Program for Women and Children (CPWC), Commune/Sangkat Service Delivery Grant (C/S-SDG) assessments. |
| Scale up MIYCN interventions (Maternal Nutrition, EIFB, EBF, continued BF, adequate CF, and dietary diversity) to be implemented during all MCH contacts in health facilities and community levels. | All MCH contacts at health facilities and communities. | Pregnant and lactating women, and mothers/care givers of children 0-24 months; for SBCC, entire population. |
| Reinforcement of the implementation of Sub-Decree 133 through capacity building of national BMS code oversight board and ongoing monitoring of implementation. | Oversight board and executive working group level. Through BFCI, BFHI approach. | Entire community for Promotion activities and specifically pregnant women, and mothers/care givers of children 0-24 months. | MoH, NNP (NMCHC), PHD for human resources and monitoring. The NNP, Department of Drugs and Foods (DDF) of MoH, and Consumer Protection, Competition and Fraud Repression (CCF) of the MoC for enforcement of Sub-Decree 133. | Technical and financial support to revise and update the BFHI operational guidelines; monitoring implementation (WHO, in collaboration with other health partners). Technical support, finance and tools (UNICEF, WHO). |

## Food System: National Policy Commitments and interventions

*Strengthen the food system by improving the availability and affordability of healthy and nutritious diets for vulnerable groups, particularly in meeting the nutritional needs of women and children in situations of acute food insecurity (Agriculture Sector Strategic Development Plan 2019-2023; 2nd NSFSN 2019-2023: Food Value Chains, Food Safety and Fortification; FSN in Disaster Management and Climate Change;* ASDP 2019-2023*).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Interventions** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| Include livelihood dynamics and seasonality in the design and delivery of emergency and resilience-building programmes. | Use the Food Systems Dialogue to promote awareness and incorporate specific actions in the roadmap to 2030. | Smallholder producers and women in food insecure households. | MAFF to provide targeted extension support for agriculture and fisheries, especially for meeting the needs of women, National Committee for Disaster Management (NCDM) and the Humanitarian Response Forum (HRF) support targeting and delivery of services. | Funding and technical assistance from projects supporting the RGC by EU, USAID, IFAD, ADB, World Bank, GIZ, FAO, WFP and others. |
| Advocate for responsiveness of food systems programmes to the needs of pregnant and lactating women during food systems dialogue. | Food Systems Dialogue to promote awareness and incorporate specific actions in the roadmap to 2030.  Engagement with VHSG (community level) and NCCDS/MoI (national level) for better vertical mobilization and oversight. |
| 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. | Support provided through extension services, NCDM and HRF. |

**Social Protection:** **National Policy Commitments and interventions**

*Improve access to age-appropriate, nutritious, affordable and sustainable foods through social protection transfers (cash or in-kind) targeting at-risk children and women (2nd NSFSN 2019-2023).*

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| **Intervention** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| Provision of fortified foods through school meals; advocate for integration of nutrition considerations in social assistance. | Schools, emergency response, and social protection schemes utilized as platforms for delivery. | School-aged children, Pregnant and Lactating Women (PLW) and vulnerable households. | MoEYS implement, integrate, and promote food fortification and local nutritious food in school feeding programme. NCDM promote and integrate food fortification and/or local nutritious food in emergency food package. NSCFF and CARD advocate and monitor progress. | WFP, FAO, UNICEF, WHO, GIZ, WVI, CSA, and other development partners provide technical, coordination, advocacy support to government. |
| Support workplace lactation and advocacy for extension of maternity leave. | Coordination through the TWG FSN | Employers, supervisors, PLW. | Ministry of Labour and Vocational Training (MoLVT), MoH for policies, laws and regulations | ILO, HKI and GIZ for workplace practices and policies |

# OUTCOME 4. IMPROVED TREATMENT OF CHILDREN WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT **INTO ROUTINE PRIMARY HEALTH SERVICES**

|  |  |
| --- | --- |
| Global Target (2025) | By 2025, increase by 50% the coverage of treatment services for children with wasting |
| National Target (2025) | *By 2025, increase by 200% the current coverage of treatment services for children with wasting* |
| National Coverage: Management of severe acute malnutrition (SAM) – Inpatient | *1,114 children under-five received inpatient treatment for severe acute malnutrition (MOH Report 2020)* |
| National Coverage: Management of severe acute malnutrition (SAM) – Outpatient | *5,842 children under-five received inpatient treatment for severe acute malnutrition (MOH report 2020)* |

