

World Vision International Cambodia

Rapid Assessment of the impact of COVID-19 on child wellbeing in Cambodia

Summary Report

May 2020

During the first half of May 2020, World Vision International Cambodia (WVI-C) conducted an assessment on the impact of COVID-19 on child-wellbeing in the communities where we work to inform our response to the crisis. The rapid assessment included a household survey, a survey of the leaders of Agricultural Cooperatives (ACs) and a series of Key Informant Interviews (KIIs)¹.

The data collected during this exercise suggests that the **COVID-19** outbreak is already having a severe impact on livelihoods, food security and education, especially among the most vulnerable families. To respond to this impact, WVI-C identified three priorities for the coming months:

- Respond to food insecurity through cash and/or food distributions and strengthen nutrition programming
- Scale-up livelihood and income generation programming to respond to job loss and slow economic activity
- Support the most vulnerable children on education (home learning and prevention of school dropout)

In the longer term, the rapid assessment also suggests that there is a need to monitor the perceived increase in child labour and, if confirmed, to adapt the programming to respond to it.



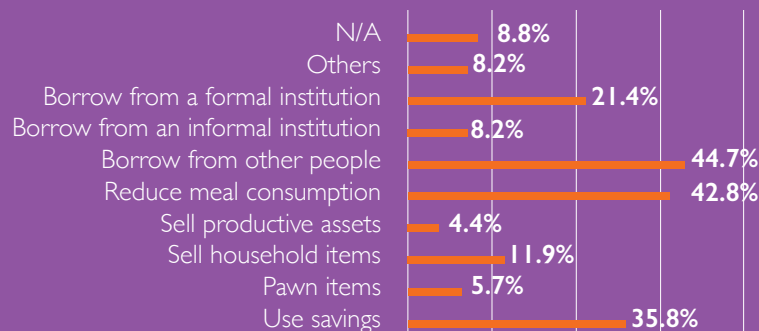
LIVELIHOODS, FOOD SECURITY AND NUTRITION

The rapid assessment shows that COVID-19 has already significantly impacted the **livelihoods** of many communities, with more than 72% of the respondents reporting to have lost their income or to have seen it reduced. Beyond the most vulnerable families that are reported to have been especially affected, respondents also mention the significant impact of the COVID-19 outbreak on the livelihoods of other groups such as workers from the garment industry, construction workers, returnee migrants, petty traders, small scale farmers and families with debts.

The disruption in livelihood activities seems to be linked to fear of contamination (own fear and/or fear of the clients/providers/employers), rules on social distancing and overall low economic activity. In the case of the Agricultural Cooperatives (ACs), a survey of their leaders shows that the majority of their activities had been paused and that 80% of them reported a decrease in income for various reasons (decrease in selling price, decrease in productivity, challenges in accessing the markets, etc.).

To cope with this situation, a significant proportion of the families interviewed are reporting using various strategies (see figure 1) that are either negatively affecting their recovery capacities (like borrowing or selling assets) or are impacting child well-being (42.8% of the respondents report to have reduced their meal consumption). Similarly, almost half of AC leaders reported an increase in borrowing from their members.

Figure 1. Strategies used to cope with the reduced income (% of respondents)



¹ See the methodology at the end of this document.

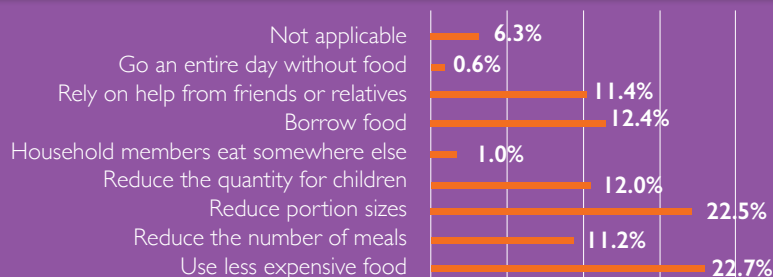
As reported in several rapid assessments from other organizations² it appears that the significant impact of the COVID-19 outbreak on livelihoods is already having noticeable implications for **food security**. A significant majority of the respondents (71%) stated that they are only partially able to meet food expenses. More than one-third of respondents mentioned that they do not have food stocked at home. Similarly, the survey of the AC leaders indicated that around half (54%) reported that their members are experiencing food shortages due to the postponement of their agricultural activities.

