JOINT MULTI-SECTORAL EARLY RECOVERY RAPID NEEDS ASSESSMENT

CAMBODIA-THAILAND BORDER CONFLICT

HRF
Humanitarian Response Forum

27 to 29 August 2025
National Committee for Disaster Management (NCDM)
Humanitarian Response Forum (HRF)

EXECUTIVE SUMMARY

A border clash between Cambodia and Thailand in July 2025 displaced over 172,000 people according to the Ministry of Defense (30th of July 2025), and prompted the return of more than 400,000 Cambodian migrants from Thailand (NCDM). A ceasefire on July 28th, brokered through international mediation, reduced hostilities and enabled large-scale returns. By early September, displacement dropped by %89, with around 19,500 people still displaced across three provinces, while migrant returns surged to nearly 880,000 (NCDM).

During the conflict, the Humanitarian Response Forum (HRF) coordinated UN and NGO efforts through weekly meetings, close engagement with the National Committee for Disaster Management (NCDM), and the sharing of weekly situational reports compiled by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). As recovery began, NCDM and HRF conducted a Joint Multi-Sectoral Early Recovery Rapid Assessment in late August to evaluate conditions and inform Gender Equality, Disability and Social inclusion (GEDSI) -sensitive recovery planning, aiming to guide strategic interventions and prevent renewed displacement. This joint assessment builds on several sectoral early recovery assessments that have already been conducted, including one on livelihoods and psychological well-being by People in Need, as well as displacement site and returnee site assessments carried out by the Ministry of Social Affairs, Veterans and Youth (Child Protection), and the Ministry of Education, Youth and Sport (Education).

The Joint Multi-Sectoral Early Recovery Rapid Needs Assessment used qualitative methods - Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and observation - to study seven sectors in locations with high Internally Displaced People (IDP) concentrations in Preah Vihear and Oddar Meanchey provinces. Thirty-eight enumerators from multiple agencies and three observers from NCDM conducted 48 FGDs with 461 participants and 40 KIIs with 45 individuals using expert-designed surveys on Kobo Toolbox for real-time data collection. Data cleaning and analysis were led by UNOCHA and World Vision International, with results reviewed by the HRF and NCDM.

Ethical safeguards included informed consent, child protection, and psychosocial support. Limitations involved enumerators' limited cross-sector expertise, translation issues, low IDP return rates in some areas, missing health data from a non-participating health center, sector purpose confusion, potential selection bias and potential representation risks due to security barriers to access all return sites.

To ensure data quality and overcome assessment challenges, a range of mitigation strategies—including diverse enumerator teams, real-time coordination, targeted training, and disaggregated, private FGDs—enabled the collection of cross-sectoral data from highly affected areas, providing a valuable situational overview and a foundation for more in-depth follow-up assessments and planning.

KEY FINDINGS AND RECOMMENDATIONS

Protection concerns vary between displacement sites and returnee villages, and among men, women and children. Nearly half of respondents reported no concerns, possibly due to fear, stigma, or lack of awareness. In villages, movement restrictions primarily affected men and children, while gender-based violence (GBV) was identified as the main issue in displacement sites. Additional protection concerns included domestic violence, aid discrimination, family separation, and insecurity.

These issues were further compounded by factors such as income loss, food insecurity (due to shortages and/or unequal distribution/access), limited healthcare, and restricted access to education, all of which significantly impact protection outcomes Protection services are limited, with NGOs and women's groups most active and formal referral systems underused. Women, girls, and LGBTQ+ individuals face risks from nighttime dangers, armed presence, lack of gender-segregated facilities, and unexploded ordnance (UXO), with declared good level of UXO awareness in displacement sites.

Recommendations for displacement sites and villages include providing psychosocial support to communities and service providers, strengthening referral systems, and offering survivor-centered training for local leaders. Continuous support for sexual violence survivors and education on Explosive Ordnance Risk Education (EORE) and UXO safety for IDPs, including children, are vital. Awareness of protection issues like gender-based violence and security should be raised in both settings. Improvements needed include protection reporting mechanisms, separate latrines for women and children, accessible services for vulnerable groups, and better nighttime security with locks, lighting, and patrols. For displacement sites, priorities are strengthening protection committees and creating child-friendly mobile spaces. In villages, support for accessing social protection documentation and safe public spaces for women and children are recommended.

