

Nurturing Care to Improve Early Childhood Development:

Cambodia Country Profile

Introducing Nurturing Care

Research indicates that poverty, poor health, nutrition, and other adversities threaten 43 percent of children under five years of age in low- and middle-income countries, preventing them from reaching their developmental potential (Black et al. 2016). In Cambodia, 44 percent of children under five years of age are at risk of poor development based on a composite indicator of stunting, extreme poverty, or both (Lu et al. 2016).

The U.S. Agency for International Development (USAID) recognizes early childhood as a critical stage of human development. Children’s early experiences directly affect their physical, cognitive, emotional, and social development, with lasting impact on later success in school and life (Georgieff et al. 2018). The first 1,000 days—from pregnancy to age two years are the foundation for lifelong learning and development. The brain develops more rapidly during the first 1,000 days than at any other period in life (Georgieff et al. 2018). Children grow best in an environment with nurturing care, which includes safe and secure surroundings, responsive parenting/caregiving, adequate maternal and child health care and nutrition, and opportunities for stimulation and early learning (see Figure 1; Britto et al. 2017).

There is growing momentum for integrated early childhood programming that engages multiple sectors, based on compelling new global evidence on the importance of reaching pregnant women and young children with holistic services. The 2016 *Lancet* series on early childhood development (ECD) and 2020 World Health Organization (WHO) *Guidelines for Improving Early Childhood Development* emphasize the importance of holistic nurturing care through integrated services (WHO 2020). Evidence from low- and middle-income countries indicate that combined caregiving and nutrition interventions are effective in improving children’s cognitive, language, and motor development compared with the current standard of care or nutrition interventions alone (Jeong et al. 2018). To date, there has been limited integration of responsive care and early learning in health and nutrition services. The Nurturing Care Framework (see figure) provides guidance to help children and families thrive through care for the individual child within a broader enabling environment of capable caregivers, empowered communities, supportive services, and enabling policies (WHO 2018).

This profile compiles national data alongside information on national policies and programs to highlight both the needs and opportunities for promoting optimal child development in Cambodia.



Photo Credit: USAID

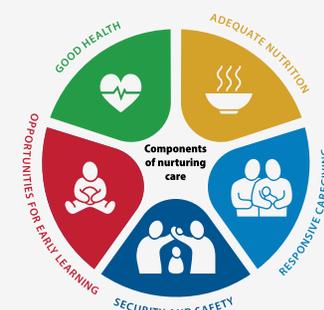


Figure 1: Components of Nurturing Care (WHO 2018)

-  QUICK LINKS
-  OUTCOMES
-  DATA
-  DATA
-  DATA
-  DATA
-  ENVIRONMENT
-  POLICIES
-  PROGRAMS
-  REFERENCES
-  DEFINITIONS

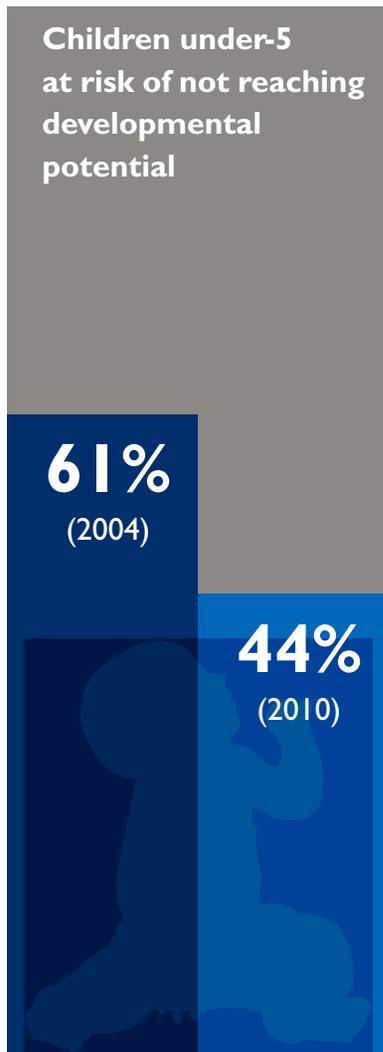
Key Nurturing Care and Early Childhood Development Indicators

This profile presents data on nurturing care and early childhood development. The WHO's (2020) *Guidelines for Improving ECD* provide useful definitions of these two terms:

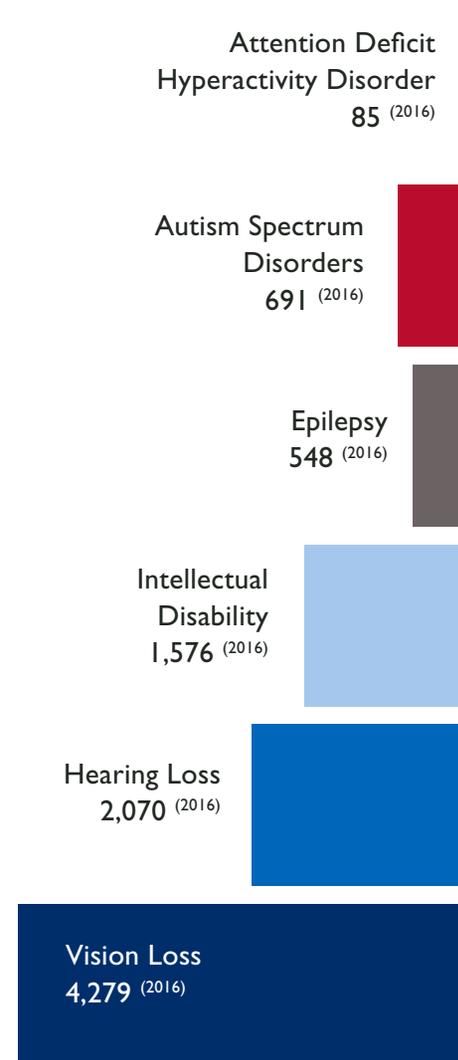
“Early childhood development: Refers to the cognitive, physical, language, motor, social and emotional development between 0–8 years of age.

Nurturing care: Characterized by a caregiving environment that is sensitive to children’s health and nutritional needs, responsive, emotionally supportive, and developmentally stimulating and appropriate, with opportunities for play and exploration and protection from adversities.”

