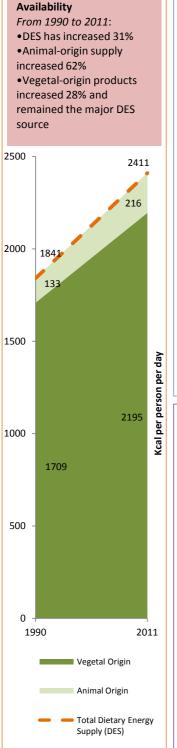




### **Key Indicators**

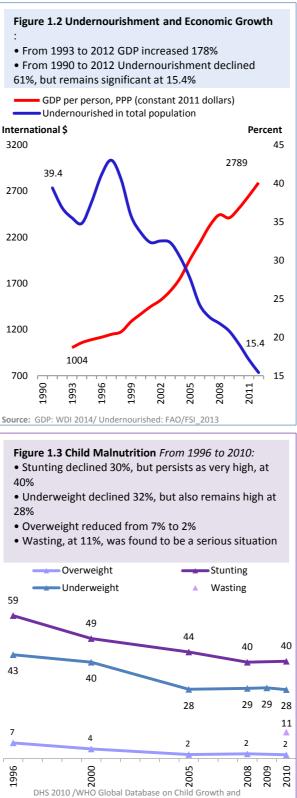
Figure 1.1 Food

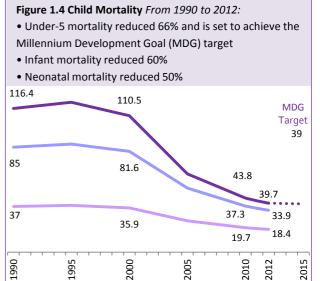
- Although Cambodia has an integrated framework for food and nutrition security, it has not yet achieved the desired nutritional outcomes. Cambodia has experienced rapid growth in per-capita GDP and Dietary Energy Supply (DES). Nevertheless, dietary quality remains poor, and more than two-thirds of expenditures are related to food.
- This poor quality of diet is the main factor responsible for persistently high levels of stunting and underweight, high levels of anaemia, and Vitamin A deficiencies.
- Another factor associated with poor nutritional outcomes arises from insufficient access to improved sanitation and water sources. Although the country has recently made progress in this area, improved water and sanitation continues to be far below internationally acceptable levels.



Source: FAOSTAT FBS: 2014 update

Source: Malnutrition 2013

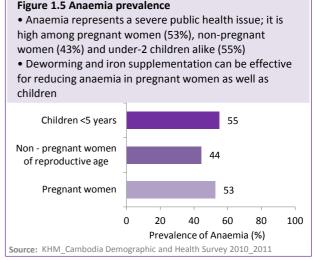




Infant

Source: Inter-agency Group for CME (2013)

Under fives



Anthropometry (Table 1.1)							
Underweight women (BMI < 18.5 kg/m2)	19.1 %	2010					
Overweight adults (BMI >= 25 kg/m2)	11 %	2010					
* BMI values calculated using adult cut off points, population < 20 should be analyzed using WHO growth reference for school aged children and adolescents							
Proportion of infants with low birth weight	11 %	2010					

Source: DHS 2010/ LBW Reanalyzed for UNICEF HQ

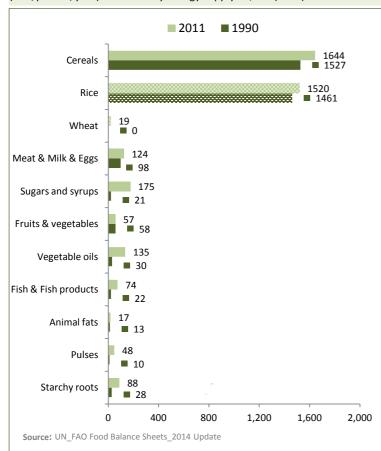


### Food Availability / Food Access

### **Food Availability**

Figure 2.1 Food supply by food group From 1990 to 2011:

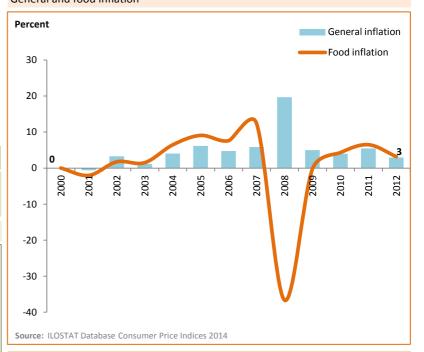
(kcal/person/year) Total dietary energy supply= 2,411 (2011)



