

Draft Summary v.1 – Key documents with challenges & actions (27 March 2018)

1. Government documents

Document	Source	Year	Challenges	Suggested actions
Community Participation Policy for Health	MOH	2008	<ul style="list-style-type: none"> Building effective links between HCs and communities 	<ul style="list-style-type: none"> Clarifies roles of HCMC and VHSG Sets out principles of ownership, gender balance, transparency & partnership Sets out tasks of VHSG, including data collection, follow-up at household level, community based care, early diagnosis in remote areas Provision of essential commodities: micronutrients, mebendazole, ORS, FP supplies, bednets
National Nutrition Strategy 2009-15	MOH/NNP	2009	<ul style="list-style-type: none"> Maternal & <5yr mortality high Malnutrition & anaemia rates high Many nutrient deficiencies (vit A, Fe, Iodine, Zn) Unable to link to activities in other sectors, e.g. agriculture, education Focus only on women & children Nutrition often co-exists with CDs and NCDs 	<ul style="list-style-type: none"> Set out objectives and key indicators for those, with end of plan targets 5 strategies: (i) increase coverage of services through HSS, decentralisation & mainstreaming of nutrition; (ii) increase community participation to spread better nutrition practices; (iii) strengthen multi-sector links in plans & strategies; (iv) develop leadership & technical capacity in MOH and non-government partners; (v) improve M&E and research to better inform policy makers and planners. Section 9 lists specific interventions under these 5 strategies.
School Health Policy	MOEYS	2009	<i>No analysis of challenges</i>	<ul style="list-style-type: none"> Provide basic health care to all pupils, education staff, teachers and teaching trainees Provide health education with a focus on BCC Improve learning environment & physical health facilities appropriate to location & circumstances Increase involvement of government, communities & partners with a focus on hygiene, sanitation and safety
Fast Track Initiative – Road Map for Reducing MNR 2010-15	MOH	2010	<ul style="list-style-type: none"> Stagnant MMR 4 key issues: post-partum haemorrhage, pregnancy-induced hypertensive disorders, obstructed labour, and infections 	<ul style="list-style-type: none"> Need to locate initiative in broader continuum of care Set targets and key indicators 4 core strategies: (i) universal access to EmONC; (ii) all women to give birth in health facility with midwife

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			<ul style="list-style-type: none"> Health staff ratio insufficient vs global recommendations External factors, e.g. infrastructure, gender equity, need improvement Reporting & monitoring need improvement 	<p>present; (iii) increase FP information and contraception rates significantly; (iv) improve access to safe abortion in public facilities</p> <ul style="list-style-type: none"> 3 enabling factors: (i) BCC and social marketing for FP and RH; (ii) removing financial barriers, e.g. by increasing HEF coverage; (iii) introduce maternal death surveillance & quick response Need to mainstream data into HMIS
Nutrition overview (PPT)	NMCHC/ NNP	2012	<ul style="list-style-type: none"> Need to improve non-health sector activities such as home gardens and food fortification Food composition and consumption data collection by Ministry of Agriculture discontinued, meaning data hard to obtain Several interventions not yet at national scale 	<ul style="list-style-type: none"> 3 priority interventions: promote complementary feeding, support multi-micronutrient powders, improve management of acute malnutrition and increase number of health facilities able to do this
Poverty in Cambodia – A New Approach	MOP	2013	<ul style="list-style-type: none"> Difficulty of assessing household poverty using a calorie measure of food intake 	<ul style="list-style-type: none"> Shift poverty measure to household expenditure on selected food items
National Strategic Development Plan 2014-18	RGC	2014	<ul style="list-style-type: none"> Maternal & child mortality rates still high Health systems ineffective Full range of services not available in all areas Regulation of private sector weak Social health protection coverage still low Inequalities in MCH across wealth quintiles Rural-urban divide in MCH indicators 	<ul style="list-style-type: none"> Increase availability of SH/RH services Improve quality of ante- and post-natal care Improve immunisation coverage Improve quality and coverage of nutrition services Increase deliveries at health facilities with trained staff Increase EmONC service coverage Deploy midwives to all HCs Strengthen maternal & neonatal death reporting National Council for Nutrition (MOP) and TWG Food Security & Nutrition to monitor cross-sectoral issues
Fast Track Road Map for Improving Nutrition 2014-2020	MOH/NNP	2014	<ul style="list-style-type: none"> Nutritional status of children worsening & malnutrition a factor in 6,400 child deaths/year 60% of women anaemic and 20% too thin Malnutrition has life-long impact on health, productivity & women's RH Quality of diet is poor 	<p>5 core components:</p> <ul style="list-style-type: none"> Nutrition counselling for women, especially in ANC visits Micronutrient supplementation & de-worming for pregnant & lactating women Improve management of acute malnutrition Scale up micronutrient supplements & de-worming for children BCC campaign on breastfeeding & complementary feeding