In brief, nurturing care supports children to survive and reach their full potential and ECD represents the outcomes measured. Nurturing care is important for everyone, and is especially important in the earliest years of a child’s life from ages 0 to 3 as this is a period of rapid brain development that sets the foundation for later health and wellbeing. Data are presented for only four—nutrition, safety and security, health, and early learning—of the five domains of nurturing care because there are currently no global indicators and data on responsive caregiving. Detailed indicator definitions and sources are located at the end of the document. To access an indicator definition, click on the title of the indicator. The data presented here provide a country-level overview, and there is likely in-country variability due to population demographics or geography.

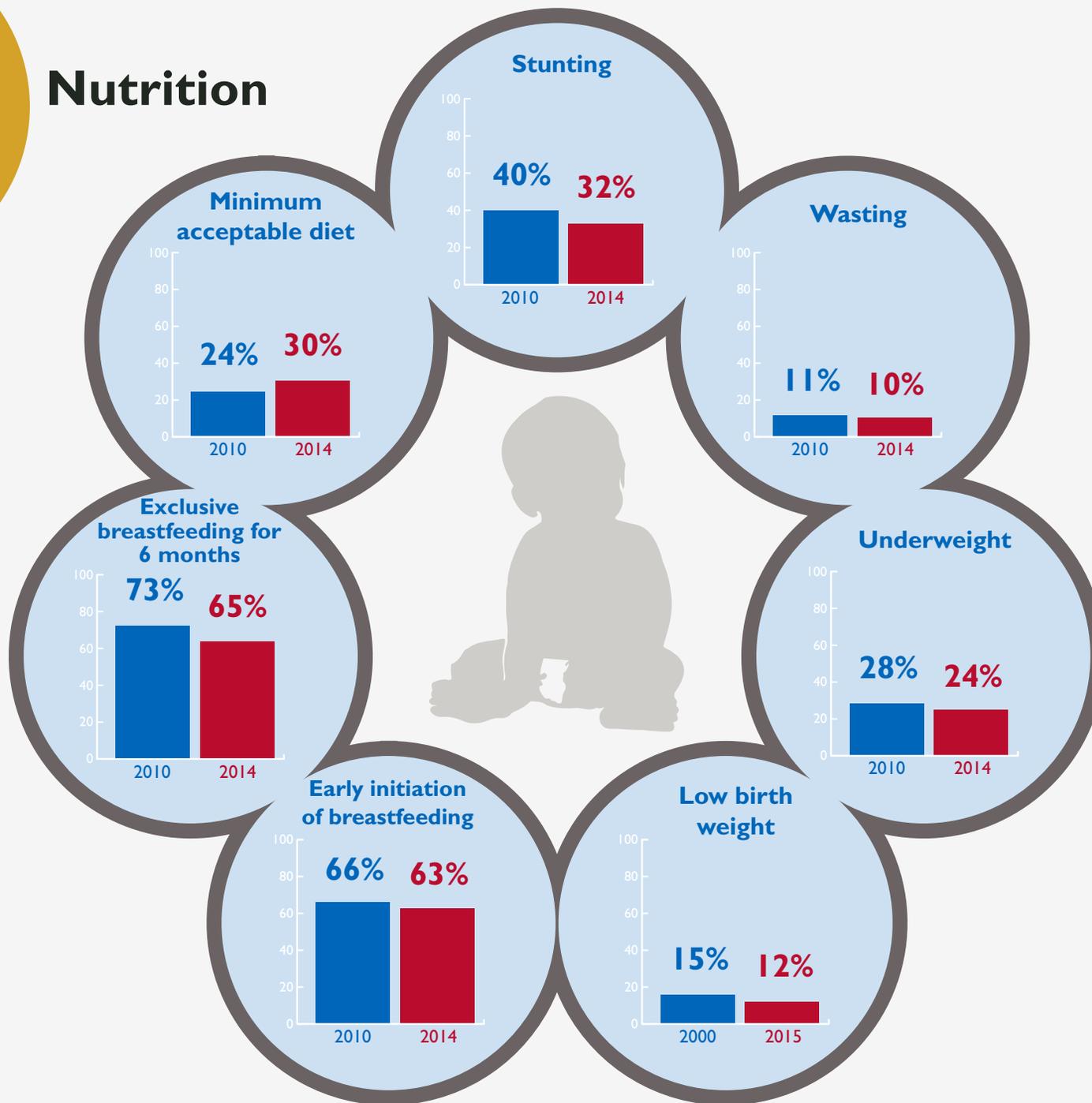


Developmental disability in children under **5** per 100,000 population





Nutrition





Early Learning



Health



Safety and Security



59%

Support for learning
(2014)



14%

Attendance in early
childhood education
(2014)



34%

Availability of
playthings
(2014)



4%

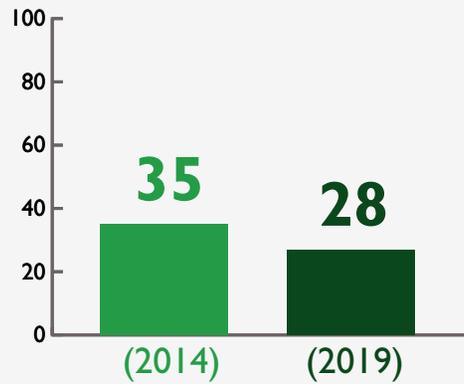
Availability of
children's books
(2014)

Preterm births

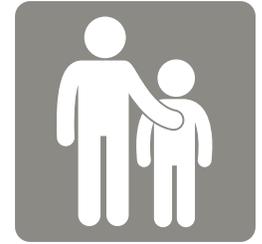


10% (2014)

Under-5 mortality rate



Positive discipline
No data available



10%

Inadequate supervision
(2014)



