



Malteser International

Order of Malta Worldwide Relief



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

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- 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

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	CDHS 2005		CDHS 2010		CDHS 2014	
	Average rural area	OMC	Average rural area	OMC	Average rural area	OMC
Maternal health						
Antenatal care by skilled attendant	67.7	44.8	87.6	91	94.8	96.7
Deliveries at health facilities	17.9	5.8	47.9	57.3	81	88.4
Child health						
Infant mortality*	92	90	64	42	No results yet	
Under five mortality*	111	110	75	47	No results yet	
Nutrition						
Children <5 stunted	38.3	47.3	42.2	39.6	33,8	36,3
Women underweight	6.1	7.8	5.5	3.6	No results yet	
* per 1,000 live births						

MI Intervention 2005-2012

MI Intervention 2005-2012

Includes -2SD & -3 SD

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Intervention

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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)

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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)

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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

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- 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

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- 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

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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

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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

Recommendations

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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