



**MATERNAL, NEWBORN AND
CHILD HEALTH AND NUTRITION**

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SITUATION

Between 2000 and 2010, Cambodia has made significant progress in improving the health of its children. The infant mortality rate has declined from 95 to 45 deaths per 1,000 live births, setting Cambodia on track to reach its Millennium Development Goal 4 to reduce child mortality.

Progress has been attributed to successful immunization programmes and breastfeeding promotion, and factors such as poverty reduction, improved education and better roads. Nevertheless, child mortality levels in Cambodia remain high by regional standards. Every day, an estimated 50 children under five die, mainly because of preventable and treatable diseases, such as diarrhoea and pneumonia. A further decline in child mortality will largely depend on the country's ability to address newborn survival and accelerate coverage of pneumonia and diarrhoea related interventions.

Despite dramatic reductions over the last five years, Cambodia's maternal mortality ratio remains high at 206 deaths per 100,000 live births. This means an estimated 1,700 mothers die unnecessarily every year, which negatively impacts families, communities and particularly children whose mothers die.

Malnutrition remains a significant problem in Cambodia and is a cause in approximately one third of child deaths. In the past five years, the number of children suffering from chronic malnutrition has decreased only slightly and the number suffering from acute malnutrition may have increased. Major drivers of poor nutrition in young children are inadequate complementary feeding practices, poor hygiene and high prevalence of diseases, including diarrhoea. High food prices that have persisted since the 2008 food price crisis have contributed to slowing down progress in the area of nutrition.



MILLENNIUM DEVELOPMENT GOALS

UNICEF's work on maternal, newborn and child health and nutrition directly contributes to achieving three Millennium Development Goals:

- MDG 1: Eradicate extreme poverty and hunger
- MDG 4: Reduce child mortality
- MDG 5: Improve maternal health



Micronutrient deficiencies remain widespread. Anaemia is common among children under five, with a prevalence of more than 80 per cent among children under two. It also affects a significant percentage of pregnant women. However, iodine deficiency in children, which impedes mental development, is no longer considered a major threat as a result of improved accessibility of iodized salt and public awareness campaigns.

Immunization against deadly infections is reaching more children, especially in remote areas. Child immunization rates are routinely above 90 per cent, but less than half of children receive other preventive services such as deworming and vitamin A supplementation.

Among the key factors leading to poor health and nutrition in Cambodian children are inadequate accessibility, quality and utilization of health services, as well as poor health and nutrition practices in families. There is a widespread shortage of skilled health personnel, particularly midwives; insufficient supply of some essential drugs and equipment; and weak communication and referral among various levels of care, including inadequate linkages between communities and health facilities.

Inequities in health and nutrition outcomes and in health care utilization continue to persist between rural and urban areas, across provinces and between people with different educational levels and economic status. Despite reductions, poverty remains one of the most important underlying causes of high maternal and child mortality and undernutrition. One in three Cambodians still lives below the poverty line and 20 per cent of Cambodians cannot afford enough food.

Poverty leads to a lack of materials and knowledge for proper sanitation and hygiene, causing Cambodian children to still suffer from high rates of infectious diseases such as diarrhoea and pneumonia. Poverty is also an important barrier to other more direct causes of mortality: proper nutrition and health care. Tackling poverty and reducing financial barriers to health care require new approaches and different strategies to help save children's lives.

KEY PARTNERSHIPS IN MATERNAL, NEWBORN AND CHILD HEALTH AND NUTRITION

UNICEF works closely with the government to support the Second Health Sector Support Programme. Our main government partners in this area are:

- Ministry of Health
- Council for Agriculture and Rural Development

UNICEF contributes to national coordination efforts through its participation in the Technical Working Group for Health, led by the Ministry of Health and co-facilitated by the World Health Organization, and the Technical Working Group for Food Security and Nutrition, led by the Council for Agriculture and Rural Development, co-facilitated by the World Food Programme.

Other key partners include Agence Française de Développement, AusAID, BASICS, Belgian Technical Cooperation, UNFPA, USAID, WFP, World Bank and WHO.

