

Health and nutrition

UNICEF Country Programme 2019–2023



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Situation

No child or mother should suffer or die from preventable causes. Yet this is exactly what happens in Cambodia every year. These deaths can be because a mother did not receive the right care during her pregnancy, or because a baby did not receive postnatal care or proper nutrition in the early months of life. All of this is preventable.

Overall, Cambodia has achieved some remarkable health outcomes, such as a significant decline in child mortality rates and the early achievement of Millennium Development Goal 4 – Reduce Child Mortality.

Between 2000 and 2014, the infant and under-five mortality rates both decreased by over 70 per cent, while the maternal mortality rate decreased dramatically from 472 to 170 deaths for every 100,000 live births. Improved antenatal and postnatal care, better immunization coverage and skilled birth attendance are some of the driving factors behind these improvements.

While this is significant progress, far too many families are still unnecessarily losing their children, especially at birth and during the first month of life. Neonatal mortality accounts for 50 per cent of children who die before their fifth birthday. Rural areas and the more remote north-eastern provinces of Cambodia suffer the biggest losses.

Major causes of child and maternal deaths include a lack of adequate, affordable and accessible health services, poor quality

services, poor hygiene, a lack of skilled health staff, and harmful traditional practices.

Lagging behind all other social indicators, malnutrition rates for children under 5 years are among the highest in the region, with 32 per cent of children being stunted (too short for their age) and 10 per cent being wasted (too thin for their height) (CDHS 2014).

Sub-optimal feeding practices, poor water, sanitation and hygiene (WASH), poverty and a mother's lack of education are the main causes of child undernutrition, which is one of the most significant obstacles to human development. There is disparity here, as 42 per cent of the poorest girls and boys are stunted, compared to 19 per cent of the wealthiest. Breastfeeding is declining and appropriate feeding across age groups remains limited. This has health consequences ranging from undernutrition to children being overweight, which is new to Cambodia. Iodine intake and anaemia also require particular attention.

These health situations are compounded by economic losses. Stunting alone is estimated to account for 45 per cent of projected economic losses. For Cambodia's human and economic development to continue, it is essential to improve prevention and treatment of malnutrition in children.

Crucial work remains to be done to achieve equitable access to sustainable, inclusive, adequate and affordable health and nutrition services across the lifecycle of Cambodian children.



UNICEF is committed to supporting the successful implementation of the Sustainable Development Goals in Cambodia. We work with partners to put children at the heart of 2030 Agenda for Sustainable Development and to see that the Goals deliver results for every child and for generations to come. In the descriptions of the following programme areas, relevant Sustainable Development Goals have been identified with icons.

Nurturing children's growth with proper nutrition

Good nutrition is the bedrock of child survival, health and development. UNICEF works closely with authorities at national and sub-national level, healthcare providers and communities to improve nutrition, so that children in Cambodia are well fed and healthy.

This includes promoting dietary diversity at household level and use of locally sourced nutrition products, setting up systems to track consumption of iodized salt, collecting age- and sex-disaggregated data on acute malnutrition to target girls and boys who are most in need of treatment, developing e-mapping tools to monitor and improve performance in health centres, training health staff to offer quality nutrition counselling and complementary feeding, and promoting clean water, proper sanitation and hygiene as an integral part of a healthy life.

UNICEF continues to work with the government to support local administrations in promoting key services, such as counselling on

infant and young child feeding and care, hygiene and sanitation, and healthy maternal diets, as well as immunization, maternal and neonatal health services, treatment for pneumonia and diarrhoea, and timely care seeking.

UNICEF promotes the positive reinforcement of nutrition and health messages through radio and television programmes and digital media platforms.

A wholesome and sustainable nutrition system requires sound legislation. This is why UNICEF supports the government to develop policies on food and health, such as minors purchasing alcohol and cigarettes, preventing people from becoming overweight, and food safety. UNICEF places particular emphasis on advocacy and generating evidence to ensure that salt iodization, food safety and food fortification measures align with its guidelines.

Appropriate feeding and healthy practices will only be adopted if local administrations are supported to actively engage in promoting individual and communal buy-in and demand for services.



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Delivering quality health services equitably

There is a need to improve access to care and to improve the quality of care, particularly in the north-eastern provinces and among marginalized groups, and especially during emergencies.

The equitable delivery of services for maternal, newborn and child health, and nutrition, can only be realized if existing collaborations with government agencies at both national and sub-national levels continue. These agencies need to ensure that they support and supervise interventions so that the quality improves and services are delivered equitably.

UNICEF supports the government to ensure the proper enforcement of legislation for food fortification and food safety. Its assistance to health services includes introducing disaggregated data in electronic patient record systems, which allows health managers to analyse their service coverage, identify underserved populations and take corrective action.

UNICEF continues to use the power of the private sector to improve health and nutrition services. This includes helping to negotiate agreements between the Ministry of Health and the private sector to make sure that local suppliers do not face

barriers when getting locally produced health supplies on to the market, and that the products they supply are affordable for all. These essential health and nutrition supplies treat children who are severely malnourished.

For thousands of women and children, comprehensive emergency obstetric and newborn care can mean the difference between life and death. Together with its partners, UNICEF provides financial and technical assistance so that health workers have the skills they need to offer quality, life-saving care. UNICEF trains village health support groups and authorities at the local level on how to coordinate and plan their health services, and how to deliver them effectively. This includes emergency referrals and quality monitoring.