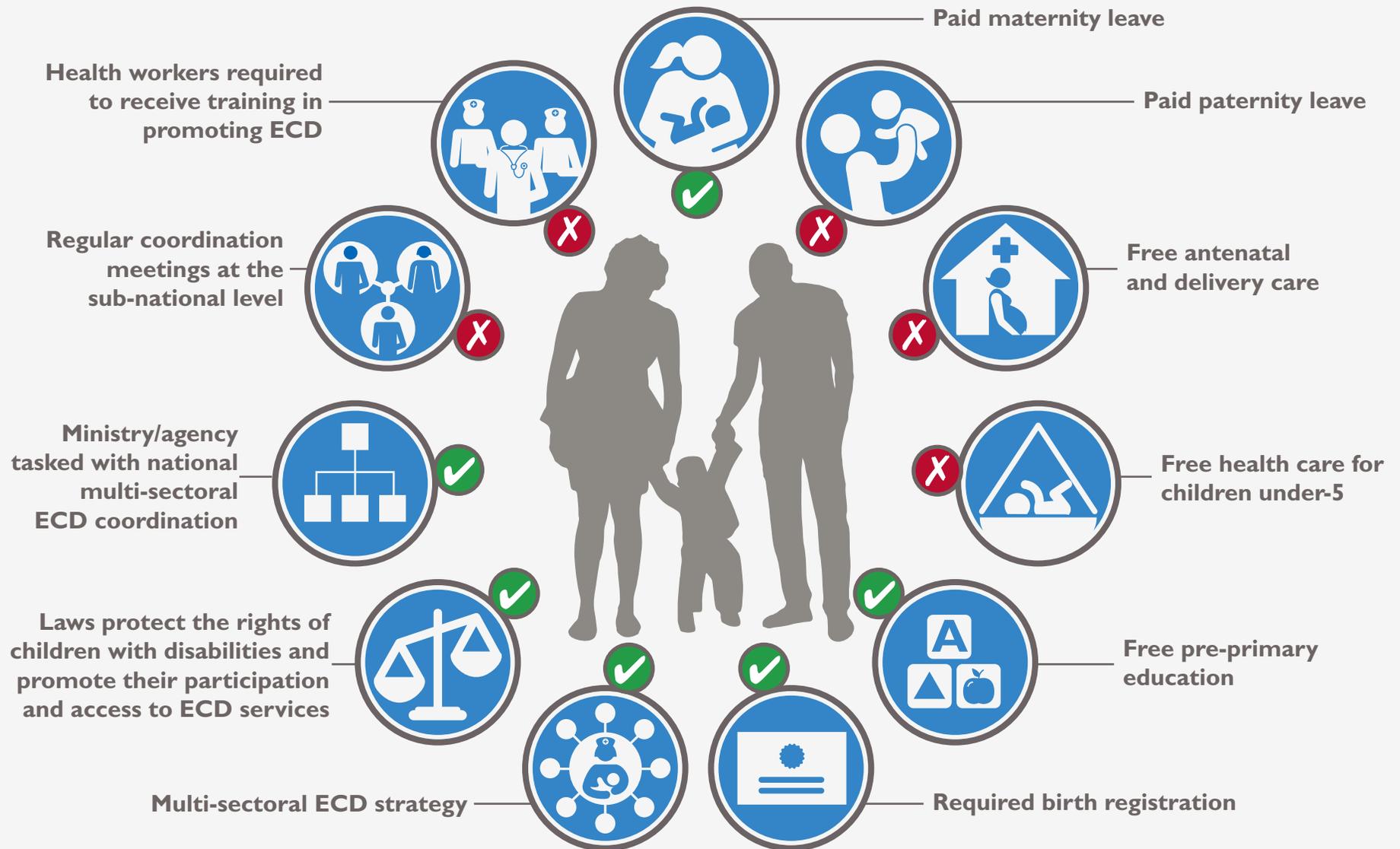
Children living
in poverty
No data available



Children covered by
social protection systems
No data available



Policy Environment for Supporting Improved ECD



Key: ✓ policy in place X no policy ? information not available



Overview of Policies Related to Improving ECD in Cambodia

The National Committee of Early Childhood Care and Development is responsible for multi-sectoral coordination to improve ECD in Cambodia.

Ministry of Education, Youth and Sport

 2009–2013

National Policy on Early Childhood Care and Development (ECCD)

Adopted in 2010, the policy aimed to promote ECD and work toward more coordination of services across the 11 national ministries. The policy's main objectives were to ensure that all children from birth to early schooling are provided with appropriate development, health services, nutrition and education at home and in centers. The ECCD policy also focused on providing caregivers with appropriate knowledge on ECCD along with the multi sector coordination of relevant ministries and institutions.

 2014–2018

National Action Plan for Early Childhood Care and Development (ECCD)

The National Action Plan aimed to increase the educational enrollment and enhance protection for children aged 0-6. The action plan especially focused on children from poor families, indigenous minorities and children with disabilities. The ECCD Action Plan worked to promote ECD through more coordination of services across the 11 national ministries. The policy's main objectives were to ensure: the provision of care, health education services, and nutrition to all women during pregnancy; the birth registration and regular access of health services and care to children; school readiness of all Cambodian children; that all caregivers have appropriate knowledge on ECCD; the multisectoral coordination of relevant ministries and institutions and that all children from birth to school enrollment are provided with appropriate development, health, nutrition and education services at home and centers.

Ministry of Women's Affairs

 2017–2021

Action Plan to Prevent and Respond to Violence Against Children

The Action Plan to Prevent and Respond to Violence Against Children aims to end abuse and all forms of violence and torture of children, eliminate all forms of violence against women and girls, and reduce death rates related to all forms of violence. The action plan takes a multisector approach that includes 13 ministries and agencies working to prevent, reduce, and respond to violence against all children under the age of 18. One of the plan's main objectives is to strengthen the capacity of social service providers (health, education, justice, and child protection) to respond to violence against children.

 2017–2021

Positive Parenting Strategy

This strategy aims to raise awareness and promote understanding of positive parenting to change behaviors, attitudes and social activities and to ensure safe, gender equitable and non-violent families and environments. The policy promotes non-violent forms of child discipline in an effort to protect children from violent practices, which is an opportunity to influence the gender norms of parents, men, and boys and provide alternatives to violent disciplinary practices.