The conflict severely disrupted education, with many camps lacking proper learning spaces, leaving many children—especially returning IDPs—out of school. Communities link education to health, food security, psychosocial support, and safe spaces, highlighting the need for comprehensive recovery. Immediate needs include supplies, safe learning environments, and child-friendly spaces. Attendance is hindered by trauma, safety fears, separation anxiety, damaged schools, absent teachers, and poor water and sanitation.

Psychosocial support, school feeding, and health checks are essential. Economic hardship and transport issues also threaten attendance, as families focus on income and debt. Recovery requires coordinated efforts addressing infrastructure, mental health, and socio-economic barriers.

Recommendations for displacement sites and villages focus on maintaining learning continuity by distributing education kits, offering catch-up classes, and creating tailored teaching guides. Villages should boost enrollment through campaigns and home visits, repair classrooms, and build temporary learning spaces. To ensure children's safety and well-being, psychosocial support, teacher training in psychological first aid, and UXO clearance near schools are vital. Strengthening resilience includes teacher capacity-building for inclusive education, improving emergency response, resuming school feeding programs, and training School Management Committees to manage education during emergencies.

The health sector is partially functional post-conflict, providing emergency care, immunizations, maternal and child health, and NCD treatment. Mental health and rehabilitation services (including assistive products) are largely lacking, despite widespread distress—especially among returnees in Oddar Meanchey. Sexual and reproductive health services are mostly accessible, though menstrual hygiene awareness gaps remain. Nutrition screening for children exists, but better monitoring and communication are needed to tackle malnutrition risks.

Priority health actions in displacement sites and return villages include strengthening Early Warning, Alert, and Response Systems (EWARS), enhancing community risk communication for disease outbreaks, and fully restoring all essential reproductive and maternal health services. Both settings need more dengue and malaria rapid tests and steady supplies of essential medicines for chronic diseases. Access to safe, dignified health and rehabilitation services for the elderly and disabled must improve. Mental health support should expand through training in psychological first aid, routine screening, peer support, and safe spaces for women and children. Support should also extend to health workers, community groups, and military families. Villagers specifically seek greater awareness of environmental health risks and safe practices.

Displaced and returnee households heavily rely on food aid, with limited stocks in displacement sites lasting only 1 to 2 months. Market access and fresh food availability are restricted, especially in displacement sites, while UXO contamination hampers farming. Returnees have slightly better food access but still face affordability issues. Incomes are shrinking due to disrupted agriculture, poultry losses, unemployment, and limited livelihood support. Malnutrition risks are rising, particularly for children and pregnant or breastfeeding women, worsened by inadequate dietary diversity, poor sanitation, unsafe water, overcrowding, and health problems. Without ongoing food, livelihood, and WASH assistance—especially before poor harvests and potential floods—food security and nutrition may worsen.

To address food security, nutrition, and livelihoods, a multi-faceted and inclusive response is needed to ensure sustainable, equal access to nutritious food for all. Displacement sites require food and non-food aid, including fortified products, while cash assistance should support vulnerable households in both sites and villages. Returnees need agricultural inputs and market access, as well as food/cash-for-work programs to boost income and infrastructure. Nutrition services should expand, focusing on children and pregnant or breastfeeding women. Support for job-seeking, fortified rice in school meals, and stronger early warning systems are also important. Advocacy should push for extended loan suspensions, increased funding for affected areas, and better monitoring of food prices and markets.

Access to safe water, sanitation, and hygiene remains a major challenge in displacement sites and host communities. While only one in ten relies on rivers or streams, 22 % report insufficient clean drinking water. Open defecation affects 22 %, highlighting sanitation gaps. Among IDPs at displacement sites face issues like overcrowded latrines, poor hygiene, limited access for people with disabilities, lack of privacy, gender segregation and security. Many also lack handwashing facilities and menstrual hygiene resources. At risk communities, although over 90 % of households have sanitation access, only 79 % have basic water supply, dropping to 44 to 46 % among the poorest.

