

SURVEY ON THE IMPACT OF COVID-19 ON VULNERABLE HOUSEHOLDS IN CAMBODIA

KEY FINDINGS

Livelihood and Food Security p.1	Education p.6	Mental Health p.8
Child Protection p.8	Vaccine Acceptance p.8	Methodology p.10

REDUCED LIVELIHOOD OPPORTUNITIES ARE FAST CREATING MORE FOOD INSECURITY

As highlighted by several other assessments, our survey suggests that the impact of **COVID-19** on livelihood has been significant.



Loss of Income



Almost $\frac{3}{4}$ of the respondents reported to have lost their main source of income or have seen it reduced.

22%

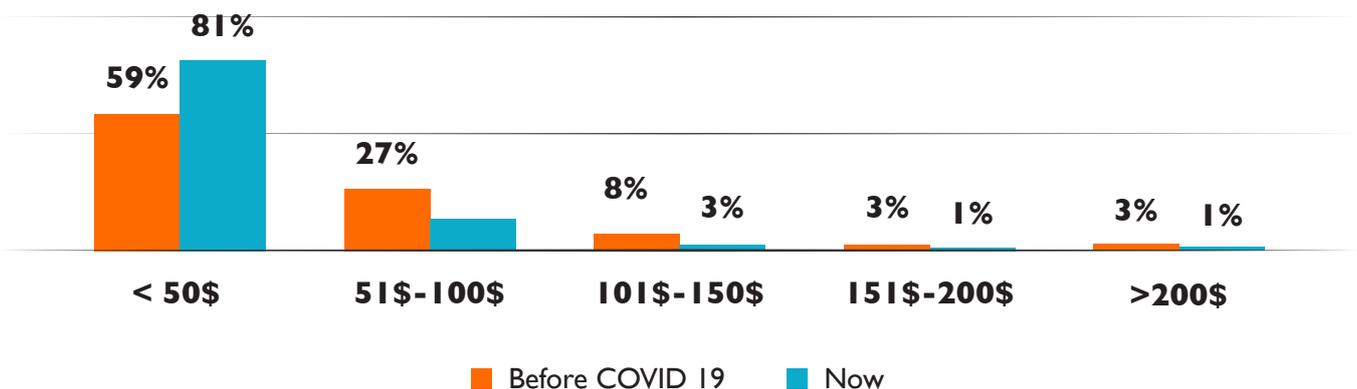
of the respondents reported seeing a drop in their income, up to 50\$ per week among those who earned 50\$ and above.

Average income per week per household



The average income per week has reduced from **63\$ per week** before **COVID-19** to **35\$**.

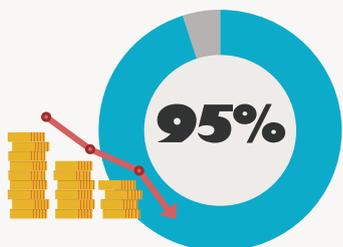
Distribution of the households according to their weekly income



However, the assessment findings suggest that households in **Phnom Penh** have been more affected than in the provinces.



Loss of Income



The proportion of the respondents earning less than 50\$/week/household increased by almost 30 percentage points in Phnom Penh (vs. 21 percentage points on average in the provinces).

95% of the respondents reported that their income has been lost or reduced (vs. 70% in the provinces).

The data suggests that a significant number of **jobs have been lost** in all sectors with overall a reduction of **6 percentage points** in the proportion of people reporting that their income depends on one of the main traditional jobs.