- •The main food commodities contributed to more than 80% of DES
- DES = 2,411 Kcal in 2011
- Cereals remained the most important source of food energy (68%), with rice comprising 63%
- Sugars and syrups expanded 733%, vegetable oils increased 350%, pulses increased 380%, and starchy roots rose 214%; dietary diversity remains a challenge
- A lack of fat in the diet contributes to poor absorption of Vitamin A and other fat-soluble micronutrients

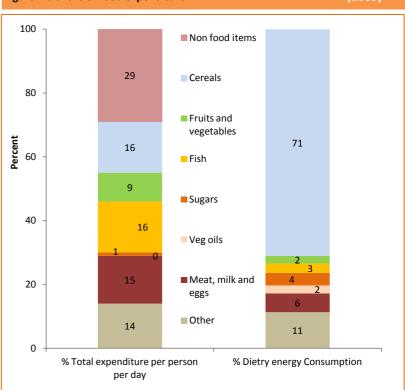
### Access to food

Figure 2.2 Economic access to food General and food inflation



- Although inflation was significant in 2008, food prices dropped that year. However, by 2009 food prices had returned to the usual trend, which follows the general rate of inflation.
- Families spend more than 70% of their income on food. While cereals contribute 63% of daily food intake; they only comprise 16% of food expenditures at household level

### Figure 2.3 Share of food expenditure (2009)



Sources: UN FAO RAP based on national HIES, ECS, SES, HLSS 2013 Update, Cambodia





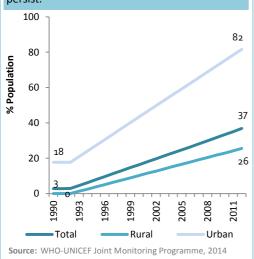
### **Food Utilization**

Food utilization refers both to household food preparation practices, which influence the nutrient content of consumed foods, and to the absorption of nutrients by the human body after consumption. Nutrient absorption in the gut is strongly influenced by health status, particularly the presence of diarrhoea. Hygienic environmental conditions with regard to water and sanitation are important determinants of health and infection incidence and prevalence. In Cambodia, water and sanitation conditions (and nutrition indicators) have been improving for the past 20 years. Even so, the situation remains serious, with only 33% of people having access to improved sanitation and 69% of the rural population still practicing open defecation. Coverage of improved management of diarrhoea with zinc supplementation remains too low to have an impact.

### Water and Sanitation

## Figure 3.1 Access to Improved Sanitation From 1990 to 2012:

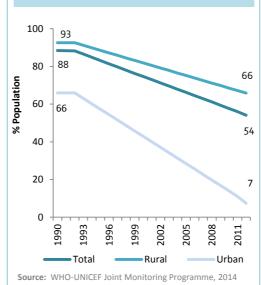
- Improved sanitation increased significantly in 22 years, but still covers just 37% of the population
- 74% of the population in rural areas does not have access to improved sanitation
- The disparity between urban and rural areas persist.



### Figure 3.2 Open Defecation

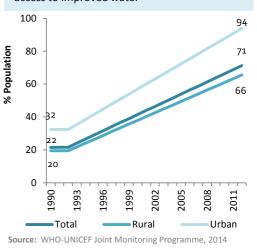
From 1990 to 2012:

- Open defecation decreased 39% in 22 years
- In rural areas, this unhygienic practice is more than five times more common than in urban areas



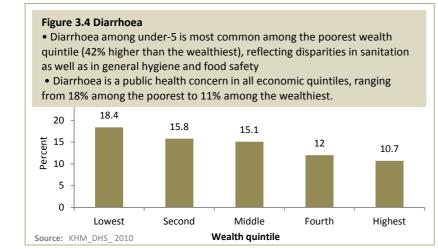
## Figure 3.3 Access to Improved Water Sources From 1990 to 2012:

- Access to improved water sources increased
   232% during 22 years
- Disparities in access to improved water sources between urban and rural areas remain constant
- 71% of the population has sustainable access to improved water



### **Food Safety**

Quality and food safety efforts address all elements of the complex chain of agricultural production, processing, transport, food production and consumption. On the consumption side, the prevalence of diarrhoea among under-5 children is relatively high for all wealth quintiles (Fig 3.4).