QUALITY MATERNAL, NEWBORN AND CHILD HEALTH SERVICES

Giving birth in Cambodia remains a risky proposition for women and their babies. Inadequate and limited access to health care during pregnancy, childbirth and early childhood, combined with cultural practices that override modern medical alternatives, increase the risk of death for mothers and their children.

Every year, an estimated 1,700 women die during pregnancy, delivery and after birth, according to Cambodia's 2008 Census. This leaves Cambodia with one of the highest maternal mortality ratios in the region. There has been no improvement over the last decade, partly due to the difficulty in obtaining good data to measure these deaths.

Women are dying because they lack basic emergency obstetric care and due to the limited availability of trained birth attendants. Though declining, there is still widespread use of traditional birth attendants as opposed to midwives and other trained health workers. Only 71 per cent of women in Cambodia had access to a skilled birth attendant in 2010 and just over half of births take place in a health facility, increasing a pregnant woman's risks and decreasing her chances of accessing life-saving interventions during childbirth. Even when mothers can access health care, overall quality of care is deficient, magnifying the challenges women face in overcoming potential health problems during and after birth.

While infant mortality has decreased, the number of newborns who die each year remains unacceptably high, as an estimated 10,000 babies die during or shortly after delivery each year. Babies are dying due to complications at birth in addition to lack of postpartum care. Few women visit health facilities for routine yet potentially life-saving health check-ups for their babies because they lack the funds or are unaware of the benefits.

Unclean cord care based on cultural practices also leads to infection, which further contributes to newborn deaths.

Effective immunization combined with successful breastfeeding promotion and better infant and child care have contributed to Cambodia's ability to reverse infant and child mortality. In Cambodia, immunization has kept polio at bay since 2000 and has dramatically diminished reported cases of measles, which dropped by more than 99 per cent between 1999 and 2006. The number of children aged 12 to 23 months who are fully immunized against six major communicable diseases grew from 40 per cent in 2000 to 79 per cent in 2010.

Meanwhile, expanded community-based integrated management of childhood illnesses – vital to decreasing child mortality – helps families and communities detect and track cases of pneumonia and diarrhoea for immediate and follow-up medical attention. Nearly 70 per cent of child deaths in Cambodia are due to diarrhoea, pneumonia or neonatal conditions. However, less than half of children with symptoms of acute respiratory infection, fever or diarrhoea see a health care provider.

The direct causes of maternal, newborn and child deaths are well known and largely preventable and treatable. However, coverage of some health interventions and practices remains low due to disconnect between knowledge, policies and action. Solutions do exist, but often do not reach those most in need. New programmes are revealing significant potential in helping to decrease maternal deaths while improving overall quality and access to health care for mothers and their children.

UNICEF collaborates with the government to accelerate improvements in health and nutrition for Cambodia's infants and children in order to protect them against illness and death.





WHAT WE DO

- Work with the Ministry of Health to identify information needs, support data collection and analysis, identify policy options, and advocate for resources to scale-up maternal, newborn and child health interventions.
- Build the capacity of policy makers and health managers in data analysis and planning to support the expansion and sustainable implementation of high impact life-saving maternal, newborn and child health interventions. Special focus is placed on identifying and developing programmes to reach the unreached.
- Support frameworks that provide the necessary policy and financial conditions to overcome system-wide obstacles to improved maternal and child health services. Support emergency obstetric care, essential newborn care, and the Integrated Management of Childhood Illness system with priority on poor districts.
- Support improvements in antenatal, delivery and postpartum care, emphasizing the need for skilled birth attendance linked through referral systems to emergency obstetric and newborn care.
- Promote universal immunization coverage, case management of pneumonia and diarrhoea treatment with zinc. Contribute to improving the quality of preventative and clinical health services through training, coaching and supportive supervision for health providers.
- Support interventions at three levels – health system, health facility and community – to ensure families receive knowledge, skills, motivation and support to care for young children.