Council for Agricultural and Rural Development

 2019–2023

National Strategy for Food Security and Nutrition (NSFSN)

The second NSFSN is a comprehensive strategy to achieve food security and adequate nutrition in Cambodia. The policy aims to reduce stunting, wasting, and rates of overweight and obesity in children under five. The NSFSN uses a twin-track approach where each of the main sectors involved are encouraged to develop and lead their own strategies while also coordinating multi-sectoral efforts focused on achieving joint priorities. The main joint priorities for the involved sectors are healthy diets, nutrition-sensitive WASH, food value chains, food safety and fortification, social assistance, community-led nutrition, disaster management and climate change. The policy also includes an assessment of child and maternal nutrition along with objectives and priority actions that target mothers and young children. The NSFSN also set the foundation for forming a national maternal, infant, and young child nutrition (MIYCN) strategy.

Disability Action Council

 2019–2023

National Disability Action Plan

The second five-year plan aimed to ensure equality and inclusion of people living with disabilities. Among the many strategies to promote the inclusion of people with disabilities is the strategy to increase opportunities and equal access for children with disabilities to participate in play, recreation and leisure activities.



Photo Credit: David Wardell / Save the Children



Ministry of Health

 2017–2020

National Strategy for Reproductive and Sexual Health

The third National Strategy for Reproductive and Sexual Health aimed to contribute to better health and well-being of all people in Cambodia. One of the strategy's main focuses was to strengthen family planning and therefore decrease maternal and newborn mortality, morbidity, and malnutrition. Among the strategy's many services provided in the strategy's service package was neonatal care which also includes counselling on nutrition, exclusive breastfeeding, and early childhood development.

 2016–2020

Health Strategic Plan

The Health Strategic Plan was the third medium term plan of the health sector which aimed to increase access to maternal and child health services, especially among the lowest income households. The plan also aimed to reduce maternal and child mortality, expand the health equity fund to provide financial risk protection for vulnerable population groups including people with disabilities and children under 5 years. The plan also aimed to increase coverage and access to effective nutrition services, thereby reducing malnutrition among women and children aged under five years and to increase coverage and access to immunization and integrated management of childhood and neonatal illnesses.

 2016–2020

Fast Track Initiative Road Map (FTIRM) for Reducing Maternal and Newborn Mortality

The initiative was an extension of the first FTIRM and outlined the priorities for reducing maternal and newborn mortality in line with the targets established for the Sustainable Development Goals. The third objective of the initiative focused on newborn care and aimed to improve quality and availability of newborn care at health facilities. Another target was for all women of reproductive age and newborns to be enrolled under the national health insurance and have access to the full package of key reproductive, maternal and newborn health services without financial hardship. The FTIRM was developed to inform sub-sectoral strategies, annual plans, resource mobilization, and budget allocations.

 2020–2025

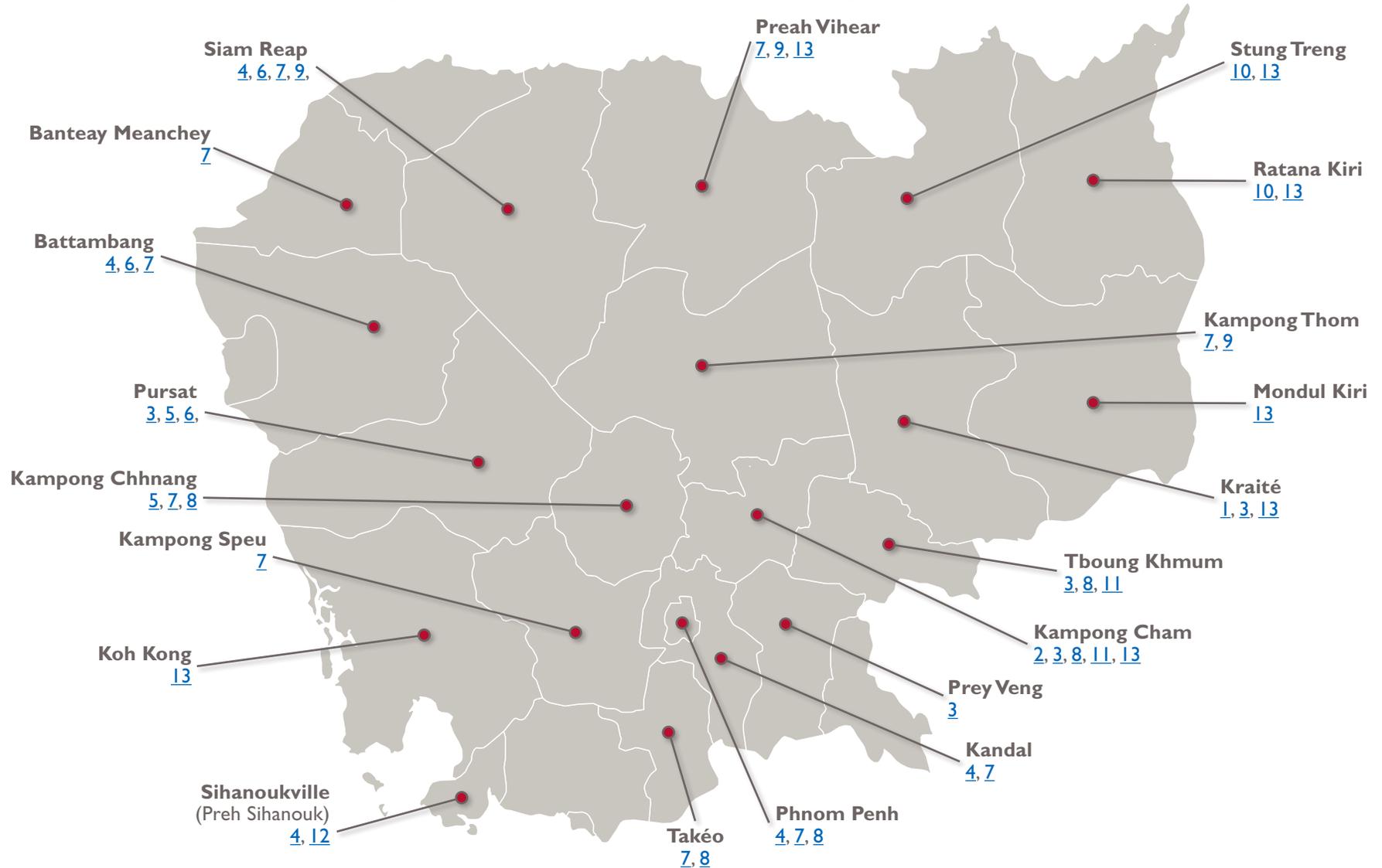
Cambodia National Maternal, Infant and Young Child Nutrition (MIYCN) Social Behavior Change and Communication Strategy (SBCC)

The goal of the MIYCN SBCC strategy is to advance nutrition, health, and general wellbeing of all Cambodians, particularly women and young children, through optimal MIYCN practices. The strategy directly promotes MIYCN behavior change communication focused on the first 1,000-day window of opportunity. It outlines key SBCC approaches targeting all women of reproductive age, pregnant women, and mothers with children younger than two years, along with key influencers of MIYCN such as family caregivers, grandparents, husbands, healthcare providers and Village Health Support Groups (VHSG).



