
Cambodia: Nutrition Profile

Background

Cambodia has emerged from decades of civil conflict and economic stagnation to post remarkable progress in economic growth coupled with human development. GDP growth averaged 8 percent between 2004 and 2012, fostered by solid macroeconomic policy and fueled by exports, private investment and agriculture.¹ Rising global rice prices have driven substantial growth in Cambodia's agricultural sector. Economic success enabled Cambodia to drastically reduce national poverty rates, achieving Millennium Development Goal (MDG) 1 by 2009, and climbing in rank from 139 out of 187 countries in the UNDP's Human Development Index of 2011. Despite this, Cambodia remains a low-income, food-deficit country with 19.8 percent of the population under the national poverty line.² About 80 percent of the population live in rural areas, and 70 percent rely on agriculture, fisheries and forestry for their livelihoods; agriculture accounts for 35 percent of GDP.³ Rural livelihoods are threatened by illegal logging, overfishing and climate change. Agricultural growth is constrained by inadequate infrastructure. Cambodia has made remarkable strides in the health-related MDGs and has already achieved its 2015 MDG targets for infant mortality, under-5 mortality, maternal mortality and HIV/AIDS.⁴ Reductions in infant and child mortality have been attributed to increased rates of immunization and exclusive breastfeeding, sustained vitamin A coverage, improved access to basic health services, overall reduction of poverty, and increased coverage of integrated management of childhood illness.⁵

Nutrition Situation

Though Cambodia produces a surplus of rice for export, the population still exhibits significant levels of stunting, to various degrees and within all income levels. This reflects a situation where household access to sufficient and nutritious food is not enough to overcome high rural poverty, limited social protection for poor and vulnerable families, and exposure to natural disasters such as flooding and droughts. The nature of malnutrition in Cambodia, especially stunting, points to the need for nutrition education behavior change, with a focus on infant and child feeding practices and improved sanitation and hygiene. One quarter of the population is considered food-deprived.⁴ Undernutrition rates are high and have changed little in the past 10 years, with 40 percent of children under 5 stunted and almost 20 percent of women thin for their height.⁶ Micronutrient deficiencies, especially iron, vitamin A and iodine deficiencies, are of critical concern. More than half of children under 5 and 44 percent of women of reproductive age are anemic. However, high rates of anemia are partly due to a high prevalence of thalassemia, found to be 30 percent in a survey conducted in one province. The disparity in stunting prevalence between rural (42 percent) and urban (28 percent) children is substantial, and can be largely attributed to disparities in access to water and sanitation between urban and rural areas. Provincial variations are evident, with the highest rates of stunting in Preah Vihear/Steung Treng (56 percent) and the lowest rates in Phnom Penh (25 percent). Stunting is inversely related to maternal education levels and wealth, and is higher among children living in the poorest households (51 percent) than among children in the richest households (23 percent), where food access is not a problem, but other issues prevail.⁶

Cambodia Nutrition Data		
Population	14.3 Million	
Population under 5 years of age (0-59 months)	1.5 Million	
	2005⁷	2010⁶
Prevalence of stunting among children under 5 (0-59 months)	43%	40%
Prevalence of underweight among children under 5 (0-59 months)	28%	28%
Prevalence of wasting among children under 5 (0-59 months)	8%	11%
Prevalence of anemia among children aged 6-59 months	62%	55%
Prevalence of anemia among women of reproductive age (15-49 years)	47%	44%
Prevalence of thinness among women of reproductive age (15-49 years)	20%	19%
Prevalence of children aged 0-5 months exclusively breastfed	46%	74%
Prevalence of breastfed children aged 6-23 months receiving a minimum acceptable diet	45%	45%

National Nutrition Policies

The Cambodian government has laid out numerous nutrition strategies, plans and policies since 1996, with specific MDG-related targets to reduce stunting, underweight and wasting of young children by 2015. The government is actively addressing undernutrition, micronutrient deficiencies and food insecurity. A national Council for Agricultural and Rural Development (CARD) was established in 1998 to lead the Food Security and Nutrition Technical Working Group and coordinate nutrition-related efforts among all the line ministries and development partners. The Ministry of Health (MOH) and the National Nutrition Program (NNP) have implemented the National Nutrition Strategy 2009-2015, based on the Cambodia Nutrition Investment Plan from 2007. Most recently the MOH/NNP has developed the country's first Fast Track Road Map for Improving Nutrition, 2014-2020. In addition, under the leadership of CARD and with support from USAID, a new and multisectoral Food Security and Nutrition Strategy has been developed and is currently undergoing the approval process. A national communication strategy for micronutrients (including vitamin A and iron/folic acid) is also in place, accompanied by a national campaign to promote complementary feeding, and interim guidelines on the treatment of severe acute malnutrition — all of which receive significant USAID support. With USAID support in 2012, an Integrated Nutrition Investment Framework review identified five focus areas for nutrition interventions, including food consumption and hygiene behaviors, nutrition of pregnant and lactating women, maternal and child anemia, dietary diversity, and nutrition-enabling environment. USAID also contributed to the strategic vision and technical agenda of the 4th National Food Security and Nutrition Seminar in May 2012, which highlighted the importance of addressing poor maternal and child nutrition indicators.