## OPERATIONAL FRAMEWORK

## Health System: National Policy Commitments and interventions

*Strengthen the integration of early detection and treatment for wasting as part of routine primary and community health care services and ensure referral systems are in place for appropriate management of wasting in children (2nd NSFSN 2019-2023).*

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| --- | --- | --- | --- | --- |
| **Interventions** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| 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). | MOH for adaptation of guideline. Health care structures and commune platforms for capacity building. | Children under 5 years. | MoH at national level, NNP (NMCHC), provincial health departments and commune councils at subnational level are responsible for human resources and coordination. | UNICEF and WFP for technical assistance, supplies, capacity building and monitoring and evaluation; NGO partners for supportive supervision and monitoring. Leveraging current resources and activities under CNP (including MCHN Scorecard, CNIP/MPA10 update and training). |
| 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. | Health sector platforms at national and subnational levels including hospitals and health centre. | Children under 5 years. | Human resources; MoH, NNP (NMCHC) provides human resources and involved in monitoring of implementation. | UNICEF for technical assistance, supplies, capacity building and monitoring and evaluation; NGO partners for supportive supervision and monitoring; the private sector for production and distribution of locally produced and nutritious foods, including affordable RUTF. Support from FAO for nutritional standards for locally manufactured RUTF. |
| 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) | MoH at national level, provincial health departments and commune councils including hospitals and health centre | Children under 5 years | MoH, NNP (NMCHC), for coordination of assessment enforcement of recommendations and monitoring. | UNICEF for technical assistance and finance. Research institutes, universities, GIZ, international NGO partners to technically support assessment. |
| 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. | MoH at national level, provincial health departments and commune councils including hospitals and health centres | Children under 5 years, mothers and caregivers, | MoH and NNP (NMCHC) to lead discussion of suitable interventions, sustainability, existing capacities and needs to support treatment of MAM. MoI/NCDD, MAFF, MRD and local government. | UN Agencies, SUN CSA and other development partners to provide technical and financial support. |

*Strengthen national health information systems to regularly monitor and report wasting and wasting-related data, to support and inform the implementation of national services for effective prevention and treatment (Fast Track Road Map for Improving Nutrition, 2014-2020).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Interventions** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| Conduct growth promotion, growth assessment, and growth monitoring for school-aged children using Mid Upper Arm Circumference (MUAC) screening at pre-school level | Mass screening campaign at pre- and primary school level | Pre- and primary school children | MoH at national level to coordinate and facilitate with MoEYS-School Health Department (SHD) and key actors to develop action plan and monitor progress. PHD and Provincial Department of Education, Youth and Sports (PDoEYS) implement activity as required. | WFP collaborate with UNICEF and WHO to provide technical and coordination support to the government. |
| Include indicators related to SAM (admission and treatment outcome) in HMIS; Build capacity of health workers on reporting nutrition data through HMIS | National level, MOH, for inclusion of SAM indicators in HMIS, health facility level for implementation | Children under 5 years | MoH at national level, NNP (NMCHC), PHD, districts and health facilities for human resources. | UNICEF technical assistance, capacity building and monitoring. Revision of nutrition indicators and definitions by NNP and DPHI under CNP. |
| 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). | National level for system development, health facility level for implementation; introduction of digital health tools reporting at health centre and hospital level. | Children under 5 years. | MoH at national level, provincial health departments responsible for human resources and coordination. | UNICEF is responsible for finance, technical assistance, capacity building, and provision of supplies and monitoring. Nutrition and health apps for health care providers, mothers and caregivers under CNP and GIZ (VHSGs, mothers/caregivers). |

## Social Protection: National Policy Commitments and interventions

*Support government shock-responsive social protection in areas with food insecurity, giving a safety net transfer to families with at-risk children.*

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| --- | --- | --- | --- | --- |
| **Interventions** | **Delivery Platform** | **Target Population** | **Responsible** | **Non-Government Support** |
| 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. | At Operational District level for capacity building training. | PLW; children under 2 years; poor and vulnerable households. | NCDM at national and sub-national level, commune councils for human resources. | WFP, GIZ, WVI, UNICEF, FAO, WHO, CSA and other development partners for capacity development and monitoring. HEF promotion by the National Centre for Health Promotion (NCHP) under CNP, update of Patient Management and Registration System (PMRS) to account for HEF benefits for informal workers’ children aged 0-2 years and potential reprogramming of HEF budget within CNP. |
| Provide capacity strengthening to local communities and authorities for preparedness and readiness for emergencies. | NCDM for coordination at national and sub-national level for implementation of emergency response. |