### Management of Diarrhoea (Table 3.1)

# Zinc Share of children under age 5 with diarrhoea receiving zinc treatment

2.4 %

### Existing policy framework

Zinc Supplementation and Reformulated Oral Rehydration Salt in the Management of Diarrhea

Source: KHM\_DHS\_ 2010



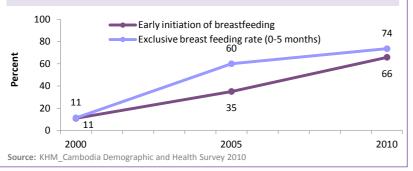


### **Food Utilization**

### Nutrition and Health

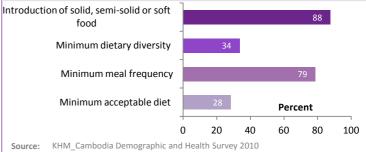
### Figure 3.5 Exclusive Breastfeeding From 2000 to 2010,

- Exclusive breastfeeding has increased sharply during the last decade, from 11% to 74%. Even so, about one-quarter of infants under 6 months old are not exclusively breastfed
- $\bullet$  Early initiation of breastfeeding also has increased significantly (11% to 66%)



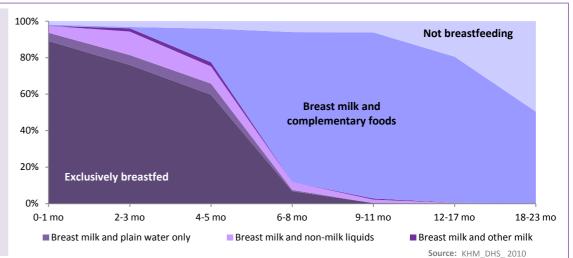
### Figure 3.6 Complementary Feeding

- Introduction of complementary feeding is timely
- 79% of children 6-23 mo. attain the minimum meal frequency
- Meeting the recommended quality of diet remains a challenge
- Most Cambodian children are fed the recommended number of meals per day, but only one-third get the diversity of food needed.



### Figure 3.7 Duration of Breastfeeding

- Duration and frequency of breastfeeding affect the health and nutritional status of both mother and child
- Exclusive breastfeeding is recommended up to age 6 months, and continued breastfeeding with complementary feeding is recommended from 6 months until age 2 years and beyond



### Figure 3.8 Child Malnutrition and Poverty

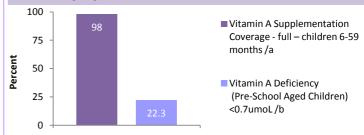
- Children in the wealthiest quintile have 55% less stunting and weight deficits than children in the lower income quintiles
- •Serious levels of wasting are reported for children in all income quintiles
- •Overweight is not a public health issue



### **Micronutrient Status**

### Figure 3.9 Vitamin A

- •Successful Vitamin A supplementation a child survival intervention is a likely contributor to observed reductions in child mortality
- However, persistent Vitamin A deficiencies, found among 22.3% of pre-schoolers, indicate that Vitamin A is still lacking in the daily diet, and that food-based interventions, including food fortification, and deserve ongoing attention



\* VAD is a severe public health problem if >20% of preschool children (6-71 months) have low serum retinol (<0.7 $\mu$ mol/L)

**Source:** a/ UNICEF, State of the World's Children 2014, b/ WHO Global prevalence of vitamin A deficiency in population at risk 1995-2005 report.

Iodine (Table 3.2)		
Households consuming iodized salt (2010)/a	82.7 %	
Iodine deficiency (Urinary Iodine Concentration <100ug/L) among school-age children		
*Optimal UIE 100 - 199ug/L		

Source: a/KHM\_Cambodia Demographic Health Survey 2010





Enabling environment for Nutrition and Food security - Policy documents addressing nutrition issues

- 1. Prime Minister Circular on Food Security and Nutrition (1999, 2003)
- 2. Cambodia Nutrition Investment Plan 2005
- 3. Strategic Framework for Food Security and Nutrition in Cambodia 2008-2012, Council for Agricultural and Rural Development (CARD) of Council of Ministers 2008