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National Strategy for Food Security & Nutrition 2014-18	CARD	2014	<ul style="list-style-type: none"> Limits to households growing & consuming nutritious food include affordability of inputs, access to water, little access to credit and insecure land title Low skills for off-farm employment limit earning and purchasing power Low rates of breastfeeding and use of micronutrient supplements in poor households Health staff fail to identify malnutrition and nutrition services not available in all areas Low coverage of good hygiene & sanitation, and poor linkage to nutrition services Food fortification not at scale & insufficient policy guidance Weak local capacity to implement nutrition programs & no national community based approach Food security & nutrition not sufficiently seen as a cross-cutting issue Poor coordination and monitoring of interventions 	<p>3 enabling components:</p> <ul style="list-style-type: none"> Remove financial & HR barriers to scale up nutrition-specific interventions Leverage support through other ministries and initiatives Improve nutrition data through existing HMIS Increase diversity & market integration of small farms Improve land titling and redistribution to poor households Income generation schemes for food-poor households Sustainable use of common agricultural resources Evidence based nutrition interventions and education Multi-sectoral approaches to nutrition improvement Integrated community based nutrition interventions Social protection programs to include food security Disaster preparedness and climate change adaptation Enhance HR capacity for nutrition services
Estimating Health Expenditure in Cambodia: National Health Accounts Report (2012 Data)	MOH/WHO/CHAI	2014	<ul style="list-style-type: none"> Nutrition spending very low at 0.4% of THE Very small shares of THE for prevention (6.4%) and NCDs (5.5%) 	<ul style="list-style-type: none"> Consider greater shift to preventive care to reduce costs and increase efficiency
Neary Rattanak IV: Five Year Strategic Plan for Gender Equality & Women's Empowerment 2014-2018	MWA	2014	<ul style="list-style-type: none"> Women generally low paid, with poor work conditions & job demand exceeds supply Women seeking to set up MSEs have few technical resources and poor access to finance Internal migration increases risks of violence for women Negative social attitudes to women's education persist Child protection remains weak, including in schools 	<ul style="list-style-type: none"> Improve women's access to training, employment, social protection & decision making in all areas Increase access to education and vocational training Promote access to good quality health services with emphasis on meeting women's needs Improve safety for women through awareness raising and enforcement of relevant laws Increase number of women in government and administration and strengthen opportunities for

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			<ul style="list-style-type: none"> • Few skilled health providers in remote areas & poorer equipment and facilities • Significant inequities in women's access to health services • Unmet contraception needs still high at 17% • Poor water and sanitation has negative impact on women's and childhood nutrition • Cultural barriers to open discussion of SH/FP issues, especially between mothers and children • Poor knowledge of HIV and women highly vulnerable to infection because of gender disparities • Health services for victims of violence and sexual assault inadequate, yet levels of violence remain high • Sexual harassment in workplaces remains common • Poor coordination of government services for victims of violence & harassment • Women with disabilities more vulnerable and more poorly served than other women in all areas • Limited capacity and resources for gender based planning and mainstreaming in government services 	<p>promotion</p>
Success Factors for Women's and Children's Health: Cambodia	MOH/WHO	2015	<ul style="list-style-type: none"> • Persistent socio-economic inequities in access to health services • Need to improve quality of care for newborns & children • Insufficient numbers of midwives & nurses • Out-of-pocket expenditure too high • Insufficient community-based actions to improve nutrition & to manage children with pneumonia & diarrhoea • Insufficient investment in education, water and sanitation and poverty reduction 	<p><i>Identified success factors:</i></p> <ul style="list-style-type: none"> • Promotion of universal coverage with high impact interventions • Setting of RMNCH technical standards & guidelines • Mechanisms for better coordination, e.g. RMNCH working groups, sub-TWGs • Increased financing and social protection measures • Health workforce development plans • Strengthened HMIS, including maternal death reporting • National reach of MPA/CPA • Improved supply chain, outreach and micro planning for malaria & immunisation • HP campaigns on breastfeeding and ANC visits • Midwives incentive scheme • Improved supervision tools