# Annex 1. Budget and target population

## Outcome 1: Reduced incidence of Low Birth Weight

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **SYSTEM** (Health, Food, WASH, Social Protection) | **PRIORITY ACTION** | **TARGET POPULATION** | | | | **UNIT COST (per year)** | **TOTAL (Target Population x Unit Cost)** |
| **U2** | **U5** | **PLW** | **Other (specify)** |
| 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 |  |  |  | 2075.4 | 60 | $124,524 |
| Health | Conduct feasibility assessment on MMN supplementation for pregnant women |  |  |  | 1 | 50,000 | $50,000 |
| Health | Support adaptation of the National Micronutrient Guideline for inclusion of MMN supplements to pregnant women, that include iron and folic acid. |  |  |  | 1 | 30,000 | $30,000 |
| Health | Implement MMN supplementation |  |  | 106,820 |  | 1.5 | $160,230 |
| 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. |  |  |  |  | 1,800 | $93,600 |
| Food | Develop national fortification standards and reinforce regulatory frameworks and Promote fortification of staple foods (rice and condiments) and biofortification through conventional breeding. |  |  |  |  | 25,000 | $25,000 |
| Food | 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. |  |  |  |  | 25,000 | $25,000 |
| Food | 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. |  |  |  |  | 1,300 | $67,600 |
| Food | Integrated SBCC campaign to promote healthy diets especially for pregnant and lactating women |  |  | 106,820 |  | 0.4 | $42,728 |
| Social protection | Support school based nutrition program through procurement of supplies, financial assistance, technical assistance and coordination support |  | 39,000 |  | 224,000 children 5 - 11 |  | $2,790,000 |
| Social protection | 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. |  |  |  |  |  | $80,000 |
| Social protection | Explore possibilities for delivery through safety nets. |  |  |  |  |  | $90,000 |
| Social protection | Strengthen systems to link vulnerable pregnant women and children under 2 years with social cash transfer program. |  |  |  |  |  | $75,000 |
|  | **Subtotal:** |  |  |  |  |  | **$3,653,682** |

## 

## Outcome 2: Improved child health

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SYSTEM** (Health, Food, WASH, Social Protection) | **PRIORITY ACTION** | **TARGET POPULATION** | | | | **UNIT COST (per year)** | **TOTAL (Target Population x Unit Cost)** |
| **U2** | **U5** | **PLW** | **Other (specify)** |  |  |
| Health | Update Fast Track Road Map for Improving Nutrition (FTRIN 2014-2020), IMCI clinical Guideline, and GMP operational Guideline |  |  |  |  | 75000 | $75,000 |
| Health | Support implementation of Integrated Maternal Newborn Child Health and Nutrition that includes: EENC, IMCI, GMP and Immunization, maternal nutrition and micronutrients, new born 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 |  |  |  | 421,676 | 4 | $1,686,702 |
| Health | Assess effective delivery platforms for MNP |  |  |  |  | 30000 | $30,000 |
| Health | MNP distribution for children 6-24 months | 3800 |  |  |  | 6 | $22,800 |
| Food | Establish and enforce policies, laws and regulations on national food standards for quality and safety, according to National Laws (Food Safety Law in draft), Sub-Decree 133, ISO 22000 and Codex Alimentarius |  |  |  |  | 500 | $26,000 |
| 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 |  |  |  | 1560 | 75 | $117,000 |
|  | **Subtotal:** |  |  |  |  |  | **$1,957,502** |