To cope with the reduced availability of food at the household level, families are using several strategies that are non-sustainable or likely to impact child **nutrition**, including switching to less expensive food or reducing the size of food portions (see Figure 2).

As a result, there was a strong consensus among the people interviewed that the priorities for response support over the coming months should include:

- Cash / food distribution to address food insecurity already impacting families
- Livelihood and income generation programming to respond to loss of employment and reduced economic activity

Figure 2. Strategies to cope with limited food availability at household level (% of respondent)



EDUCATION

- The rapid assessment confirmed that **home learning** is very challenging for children for a variety of reasons. Among the issues expressed in interviews were limited availability of learning materials at home and the limited support received by children. Interestingly technological barriers (bad internet connectivity, costs of internet connection and limited availability of a device to connect) while significant were not the highest reported challenges. These findings are similar to those outlined in a recent report of the Ministry of Education, Youth and Sports (MoEYS) and by several rapid assessments conducted by other organizations.
- Overall, there was a consensus among people interviewed that the school closure is going to lead to an increase likelihood of **school dropout**, a finding that respondents link to the impact that COVID-19 is having on livelihoods and to the perceived increase in child labour (see below). For this reason, the majority of the interview respondents suggested that, beyond livelihood and food security, the response to COVID-19 should prioritize support for home learning, while also providing support to mitigate the economic and/or social drivers that may lead children to drop-out of school.



CHILD PROTECTION

- Both the data from the household survey and interviews suggest concern over the risk of an increase in **child labour** that may stem from the combined effect of school closure and the impact of reduced household income. As similar concerns are reported within other recent rapid assessments³, it will be important to monitor this risk closely to inform programmatic responses, particularly after the reopening of schools.
- 57% of parents and caregivers reported that parenting has become more complicated or challenging since the beginning of the COVID-19 outbreak and, as a result, only 32% of them reported that they could adequately manage their children's behaviour. A significant number of local authorities, child club leaders, faith leaders and members of Commune Committees for Women and Children (CCWCs) interviewed mentioned that they are concerned by **domestic violence** in the present context. However, the data from the household survey does not suggest a significant increase in the use of corporal punishments and additional research would be needed in this area to better assess the potential impact of the COVID-19 outbreak on domestic violence.

² See especially Food and Agriculture Organization of the United Nations (FAO), Rapid Assessment of COVID-19 Outbreak on Agriculture and Food Security in Cambodia: Policy Responses, May 2020

³ See for example Joining Forces and Child Rights Coalition - Cambodia (CRC-C), Voices and perspectives of Children and youth on the impact of the COVID-19 outbreak in Cambodia, May 2020



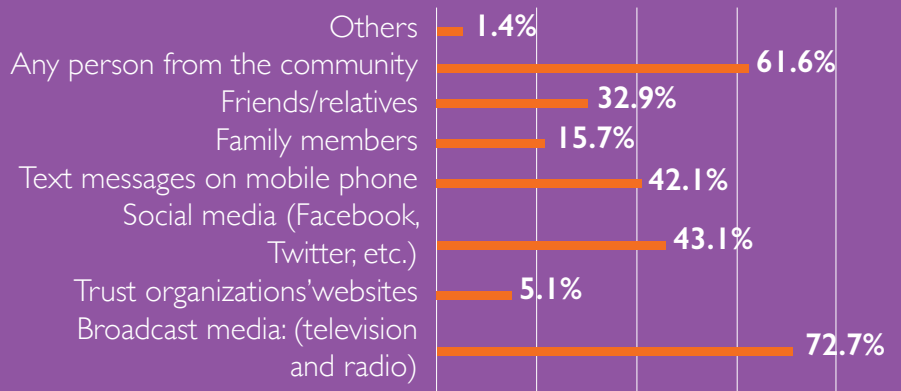
PREVENTION OF COVID-19

By the time of the household survey, 82% of the respondents had received information on COVID-19. The top two most common sources of information (see Figure 3) were national TV (72%) and word of mouth in the community (61%).