WASH interventions prioritize supplying hygiene materials and mass promotion campaigns in displacement sites and villages. Displacement sites need equitable access to quality water, while villages focus on climate-resilient piped water or communal wells. Both emphasize inclusive sanitation for women, children, and people with disabilities. Villages also require rehabilitation of WASH facilities in public institutions like health centers and schools. Effective coordination of WASH efforts is essential in both settings.

The shelter assessment, based on 23 focus groups and 17 interviews across 12 villages, identified 33 damaged houses, mostly near the Cambodia-Thailand border in Choam Ksant, Ou Pok, and Pha'ong. Repair efforts are hindered by a lack of shelter repair materials, finances, technical skills, and conflict uncertainty, delaying shelter (repair) intervention by returnees and increasing vulnerabilities—especially for women-headed households, the elderly, and disabled. Identified damages include leaks, structural damage and issues such as overcrowding, poor access to space , and exposure to hazards. Communities prioritize home repairs, building materials, and livelihood support for self-rebuilding.

Shelter recovery support in displacement sites and villages includes conditional cash transfers, distribution of construction materials for severely damaged homes, and training local volunteers to monitor shelters-needs/damage assessment. Recovery efforts should engage local builders and families, prioritize vulnerable groups, and ensure accessible, inclusive designs. Strong community feedback systems are essential for responsive aid, while linking shelter and livelihood support helps families rebuild sustainably. Coordination with WASH actors is vital to ensure clean water and sanitation in rebuilt homes. This assessment did not specifically look at shelter in displacement sites; however, improving shelter conditions to meet acceptable standards for people expected to remain in camps for an extended period, together with strengthened support through non-food items (NFIs), including, though not limited to, shelter repair tools, solar lighting and kitchen sets is recommended.

The May 2025 Cambodia-Thailand border conflict caused widespread displacement, damage, and disruption to livelihoods, health, education, and services. The Early Recovery Assessment highlights the need for coordinated, inclusive efforts to restore essential services and support sustainable recovery. Prioritizing psychosocial support, mental health, education, nutrition, WASH, shelter, and livelihoods is crucial to prevent further displacement and build resilience through strong collaboration grounded in GEDSI principles.

BACKGROUND

A border clash between Cambodia and Thailand in July 2025 displaced over 172,000 people (Ministry of Defense, 30 September) and prompted the return of more than 400,000 Cambodian migrants from Thailand (NCDM). A ceasefire agreement, reached on July 28th with international mediation, led to a significant reduction in hostilities and enabled large-scale returns.

As of the 3rd of September, the National Committee for Disaster Management (NCDM) reported that there were 19,515 displaced people, an 89 % decrease from the peak of 172,094 displaced people reported on 30th of July. Of the remaining 19,515 displaced people, 15,201 people remain in 41 displacement sites while 4,314 people are hosted with friends and family. Preah Vihear province continues to host the largest number of displaced people (13,306 people), followed by Siem Reap (5,590 people) and Oddar Meanchey province (889 people). Until UXOs and potential contamination can be cleared, some displacement sites will continue to remain operational. Meanwhile, the number of economic migrants returning from Thailand continues to rise, reaching 876,666 as of 3rd of Septemberr.

With over 89 % of IDPs returning home, it is essential that recovery initiatives kick in to ensure families' basic needs are met and that support is provided to enable them to reintegrate and rebuild their lives safely and avoid re-displacement. In response, the NCDM and the Humanitarian Response Forum (HRF) led a joint, multi-sectoral early recovery rapid assessment between the 27th and the 29th of August 2025 building on several sectoral early recovery assessments that have already been conducted; including one on livelihoods and psychological well-being led by People in Need, as well as displacement site and returnee site assessments carried out by the Ministry of Social Affairs, Veterans and Youth (Child Protection), and the Ministry of Education, Youth and Sport (Education).

The objective of the Joint, Multi-Sectoral, Early Recovery Rapid Needs Assessment is to provide a comprehensive understanding of conditions in IDP return areas to support the development of coordinated, GEDSI-sensitive response plans and enable effective resource mobilization.

Both individual/household and system-level conditions were assessed and as such, findings will support direct service delivery and provide an evidence base to identify and address system-level gaps. Unlike sector-specific assessments, this multi-sectoral approach leverages diverse expertise, shared resources, and uses an intersectional lens to build a common understanding that informs strategic decision-making.