## Outcome 3: Improved Infant and Youth Child Feeding

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SYSTEM** (Health, Food, WASH, Social Protection) | **PRIORITY ACTION** | **TARGET POPULATION** | | | | **UNIT COST (per year)** | **TOTAL (Target Population x Unit Cost)** |
| **U2** | **U5** | **PLW** | **Other (specify)** |
| Health | Develop effective communication strategies and tools to promote and support optimal IYCF practices including use of use 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) |  |  |  | 1 | 55,000 | $55,000 |
| Health | Scale up MIYCN interventions (Maternal Nutrition, EIFB, EBF, continued BF, adequate CF, and dietary diversity) to be implemented during all MCH contacts in health facilities and community levels. |  | 213668 | 106835.4 |  | 6 | $1,923,020.40 |
| Health | Reinforcement of the implementation of Sub-Decree 133 through capacity building of national BMS code oversight board and ongoing monitoring of implementation. |  |  |  |  | 65 | $32,500 |
| Food | Include livelihood dynamics and seasonality in the design and delivery of emergency and resilience-building programmes. |  |  |  |  | 15000 | $15,000 |
| Food | Advocate for responsiveness of food systems programmes to the needs of pregnant and lactating women during food systems dialogue. |  |  |  |  | 5000 | $5,000 |
| Food | 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. |  |  |  |  | 30,000 | $390,000 |
| Social protection | Provision of fortified foods through school meals; advocate for integration of nutrition considerations in social assistance |  |  |  |  |  | $90,000 |
| Social protection | Support workplace lactation and advocacy for extension of maternity leave. |  |  |  |  |  | $120,000 |
|  | **Subtotal:** |  |  |  |  |  | **$2,630,520.40** |

## Outcome 4: Improved treatment of children with wasting

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SYSTEM** (Health, Food, WASH, Social Protection) | **PRIORITY ACTION** | **TARGET POPULATION** | | | | **UNIT COST (per year)** | **TOTAL (Target Population x Unit Cost)** |
| **U2** | **U5** | **PLW** | **Other (specify)** |
| 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) |  |  |  |  | 60,000 | $60,000 |
| Health | 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 |  | 25,000 |  |  | 150 | $3,750,000 |
| Health | 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) |  |  |  | 1 | 50,000 | $50,000 |
| Health | 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. |  |  |  | 4 | 15,000 | $60,000 |
| Health | Conduct growth promotion, growth assessment, and growth monitoring for school-aged children using Mid Upper Arm Circumference (MUAC) screening at pre-school level |  |  |  | 5,000 | 6 | $30,000 |
| Health | Include indicators related to SAM (admission and treatment outcome) in HMIS; Build capacity of health workers on reporting nutrition data through HMIS |  |  |  |  | 20,000 | $20,000 |
| Health | 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). |  |  |  |  |  | $30,000 |
| 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. |  |  |  |  |  | $355,000 |
| Social protection | Provide capacity strengthening to local communities and authorities for preparedness and readiness for emergencies. |  |  |  |  |  | $220,000 |
|  | **Subtotal:** |  |  |  |  |  | **$4,575,000** |

## Summary budget

|  |  |
| --- | --- |
| **Outcome** | **Budget (USD)** |
| Outcome 1 | **$3,653,682.00** |
| Outcome 2 | **$1,957,502.00** |
| Outcome 3 | **$2,630,520.40** |
| Outcome 4 | **$4,575,000.00** |
| **Total** | **$12,816,704.40** |

1. Cambodia Socio-Economic Survey, National Institute of Statistics, 2015. [↑](#footnote-ref-1)
2. UNICEF, World Health Organization & World Bank (2017). UNICEF-WHO-World Bank Joint Child Malnutrition Estimates. Key findings of the 2017. Edition 2017. [↑](#footnote-ref-2)
3. The eight locations where wasting exceeded 10% were Kampong Chhnang, Kampong Speu, Kampong Thom, Pursat, Takeo, Oddar Meanchey, Preah Sihanouk/Koh Kong, and Preah Vihear/Stung Treng. Where sample numbers were low some provincial data were pooled. [↑](#footnote-ref-3)
4. Cambodia Socio-Economic Survey, National Institute of Statistics, Cambodia, 2017 [↑](#footnote-ref-4)
5. Fill the Nutritnt Gap. Cambodia. Summary Report, Government of Cambodia and the World Food Programme, 2017. [↑](#footnote-ref-5)
6. The CNP is a 5-year (2019-24), $53 million investment of the RGC, Australian Department of Foreign Affairs and Trade, German KfW, Global Financing Facility, and World Bank to increase the utilization and quality of priority maternal and child health and nutrition services for targeted groups. The CNP is implemented through the Ministry of Health and the National Committee for Sub-National Democratic Development Secretariat and sub-national administration in seven priority provinces (Mondul Kiri, Ratanak Kiri, Kratie, Steung Treng, Preah Vihear, Kampong Chhnang, and Koh Kong). [↑](#footnote-ref-6)
7. The *first years of life* is interpreted as encompassing the priority for children up to two years of age and also extending up to five years of age to ensure developmental impacts. [↑](#footnote-ref-7)