Current and Recent Programs for Improving ECD

Each number represents a different program. Click on the number to jump to the next pages to learn more.



Current and Recent Programs for Improving ECD

Program	Overview	Key Activities
1. Community-Led Child Nutrition Project Phase II	<p>Implementer: ChildFund</p> <p>Years: 2016–2019</p> <p>Province: Kratié</p> <p>Key Government Partners: Provincial Department of Health, Commune Council, Commune Committee for Women and Children (CCWC), Health Centres, and Health Centre Management Committee</p> <p>Funder: Sponsorship fund from ChildFund Alliances</p>	<p>The project used a holistic, multi-dimensional approach to target the multiple factors that contribute to malnutrition in children. The overall goal was to improve children’s nutrition, especially for marginalized and vulnerable children from birth to five years. The project contributed to the government’s strategy to strengthen community-based maternal and child health services. A key component was the use of the Positive Deviance/Heath approach. One of the project’s successful strategies was the engagement of fathers and grandmothers in groups to educate on good childcare, feeding, and health-seeking practices.</p>
2. RAISE	<p>Implementer: Save the Children, Cambodia</p> <p>Years: 2020–2021</p> <p>Province: Kampong Cham</p> <p>Key Government Partners: MoEYS</p> <p>Funder: Save the Children</p>	<p>The RAISE project aims to improve the awareness of caregivers—including fathers and grandparents—on ECD for children from birth to three years. The project builds the capacity of formal and informal community actors to provide leadership and advice on improving ECD, generate evidence on appropriate communication channels to inform future social and behavior change interventions, and provide content to the ECD caregiver app, “Koan Chlaat” to enhance the delivery of care. The app promotes positive caregiving practices in Cambodia from pregnancy to age six. Topics covered on the app include: healthy pregnancy; practical parenting tips on health, nutrition, early learning, and protection for children from birth to six years; children’s books; and low cost parenting tips to support preschoolers.</p>
3. First Read	<p>Implementer: Save the Children, Cambodia</p> <p>Years: 2013–2019</p> <p>Province: Pursat, Kampong Cham, Tboung Khmum, Prey Veng and Kratié.</p> <p>Key Government Partners: MoEYS</p> <p>Funder: Prudential Foundation</p>	<p>The First Read program targeted children from birth to six years and provided parents and caregivers with skills to support their children’s learning and overall development. First Read distributed books to children and families and supported the publication of 28 books in local languages. The program trained 320 facilitators and key actors to support children’s learning. Parents in the First Read program were shown to be more engaged in positive parenting behaviors, such as reading books, teaching their children something new, and teaching numbers to their children.</p>

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Program	Overview	Key Activities
4. Family Care First/ REACT	<p>Implementer: Save the Children, Cambodia Provinces: Phnom Penh, Kandal, Siem Reap, Battambang, Preah Sihanouk Years: 2016–2023 Key Government Partners: Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) Funders: European Union, USAID, the GHR Foundation, Save the Children Hong Kong, and United Nations Children’s Fund (UNICEF)</p>	<p>Family Care First/ REACT is a network of nearly 60 member organizations supporting children and families. It supports 7,000 Cambodian children to live in safe, nurturing, family-based care. In 2017, more than 16,000 children in Cambodia were living in residential institutions, greatly undermining their overall development. The project seeks to prevent children from being separated from their families and increases the number of children who are safely and successfully integrated into family care. Family Care First/ REACT strengthens systems and policies and works directly in providing services to children and families. Organizations in the REACT network collaborate on issues most important to children’s healthy development through regular learning events.</p>
5. ECD for Floating Villages	<p>Implementer: Save the Children, Cambodia Years: 2016–2019 Provinces: Pursat and Kampong Chhnang Key Government Partners: MoEYS Funder: The World Bank</p>	<p>Save the Children implemented a low-cost community and home-based ECCD program for vulnerable children ages 0–6 and parents among the floating communities living on the Tonlé Sap river and lake. This program adopted a holistic approach to supporting nurturing care for young children. The project created an enabling, child-friendly environment that incorporated child participation, play, learning, stimulation, care, and protection, both at home and in specially constructed ECCD resource centers.</p> <p>The project also strengthened local structures and the capacity of government, communities, and local nongovernmental organizations to support program implementation, promote networking and coordination among all stakeholders, and to facilitate advocacy activities focusing on children’s holistic development.</p>
6. NOURISH	<p>Implementer: Save the Children, Cambodia Years: 2014–2020 Province: Battambang, Pursat, Siem Reap Key Government Partners: Ministry of Health National Nutrition Program; Ministry of Agriculture, Forestry and Fisheries; Ministry of Rural Development; and Council of Agricultural and Rural Development Funders: USAID and Feed the Future</p>	<p>NOURISH aimed to improve the nutritional status of Cambodian women and children during the first 1,000 days in 565 villages across three provinces. NOURISH also worked with local, sub-national, and national policymakers to support multi-sectoral nutrition. NOURISH trained peer leaders of existing groups of caregivers to facilitate a structured, experiential learning curriculum. Some sessions incorporated relevant ECD actions, games and activities, such as making home-made toys, talking and singing with your child, counting and positive discipline.</p> <p>NOURISH showed statistically significant increases in the percentage of caregivers that engaged in nurturing care activities with their children and significant decreases in the percentage of caregivers that reported hitting and yelling at their children.</p>
7. World Vision Health Nutrition and WASH program	<p>Implementer: World Vision, Cambodia Years: 2018–2022 Provinces: Kampong Thom, Kampong Chhnang, Preah Vihear, Takéo, Battambang, Siem Reap, Banteay Meanchey, Kampong Speu, Kandal, Phnom Penh Key Government Partners: Ministry of Health Funder: World Vision</p>	<p>World Vision Cambodia supports growth monitoring and promotion for children ages 0–36 months. The program does this by ensuring that underweight children receive follow-up visits at the household level and growth tracking quarterly. During the follow-up sessions, the caregivers are made aware of appropriate caring and feeding practices, and are encouraged to apply good handwashing and hygiene behaviors. In addition, mothers of children from birth to 5 years receive home visits and counseling on childhood illness, especially diarrhea, pneumonia, and dengue. World Vision provides community cooking sessions for mothers and caregivers on healthy recipes and encourages mothers to cook and provide healthy foods at home. World Vision’s programs also support timely administration of vaccines, safe drinking water, and Open Defecation Free communities to reduce the incidence of stunting among children under 2 years.</p>