METHODOLOGY

RESEARCH DESIGN

The Joint, Multi-Sectoral, Early Recovery Rapid Needs Assessment employed a qualitative research design to examine seven key sectors: Protection, Education, Health, Food Security and Nutrition, Livelihoods, WASH, and Shelter. The assessment used three main data collection methods: Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and direct observation. FGDs were conducted with internally displaced persons (IDPs) across six groups: male returnees, male IDPs in displacement sites, female returnees, female IDPs in displacement sites, and children from both returnee and displacement site settings. KIIs were held with a range of local stakeholders, including commune and village chiefs, District Governors, education and health officials, members of the Commune Committee for Women and Children, camp managers, and other relevant actors. Observations were carried out through transect walks wherever feasible—researchers walked through villages alongside local residents to observe the environment, available resources, and daily activities, while engaging in informal discussions to better understand community perspectives and experiences.

SAMPLING

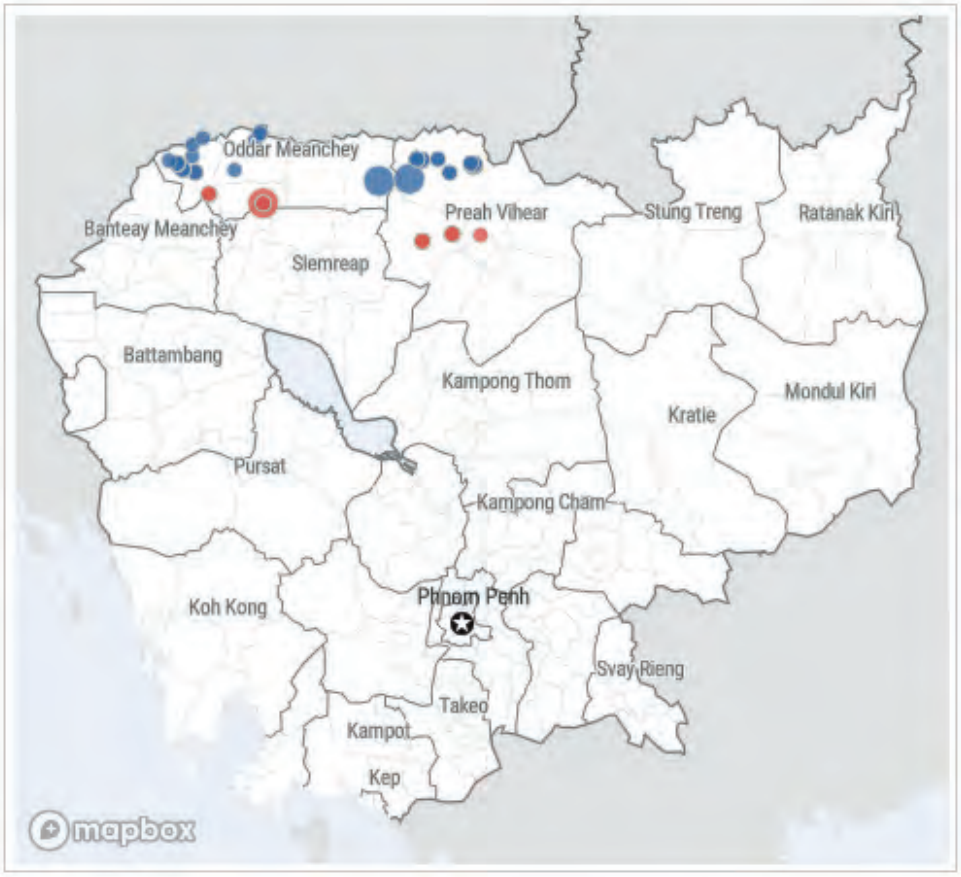
Data was collected from the two most affected provinces—Preah Vihear and Oddar Meanchey. Locations were selected based on the concentration of IDPs, either in displacement sites or returnee villages. In each province, eight areas were assessed: six villages across three communes and two displacement sites. The tables and map below outline the targeted assessment areas.