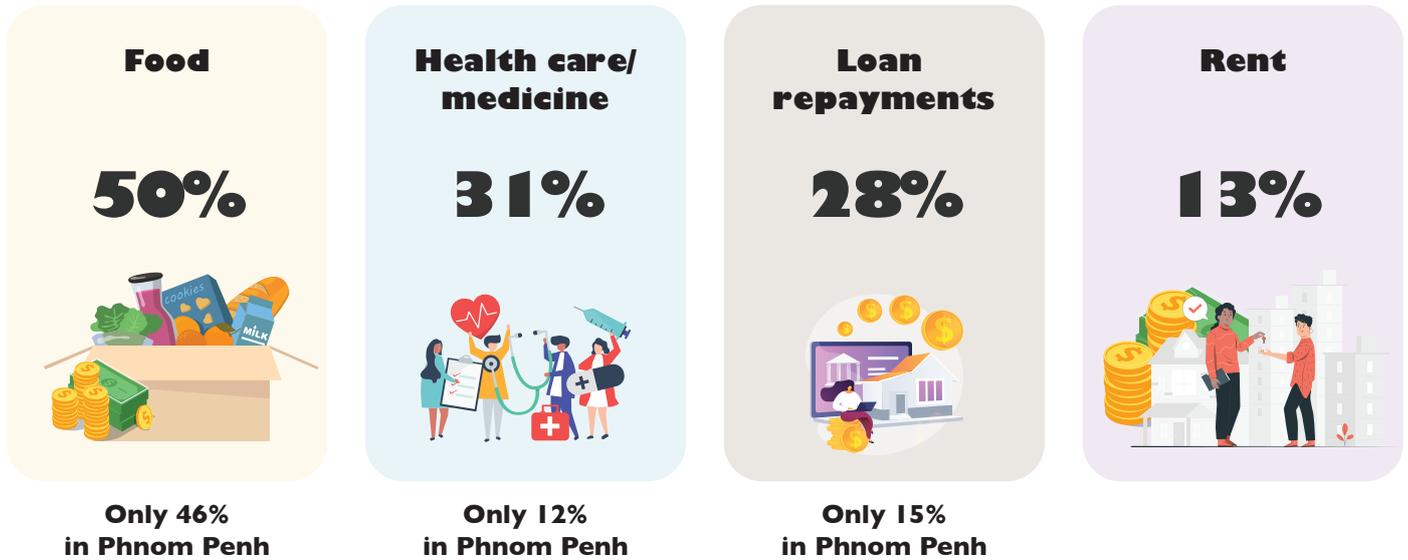


Main source of income	Proportion of the respondents	
	Before COVID 19	Now
Daily/Casual labor	53%	47%
Agriculture/livestock	46%	40%
Petty trade/selling on street	26%	23%
Salaried work with regular income	21%	17%
Migrant worker	12%	7%
Fishing	10%	6%
Collection of natural resources (charcoal, raisin...)	9%	9%
Support from the Govt. or from an NGO	6%	9%
Own business/trade	5%	6%
Others	4%	5%
Remittance from abroad	2%	2%
Don't have any income	1%	7%
Support from family/friends	1%	2%

As a result, the respondents reported to have increasing difficulties to cover their **necessary living expenses**, especially in Phnom Penh.



Proportion of the respondents being able to fully cover these expenses



The respondents reported to increasingly use damaging coping mechanisms.

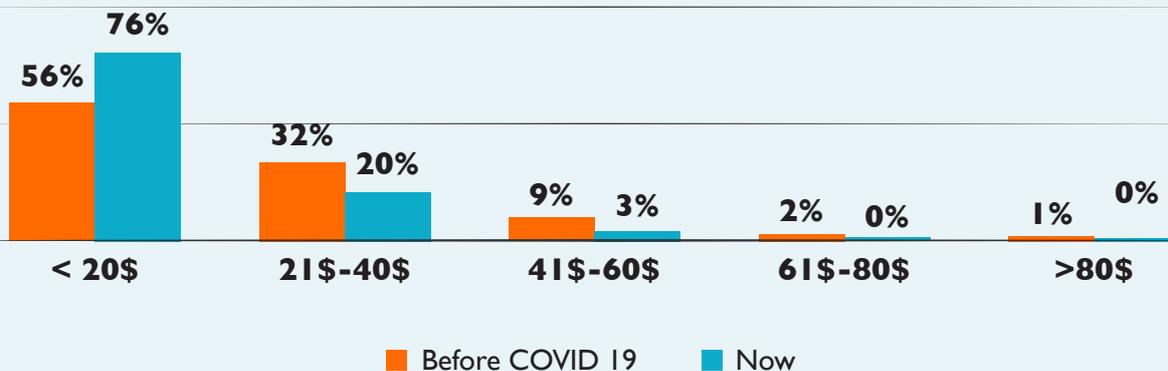


from neighbors/relatives/friends for 37% of the respondents or from formal and non-formal institutions for 21% and 27% of them respectively.

