If not now, when?
Improved FNS for Women and Children in extremely vulnerable Communities in North Western Cambodia

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Agenda

1. Background
2. Methodology / Conceptual framework
3. DHS Cambodia (2005-2014)
4. Intervention
5. Result
6. Conclusion
7. Discussion
8. Recommendation
Background

- MI since 1993 in the country (leprosy, malaria, PHC, school feeding, CBHI, WASH, FNS, MCH 2006-2012)

- Project Target: 137.620 Pop in 163 villages (Oddar Meanchaey and Siem Reap Provinces)

- Setting: fringe forest/agriculture/high de-forestration

- Donor: BMZ, FAO
Methodology

Baseline & Endline: stratified two stage randomized cross-sectional design

Time: August 2012 / February 2015

Sample Population: women in reproductive age (40,700)

Sample Size: 420 mothers of children < 5 years

Instrument:
- knowledge, attitude and practice (KAP) questions
- A Dietary Diversity Survey (DDS)
- Household Hunger Scale (HHS)
- Anthropometric measurements were taken for children 59 months and younger (weight / age = underweight) and height / age = stunting).
## Cambodia – Demographic Health Survey 2005 - 2014

### Maternal health

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<thead>
<tr>
<th></th>
<th>CDHS 2005</th>
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<tbody>
<tr>
<td></td>
<td>Average</td>
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<td>rural area</td>
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<tr>
<td>Antenatal care by skilled attendant</td>
<td>67.7</td>
<td>44.8</td>
<td>87.6</td>
<td>91</td>
<td>94.8</td>
<td>96.7</td>
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<tr>
<td>Deliveries at health facilities</td>
<td>17.9</td>
<td>5.8</td>
<td>47.9</td>
<td>57.3</td>
<td>81</td>
<td>88.4</td>
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### Child health

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<tbody>
<tr>
<td>Infant mortality*</td>
<td>92</td>
<td>90</td>
<td>64</td>
<td>42</td>
<td>No results yet</td>
<td></td>
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<tr>
<td>Under five mortality*</td>
<td>111</td>
<td>110</td>
<td>75</td>
<td>47</td>
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### Nutrition

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<th>CDHS 2014</th>
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<tbody>
<tr>
<td>Children &lt;5 stunted</td>
<td>38.3</td>
<td>47.3</td>
<td>42.2</td>
<td>39.6</td>
<td>33.8</td>
<td>36.3</td>
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<tr>
<td>Women underweight</td>
<td>6.1</td>
<td>7.8</td>
<td>5.5</td>
<td>3.6</td>
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*per 1,000 live births

Includes -2SD & -3 SD
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Intervention

Objectives:
- to increase availability of food through intensification and production.
- increase accessibility and quality to food through home gardens, fish and chickens.
- increase utility of food and reduce risk of allopathogens by increased access to safe water and sanitation systems (9 villages only - funding gap).
Results (N=406)

Knowledge, Attitude, Practice (KAP):
- General knowledge on diarrhea prevention increased by 25%
- Knowledge on causes of undernutrition increased by 20%
- Treating drinking water improved by up to 20%
- Washing hands after defecation increased by 29%
- Washing hands before preparing food improved by 16%

Dietary Diversity Score (DDS):
- Dietary diversity score increased slightly by 1 score to 4.9.

Household Hunger Scale (HHS):
- 88% reported little to no hunger (baseline 53%)
- Severe hunger decreased slightly from 9% to 7%
Results (N=406)

Challenges:

- exclusive breastfeeding decreased from 85% to 66%.

- Underweight (weight/age) increased 3-5% (28.4%) and is slightly higher than the provincial result of 26.4%.

- Stunting increased (height/age) by 10% (52%) and is above the provincial stunting of 36.3%.
Discussion

- District faced flooding in 2013 and draught in 2014 with impact on water availability, therefore decrease in production.
- Migration
- Treatment for SAM was only available at hospital level
- Undernutrition is not seen as a problem
- Nutrition is a vertical program like malaria etc.
- BEHAVIOUR, a relevant factor
- Too many villages....
Discussion

- Overstretched authorities.....too many vertical programs (large scale of programs versus decreasing/stagnated capacity)

- Village health support groups attached to government health centres were overloaded with many vertical programs (no incentives given).
Recommendations

Policy level:
• Multiple dimension approach needed (PHC concept) under one leadership
• Increase human resources and capacity.

Technically:
• Health aspect needs to be included (i.e disease are often cause of diarrhea/underweight) as shown in the baseline where underlying causes of undernutrition have been addressed (MCH program).
• More research (mixed-method design).
Recommendations

Donors:
• Scaling up comprehensive interventions; Cost-effectiveness studies needed.

Climate Change Impact:
• People in South East Asia (and elsewhere) relying heavily on agriculture

District/Community level:
▪ Consider migration
▪ Focus on 'low hanging fruits'
▪ Promote exclusive breastfeeding;
▪ Establish systematic growth monitoring at community level
▪ Food hygiene
District/Community level continue:

- Promote improving WASH behaviors through **small, doable and low cost actions** to facilitate community and school engagement in health/WASH/nutrition promotion and stimulate scaling up of interventions