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Protecting Maternal, Infant and Young Child Feeding Practices During Emergencies: Lessons from the Cambodia-Thailand Border Conflict

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Key messages

- The Cambodia-Thailand border conflict affected families' ability to maintain maternal, infant, and young child feeding (MIYCF) practices through interconnected challenges including food insecurity, displacement, economic hardship, disruptions to health and nutrition services, and broader social constraints.
- Economic hardship and food insecurity weakened recommended MIYCF practices through rising food prices, reduced household income, limited access to diverse, nutritious food, undermined family's ability to maintain recommended feeding practices, pressure on household resources and limited time for caregiving.
- Mothers and other caregivers reported challenges in maintaining breastfeeding and age-appropriate complementary feeding, particularly in displacement settings where privacy, suitable facilities, and access to essential services were limited.
- Health workers should provide timely breastfeeding counselling, maternal nutrition support and psychosocial support to address mothers' concerns about insufficient breast milk and help them sustain recommended feeding practices during emergencies.
- The health sector, other relevant government agencies, humanitarian partners and local authorities should establish clear emergency protocols, maintain essential health and nutrition services, referral pathways, and supply appropriate facilities, including privacy spaces for breastfeeding, appropriate water, sanitation and hygiene (WASH) and facilities to support complementary-food preparation in displacement sites.
- The health sector, non-governmental organisations (NGOs), and development partners should coordinate emergency assistance to improve access to nutritious, age-appropriate complementary foods, support household food security and diversity, and address the economic pressures that undermine maternal and child nutrition.

Introduction

Maternal, infant, and young child feeding (MIYCF) is a cornerstone of child survival and development, especially during the first 1,000 days of life (WHO and UNICEF 2021; MOH 2020). Optimal infant and young child feeding recommended practices, including exclusive breastfeeding and appropriate complementary feeding until at least two years of age, are essential for child survival, growth, and development (WHO and UNICEF 2021). Failure to maintain recommended feeding practices can lead to undernutrition, wasting, stunting, illness, impaired development, and increased child mortality, with lifelong consequences (Black et al. 2008; Victora et al. 2021; Prak et al. 2014). Protecting MIYCF practices is a critical public health priority, particularly during emergencies when families face increased barriers to adequate nutrition and care.

The importance of maintaining optimal MIYCF practices becomes even greater during the conflict, when conflict and displacement can severely disrupt the conditions necessary for adequate feeding and care. The 2025 Cambodia-Thailand border conflict displaced nearly 650,000 people by late 2025 and led about 900,000 migrant workers to return, straining household income, food access and health services (UN 2026). These developments placed significant pressure on household livelihoods and income through disrupted economic activities, agricultural production, and the loss of employment and remittances. CDRI studies further highlight the economic vulnerabilities faced by returning migrant workers and their households, including reduced income, increased livelihood insecurity and pressure on local labour markets (CDRI 2025a, CDRI 2025b; CDRI and ERIA 2025; Giesecke et al. 2026). The conflict severely disrupted livelihoods, agricultural production, and household income, including the loss of remittances from returning migrant workers, and restricted access to essential services, including health care, nutrition, markets, water, sanitation, and humanitarian assistance (UN 2026). These disruptions undermined recommended MIYCF practices by disrupting food security, livelihoods, and access to essential services (Singh et al. 2021; El Bizri et al. 2025). Women, infants, and young children faced heightened risks of adverse nutrition and health outcomes in this context (UNICEF 2021). Understanding how these interconnected pressures affect feeding practices is essential for designing timely and context-responsive emergency nutrition support.

Despite the importance of MIYCF during emergencies, empirical evidence remains limited on how conflict-related disruptions affect Cambodian households with children aged 0–23 months, particularly through changes in food systems, access to nutrition services, and caregivers' feeding practices. Addressing this gap is critical for understanding not only changes in feeding practices during emergencies but also underlying factors and constraints that influence caregivers' decisions and their ability to maintain age-appropriate feeding practices during emergencies. This policy brief examines how conflict-related disruptions affected MIYCF practices and the challenges faced by mothers, fathers, and other caregivers. The findings inform more context-responsive, gender-sensitive, and shock-responsive nutrition interventions, including efforts to maintain essential support services to support families in conflict-affected communities.