Food expenditure fell from an average of 25\$/week/household to 16\$.



Distribution of the households according to their spending on food per week



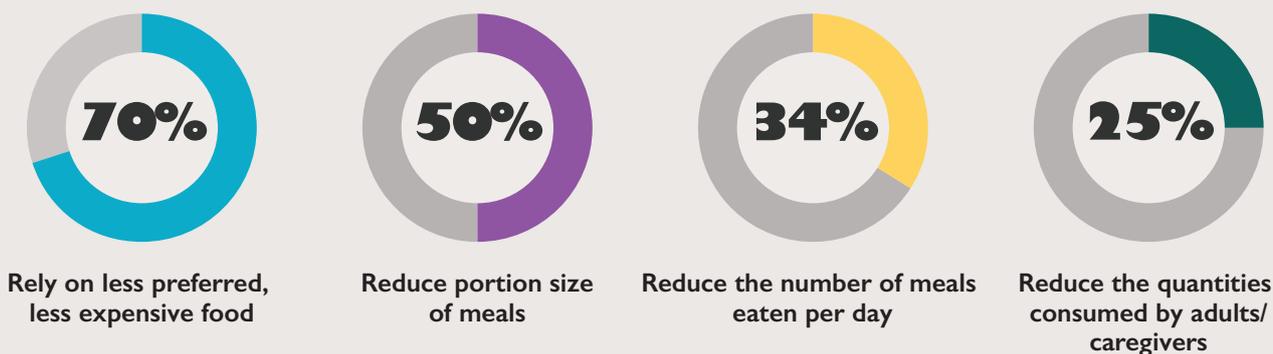
The sharpest drop in spending on food was recorded in Siem Reap province where the proportion of the households spending less than 20\$/week on food increased by 24 percentage points (from 49% to 73% of the respondents).



As a result, only 50% of the respondents reported to be able to fully cover their food expenses (46% in Phnom Penh).



Proportion of the respondents using coping mechanisms



A comparison with data collected a year ago suggests that the continued negative impact of COVID-19 on livelihood is having an increasing negative impact on food security and nutrition with a growing proportion of children and their families adopting damaging coping mechanisms to deal with their reduced income.



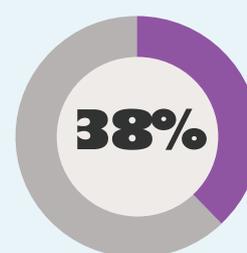
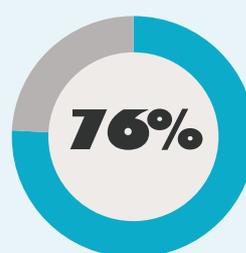
Overall, **44%** of the respondents reported to have **no stock of food at home**.

Proportion of the respondents reporting to have **no stock of food at home**

The situation was worse in Phnom Penh where more than **3/4** of the respondents reported to have **no stock of food at home**.

