



## Impact of **COVID-19** to Children and Their Families.

### An Early Recovery Rapid Assessment in the Lao PDR

Briefing Paper July 2020

#### Background

On 11 March 2020, the World Health Organization (WHO) declared the COVID-19 Pandemic. To date<sup>1</sup> there have been 26,062,946 confirmed cases across the world, with 863,741 deaths globally. In response to the public health threat of COVID-19, countries across the world have implemented a range of social distancing measures, including full lockdowns of their societies. This has led to two concurrent global crises—a health crisis as well as an economic one—engulfing the world.

This is also happening in Lao PDR, where the COVID-19 outbreak and containment measures are causing unprecedented disruption to the labor market, including a widespread job losses, and a substantial increase of additional people falling into poverty as a result of the pandemic<sup>2</sup>.

World Vision International has been deeply involved before, during, and after the lockdown to support the Government of Lao PDR in its efforts to avoid the spread of the Covid-19 virus and to protect the most vulnerable from the disease and its economic impact. Post World Vision's initial COVID-19 relief response phase, the need to conduct a rapid early recovery assessment at household and community level was identified to grasp the enormity of the socio-economic impact of COVID-19 on the most vulnerable groups, especially children. The Early Recovery Rapid Assessment is a joint undertaking between the WV Regional Office and thirteen Field Offices across Asia: Bangladesh, Cambodia, India, Indonesia, Laos, Mongolia, Myanmar, Nepal, Philippines, Sri Lanka, Thailand, Timor Leste and Vietnam.

#### About this briefing paper

This briefing paper aims to provide an overview of the impacts of COVID-19 in Lao PDR from a micro view based on the early recovery rapid assessment conducted on the ground and make recommendations for cohesive and impactful response. The Early Recovery Rapid Need Assessment was undertaken by World Vision International Lao PDR and its partners across eight districts in Lao PDR at early June 2020.

#### Specific Objectives:

- Gain a better understanding on how the COVID-19 pandemic is impacting the lives of the most vulnerable children, their families and communities.
- Identify how children and their families are currently coping (continued access to goods and services amid pandemic), with special focus on the vulnerable populations and groups.
- Assess the recovery capacity of the vulnerable children, their families and communities and understand their recovery needs – to inform the development of appropriate recovery program.

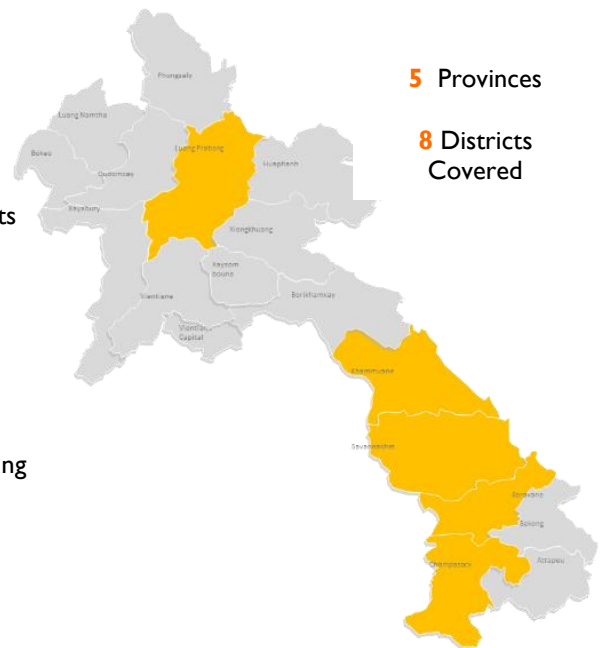
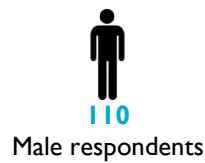
#### Methodology

Multistage sampling approach and convenient sampling. Data was collected from household representatives and children using structured questionnaires. Households (HHs) were purposely sampled, with households hosting most vulnerable children (MVC), under 5 children, pregnant and lactating women and people living with disabilities. Key informant interviews were also conducted to complement the household and children surveys. The assessment was conducted from June 1 to June 8, 2020, with a total number of 212 respondents from eight districts and in five provinces (Luang Prabang, Khammuane, Savannaketh, Salavan, Champasak), of which 74% lived in rural area, and 26% lived in semi-urban areas.