CARD given the mandate to develop implementable strategy by Prime Minister at 2012 National Seminar on Nutrition.

http://www.foodsecurity.gov.kh/otherdocs/SFrameworkFSN-Eng.pdf

- 4. National Policy on Infant and Young Child Feeding, Ministry of Health 2008 (National Nutrition Programme)
- 5. National Nutrition Strategy 2009-2015, Ministry of Health 2009

Overall goal of reducing maternal and child morbidity and mortality by improving nutritional status of women and children; one of the key results is increased allocation of resources in the area of food security and nutrition

- 6. Health Strategic Plan II 2008-2015, Ministry of Health 2008
- 7. Cambodia Child Survival Strategy 2006-2015, Ministry of Health 2006

M&E by Ministry of Health

8. National Policy and Guidelines for Micronutrient Supplementation to Prevent and Control Deficiencies, Ministry of Health 2011

Updates and replaces previous policies and guidelines on Vitamin A and anaemia

9. Sub-Decree on the Management of Iodized Salt Exploitation 2003; Prakas Iodized Salt 2004; Joint Prakas on Iodized Salt 2004

M&E by National Subcommittee on Food Fortification

10. National Vitamin A Policy Guidelines, Ministry of Health 2007

M&E by National Nutrition Programme, Ministry of Health

11. Joint Prakas on Implementation of Sub-Decree on Marketing of Products for Infant and Young Child Feeding -, Ministry of Health 2007; Sub-Decree on Marketing of Products for Infant and Young Child Feeding, Ministry of Health 2005; MoH Circular on Infant and Young Child Feeding 2007

Adopted by Ministry of Health, Ministry of Commerce, Ministry of Information and Ministry of Industry, Mines and Energy, 2007. M&E by The four line ministries

- 12. IYCF Communication Strategy 2005, Vitamin A Communication Strategy 2008, Complementary Feeding Communication Strategy 2011, IFA Communication Strategy 2010, Salt Iodization Advocacy Plan 2008
- 13. National Interim Guidelines for the Management of Acute Malnutrition 2011
- 14. Baby Friendly Community Initiative Implementation Guidelines 2009
- 15. National Policy on the Control of Acute Respiratory Infection and Diarrheal Disease, 2012

Nutrition related is	sues covered in these policies	Covered	Comments
	Child undernutrition	yes	
Maternal and Child Undernutrition	Low Birth Weight	yes	Covers stunting, wasting and underweight.
	Maternal undernutrition	yes	
Obesity and diet related NCDs	Child obesity	both	
	Adult obesity		
	Diet related NCDs	yes	Infant and Value Child Feeding (IVCF) adding 2000 in during IVCF in any agent and
nfant and Young Child	Breastfeeding	yes	Infant and Young Child Feeding (IYCF)policy 2008 includes IYCF in emergencie Adoption of many provisions of Int'l Code on BMS; cover ban on marketing for children up to 24 months old
Al A i Ai a	Complementary feeding	yes	Campaign to promote Complementary Feeding in Cambodia 2011-13
	Int'l Code of Marketing of BMS	yes	
Witnessing and Minarala	Supplementation:		Vitamin A Supplementation guidelines for children 6-59 mo. and postpartum
	Vitamin A children/women		women updated in 2007; nationwide Vitamin A campaigns
	,	yes	Deworming for children 12-59 mo. twice a year; nationwide Gov. services delivery at community level – outpatient. Deworming for pregnant and
	Iron Folate children/women	Voc	lactating women under iron folic acid (IFA) guidelines
	mon olate children, women	yes	Adoption of policy to use zinc with Oral Rehydration Salts in management of
			diarrhoea (2011)  MN supplementation guidelines for children and women part of the nationa
	Zinc children	yes	policy and guidelines (2011)
			IFA supplementation policy 2007 – health-facility based: 90 IFA tablets
	Other vitamins & min child/women	yes	(pregnancy) and 42 tablets (postpartum)
	other vicaninis & min ema, women	yes	Recommendation for weekly IF A to women of reproductive age
	Food footification		Mandatory: Salt; Voluntary: Flour, Fish & Soy sauce;
	Food fortification	yes	
Underlying and contextual factors	Food Safety	yes	Policies promote a multisectoral approach to nutrition
	Frederic (I)		Agriculture, food aid, and public works are how food security is primarily addressed
	Food security	yes	Updated Integrated Management of Childhood Illness (IMCI) guidelines
	Food Aid	yes	integrating malnutrition up to standard
	Nutrition and Infection	yes	Policy exists for universal access to safe drinking water and strategy for
	Gender	yes	improved sanitation  Maternity leave paid by employer at 50% of wages Provisions for nursing
			breaks after return to work are paid, but rarely occur in practice
	Maternal leave	12 weeks	and the state of t