Phnom Penh

Provinces

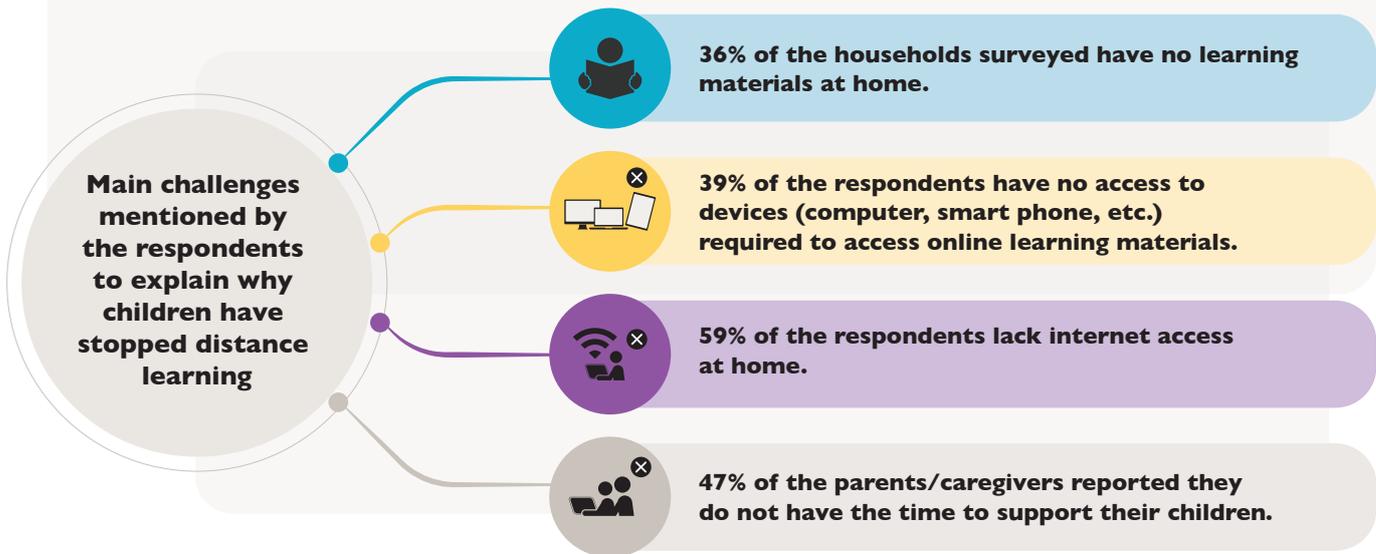


Recommendations

- **Regular nationwide monitoring** is going to be critical in the coming months as the COVID-19 pandemic and the restrictions introduced to respond to it continue to have a significant impact on the livelihood of most vulnerable families that are already using damaging coping mechanisms.
- Key stakeholders in the area of nutrition and food security should consider designing a **joint monitoring plan** using similar methodologies to ensure a systematic monitoring of the situation nationwide on a regular basis.
- Monitoring and response should put a **specific attention on urban areas**. While the negative impact on livelihood is stronger in the city, urban areas are also facing stronger restrictions (as illustrated by the recent lockdown and the continued use of red zones in Phnom Penh, Ta Khmao and Sihanoukville) that will further negatively impact livelihood.
- The fact that most of the families in **urban settings** only have very small stocks of food at home (if any) suggests that they will immediately depend on **food distributions** following the establishment of stringent restrictions to movements (like in the red zones). If the use of this kind of restrictions continues, it will be important to ensure that a food security response can be **activated immediately**.
- The recently launched “**Post-Lockdown Social Assistance in Cash**” Program by the Royal Government of Cambodia is an adapted response to some of the specific challenges faced by urban areas as mentioned above. Its effectiveness in targeting the most vulnerable and its impact on food security should be carefully monitored and analyzed. These data and findings will be informative in case a new program is made necessary by new restrictions in the future.
- Overall, the Royal Government of Cambodia, development partners and CSOs should focus on **increasing the availability of food at home**, with a combination of social assistance, food distribution and cash based programming depending on the context, especially in urban areas.
- Over the next weeks and months, **livelihood programs** are needed to address the significant loss of jobs and source of income. An ambitious and long-term recovery plan may be needed, requiring strong coordination between all relevant partners.

TOO MANY CHALLENGES PREVENT CHILDREN FROM CONTINUING DISTANCE LEARNING

1/3 of the children are reporting that they are not continuing to learn during school closure.



The data suggest that online learning is only playing a small role in distance learning.



