

Executive Board Second Regular Session

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REPORTS OF THE EXECUTIVE DIRECTOR ON OPERATIONAL MATTERS

Agenda item 9

For information*



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DEVELOPMENT PROJECT APPROVED BY THE EXECUTIVE DIRECTOR (1 JANUARY-30 JUNE 2005) — CAMBODIA 10170.1

Support to Mother-and-Child Health	
Number of beneficiaries	65,000
Duration of project	18 months (June 2005–November 2006)
Cost (United States dollars)	
WFP food cost	2,926,920
Total cost to WFP	5,373,182
Total cost to Government	21,000

^{*} In accordance with the Executive Board's decisions on governance, approved at the Annual and Third Regular Sessions, 2000, items for information should not be discussed unless a Board member specifically requests it, well in advance of the meeting, and the Chair accepts the request on the grounds that it is a proper use of the Board's time.

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NOTE TO THE EXECUTIVE BOARD

This document is submitted for information to the Executive Board.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

Director, Regional Bureau Bangkok

Mr A. Banbury

and country offices (ODB):

Senior Liaison Officer, ODB: Mr K. Sato tel.: 066513-2383

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact the Administrative Assistant, Meeting Servicing and Distribution Unit. (tel.: 066513-2645).



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ABSTRACT

1. Despite recent socio-economic progress, Cambodia remains one of the poorest countries in East Asia: 36 percent of its population live below the poverty line of US\$1 per day. The health and nutritional status of the population is alarming: infant mortality is 95 per 1,000 live births; maternal mortality is 4 per 1,000 births; micro-nutrient deficiencies are widespread among pregnant and lactating women and children – more than half of children under 5 are stunted and a similar percentage are underweight – and prevalence of iron-deficiency anaemia is 63 percent in children and 58 percent in women. These high rates of malnutrition are a result of poverty in terms of high illiteracy rates, household food insecurity and low food intake and of lack of access to health services.

- 2. This project provides a fortified food supplement for children aged 6 to 59 months and pregnant and lactating women in food-insecure areas of the country as part of community-based mother-and-child health services programme implemented by non-governmental organizations in cooperation with government partners. Activities include growth monitoring, health and nutrition education, and basic healthcare and disease prevention. Capacity-building for local volunteers and health-centre staff is provided through training.
- 3. The project is in line with (i) the United Nations Development Assistance Framework 2001–2005, committing the United Nations system to supporting the Cambodia Nutrition Investment Plan and concentrating its efforts to improve the nutritional situation of women and children, (ii) WFP's Strategic Objective 3: Support to improved nutrition and health status of children, women and other vulnerable people and (iii) Cambodian¹ Millennium Development Goals 4: Reduced child mortality and 5: Improved maternal health. It also responds to the first of WFP's Enhanced Commitments to Women: meet the specific nutritional requirements of expectant and nursing mothers and adolescent girls and raise their health and nutrition awareness.
- 4. An internal evaluation of this project, which is an extension of Development Project 10170.0, concluded that its activities had a positive impact.

¹ Because it is so extensively mined, Cambodia has added an extra MDG that states: "Move towards zero victims and a country without mines; the specific targets for this goal are (i) zero impact from landmines and unexploded ordnance (UXO) by 2012 and (ii) eliminate the negative humanitarian and socio-economic impacts of landmines and UXO by 2025.



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