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A Conceptual Budget for Cambodia's Fast Track Road Map for Improving Nutrition	CARD	2015	<ul style="list-style-type: none"> Total cost estimate for 6 yr program is \$41.5 million, with gap of \$17.8 million, assuming all other budget assumptions hold true 	<ul style="list-style-type: none"> A multi-sectoral approach to nutrition <p><i>Future actions:</i></p> <ul style="list-style-type: none"> Reduce socio-economic inequities Improve quality of care Increase midwifery coverage Reduce out-of-pocket expenditure Develop community based programs for nutrition and management of childhood pneumonia & diarrhoea Increase investment in water and sanitation & hygiene <p><i>Budget overview only</i></p>
Review of the Cambodian Emergency Obstetric & Newborn Care Improvement Plan 2010-15	MOH	2015	<ul style="list-style-type: none"> EmONC coverage has improved, but still falls below UN standards on almost all indicators Distribution of EmONC facilities insufficiently decentralised Bias in facilities and services to large urban areas Linked services remain weak Still some drug and equipment shortages Insufficient specialist staff, e.g. anaesthetists, obstetricians Persistent knowledge gaps, especially in newborn care Gaps remain in referral systems from lower levels Costs of services still vary by location despite standard package for HEFs 	<ul style="list-style-type: none"> Increase coverage of EmONC services, especially to rural areas Strengthen allied services such as PMTCT and FP Improve drug & equipment supply systems and management Increase recruitment and deployment of specialist staff Prioritise EmONC services at HC level, with low-tech low-cost interventions Improve diagnosis and management skills of staff Undertake criterion-based audits to improve adherence to protocols and guidelines Improve quality of infrastructure, especially water supply, power back-up, sanitation and beds/cribs Increase coverage of laboratories Develop evidence based EmONC training
Annual Health Financing Report 2015	MOH	2015	<ul style="list-style-type: none"> While THE has increased, OOP expenditure remains >60% 70% of government budget is managed at central level Service fee system remains highly regressive 	<ul style="list-style-type: none"> Increase decentralisation of health system management Extend social health protection schemes, e.g. HEFs, CBHI, vouchers
Urban & Rural Disparities in Reproductive and Maternal Health, 2000-14	MOP/MOH	2015	<ul style="list-style-type: none"> Fertility amongst the poorest women remains high, despite steady falls since 2000 Rural women marry & bear children from an earlier 	<p><i>Document focused on analysis only, based on successive CDHS data sets</i></p>

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			<p>age than urban women</p> <ul style="list-style-type: none"> • While contraceptive use has increased overall, wealthier women prefer traditional methods • Unmet contraceptive needs are higher in rural areas • STIs have increased overall (though there is no great rural-urban disparity) • Improvements in ANC visits are still marked by disparities in timing and quality based on wealth & location • FP has increased among adolescents but remains lower among the poor • A rural-urban divide in terms of key indicators has persisted over time • Access to services remains poorer in rural areas 	
National Action Plan for the Zero Hunger Challenge in Cambodia (2016-2025)	CARD	2016	<ul style="list-style-type: none"> • Progress in malnutrition indicators has largely stalled • Productivity & incomes of rural residents remain low • Poor nutrition practices in poor rural households 	<p><i>Linked to 5 pillars of Zero Hunger initiative:</i></p> <ul style="list-style-type: none"> • Increase investment in agriculture & rural employment • Strengthen social protection measures • Promote better nutrition practices • Scale up school feeding programs • Improve access to MCH services • Increase participation of private sector • Improve regulatory environment
Estimating Health Expenditure in Cambodia: National Health Accounts Report (2012-2014 Data)	MOH	2016	<ul style="list-style-type: none"> • Percentage of THE on nutrition has declined, from 0.4% in 2012 to 0.1% in 2014 • OOP remains high at >60% 	<ul style="list-style-type: none"> • Need for stronger shift to preventive care for cost-effective interventions
Health Strategic Plan 2016-2020	MOH	2016	<ul style="list-style-type: none"> • Sustaining and expanding RMNCH services in move to UHC given limited resources and increase in NCDs • MNC mortality & malnutrition remain high, and teenage pregnancy is rising • Persistence of inequities across income groups and by location 	<ul style="list-style-type: none"> • Strengthen health services to reduce mortality rates • Allocate 30% of budget to RMNCAH services • Focus on both macro and micro nutrient deficiencies in children • Increase coverage of, and access to, nutrition services • Improve management of severe malnutrition
Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality 2016-2020	MOH	2016	<p><i>No analysis of challenges</i></p>	<p><i>5 core objectives:</i></p> <ul style="list-style-type: none"> • Increase the quality and coverage of ANC, skilled birth attendance and PNC, particularly among lowest income