(1) Preah Vihear

District	Commune	Village/Displacement Site
Choam Ksant	Choam Ksant	Choam Ksant
		Veal Thum
	Romdoh Sre	Svay
		Peak Sbaek
	Kantuot	Kantuot
		Anlong Veng
	Displacement Sites	Wat Por 5000
		Odom Kiri Toul Andaet Safety Center

(2) Oddar Meanchey

District	Commune	Village/Displacement Site
Banteay Ampil	Kouk Mon	Romchek
		Kouk Svay
	Ampil	Pong Toek
		Baray
Samrong Municiplity	Koun Kriel	Ou Pok
		Ph'ong
	Displacement Sites	Phnom Kambour Pagoda
		Bat Tchov pagoda, Chong Khal


Oddar Meanchey
Preah Vihear
Stung Treng
Ratanak Kiri
Banteay Meanchey
Siemreap
Battambang
Kampong Thom
Kratie
Mondul Kiri
Pursat
Kampong Cham
Koh Kong
Phnom Penh
Svay Rieng
Takeo
Kampot
Kep
mapbox

The original plan was for enumerators to conduct 25 Key Informant Interviews (KIIs) and facilitate 24 Focus Group Discussions (FGDs) in each province. This was fully implemented in Preah Vihear. However, in Oddar Meanchey, while all 24 FGDs were completed, only 15 KIIs were conducted. This shortfall was primarily due to instances where multiple target interviewees were interviewed together—for example, the Village Chief and Commune Chief were sometimes interviewed jointly—and one health center declined to participate. Three distinct groups of people were selected for FGDs - IDP males, IDP females and IDP children. Selection of the 8 to 10 participants per FGD was done by the Village Chief/Displacement Camp Manager who selected participants within the parameters the data collection team provided for adults and children (including age, gender, pregnant women and people with disabilities).

INSTRUMENTS AND MATERIALS

The questions were developed by the seven HRF sectoral technical working groups, which bring together experts from multiple agencies collaborating under the HRF umbrella. The finalized survey was uploaded to Kobo Toolbox, and enumerators were given access via a shared link. Both FGDs and KIIs were conducted using the Kobo Toolbox platform, which also enabled location tracking of the interviews.

DATA COLLECTION PROCEDURES

Data was collected by thirty-eight enumerators from HRF partners; namely: (1)World Vision International in Cambodia (WVI-C) (2) People in Need (PIN), (3) United Nations Population Fund (UNFPA), (4) DanChurchAid (DCA), (5) World Food Programme (WFP), (6) Norwegian People's Aid (NPA), (7) Lutheran Hope Cambodia Organization (LHCO), (8) Catholic Relief Services (CRS), (9) Office of the High Commissioner for Human Rights (10) Action For Development (AFD), (11) PLAN International, (12) Save the Children International (SCI) and (13) International Organization of Migration (IOM) and three observers from NCDM.

Two multi-agency teams were deployed for data collection: 17 enumerators and 2 observers were assigned to Oddar Meanchey and 21 enumerators and 1 observer to Preah Vihear. Each provincial team was divided into smaller groups of four, who conducted interviews, FGDs, and observations. In total, 461 IDPs (including four pregnant women and two people with disabilities) participated in FGDs.

	Children: Less than 18 yrs	Youth: 18-30 yrs	Adults: 31-59 yrs	Elderly: 60+ years	Total
Oddar Meanchey					
Children FGDs	117(39F)				117(39F)
Adult Female FGDs		12	59	23	94
Adult Male FGDs	2	6	42	26	76
Sub-Total	119(39F)	18(12F)	101(59F)	49(23F)	287(133F)
Preah Vihear					
Children FGDs	60(35F)				60(35F)
Adult Female FGDs		9	42	7	58
Adult Male FGDs		1	42	13	56
Sub-Total	60(35F)	10(9F)	84(42F)	20(7F)	174(93F)
Total	179(74F)	28(21F)	185(101F)	69(30F)	461(226F)

Additionally, 45 local authorities, including camp managers, commune and village chiefs, education and health officials, and members of the Commune Committee for Women and Children, were interviewed through KIIs.