<sup>1</sup>Data from 3<sup>rd</sup> September 2020, <https://coronavirus.jhu.edu/map.html>

<sup>2</sup> World Bank, World Bank, May 2020, COVID-19 impact on Economic growth

## Sample Profile at glance



## Key findings

The top **3 reasons** reported for **income disruption** were:

1. Movement restrictions
2. Concerns about leaving the house
3. Reduced demand for goods and services

**1 in every 2 person** reported **reduction of income** due to loss of job or reduction of salaries/revenues

There was a **42%** reduction on **monthly income** after COVID-19 (On average from 1,052,276 KIP to 605,429 KIP)

The top **3 coping mechanisms** to handle the negative impact in livelihood/income were:

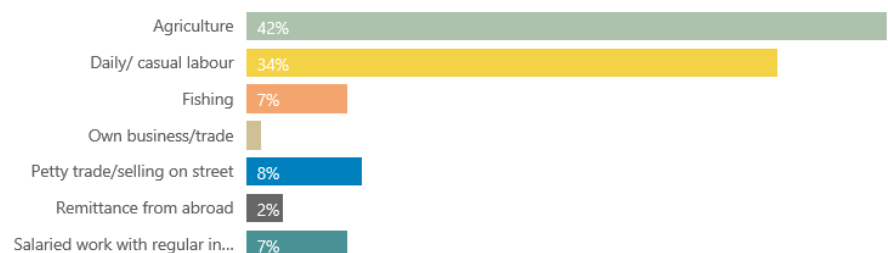
1. Borrowing money
2. Reducing quantity and quality of meal
3. Selling productive assets/livelihood assets

Only **1 in every 5** households reported that they felt **fully capable to handle the changes in children's behavior** and stress in the households (22%)

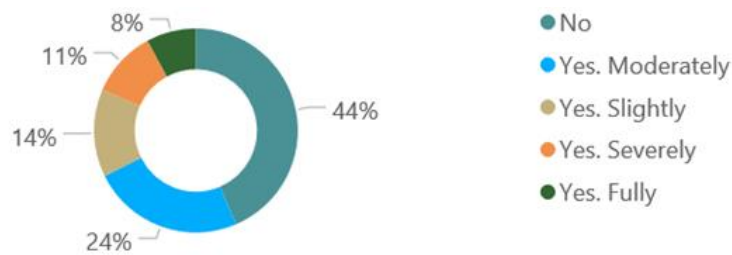
## Livelihoods

⇒ The **main income sources** reported were from agriculture as first (42%) and daily and casual labour (34%) as second.

⇒ **1 in every 2** HHs reported experiencing livelihood losses, reduced incomes and overall revenue. There was a 42% reduction on monthly income after COVID-19 (On average from 1,052,276 KIP to 605,429 KIP)



⇒ **43%** of HHs reported that their livelihoods had been fully, severely or moderately affected by the COVID-19 pandemic.



### Key reasons for the livelihood disruption



⇒ **31%** of HHs attributed **movement restrictions** as the main reason for livelihood disruptions, followed by concerns about leaving the house due to outbreak (27%), and reduced demand for goods and services (23%).

⇒ To mitigate the negative effects COVID-19 pandemic is having on livelihoods, HHs are employing various strategies such as **borrowing money from friends/relatives (32%)**, **reducing quantity and quality of meals (17%)** and **selling productive assets (10%)**.

⇒ **Only 7%** reported tapping into savings.

### Monthly Income



### Weekly expenses



## Food security

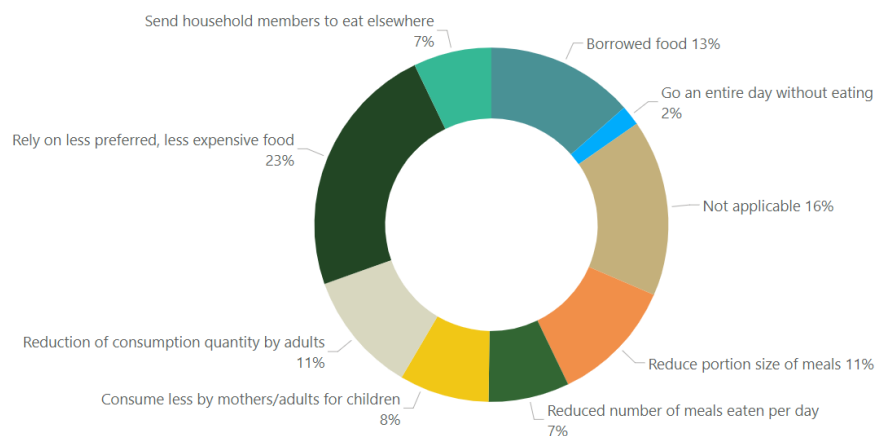
⇒ **96%** of HHs reported adults were reportedly consuming three meals yesterday, while **83%** of children were reported to be doing the same.