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Program	Overview	Key Activities
8. Alive and Thrive (A&T)	Implementer: FHI 360 Key Government Partners: Ministry of Health Years: 2021 Provinces: Phnom Penh, Kandal, Takeo, Kampong Cham, Kampong Chhnang and Tboung Khmum Funder: Bill & Melinda Gates Foundation	A&T is a global nutrition initiative to save lives, prevent illness, and ensure the healthy growth of mothers and children. In Cambodia, A&T works to accelerate progress toward the Ministry of Health's breastfeeding, health, and nutrition goals by providing evidence-based strategic guidance, technical assistance, and supporting partnerships. A&T works closely with key stakeholders, including the Enhancing Quality of Healthcare Activity of FHI 360 and partners such as, Helen Keller International, UNICEF, and the World Bank.
9. Integrated Early Childhood Development (IECD) Activity	Implementer: RTI Years: 2020–2025 Provinces: Preah Vihear, Kampong Thom, Siem Reap Key Government Partners: Ministry of Health, Ministry of Social Affairs, Veterans and Youth Funder: USAID	The IECD Activity aims to promote nurturing care for the most vulnerable newborns and young children, starting before birth. The program specifically addresses responsive caregiving and early learning, health, and nutrition, including access to screening and support services for children with developmental delays and disabilities. The IECD activity addresses stunting through a multi-sectoral approach that strengthens nutrition service delivery at health facilities and in communities; supports nutrition-sensitive agriculture and improved livelihoods; improves WASH practices among caregivers; and promotes responsive caregiving to help children meet critical cognitive, linguistic, socio-emotional, and physical developmental milestones. The program focuses on children under five years, with an emphasis on the first 1,000 days. The IECD Activity supports developmental milestone screening to enable early identification and interventions for children with developmental delays or those at risk for impairments and disabilities. It also addresses the limited access to programs and services available to these individuals.
10. THRIVE and THRIVE 2: Promoting a Healthy Childhood through Quality ECCD, WASH, and Nutrition in Northeast Cambodia	Implementer: PLAN Cambodia Years: 2017–2023 Provinces: Ratanak Kiri, Stung Treng Key Government Partners: Commune Councils, MoEYS, Provincial Office of Education, District Office of Education Funder: PLAN International, Germany	THRIVE aims to improve access to quality integrated ECCD services and home-based care for the most vulnerable girls and boys. The program also seeks to reduce the proportion of malnourished and undernourished girls, boys, and pregnant women by improving nutrition outcomes and food security. THRIVE does this by promoting hygiene practices and increased access to and use of safe water and sanitation facilities for girls and boys at home, in communities, and in ECCD centers.

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Program	Overview	Key Activities
<p>11.</p> <p>1. Mother and Child health project</p> <p>2. Physical rehabilitation project</p>	<p>Implementer: Humanity and Inclusion (HI)</p> <p>Years:</p> <p>1. 2006–2022</p> <p>2. 1982–2022</p> <p>Provinces: Kampong Cham and Tboung Khmum</p> <p>Key Government Partner(s): no information</p> <p>Funder(s): Ministry of foreign Affairs of Luxembourg, ACCESS program (funding of DFAT), Individual Private donors</p>	<p>Humanity and Inclusion (HI) has experience working with national, subnational, and local partners in Cambodia to improve the lives of children with developmental delays and disabilities and other vulnerable communities in Cambodia. HI builds holistic care systems to address the root causes of developmental delays and impairments among children, prevent disabilities, and build inclusive health, education, and other social and psychosocial support services. HI is working on ECD in Cambodia through early identification, referral, and early intervention. HI provides services on inclusive health for children from birth to 3 years. HI also provides physical rehabilitation intervention in Kampong Cham and Tboung Khmum provinces, especially for children with developmental delays, and refers children in need of further services to other actors.</p>
<p>12. Maternal & Health Support</p>	<p>Implementer: Let Us Create Futures</p> <p>Key Government Partner: Ministry of Health</p> <p>Province: Preah Sihanouk</p> <p>Years: Ongoing</p> <p>Funded by: Private donor</p>	<p>Let Us Create Futures offers maternity support and outreach services to at risk mothers and caregivers. The program aims to offer access to services that support caregivers from pregnancy onwards. It also aims to ensure that young children have the best start in life and that caregivers are empowered with access to quality support and services. These services include: guidance and support for birth registration, advice and support for the vaccination of young children, emergency nutrition supplementation packages, home resource packages for caregivers and nutrition support. Let Us Create Futures also offers daycare services to children from birth to three years, but these services were reduced due to the pandemic in 2020.</p>
<p>13. Cambodia Nutrition Project</p>	<p>Implementer: The World Bank</p> <p>Key Government Partner: Ministry of Health and Provincial Health Departments, National Committee for Sub-National Democratic Development Secretariat (NCDD-S), and provincial administrations and district/ municipality administrations.</p> <p>Province: Nationwide for some activities; full coverage in 7 provinces for community level activities (Mondul Kiri, Ratanak Kiri, Steung Treng, Preah Vihear, Kratié, Kampong Chhnang, Koh Kong)</p> <p>Years: 2019–2024</p> <p>Funded by: Royal Government of Cambodia, World Bank, GFF, KfW, DFAT, HEQIP Multidonor Trust Fund</p>	<p>The Cambodia Nutrition Project supports the Royal Government of Cambodia with mainstreaming nutrition interventions and care for women and children. The main objective of the program is to improve access and quality of priority maternal and child health and nutrition services for targeted groups in Cambodia. The project supports improvements in the quality of public service delivery focusing on maternal and child nutrition, routine immunization, newborn care, and health equity fund promotion. The Cambodia Nutrition Project builds upon existing government health sector platforms to enhance supply-side delivery and quality of essential services, maximizing impact of these instruments on maternal and child health and nutrition outcomes. The three components of the project are: 1) strengthening delivery of priority health service, 2) stimulate demand, convergence, accountability and resource availability for maternal and child nutrition, immunization, and neonatal survival, 3) strengthen public sector systems and capacities to sustainably finance, deliver, adapt, and monitor priority services. The project is developing a 1000 days package of health services, defining quality standards, and providing national quality enhancement monitoring to improve the availability and quality of maternal and child health and nutrition services.</p>