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Emergency Obstetric & Newborn Care (EmONC) Improvement Plan 2016-2020	MOH	2016	<ul style="list-style-type: none"> • Still <50% of recommended number of EmONC facilities • Progress on BEmONC facilities slow while CEmONC target was achieved • Facilities concentrated in hospitals & urban areas • Needs of newborns with complications not being met • EmONC services still under-utilised • Availability of blood for transfusion insufficient • Quality of EmONC services needs improvement • Delays in referral & treatment • Financial barriers for near poor, recent poor & marginalised groups 	<p>and educational groups</p> <ul style="list-style-type: none"> • Improve EmONC coverage to at least 5 EmONC (CEmONC+BEmONC) facilities per 500,000 population including at least 1 comprehensive (CEmONC) facility • Improve quality and coverage of newborn care • Increase the use of modern contraception & the proportion of demand for family planning satisfied • Increase the number of facilities with safe abortion services and reduce the proportion of women having multiple abortions and unsafe abortions <p>2 enabling objectives:</p> <ul style="list-style-type: none"> • Ensure all women of reproductive age have access to full package of key RMNCH services without financial hardship • Improve individual, family and community care practices and care seeking for women and newborns <ul style="list-style-type: none"> • Need to focus on quality and low-cost interventions • Prioritise HCs as BEmONC facilities • Improve skills of staff to diagnose complications & emergency cases • Increase use of criterion-based audits • Link quality improvement to financial incentives • Improve supply chain management • Ensure effective use of HEFs and other insurance • Include large private sector EmONC facilities in planning • Integrate RMNCH services into work of midwives • Remove up-front fees for EmONC services & standardise fees for other services • Improve training, supervision & mentoring
Sexual and Reproductive Health of Adolescents and Youth in Cambodia: Analysis of 2000 - 2014 Cambodia Demographic and Health Survey Data	MOP/MOH	2016	<ul style="list-style-type: none"> • Young population with relatively poor education levels & absence of youth-friendly services • Women's knowledge of HIV risk factors has declined • Use of condoms by men has declined significantly, especially in rural areas • Most women do not use contraception and use of traditional methods has increased among wealthier, 	<ul style="list-style-type: none"> • Need to increase access to youth-friendly services for all segments of young population and locations, following WHO guidelines

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Roadmap on Integration of Health Volunteers for HCMC	MOH	2017	<p>more educated women</p> <ul style="list-style-type: none"> • Large increase in fertility rate of rural women <20yo • 10% of abortions required second surgical intervention • Work of VHSG and other village level volunteers not integrated, but remain 'complementary' • No secure funding for VHSG and HCMC • No update of 2008 community participation policy from MOH 	<ul style="list-style-type: none"> • Develop integrated curriculum & materials for existing VHSG • Advocate for funding of VHSG & HCMC from local government (Commune & District Councils) under decentralisation program
National Family Planning Commodity Security 2017-20	MOH	2017	<ul style="list-style-type: none"> • Contraceptive use has increased, but is skewed towards short term methods • Extra government funding needed to fulfil contraceptive needs for 2016 and beyond • Private sector participation still limited • No coordination mechanism for FP commodities • Monitoring & supervision irregular • LMIS not functioning • Distribution of commodities often a mismatch with demand • Storage facilities often inadequate • Weak counselling skills in SH/RH/FP • Poor knowledge of abortion services 	<ul style="list-style-type: none"> • Improve policy environment and champions at all levels • Increase government funding for commodities & training • Strengthen cooperation between government, partners, NGOs and private sector • Improve knowledge of contraception options • Strengthen data collection & include private sector data in HMIS • Improve quantification and procurement management • Strengthen capacity of staff, including in youth-friendly services • Increase awareness of legality of safe abortion
National Strategy for Reproductive and Sexual Health in Cambodia 2017-2020	MOH	2017	<ul style="list-style-type: none"> • Need to improve access to and utilisation of RH services in poor performing locations & among vulnerable groups 	<ul style="list-style-type: none"> • Strengthen FP information and services • Strengthen ANC & PNC services • Increase identification and treatment of HIV and syphilis during pregnancy • Strengthen intrapartum and delivery care • Increase Coverage of EmONC • Strengthen safe abortion services • Strengthen adolescent friendly RH/SH information and services • Strengthen gynaecological services • Strengthen gender based violence and violence against women related health services • Scale up social health protection to cover all SH/RH