USAID Programs: Accelerating Progress in Nutrition

Highlighted Bilateral Nutrition Projects in Cambodia				
Project Name	Year Awarded	End Date	Objective(s)	Funding Stream(s)
Integrated Nutrition and WASH project	To be awarded (tentatively) in April 2014	2019	<ul style="list-style-type: none"> • Increase household-level practices of key Essential Nutrition Actions and use of improved sanitation facilities. • Increase parent/caregiver practices that support positive child development. • Increase the capacity of private and public sector partners to promote healthy behaviors. 	<ol style="list-style-type: none"> 1. Earmarked Nutrition/GH funds 2. MCH/Water funds 3. Feed the Future funds

Feed the Future Progress

Feed the Future, the U.S. Government’s global hunger and food security initiative, has a multiyear strategy that focuses on improvements in three areas: agricultural productivity (availability), rural incomes (access) and food utilization. This strategy also integrates key aspects related to adaptation to global climate change that also help address the emerging focus on resilience. The food utilization component emphasizes nutrition education, improved sanitation and hygiene, and access to clean water. The Feed the Future target regions are the four provinces in the Tonle Sap lake region: Battambang, Siem Riep, Kampong Thom, and Pursat. These areas exhibit high concentrations of undernutrition, food insecurity and poverty, but conversely, good soil fertility and water availability, and significant potential for diversifying production and incomes through horticulture, aquaculture and rice production value chains — and Cambodia has included these three under its Feed the Future strategy. Rain-rice systems are the foundation of agriculture in the country, yet rice yields are the lowest in Asia. The horticulture sector is underdeveloped and does not meet domestic demand. Combining these two industries with the highly productive capture-fisheries of the Tonle Sap ecosystem as well as emerging aquaculture (fish farming), the Feed the Future target area’s project will fuel a significant part of the broader economy.

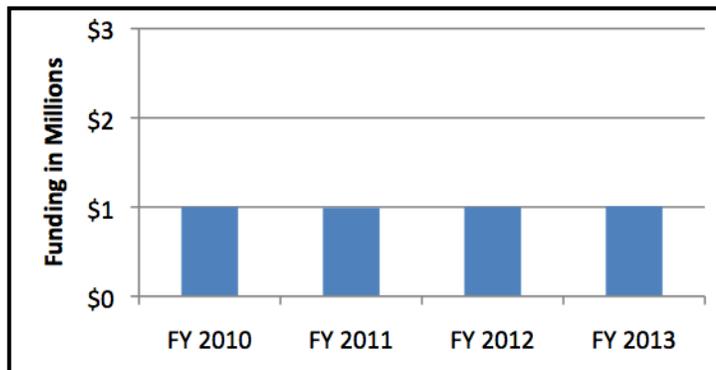
USAID/Cambodia Feed the Future Targets for 2015

- Help an estimated 138,000 vulnerable Cambodian women, children and family members — mostly smallholder farmers — escape hunger and poverty.
- Reach more than 89,000 children with services to improve their nutrition and prevent stunting and child mortality.
- Achieve improved income and nutritional status for significant numbers of additional rural populations through strategic policy engagement and institutional investments.

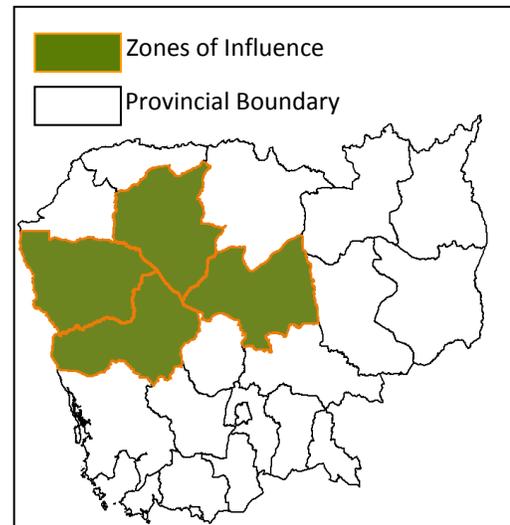
The lead Feed the Future project is **Helping Address Rural Vulnerabilities and Ecosystem Stability (HARVEST)**, which began full implementation in August 2011. In addition to the agricultural interventions (rice, fish, commercial horticulture), the project develops tools to help poor and marginalized households choose and grow micronutrient-dense vegetables, herbs and fruit in home gardens based on nutritional value and income potential. HARVEST also introduces seven commercially viable fish species, eels and prawns to both household and commercial ponds; improves aquaculture techniques; and manages refuge ponds where wild fish and a host of other aquatic species that are eaten locally breed and survive the dry season. Nutrition education is incorporated in the home garden and aquatic animal protein-related interventions to increase utilization of nutritious foods among vulnerable households who own little or no land. HARVEST has a social inclusion strategy that involves women in all activities, and two-thirds of home gardens are run by women.⁸

After two years of implementation, the HARVEST project increased rice farmers' crop sales by 300 percent, and increased home garden and commercial horticulture incomes by 250 percent for 6,000 households, making a significant contribution to household food security. The program has been particularly successful among women, who constitute 66 percent of all clients. In FY2012, the program educated 7,500 rural households on good nutritional practices by using mobile food carts to demonstrate nutrition-rich cooking techniques and present information on healthy eating habits. Almost 45,000 people, more than half of them women, have received training in food security. Vegetable gardens have been built in 88 schools to teach nearly 5,000 students good farming and nutrition practices, supply food for school meals and provide extra income to purchase academic supplies.⁸

Cambodia Global Health Funding for Nutrition



Cambodia: Feed the Future Zones of Influence



Other USAID Nutrition-Related Development Assistance

USAID supported the Cambodian MOH's National Campaign on Communication for Behavior Impact on Complementary Feeding for Children from 6 to 24 months of age, implemented through UNICEF. This initiative has reached more than 9,430 caregivers living in 1,641 villages in 10 provinces. The project also supported three television and three radio public service announcements on infant complementary feeding. The radio messages aired 2,646 times, and the television messages aired 189 times. Specialized training in infant feeding, plus counseling and communication skills, improved the capabilities of 6,434 village health volunteers. Cambodia joined the *Committing to Child Survival: A Promise Renewed* campaign, and pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition.

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