Support to health includes antenatal care, delivery attended by trained gender-sensitive personnel, and postnatal care, which includes immunization, as well as prevention and treatment for common childhood illness. Nutrition support includes management of severe acute malnutrition, nutrition counselling, and food and water safety.

Building a health-enabling environment



Policies and plans that are informed by solid evidence can substantially contribute to the equitable scale up of high-quality maternal, newborn and child health, and nutrition services. Yet this can only happen if broader issues around nutrition, health and WASH are integrated in national legal frameworks, with adequate budget allocation and appropriate use of funding.

UNICEF works with the government to address policy and budget gaps so that mothers and children in Cambodia can access quality healthcare. UNICEF supports training for government partners to ensure that policies are formulated and implemented with equity and gender balance, and that they address gaps that affect women, low-income households, ethnic minorities and migrants.

UNICEF supports its government partners to collect, analyse and disseminate sex- and age-disaggregated data that inform policies and strategies and how resources are mobilized. UNICEF also supports innovative ways to collect data, like mobile health (mHealth) and data management systems to increase the engagement and accountability of national and sub-national authorities.

The timely and seamless delivery of health services requires an agile supply chain, from top to bottom. UNICEF works with the government to implement effective supply chain management, as well as coordination and rapid scale up of services. UNICEF makes sure that authorities at all levels are involved in the process and are accountable.

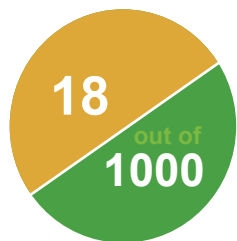
Citizens can be powerful agents for change, so UNICEF uses outreach activities to reach people living in remote and poorly served areas. Health and nutrition sessions, run in collaboration with health authorities and the communities they serve promote good practices and focus on the importance of seeking services from qualified health practitioners. By mobilizing communities and stimulating their engagement, UNICEF can encourage people to change how they seek help, and to demand quality services.

The potential for changing perceptions, and therefore behaviours, is enormous. Together with partners, UNICEF focuses on teaching

pregnant and lactating women, adolescent girls, mothers, caregivers, families and communities about the importance of good health. UNICEF does research on social and gender norms that are detrimental to health in order to understand where challenges lie, while its messages on safe health and nutrition encourage people to change their approaches to delivery, neonatal care and nutrition. UNICEF places particular emphasis on promoting healthy habits to adolescents.



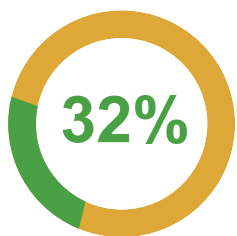
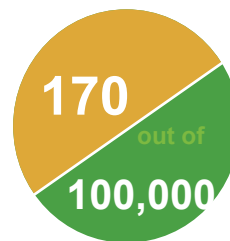
Cambodia at a glance



18 babies out of every 1,000 live births **die in the first month of life**



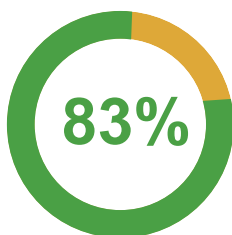
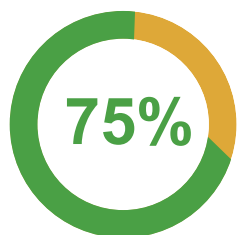
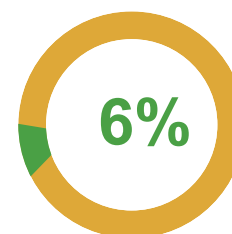
170 out of 100,000 **mothers die** giving birth



32% of children are **stunted** and 10% are **wasted**



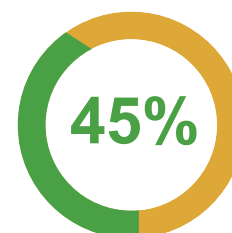
6% of the estimated severely acute **malnourished** children were treated in 2017



75 % of children are immunized against **Hepatitis B** and 83% of children have received their second dose of **Measles-Rubella (MR2) vaccine**



Malnutrition is considered the underlying cause of 45% of **child deaths** and 20% of **maternal deaths**





Partners

To fulfil the vision of a significant reduction in maternal, new-born and child morbidity, mortality and malnutrition, especially in the north-eastern provinces of Cambodia and among marginalized groups, including during emergencies, UNICEF works with the following government partners (listed in alphabetical order): the Council for Agricultural and Rural Development (CARD); the Ministry of Commerce (MoC); the Ministry of Health (MoH) at national and sub-national levels; the Ministry of Industry and Handicrafts (MIH); the Ministry of Planning (MoP); and the Ministry of Women's Affairs (MoWA).

Other key partners include: academia; the Asian Development Bank (ADB); the Agence Française de Développement (AFD); community-based organizations; the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); the Japan International Cooperation Agency (JICA); the private sector; the Korea International Cooperation Agency (KOICA); the United Nations Population Fund (UNFPA); the United States Agency for International Development (USAID); the United Nations Development Programme (UNDP); the World Bank (WB); the World Food Programme (WFP); the World Health Organization (WHO).



**Estimated budget required for the
Health and Nutrition programme:**

US\$ 2,200,000



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