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Guidelines for the Establishment of Enterprise Infirmaries	MOLVT	2017	<ul style="list-style-type: none"> • Women garment factory workers vulnerable to SH/RH issues due to isolation from family & networks • Only 42% of enterprises have a properly established infirmary & 30% had none at all • Workers tend to access private health services • Issues with staff attitudes in infirmaries & quality of services 	<p>services</p> <ul style="list-style-type: none"> • Increase government financing for services • Improve skills of midwives • Strengthen maternal death surveillance & response system • Introduce neonatal death audit system • Support more operational research • Guidelines to assist establishment of infirmaries as required by Labour Law • Outline of requirements in terms of facility, staffing, equipment & supplies, management and monitoring indicators

2. External documents

Document	Source	Year	Challenges	Suggested actions
Literature Review on Sexual & Reproductive Health and Rights of Migrant Garment Factory Workers in Cambodia	UNFPA	2014	<ul style="list-style-type: none"> • Low formal education & living conditions have poor sanitation & hygiene • Workers tend to access private health services and do not have health insurance • Good rates of trained staff attending deliveries & ANC visits, but low breastfeeding 0-6 months • FP knowledge good but use mainly by married staff & still some fears of contraceptive use • High rates of abortion but knowledge of services poor • Poor knowledge of STDs and aversion to condom use • Limited time to access health services, and concerns re confidentiality of factory-based clinics 	<p>No actions suggested – literature review only</p>
The Kingdom of Cambodia Health System Review	WHO	2014	<ul style="list-style-type: none"> • Low quality of care in health system • Private sector largely unregulated 	<ul style="list-style-type: none"> • Improve quality of care through increased funding, improved management, and increased remuneration

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			<ul style="list-style-type: none"> • Elements of UHC in place but need development and integration • Inequalities between wealth quintiles and geographic areas persist • Insufficient staff & skills for large scale social health protection scheme • Many inefficiencies in procurement, service delivery, staffing and use of donor funds remain 	<ul style="list-style-type: none"> • Greater regulation of private sector, including accreditation and enforcement • Greater investment in health systems, better staff incentives, strategic purchasing of social health protection • Reduce OOP expenditure to around 30% through improved health protection schemes and reduction of pre-payment requirements • Strengthen institutional, administrative & HR resources for management of social health protection • Improve role of MOH in stewardship, regulation & oversight of both public and private health sectors
FANTA Nutrition Profile	FHI360	2014	<ul style="list-style-type: none"> • Sub-optimal infant feeding practices • Poor hygiene/sanitation facilities and practices • High disease burden among <5yo, especially water borne infections • Food insecurity in poor households • Low dietary diversity in women • Low parental education levels • Cultural beliefs about certain foods during complementary feeding period • Procurement of nutrient supplements often left to NGOs • Inadequate resources (finance, staff) for nutrition programs • Weak community based programs • Poor inter-sectoral linkages • Poor coordination between national & sub-national levels in planning and management 	<p>Recommends a number of priorities:</p> <ul style="list-style-type: none"> • Address anaemia in <2yo & women of reproductive age • Expand efforts to manage acute malnutrition • Expand efforts to improve complementary feeding practices • Strengthen community based nutrition activities & skills of village level health volunteers • Integrate nutrition into infectious disease programs • Expand TA for water and sanitation • Increase access to micronutrients and fortified foods • Support greater coordination between government agencies at all levels • Focus on areas such as management of acute malnutrition, adolescent and maternal nutrition, micronutrient supplementation, and quality nutrition service delivery
Where Have All The Poor Gone? Cambodia Poverty Assessment 2013	WB	2014	<ul style="list-style-type: none"> • Poor sanitation & feeding practices have negative impacts on nutrition • High anaemia rates and low BMI for women, especially those with >4 children, low education and living in poor rural households • ANC/PNC visits increasing but still need improvement • Insufficient access to fortified foods • Substantial loss to GDP in both short & long term from 	<ul style="list-style-type: none"> • Narrow inequalities in the areas of ANC/PNC care, immunisation and delivery in facilities • Increase attractiveness of public health services (access, affordability) • Increase investment in training, monitoring • Improve regulation of the private sector • Improve capacity of local government to plan & manage programs