The data shows that, while the current drought impacts the use of water for livelihood activities, the availability of water at the household level does not seem to be a major problem at this time. However, despite this relatively good availability, a high proportion of respondents are giving low priority to personal hygiene and the use of water for their latrines. This reluctance is surprising when linked to the fact that almost all respondents reported having received information on COVID-19, including on the importance of hand-washing and personal hygiene to prevent it. This finding suggests that awareness raising efforts continue to be needed to improve these practices.



Figure 3. Sources of Information on COVID-19



HEALTH

Overall, respondents reported that they believe that access to health facilities, from hospitals to local health centres, is more difficult since the beginning of the COVID-19 outbreak. Several factors can explain this perception, from reduced transportation options due to social distancing efforts to reluctance to seek health care due to fear of infection. However, as some of these barriers to access are likely to continue to affect communities for the foreseeable future, these findings call for additional investigation on the impact of the COVID-19 outbreak on access to health care, especially for pregnant women and children under 5 years old.



METHODOLOGY OF THE RAPID ASSESSMENT

The rapid assessment combined quantitative data (Household Survey and a Survey of Agriculture Cooperative leaders) and qualitative data (Key Informant Interviews).

Household Survey

The Household Survey was conducted in four different locations (Phnom Penh, Siem Reap, Preah Vihear, and Kampong Chhnang provinces) from the 11th to the 14th of May. 222 households were surveyed, including 110 vulnerable families. The respondents were household heads of the family or a household member aged over 18 years who could answer.

Key Informant Interviews

42 KIIs were conducted in the same target areas as the household survey (9 in Phnom Penh, 11 in Siem Reap, 11 Preah Vihear and 11 in Kampong Chhnang provinces) on the same dates (11th to 14th of May) to allow triangulation of findings. Informant interviews were conducted with local authorities (district governors and commune leaders) children/youth group leaders, faith leaders, community group leaders and CCWC members.

Survey of Agricultural Cooperative Leaders

65 leaders of Agricultural Cooperatives (ACs) were interviewed. These ACs include around 10,000 members and 133 producer groups in 7 provinces (Kampong Chhnang, Kampong Speu, Battambang, Banteay Meanchey, Siem Reap, Kampong Thom and Preah Vihear).



WORLD VISION INTERNATIONAL CAMBODIA'S RESPONSE TO THE COVID-19 OUTBREAK

Since the beginning of the outbreak, World Vision International Cambodia's response has reached more than 770,000 people, including 300,000 children, with a budget of US\$245,000. WVI-C's response focuses on the following areas:

- **Prevention:** WVI-C has implemented a campaign to raise awareness about COVID-19 and how to prevent transmission in more than 550 communes in 10 provinces and Phnom Penh, sharing prevention messages and information materials. WVI-C also supported 104 health centres and the most vulnerable families in these communes with Personal Protection Equipment (PPE) and hygiene kits, including masks, soap, washing hand taps and water tanks.
- **Food Security:** WVI-C has provided food assistance to around 1,500 vulnerable households, distributing more than 37 tonnes of rice and other food items.
- **Education:** To support home learning, more than 13,000 reading books were distributed as well as playing toys, colouring books and other learning materials.
- **Child Protection:** In partnership with Lotus Radio, WVI-C is producing a weekly radio programme for parents and children on positive parenting and psychosocial support. Started on the 13th of May, this programme will continue until mid-July. At the local level, World Vision teams are also promoting positive parenting in 95 communes.
- Since mid-March, more than 134,000 people have also been reached by a campaign on social media to raise awareness of COVID-19 protection, promote positive parenting and support home learning.

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