IMPACT

A growing number of women in Cambodia are seeking help from a skilled health attendant during delivery, up from 32 per cent in 2000 to 71 per cent in 2010. Attendance at antenatal care has also increased, from 38 per cent in 2000 to 89 per cent in 2010. Equally encouraging, improved obstetric care for women, early and exclusive breastfeeding, and life-saving immunizations have helped prevent newborn deaths. Comprehensive immunization against preventable diseases, together with better nutrition, has curbed the nation's under-five mortality, from 124 to 54 deaths per 1,000 live births between 2000 and 2010, according to preliminary data from the 2010 Demographic and Health Survey.



ENSURING GOOD NUTRITION

Malnutrition affects almost half of all Cambodian children under the age of five. It is caused by the inability to afford nutritious food, high rates of infectious disease and inappropriate feeding practices. The consequences of malnutrition are severe: it is one of the top underlying causes of child mortality and morbidity in Cambodia, and its lasting repercussions continue into adulthood, impairing both mental and physical development that results in poor performance in school and limited opportunities for work later in life.

Malnutrition's visible impact can be seen across the country. Roughly 40 per cent of children age five and under are too small for their age and another 28 per cent are underweight. A smaller, though troubling 11 per cent of children are wasted (thin). Cambodian women are equally susceptible to malnutrition, with 20 per cent of women between 15 and 49 considered too thin – a situation that increases risk for complications during birth and leads to low birth weight of their babies.

Breastfeeding is the best source of nutrition for children in the early stages of life, but not all Cambodian women breastfeed exclusively during the first six months of the baby's life. Many children older than six months get too little or not the right complementary food because parents lack knowledge or cannot afford nutritious food. Hidden hunger in the form of micronutrient deficiency is an added risk to children. Although the majority of children now receive vitamin A supplements, an increase from 11 per cent in 2000 to 60 per cent in 2010, those who do not receive the supplement face an increased risk of child mortality or blindness. Meanwhile, four out of five children and almost half of women of reproductive age are anaemic. Deficiencies of iron, zinc and calcium are among the top public health concerns in the country.

With a growing number of families using iodized salt, Cambodia has enjoyed major achievements in reducing iodine deficiency disorder, which can impair foetal brain development.



Although local salt producers have agreed to take on the cost of iodization, close monitoring is required to ensure that the private sector continues quality salt iodization.

While the international evidence base provides a range of cost-effective nutrition interventions, many of these are yet to be implemented in Cambodia, including a system of cash transfers to poor families that are shown to reduce poverty and improve nutrition outcomes. Community-based treatment for child malnutrition is recommended, but in Cambodia treatment is only available in hospital. A national system for the identification of poor households exists, but these families do not receive direct financial assistance. Meanwhile, nutrition interventions that have been mainstreamed into the government health system need to be monitored to ensure quality.

UNICEF works closely with the government to combat hunger and minimize the negative consequences of malnutrition on children.





WHAT WE DO

- Design and support the implementation of targeted behaviour change communication strategies that promote early and exclusive breastfeeding and appropriate complementary feeding behaviours.
- Continue support of the Food Security and Nutrition Information Management System through analysis of administrative statistics and household surveys.
- Ensure the sustainability of salt iodization by supporting the National Sub-Committee on Food Fortification to continuously monitor salt iodization.
- Address anaemia and other micronutrient deficiencies in children and women through multiple micro-nutrient supplementation and fortification.
- Support pilots and operational research on cash transfers and a national system for the identification and treatment of child malnutrition.
- Provide technical assistance to monitoring and supervision activities of the National Nutrition Programme.

IMPACT

An expanding segment of the population, especially women and children, are leading better, healthier lives as a result of improved nutrition. A growing number of women who are exclusively breastfeeding have led to improved nutrition for infants and children, and more children are also receiving complementary feeding at the right age to reinforce their growth.

Between 2000 and 2010, wasting decreased from 16.8 per cent to 10.9 per cent; underweight from 38 per cent to 28.3 per cent; and stunting from 49.7 per cent to 39.9 per cent. The number of families consuming iodized salt has increased, with over 80 per cent of households using iodized salt compared with only 14 per cent in 2000.



UNICEF CAMBODIA

P.O. Box 176, Phnom Penh

Tel: +855 (0)23 426 214

e-mail: phnompenh@unicef.org

www.unicef.org/cambodia