This brief draws on a qualitative study conducted in August 2026, using two primary data collection methods: Key Informant Interviews (KIIs) and In-depth Interviews (IDIs). In total, 51 semi-structured interviews (21 KIIs and 30 IDIs) were conducted with mothers, fathers, caregivers, health workers, local authorities and other relevant stakeholders across three provinces: Battambang, Banteay Meanchey and Siem Reap. Participants were purposively selected to capture a range of experiences and

perspectives on maternal, infant and young child feeding during the emergency. Thematic analysis was applied, using both deductive and inductive coding to ensure that the analysis was both conceptually informed and grounded in respondents' lived experiences during the crisis. A review of relevant literature and existing evidence on maternal, infant and young child feeding during emergencies was then used to place the findings in context and strengthen their quality. By combining these primary findings with the wider evidence, the brief provides evidence to help policymakers, local stakeholders, non-governmental organisations and development partners identify practical solutions to support maternal and child nutrition during emergencies.

Key findings

Conflict disrupted availability, accessibility, affordability and diversity of food, undermining households' ability to maintain MIYCF practices

The Cambodia-Thailand border conflict disrupted food supply chains and essential health services in affected communities, reducing caregivers' access to both nutritious foods and MIYCF support. Food vendors and local stores were closed or reduced deliveries, roads became damaged or unsafe, and food prices rose, making fresh and diverse foods less available and affordable. These disruptions reduced the availability and affordability of fresh and diverse foods, making it more difficult for households to maintain appropriate nutritious diets for mothers and young children.

A mothers illustrated that *"Normally, street vendors came to sell around the village, but during the conflict there were no sellers. So, we had to travel to a farther market (about 30-45 minutes) by motorbike with fear of unsafe travelling."* (IDI, Mother6-23months, BTB_RP13)

Another mother also expressed that *"Buying meat, we bought only a little, just 3,000 riels for 5 people. Before the conflict, we could eat more food and a more diverse diet."* (IDI, Mother0-6months, BMC_RP08)

These accounts illustrate how mothers and caregivers had fewer and costlier food options, increasingly relying on what was affordable and available rather than food recommended for MIYCF practices. These disruptions made it more difficult for families to maintain diverse and nutritious diets during the border conflict.

Economic hardship and food insecurity undermined MIYCF practices

Loss of jobs, household income, and livelihoods reduced households' ability to purchase nutrient-dense foods such as meat, fish and fruit. Households relied more on dried and preserved foods and consumed less diverse diets. This indicates that food availability alone was insufficient to ensure adequate nutrition when households lacked the financial resources to purchase available foods.

One respondent emphasised that *"After returning from Thailand, we couldn't eat like before because we did not have a steady daily income in the household. I didn't dare to buy snacks, only bought necessary food for my family."* (IDI, Father, SR_RP16)

In displacement sites, caregivers also reported difficulties providing age-appropriate foods to children, where they were frequently fed adult-type food rather than age-appropriate diets due to limited household resources and poor living conditions. As described by the respondent, *"I gave the child food like the adults (I did not divide separately) because there weren't adequate food facilities. The food wasn't fresh or adequate like before. So, we switched to providing whatever was given."* (IDI, Mother6-23months, BTB_RP14)

The conflict affected not only food quantity but also the nutritional quality and appropriateness of foods provided to infants and young children. These findings highlight economic hardship, and food insecurity compromised both the nutritional quality and age-appropriateness of foods provided to infants and young children, undermining recommended MIYCF practices during the conflict.

Perceived inadequate maternal food intake and psychological stress shapes breastfeeding decisions

Mothers' experiences and perceptions of their own food intake shaped how they approached infants feeding during the conflict. Some mothers who experienced reduced food intake, limited dietary diversity and psychological stress perceived that their breast milk supply had decreased, and some responded by stopping breastfeeding earlier than intended or by introducing breast milk substitutes (BMS) or complementary foods before their children reached six months of age.

As described by one mother: *"I breastfed my baby for 3 months and then stopped, because I didn't have much breast milk, it came from not eating nutritious food."* (IDI, Mother0-6 months, BTB_RP11)

Caregivers of children already receiving BMS also reported difficulty accessing these products because of rising prices, limited availability, and long or unsafe journeys to purchase these products. Some households also switched to other milk products. The findings highlight the importance of accessible breastfeeding counselling, practical and psychosocial support, and appropriate assessment of individual infant and young children feeding concerns during emergencies.