DATA ANALYSIS PROCEDURES

The United Nations Office for the Coordination of Human Affairs (OCHA) and World Vision International in Cambodia were responsible for cleaning and extracting the data by sector. The processed data was then shared with the HRF sectoral technical working group co-leads for analysis and input. Due to their strong interlinkages, Food Security and Nutrition and Livelihoods were analyzed and reported as a single sector. The final results and recommendations were presented to the National Committee for Disaster Management (NCDM), the National Social Protection Council (NSPC) and HRF Co-Chairs for further input and validation.

ETHICAL CONSIDERATIONS

To uphold the principle of DO NO HARM, several ethical measures were implemented during data collection:
A. Interviews with children were conducted during their vacation period to avoid disrupting schooling.
B. All participants provided informed consent, with caregivers consenting on behalf of children.
C. Separate consent was obtained for any photographs taken.
D. The Transcultural Psychosocial Organization (TPO) briefed enumerators to support interviewees experiencing distress or trauma during questioning and served as a helpline for both enumerators and participants throughout the assessment.

LIMITATIONS

Enumerator Expertise: As the assessment covered seven sectors, enumerators—typically specialized in only one—received only half a day of training. This limited training may have affected their technical understanding of unfamiliar sectors, potentially reducing data depth and accuracy.

Translation Issues: The survey was written in English and delivered in Khmer, with each enumerator translating the questions individually. This approach may have led to inconsistencies in interpretation, affecting the reliability of responses.

Low IDP Return Rate: In Preah Vihear, only %20–10 of internally displaced persons (IDPs) had returned to the assessed communes at the time of data collection. This low return rate may have skewed findings, particularly related to livelihoods and service access.

Data Gap: One health center in Ou Pok Village, Samrong Municipality, declined to participate, resulting in missing health data for that location.

Interview Clarity: Each interview was conducted by a single enumerator across all sectors. While the overall objective of the interview was explained, the specific aims of each sector were not. This led to confusion among some participants, who were unsure of the purpose of individual sections.

Selection Bias: Participants were selected by Village Chiefs and Camp Managers, which may have introduced selection bias and influenced the representativeness of the findings

Risk to Representation: Selection of villages may not be representative because some were not accessible due to contamination or blocked off by security, or both.

Sensitivity: Discussing sensitive topics—such as protection concerns and violence—is difficult in group settings. This highlights the need for follow-up through targeted engagement with vulnerable groups to better understand and address these issues.

Time and scope limitations: affected the depth of the assessment. The large number of questions made it difficult for enumerators to explore responses in detail, resulting in high volumes of data that often lacked elaboration.

MITIGATION STRATEGIES

To maximize data quality and overcome common assessment challenges, several mitigation strategies were implemented. Four enumerators with diverse sectoral expertise from different organizations were grouped together to ensure peer support and broad thematic coverage, while a Telegram group enabled real-time coordination and access to technical support. Training sessions led by technical experts in Khmer helped ensure clear understanding of English terminology, and most focus group discussions (FGDs) were co-facilitated by two enumerators to allow cross-checking of interpretation. To encourage honest feedback on sensitive issues—particularly protection concerns—FGDs were disaggregated by sex and age and conducted in private settings. Although in some areas there was a low return rate, and some areas could not be accessed,, data was collected from internally displaced persons (IDPs) still residing in displacement sites as well to understand future concerns in most affected areas. The low number of returnees in selected sites in Preah Vihear validated the choice of locations as among the most affected. Although challenges persisted to going in depth; overall, the assessment provides a valuable cross-sectoral situational overview and entry point for more in-depth, thematic follow-up assessments and response planning.

KEY FINDINGS AND SECTORAL RECOMMENDATIONS

PROTECTION

Since the onset of the crisis, protection concerns reported by respondents have varied between displacement sites and villages. Notably, nearly half of all respondents—men, women, and children in both settings—reported no specific concerns. This may reflect fear of disclosure or limited understanding of the questions. Among those who did report concerns, movement restrictions were the most common in villages, particularly among men and children. In displacement sites, gender-based violence (GBV) was identified as the primary concern/potential risk, raised by both women and men. GBV was also noted as a concern by men and children in villages. Interestingly, men and children in displacement sites specifically mentioned risks of sexual violence and harassment, while women did not—potentially due to stigma or shame. Women were generally less likely to report concerns related to GBV, suggesting that discussing such issues in FGDs or KIIs may be especially difficult for them.