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Needs Assessment of EmONC Facilities in Kampong Thom, Kampot, Kep, and Kampong Speu Provinces	GIZ/ Muskoka Project	2014	<p>poor nutrition, so requires long-term efforts</p> <ul style="list-style-type: none"> • Skills shortages persist in some BEmONC and CEEmONC facilities, but where training was completed, staff were able to undertake key procedures • Some problems with equipment provision • Blood supplies not always available • Services across CEEmONC hospitals still not standard • Range & quality of services in a facility affect demand • Referral systems for emergency cases still weak • Supervision irregular • Poor skills in treating victims of sexual assault 	<ul style="list-style-type: none"> • Adopt a multi-sectoral approach targeting the poor and rural areas • Strengthen health promotion and prevention of NCDs • Increase coverage of SHP & move towards UHC • Ensure all facilities are able to provide the standard services for their classification (BEEmONC & CEEmONC) • Improve disability access • Strengthen referral systems, especially availability of transport • Increase deployment of secondary midwives • Improve staff knowledge of gender based violence and needs of victims • Strengthen quality of supervision
Who Global Strategy on People-Centred and Integrated Health Services	WHO	2015	<ul style="list-style-type: none"> • Health systems poorly prepared for ageing populations, increases in NCDs and major disease outbreaks 	<ul style="list-style-type: none"> • Integrate management & delivery of health services to ensure people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care • Ensure participation of households & communities in planning of health service delivery, using appropriate local models • 5 key strategies: empower and engage people through providing opportunities, skills and resources; strengthen governance and accountability by promoting transparent decision-making and collective accountability of health providers and managers; prioritize primary and community care services and the co-production of health; coordinate services around people's needs, integrate different health care providers and create networks between health and other sectors; create an enabling environment to bring together different stakeholders
Low Prevalence of Iron and Vitamin A Deficiency among Cambodian Women of Reproductive Age	Nutrients (journal)	2016	<ul style="list-style-type: none"> • Rate of anaemia in WRA remains high (about half of that population), but Iron & Vit A deficiencies were low • Research finding is 'the contribution of iron and vitamin A deficiency to the high prevalence of anaemia 	<ul style="list-style-type: none"> • Further research is needed on the aetiology of anaemia to inform policy decisions

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Inequalities in Nutrition Between Cambodian Women over the Last 15 Years (2000-2014)	Nutrients (journal)	2016	<ul style="list-style-type: none"> in Cambodian WRA may be limited'. Anaemia rate remained high (45% in 2014) Overweight prevalence in women was higher than underweight for the first time in 2014 Age, wealth, maternal education, number of children, year of survey, and anaemia were contributing factors for being underweight The risk of anaemia was higher in the poorest households and for less-educated women and women living in rural areas 	<ul style="list-style-type: none"> Policies should target the most vulnerable women, especially the youngest, and support integrated interventions in the health, social, and agriculture sectors to reduce inequalities in nutrition between women.
Persistent Inequalities in Child Undernutrition in Cambodia from 2000 until Today	Nutrients (journal)	2016	<ul style="list-style-type: none"> Poverty, low maternal education, and rural residence contributed to under-nutrition in children Wealth was the main socio-economic factor associated with under-nutrition A child's nutrition was strongly related to its mother's 	<ul style="list-style-type: none"> Need to target the poorest households to promote access to nutrient-rich foods through nutrition specific programs Need to address increase in overweight among children in wealthy households
The Economic Burden of Malnutrition in Pregnant Women and Children under 5 Years of Age in Cambodia	Nutrients (journal)	2016	<ul style="list-style-type: none"> Annual cost to GDP of malnutrition is 1.7% Stunting is reducing Cambodia's economic output by more than 120 million USD, and iodine deficiency disorders alone by 57 million USD 	<ul style="list-style-type: none"> The government should rapidly expand a range of low-cost effective nutrition interventions to break the current cycle
The High Prevalence of Anemia in Cambodian Children and Women Cannot Be Satisfactorily Explained by Nutritional Deficiencies or Hemoglobin Disorders	Nutrients (journal)	2016	<ul style="list-style-type: none"> The very high prevalence of anaemia in Cambodian women and children cannot be explained solely by micronutrient deficiencies and haemoglobin disorders Micronutrient interventions to reduce anaemia prevalence are likely to have limited impact in Cambodia 	<ul style="list-style-type: none"> Current interventions to reduce the high prevalence of anaemia in children and women should be broadened to include zinc and folic acid as well as anti-hookworm measures
Social Determinants of Maternal and Child Undernutrition in Cambodia: A Systematic Review	Int'l Jnl Food Nutr Sci	2016	<ul style="list-style-type: none"> The prevalence of maternal and child under-nutrition in Cambodia remains relatively high and varies across geographical areas Six social determinants of maternal and child under-nutrition were identified: poverty, income inequity, food insecurity, low maternal education, infections, and gender inequity 	<ul style="list-style-type: none"> Intervention programs should be designed taking social determinants identified in this study into consideration
Cambodia Youth Data Sheet 2015	UNFPA	2016	<ul style="list-style-type: none"> Fertility among 15-19 yo women increased by 50% from 2000 to 2014 	<p><i>Data presentation only; no recommended actions</i></p>