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References and Background Sources

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Britto, Pia R., Stephen J. Lye, Karrie Proulx, Aisha K. Yousafzai, Stephen G. Matthews, Tyler Vaivada, Rafael Perez-Escamilla, et al. 2017. "Nurturing care: Promoting Early Childhood Development." *The Lancet* 389(10064): 91–102, doi: 10.1016/S0140-6736(16)31390-3.

Georgieff, Michael K., Sara E. Ramel, and Sarah E. Cusick. 2018. "Nutritional Influences on Brain Development." *Acta Paediatrica* 107(8): 1310-1321, doi: 10.1111/apa.14287.

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In addition to references listed here, information was gathered on programs through reviewing publicly available information from organizational websites or publications as well as via direct communication with program implementers.



Photo Credit: USAID



Indicator Definitions and Sources

DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Child Development		
Children under-5 at risk of not reaching developmental potential	Percent of children under-five years that were exposed to stunting or extreme poverty	Lu, Chunling, Maureen M. Black, and L.M. Richter. 2016. "Risk of Poor Development in Young Children in Low-Income and Middle-Income Countries: An Estimation and Analysis at the Global, Regional and Country Level." <i>The Lancet Global Health</i> , 4: e916-22, doi.org/10.1016/S2214-109X(16)30266-2
Developmental disability in children under-5	Rate of developmental disability per 100,000 children under-five years, disaggregated by six forms of developmental disability [epilepsy, intellectual, hearing loss, vision loss, autism spectrum disorder (ASD), and attention deficit hyperactivity disorder (ADHD)]	Global Research on Developmental Disabilities Collaborators. 2018. "Developmental disabilities among Children Younger than 5 Years in 195 Countries and Territories, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016." <i>The Lancet Global Health</i> , 6: e1100-21, doi.org/10.1016/S2214-109X(18)30309-7 .
Children ages 36–59 months that are not developmentally on track	Percentage of children (ages 36–59 months) not developmentally on track in at least 3 of the 4 following domains: literacy-numeracy, physical, social-emotional, and learning	National Institute of Statistics, Directorate General for Health, and ICF International. 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
Early Learning		
Support for learning	Percentage of children (aged 36–59 months) with whom any adult household member has engaged in 4 or more activities to provide early stimulation and responsive care in the last 3 days	National Institute of Statistics, Directorate General for Health, and ICF International, 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
Attendance in early childhood education	Percentage of children age 36–59 months who are attending an early childhood education program	National Institute of Statistics, Directorate General for Health, and ICF International, 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
Availability of playthings	Percentage of children under age 5 who play with 2 or more types of playthings	National Institute of Statistics, Directorate General for Health, and ICF International, 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Early Learning (continued)		
Availability of children's books	Percentage of children under age 5 who have 3 or more children's books	National Institute of Statistics, Directorate General for Health, and ICF International. 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
Health		
Preterm births	Proportion of live births that are preterm (before 37 completed weeks of gestation)	Chawanpaiboon, Saifon, Joshua P.Vogel, Ann-Beth Moller, Pisake Lumbiganon, et al. 2019. "Global, Regional, and National Estimates of Levels of Birth in 2014: A Systematic Review and Modelling Analysis." <i>The Lancet Global Health</i> , 7: e37–46, doi.org/10.1016/S2214-109X(18)30451-0
Under-5 mortality rate	Number of deaths of children under-5 per 1,000 live births	National Institute of Statistics/Cambodia, Directorate General for Health/Cambodia, and ICF International. 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia: National Institute of Statistics/Cambodia, Directorate General for Health/Cambodia, and ICF International. Accessed July 2, 2021 http://dhsprogram.com/pubs/pdf/FR312/FR312.pdf . National Institute of Statistics, Ministry of Planning. <i>General Population Census of the Kingdom of Cambodia</i> . 2019-2020. Phnom Penh: Cambodia. Accessed July 20, 2021. https://www.nis.gov.kh/index.php/en/14-cses/86-cambodia-social-economic-survey-2019-20
Nutrition		
Stunting	Percentage of children under-fives falling below minus 2 standard deviations (moderate and severe) from the median height-for-age of the reference population	National Institute of Statistics/Cambodia, Directorate General for Health/Cambodia, and ICF Macro. 2011. <i>Cambodia Demographic and Health Survey 2010</i> . Phnom Penh, Cambodia: National Institute of Statistics, Directorate General for Health, and ICF Macro. Accessed July 2, 2021 http://dhsprogram.com/pubs/pdf/FR249/FR249.pdf . National Institute of Statistics, Directorate General for Health, and ICF International. 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Nutrition (continued)		
Wasting	Percentage of children under 5 years of age falling below minus 2 standard deviations (moderate and severe) from the median weight-for-height of the reference population	National Institute of Statistics/Cambodia, Directorate General for Health/Cambodia, and ICF Macro. 2011. <i>Cambodia Demographic and Health Survey 2010</i> . Phnom Penh, Cambodia: National Institute of Statistics, Directorate General for Health, and ICF Macro. Accessed July 2, 2021 http://dhsprogram.com/pubs/pdf/FR249/FR249.pdf . National Institute of Statistics, Directorate General for Health, and ICF International. 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
Underweight	Percentage of children under five falling below minus 2 standard deviations (moderate and severe) from the median weight-for-age of the reference population	National Institute of Statistics/Cambodia, Directorate General for Health/Cambodia, and ICF Macro. 2011. <i>Cambodia Demographic and Health Survey 2010</i> . Phnom Penh, Cambodia: National Institute of Statistics, Directorate General for Health, and ICF Macro. Accessed July 2, 2021 http://dhsprogram.com/pubs/pdf/FR249/FR249.pdf . National Institute of Statistics, Directorate General for Health, and ICF International. 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
Low birth weight	Proportion of births that are low birth weight (less than 2,500 grams)	Blencowe, Hannah, Julia Krusevec, Mercedes de Onis, Rober E. Black, Xiaoy An, Gretchen A. Stevens, et al.. 2019. "National, Regional and Worldwide Estimates of Low Birthweight in 2015, with Trends from 2000: A Systematic Analysis, <i>The Lancet Global Health</i> , 7: e849-60, https://doi.org/10.1016/S2214-109X(18)30565-5
Early initiation of breastfeeding	Proportion of children breastfed within 1 hour of birth	National Institute of Statistics/Cambodia, Directorate General for Health/Cambodia, and ICF Macro. 2011. <i>Cambodia Demographic and Health Survey 2010</i> . Phnom Penh, Cambodia: National Institute of Statistics, Directorate General for Health, and ICF Macro. Accessed July 2, 2021 http://dhsprogram.com/pubs/pdf/FR249/FR249.pdf . National Institute of Statistics, Directorate General for Health, and ICF International. 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Nutrition (continued)		
Exclusive breastfeeding for 6 months	Proportion of children under 6 months who are exclusively breastfed	National Institute of Statistics/Cambodia, Directorate General for Health/Cambodia, and ICF Macro. 2011. <i>Cambodia Demographic and Health Survey 2010</i> . Phnom Penh, Cambodia: National Institute of Statistics, Directorate General for Health, and ICF Macro. Accessed July 2, 2021 http://dhsprogram.com/pubs/pdf/FR249/FR249.pdf . National Institute of Statistics, Directorate General for Health, and ICF International. 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
Minimum acceptable diet	Proportion of children 6–23 months who are fed a minimum acceptable diet (composed of minimum dietary diversity, minimum meal frequency, breastfeeding or milk feeds for non-breastfed children)	National Institute of Statistics/Cambodia, Directorate General for Health/Cambodia, and ICF Macro. 2011. <i>Cambodia Demographic and Health Survey 2010</i> . Phnom Penh, Cambodia: National Institute of Statistics, Directorate General for Health, and ICF Macro. Accessed July 2, 2021 http://dhsprogram.com/pubs/pdf/FR249/FR249.pdf . National Institute of Statistics, Directorate General for Health, and ICF International. 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
Safety and Security		
Positive discipline	Proportion of children 1–14 years whose caregivers reported using only non-violent forms of discipline in the past month	No data.
Inadequate supervision	Percentage of children under-5 left alone or under the supervision of another child younger than 10 years of age for more than 1 hour at least once in the last week	National Institute of Statistics, Directorate General for Health, and ICF International, 2015. <i>Cambodia Demographic and Health Survey 2014</i> . Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
Children living in poverty	Poverty headcount ratio at \$1.90 a day, age 0–14 is the percentage of population age 0–14 living on less than \$1.90 a day at 2011 international prices	No data.
Children covered by social protection systems	Effective coverage of child and family benefits as part of main social security programs and social protection	No data.