Gaps in emergency preparedness and inadequate facilities constrained essential MIYCF support

Health centres closed during intense fighting, while staff redeployment to displacement camps increased workloads and reduced capacity to serve both displaced families and host communities. Services in camps were often limited and mostly focused on basic health services, which included treatment of common illnesses (e.g., fever, flu, diarrhea, food poisoning, vomiting, dizziness, stomachache, scabies, sugar and blood pressure measurement), hygiene education, and emergency referrals, with gaps in anthropometric equipment, breastfeeding and complementary feeding counselling, and community outreach by village health support groups (VHSGs). Poor living conditions further constrained appropriate feeding practices. Crowded shelters, limited privacy space for breastfeeding, inadequate cooking facilities, and limited access to clean water at displacement sites further constrained breastfeeding and safe preparation of complementary foods for mothers and other caregivers.

These gaps highlight the need to integrate MIYCF into an emergency preparedness and response plan and relevant policy guidance, maintain essential health services, provide privacy spaces for caregivers, and provide practical food facilities that enable caregivers to maintain IYCF practices for their children appropriately during emergencies.

Policy Recommendations

The following policy recommendations aim to strengthen and protect MIYCF practices in crisis-affected communities of Cambodia. These recommendations serve as contribution inputs to inform policymakers, implementers, and development partners

to support effective and resilient MIYCF interventions in Cambodia.

- **Ensure continuity of essential MIYCF services during emergencies:** The Ministry of Health (MOH) and relevant stakeholders should strengthen existing emergency response policies by explicitly incorporating MIYCF priority beyond the current scope of emergencies, particularly in conflict and displacement settings. These plans should establish a clear arrangement of service continuity, referral pathways, health workforce deployment plans, essential supplies, and minimum health and nutrition services at health centres and displacement sites. Development partners and humanitarian actors should provide timely and flexible resources to strengthen emergency preparedness, maintain essential MIYCF services, and address critical facility and service gaps. Such support should remain responsive to evolving needs throughout emergency response, displacement, return, and recovery.

- **Strengthen multi-sectoral coordination and integrate nutrition-sensitive interventions into emergency responses:** MOH and relevant ministries and stakeholders should strengthen coordination across health, nutrition, food security, livelihoods, WASH, and social protection during emergency preparedness, response, and recovery. Institutional roles and responsibilities, referral pathways, and coordination mechanisms should be clearly defined and agreed in advance, so that the capacity to respond is already in place before emergencies occur. Nutrition objectives and indicators should be incorporated into relevant sector plans and emergency response frameworks from the outset, rather than added once a response is already underway.

- **Integrate caregiver mental health, breastfeeding health education for misconception of maternal nutrition and supporting environment into emergency MIYCF interventions:** Health departments, health centres, and local authorities should ensure that mothers have access to timely breastfeeding counselling, maternal nutrition education, and psychosocial support during emergencies. Displacement sites should offer safe, private spaces for breastfeeding, alongside appropriate facilities for handwashing, sanitation, and safe complementary-food preparation. Health workers should address common misconceptions related to breastfeeding and complementary feeding practices through appropriate counselling and individual assessment. They should also assess mothers' dietary intake and nutritional needs and link those with inadequate food intake or dietary diversity to appropriate nutrition support. This can help address mothers' feeding concerns and enable them to maintain appropriate breastfeeding and MIYCF practices for their children during emergencies.

- **Strengthen community-based and shock-responsive support systems, and prioritise those most at risk:** VHSGs, local authorities, NGOs and community networks should be integrated into emergency plans to deliver health education, identify vulnerable households, support referrals and connect families with food and nutrition assistance. These systems should prioritise pregnant and lactating women, infants aged 0–6 months, children aged 6–23 months, return-migrant households and low-income families for food, nutrition, health, WASH and livelihood assistance during emergencies and recovery. Activities and infant-feeding support should be tailored to local needs, individual needs, emergency priorities and applicable guidance.

- **Strengthen community-based nutrition screening and referral systems:** Health centres, local authorities, NGOs, and development partners should strengthen

nutrition screening and referral mechanisms for children in vulnerable households and displacement sites for malnutrition using national protocols and refer identified cases for appropriate assessment, treatment, and follow-up. Screening information should be handled confidentially and used appropriately for programme planning and response only.

- **Expand MIYCF capacity building for VHSGs and health staff:** NGOs and development partners should work with health centres and local authorities to strengthen the capacity of VHSGs and health workers to provide practical MIYCF training in breastfeeding counselling, complementary feeding, feeding difficulties, identification of nutrition risks, referral pathways, and appropriate support for caregivers during emergencies. NGOs and development partners should coordinate with health authorities to ensure that training is aligned with national guidance and clearly define responsibilities during preparedness, response, and recovery.

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