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			<ul style="list-style-type: none"> • Only two-thirds of unmarried men used a condom • ANC visit rates are high, but still easier in urban areas • Women are far less likely than men to enrol in post-secondary education • While official youth unemployment is low, two-thirds are 'self-employed' and of those, half are doing unpaid work at home • The rate of women not in employment or training is over three times that of men • Almost half of young women said wife beating was sometimes justified, while only about one-quarter of men agreed • Knowledge of HIV/AIDS was generally poor 	
Regional Report on Nutrition Security in ASEAN Volume 1	ASEAN Secretariat	2016	<ul style="list-style-type: none"> • Dietary quality remains poor in Cambodia • Persistently high levels of stunting and underweight, anaemia, and Vit A deficiencies • Insufficient access to improved sanitation and water sources means levels of diarrhoea high, reducing absorption of nutrients • Families spend more than 70% of their income on food • Insufficient fat in the diet contributes to poor absorption of Vit A and other fat-soluble micronutrients • Most Cambodian children are fed the recommended number of meals per day, but only one-third get the diversity of food needed 	<i>Report presents data only</i>
Global Nutrition Report 2017: Nourishing the SDGs	Dev Initiatives	2017	<ul style="list-style-type: none"> • 88% of countries face problems with malnutrition • Exclusive breastfeeding still low 	<ul style="list-style-type: none"> • Need to link closely with SDGs • Need to address inequalities within countries • Support multi-sectoral approaches to nutrition • Focus on sustainable food production, strong infrastructure, improved health systems and equity & inclusion
Impact of health financing policies in Cambodia: A 20 year experience	Soc Sci & Medicine	2017	<ul style="list-style-type: none"> • High OOP expenditure & low use of public health facilities has impeded health system development • HEFs have reduced OOP expenditure by the poor but level remains high 	<i>Article presents analysis only, no recommendations</i>

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Garment Sector Health Interventions in Cambodia: A Comprehensive Review	Pop Council	2017	<ul style="list-style-type: none"> • Voucher schemes for RH have low impact, but this improves when combined with other SHP interventions • Impact of initiatives is slow to become evident at aggregate level • Need for integration of SHP initiatives to ensure full coverage of vulnerable households • 80 percent of female garment workers not using FP • Support projects tend to be single organisation/single donor projects • RH/FP issues often coupled with nutrition and hygiene, general health & HIV/AIDS so not always focused • Innovative health financing strategies have not been used • Projects tended not to engage in national policy dialogue or program design • Quality of evaluations needs improvement 	<ul style="list-style-type: none"> • More projects needed to support sector, with greater focus on SH/RH • More collaborative and multi-partner projects needed • Need to engage more with government, including MOLVT on policy issues • M&E systems need to be substantially improved to identify what works
The Success of the National Nutrition Strategy of Cambodia of 2009 in Reducing Childhood Undernutrition, Evaluated Using Econometric Regression Models	MSc thesis, McMaster Univ	2017	<ul style="list-style-type: none"> • Overall impact of 2009 strategy was negative, probably due to insufficient staffing at NNP and lack of experience in managing large-scale programs. • Improvements were due to other factors 	<i>No recommendations – research result only</i>