Distance learning methods

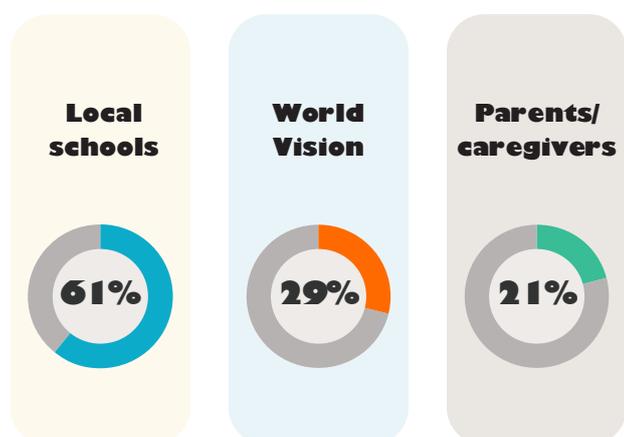


Limited use of online resources may be explained by the facts that:

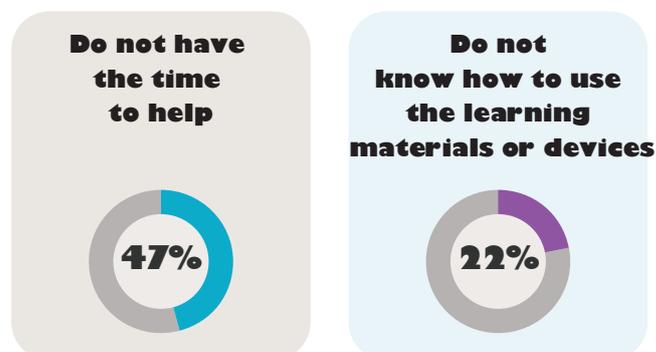
 Only 50% of the respondents reported that their children have access to a smartphone (only 2.7% of the respondents have access to a computer or tablet device).

 Only 37% of the children have access to the internet.

Only 61% of the respondents reported that they have learning materials at home. This material was provided by:



The lack of support from parents/caregivers is one of the main reasons given to explain why a third of the children had stopped distance learning. Parents and caregivers reported not supporting their children because they:



Almost all households believed that their children will go back to school once they re-open.



The data suggests that there is no difference between girls and boys.

Recommendations

- At the local level, more support for home-based learning should be provided:

- **More learning materials should be made available** to the children (textbooks, worksheets, etc.) with the support of all stakeholders (schools and local authorities, CSOs, parents/caregivers, etc.).
- **Teachers should have a clear work plan to support students** through different approaches that should be safe but should not require internet access (such as socially distanced home visits, phone calls, distribution of materials, etc.). They should also ensure a **systematic printing and distribution of the worksheets**.
- **School authorities and local authorities should support teachers** so they can better support children, especially by allocating funding if needed (to print, for home visits, for phone calls, etc.).
- **Parents/caregivers** should be engaged by teachers and be encouraged to support their children with home-based learning.

- At the national level:

- To improve the quality of the support provided by all stakeholders to children during school closure, the Ministry of Education, Youth and Sports (MoEYS) should **clarify the roles and responsibilities** of teachers and school authorities regarding the support that they need to provide to students and their parents/caregivers.
- Once these roles and responsibilities have been clarified more **technical guidance** should be developed on how teachers and school authorities should implement their responsibilities to support students during school closure.
- **The plan for the progressive reopening of the schools**, especially in districts that have no case of COVID-19, should be finalized and implemented as soon as the local situation allows for it.

An important deterioration of the mental health status of the respondents



More than 20% of the adult respondents reported their mental health state as being poor while only 16% of the respondents reported their mental health state as good.



More than 80% of the adult respondents reported to feel more hopeless, depressed and stressed than before the start of the pandemic (with around 15% reporting a significant increase of these feelings).



Similarly, more than 70% of the children reported that they are feeling more angry, afraid or hopeless since the beginning of COVID-19 (with around a third reporting significantly increased feelings of fear and hopelessness).

A comparison with data collected in May 2020 by WVI suggests that the situation is degrading.



Overall, respondents reported less frequent use of health services (a drop of 10 percentage points overall) since the beginning of COVID-19, including outreach services (16 percentage points).