⇒ Despite the continue level of meal frequency, HHs reported adopting food security coping mechanism, due to the reduction of monthly income and weekly food expenses.

**23%** of HHs reported relying on less preferred, less expense food.

**37%** of HHs reported reducing meal portion sizes, or consume less by adults or mothers/adults.

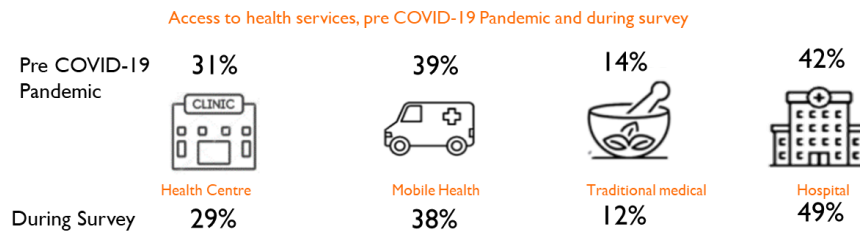
**13%** of HHs reported borrowing food from relatives and neighbors.



## Health

⇒ **44%** HHs reported a member facing at least one health issue (injury, physical, mental or severe stress)

⇒ **75%** of HH representatives claimed to know how to prevent the transmission of COVID-19, and still access to the health service if needed

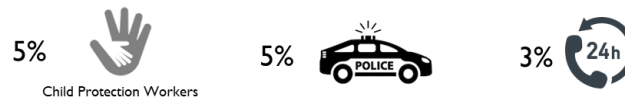


## Child Protection and Education

⇒ **31%** HHs reported their children were not studying.

⇒ **Only 1 in every 5 households** reported that they felt fully capable to handle the changes in children's behavior and stress in the households (22%)

Very limited numbers of children were able to have correct knowledge on how report cases of violence or access support



## Community perceptions and recommendations at a glance

In priority order

1. Support on Livelihood
2. Assistance on food items
3. Assistance on WASH facilities
4. Assistance on medicine and health care

## Recommendations for implementing partners

Leverage multi-sectoral responses to promote child well-being



### LIVELIHOOD AND FOOD SECURITY

- Provide cash voucher assistance to most vulnerable families to increase food security, ensuring that cash voucher assistance is market-based and linked to longer-term financial inclusion and economic recovery activities.
- Strengthen the productive capacity of vulnerable households, invest in the rebuilding of livelihood interventions that promote the inclusion of vulnerable populations and women's economic empowerment.
- Improve coping mechanisms of affected households through appropriate savings methods.
- Create awareness on the consumption of diversity and nutritious diet, food safety, and hygiene practice



### WASH

- Continue to promote awareness of COVID-19 prevention and protection.
- Increase access to personal protection materials such as facemask and soap/hand sanitizer.
- Promote hygiene promotion and support improved access to water and sanitation within the community.



### HEALTH

- Support to strengthen the health services and service providers, including the provision of community risk communication. Referral linkage and advocacy initiatives need to be strengthened to get better services.
- Support accessibility of essential health services such as maternal and child health and Covid-19 prevention-related services.



### EDUCATION

- Promote home-based learning in the family and build the capacity of parents and caregivers and teacher to home school children
- Track children at risk of dropping out of school and support them to return to school during the recovery phase.
- It is essential to support ongoing learning through remote/digital education platforms.



### CHILD PROTECTION

- Strengthen child protection systems and partner with community leaders, Government and other child focused partners to address the physical and emotional abuse of children, to create a solid network for mental and psychosocial support of children in light of the Minimum Child Protection Standards.
- Promote positive parenting in the communities and create awareness of its benefits to their family.
- Create awareness among children about CP reporting and referral system, in particular among girls, by creating child-friendly channels
- Promote child-led and youth-led initiative to advocate for their rights and led community initiatives.