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Policies		
Paid maternity leave	The country has a paid maternity leave policy or law	World Policy Analysis Center. n.d. "Is Paid Leave Available to Mothers and Fathers of Infants?" Accessed July 2, 2021. https://www.worldpolicycenter.org/policies/is-paid-leave-available-to-mothers-and-fathers-of-infants/is-paid-leave-available-for-both-parents-of-infants
Paid paternity leave	The country has a paid paternity leave policy or law	World Policy Analysis Center. n.d. "Is Paid Leave Available to Mothers and Fathers of Infants?" Accessed July 2, 2021. https://www.worldpolicycenter.org/policies/is-paid-leave-available-to-mothers-and-fathers-of-infants/is-paid-leave-available-for-both-parents-of-infants
Free antenatal and delivery care	Antenatal visits and delivery services are provided free of charge at public facilities	National Institute of Statistics, Ministry of Planning. <i>General Population Census of the Kingdom of Cambodia</i> . 2019-2020. Phnom Penh: Cambodia. Accessed July 20, 2021. https://www.nis.gov.kh/index.php/en/14-cses/86-cambodia-socia-ecomonic-survey-2019-20
Free health care for children under-5	Child health services are free to all, or free for children under age-five under national health insurance schemes	No data
Free pre-primary education	Government provides free pre-primary schooling before primary school entry	Ministry of Education, Youth and Sport. Education for All (EFA) National Plan. 2003. Phnom Penh: Cambodia.
Required birth registration	Law or policy requires registration of births	Ministry of Interior. Civil Registration. 2001. Phnom Penh: Cambodia.
Multi-sectoral ECD strategy	Country has an explicit multi-sectoral ECD strategy	Ministry of Education, Youth and Sport. National Policy on Early Childhood Care and Development. 2010. Phnom Penh: Cambodia.
Laws protect the rights of children with disabilities and promote their participation and access to ECD services	Laws in place to protect the rights of children with disabilities and promote their participation and access to ECD services, including healthcare and ECCE	Ministry of Social Affairs, Veterans and Youth Rehabilitation. Law on the Protection and the Promotion of the Rights of Persons with Disabilities. 2009. Phnom Penh: Cambodia.
Ministry/agency tasked with national multi-sectoral ECD coordination	Country has a ministry/agency tasked with multi-sectoral ECD coordination at the national level	Ministry of Education, Youth and Sport. National Policy on Early Childhood Care and Development. 2010. Phnom Penh: Cambodia.
Regular coordination meetings at the sub-national level	Regular coordination meetings between the different implementing actors at the sub-national level	No data
Health workers required to receive training in promoting ECD	Health workers required to receive training in delivering ECD messages (developmental milestones, childcare, parenting, early stimulation, etc.)	No data





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