Recommendations

Taking into account the scarcity of the **mental health care services** available in Cambodia, it is likely that only a very small fraction of the people in need of support will find it available. This gap should be discussed by the Royal Government of Cambodia, development partners and CSOs to develop a **coordinated and targeted response** to the deteriorating situation.

Increased use of humiliating and physical punishment

More than 20% of both parents/caregivers and children reported an increase of the use of violence to discipline children since the beginning of COVID-19.



The data suggests that girls are more impacted by this increase in domestic violence.

Other countries have documented similar increases of violence against children during the COVID-19 pandemic and linked it to the deterioration of the mental health state of many parents and caregivers due to the adverse economic impact of COVID-19. The data collected through our survey suggests a significant causality but a specific in-depth study would be needed to confirm these findings.



Increased risks of online abuse against children

While more children are going online, risks of online abuse have increased.

71%

of the children going online do not have an adult monitoring what they do on the Internet.

64%

of the children have not received any guidance on how to keep themselves safe online.

13%

of the children have already experienced some forms of online abuse or violence.

For example, they were asked to share inappropriate photos or videos of themselves, they received inappropriate material or they were threatened by someone.

Recommendations

As more children are going online to continue their learning, there is a need to invest in the prevention of online violence:

- The Royal Government of Cambodia, development partners and CSOs should coordinate to ensure that a plan to provide more information to parents and children in this area is implemented immediately.
- Teachers and CCWC members could play a role in informing parents/caregivers and children if more awareness raising material is made available to them.

Vaccine acceptance appears to be low

Only 53% of the respondents reported being likely to get vaccinated if a vaccine was available to them in the next month (vs. 87% in the United Kingdom or 60% in Japan).

Proportion of the respondents reporting being likely to get vaccinated if a vaccine was available to them in the next month

Phnom Penh

71%

vs.

Siem Reap

45%

It is likely that several events that took place after the collection of data (such as the emergency approval of the Sinopharm vaccine by the World Health Organization for example) have influenced the level of vaccine acceptance in Cambodia.

More than 60% of the respondents identified community leaders as the most trustworthy source of information about COVID-19.