Policy Table - 2

### Social Protection policies or legislation including food or nutrition component

1. National Social Protection Strategy for the Poor and Vulnerable (2011-2015)

Poor and vulnerable children and mothers benefit from social safety nets to reduce poverty and food insecurity and enhance the development of human capital by improving nutrition... Technical consultations - Note on cash transfers with a focus on addressing nutrition <a href="http://www.socialprotection.gov.kh/publication">http://www.socialprotection.gov.kh/publication</a>

2. Health Equity Fund Guidelines and Standard Benefits Package, revised 2012

Standard Benefits Package revised in 2012 to support management of acute malnutrition

3. Sub decree on the Establishment of Cambodia Food Reserved System 2012

Includes role of FSN Data Analysis Team and Quarterly FSN Bulletins

4. Conditional Cash Transfer (CCT) pilot programme under Council for Agricultural and Rural Development (CARD)

Pilot for around 10,000 households, focused on poor rural pregnant and lactating women plus children under 5. <a href="http://www.socialprotection.gov.kh/">http://www.socialprotection.gov.kh/</a>

### Food safety policies or legislation

1. Law on The Quality & Safety of Products, Goods & Services 21/06/2000

http://www.asianfoodreg.com/regulations\_detail.php?id=140&cid=5&induid=11&catid=6

### Agricultural policies addressing food security

1. Strategy for Agriculture and Water 2006-2010, adopted by Ministry of Agriculture, Forestry and Fisheries and Ministry of water Resources and Meteorology (2007)

M&E by Ministry of Agriculture & Agro-based Industry

2. National Programme for Household Food Security and Poverty Reduction 2007-2011, Adopted by Ministry of Agriculture, Forestry and Fisheries (2006)

Demographic Indicators (Table - 5.1)			Year	Economic Indicators (Table - 5.3)			Year
Population size (thousands) /a		14,865	2012	GDP annual growth rate /c		7.26 %	2012
Average annual population growth /a		1.76 %	2012	GDP per capita (PPP) (constant 2011 international dollars) /c			
Proportion of population urbanised /c		20.2 %	2012			2,789	2012
Number of children <5 years (thousand)/a		1,670	2012	Gini index /c (100= complete inequality; 0= complete equality)		36.03	2009
Education level of mothers of under-fives: None (%) /f		16	2010			37.85	2008
Life expectancy at birth (Years) /c	Male	69	2012	Unemployment rate /c		1.5 %	2012
	Female	74.2	2012	Population below US \$ 1.25		10.5	2000
Agriculture population density(people/ ha of arable land /b)		2.4	2006-2008	(PPP) per day /c (%)		18.6	2009
Employment in agriculture sector (% of total employment) /c		51 %	2012	Poverty gap ratio /e		6.1	2007
Women employed in agriculture sector (% of total female employment) /c)		52.8 %	2012	Income share held by	Poorest 20%	7.93 %	2009
Adolescents (Table - 5.2)			Year	households /c	Richest 20%	44.45 %	2009
Adolescent birth rate (number of births per 1,000 adolescent girls aged 15-19) /a			2012	Sources: a/ World Bank, Health Nutrition and Population Statistics, 2013 update. b/ FAOSTAT 2014 Update;			
Adolescent girls aged 15-19 currently married or in union /d		10 %	2005-2012	c/ World Bank, World Development Indicators Databa 2014 Update; d/ UNICEF, State of the World Children 2014 data refe the most recent year available during the period speci			
Women aged 20-24 who gave birth before age 18 /d (%) 7			2008-2012	e/ UN Statistics Division, MDG database 2013 Update. f/ Cambodia Demographic and Health Survey 2010			

The information inlcuded in this Food Security and Nutrition profile, is backed by recognized, validated and properlty published information available untill June 2014. Although updated information might be available at national level form different sources, until requirements of quality, validity and proper publication are met, it has not been inlcuded in this profile.