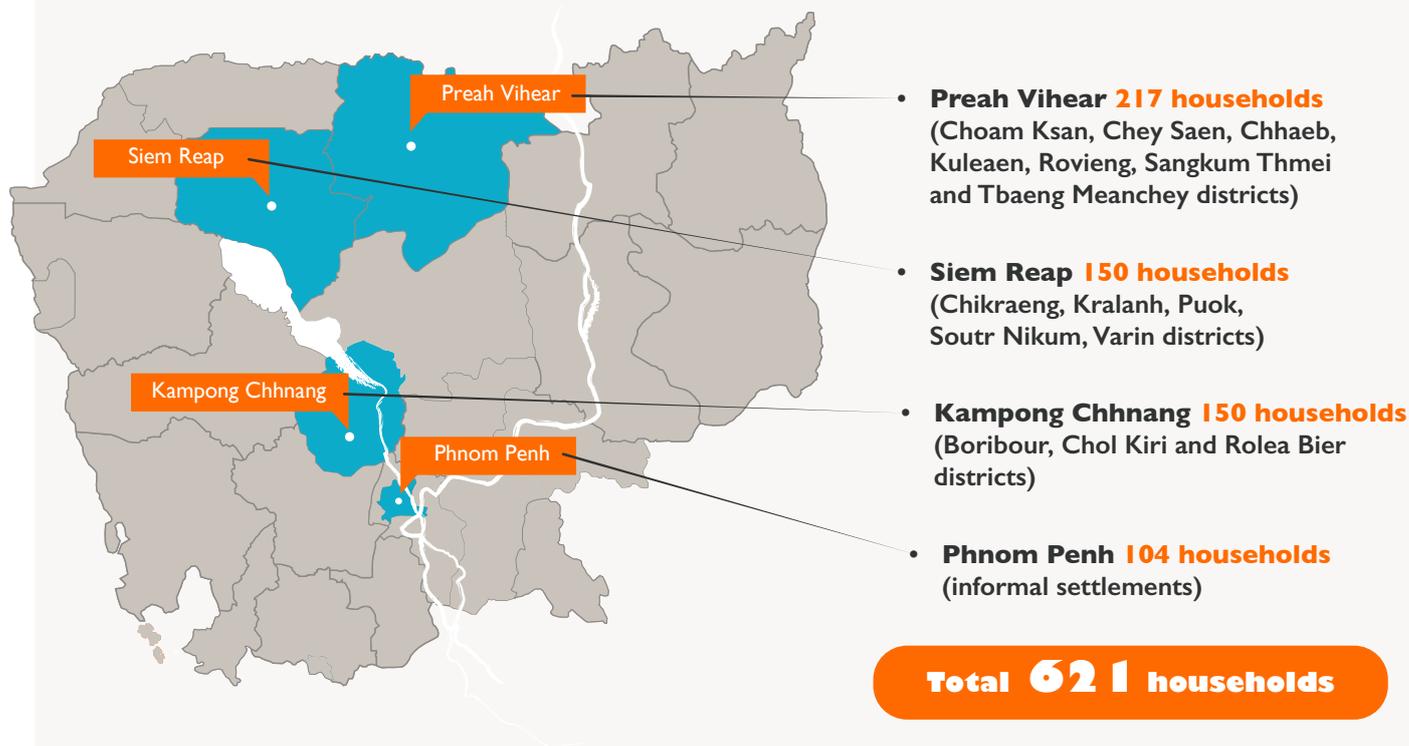
Recommendations

- There is a significant need to **increase vaccine acceptance, especially in rural areas** where less reliable information is likely to have reached citizens, especially the most marginalized.
- **Local community leaders** should play a central role in the campaign to inform citizens on the benefits of COVID-19 vaccines.

Methodology of the assessment

Two surveys were conducted:

- A household survey among 621 household heads
- A child survey among 619 children age 11-18 years-old, mostly from the same households



The data was collected from the **29th March to the 9th April 2021** through face to face interviews in the provinces and phone interviews in Phnom Penh.

- Mid-April, COVID-19 was rapidly spreading in Cambodia. To respond, national and local authorities adopted a series of restrictions (curfew, travel restrictions, closure of many businesses, etc.) that seriously impacted the livelihood and social life of the respondents just before data collection.
- Following the collection of the data, increased restrictions were introduced, especially in urban areas (Phnom Penh, Kandal, Sihanoukville and Siem Reap). It is likely that the difficult situation that these urban areas already faced before these new restrictions (and highlighted in this report) has been made worse.
- The households were only selected in World Vision's program areas which may have impacted some of the findings. For example, a significant proportion of the participants received assistance on livelihood or education from World Vision before the survey.

WV Response to COVID-19 in Cambodia

WVI-C is implementing a COVID-19 response to limit the spread of COVID-19 and reduce its impact on vulnerable children and families in 15 provinces and in Phnom Penh. Our response started in March 2020 and has continued to date using our own funding and through several grants from development partners.

Since March 2020, over 1,115,000 people (226,000 households) benefited from World Vision's response (including more than 530,000 children) in approximately 750 communes in the country. More than a million people were informed on how to protect themselves against COVID-19 in communities and schools. More than 1,150 vulnerable families were supported through cash transfers and/or food distributions (800 tons of rice were distributed for example) and the implementation of new nutrition programs. So far, World Vision has spent more than \$1.75 million in its response to COVID-19 in Cambodia.

Support us

If you would like to support our response to COVID-19 in Cambodia, please, send your donation at:

ABA Account: 000 880 848 (World Vision International), or
contact Chetra Heam at **015 935 383** or **chetra_heam@wvi.org**



World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity or gender.

More information about Word Vision International Cambodia:

www.wvi.org/publications/annual-report/cambodia/cambodia-annual-report-2020

CONTACT

PO Box 479, Phnom Penh, Cambodia

Phone (+855) 23 216 052
Fax (+855) 23 216 220

contact_cambodia@wvi.org
wvi.org/cambodia



facebook.com/WorldVisionCambodia



twitter.com/WorldVisionKH



youtube.com/wvcambodia