Many respondents also selected "other concerns," commonly citing domestic violence and violence against children (distinct from GBV), as well as discrimination in accessing humanitarian aid, family separation, alcohol abuse, and general security issues (sense of fear, possible resumption of conflict, fear to move around freely). In some discussions with men in displacement sites, concerns about violence against minority groups and arbitrary detention were also raised. These findings are supported by key informant interviews (KIIs), where GBV was identified as the primary concern by camp managers and the Commune Committee for Women and Children (CCWC) in displacement sites, and by commune and village chiefs in return areas. Additional concerns included criminality in displacement sites and lack of documentation in villages. Notably, CCWC members in villages did not share GBV concerns—possibly due to lower levels of anonymity compared to displacement sites.

For returnees, focus group discussions (FGDs) and key informant interviews (KIIs) in villages highlighted key concerns such as safety from conflict, lack of income—especially noted by women—and having equal access to enough food/lack of nutritious food, emphasized by both women and children. Other concerns included limited access to healthcare and employment (mainly reported by men), and school access (raised by children). Additional issues mentioned were theft, unexploded ordnance (ERW/UXO), hazardous smoke, and poor water quality. Across all groups, respondents expressed a general sense of fear and psychosocial distress.

When asked about crisis-related risks specific to women and girls, most respondents in villages (FGDs and KIIs) reported no such risks—unlike in displacement sites, where responses were more nuanced. Domestic violence was cited by men in displacement sites and by both men and women in villages. Women more commonly mentioned increased nightmares, intrusive memories, attacks, and heightened psychosocial distress. This question was not posed during FGDs with children.

Most respondents, both in displacement sites and villages, reported a lack of existing protection mechanisms. Where such mechanisms were identified, NGOs and women's groups were the most commonly mentioned in both settings. In displacement sites, camp authorities acknowledged the presence of the CCWC, though this was not reflected in FGDs. In villages, youth groups were also noted. A large majority of respondents—especially in villages, where mechanisms may have been in place longer—reported knowing how to access available protection services.

Regarding response mechanisms to violence, most respondents—particularly in villages—reported turning to commune chiefs and the police, with male respondents citing these channels most frequently. Family involvement remains a common response, especially in villages. In displacement sites, only men mentioned the CCWC, whereas in villages it was noted by all groups, though mostly by men. Referrals to PDOWA or DOSASW were limited in displacement sites and not mentioned in villages.

When asked about available services, respondents—especially in displacement sites—highlighted awareness-raising activities, community-based programs, and initiatives addressing violence against women and children. However, psychosocial support (for children and caregivers) and services for survivors of sexual violence were reported as limited, particularly in villages. Notably, FGD data from displacement sites did not fully align with KII findings, where psychosocial support (?) services were more frequently reported as available.

Regarding at-risk situations for women, girls, and individuals with diverse SOGIESC, nighttime and being in fields or forests were commonly identified by all groups in villages and by men and children in displacement sites. Women also cited the presence of armed individuals, lack of gender-segregated services, limited security near facilities like toilets, and unknown UXO locations as key concerns. Interestingly, camp managers did not identify any specific risk situations.

Awareness of UXO risks appears relatively high—particularly in displacement sites—with many, especially children, reporting knowledge of how to respond to UXO encounters and awareness of clearance services.

Recommended Response Activities

	Displacement Sites	Villages
Provide affected communities and service providers with psychosocial support and strengthen referral to counselling services	X	X
Establish clear reporting processes and guidelines, including for victims of gender-based violence and for child protection cases, and train those who are responsible for supporting reporting and referral	X	X
Train village/commune chiefs on survivor-centered service provision	X	X
Provide continuous support for sexual violence survivors including through training of local service stakeholders (CWCC, GBV working groups, health staff,..) on the basics of Gender based violence, how to handle disclosure in a safe and ethical way even when specialized services are not available, and how to refer to services	X	X
Awareness raising and education on Explosive Ordnance Risk Education (EORE) and UXOs among IDPs, including children	X	X
Enhance education on sexual reproductive health and rights, sexual education among all individuals, including children and persons with disability	X	
Raise awareness among communities and authorities (both in displacement sites and villages) on key protection concerns, including GBV and security	X	X
Enhance presence and reach of CCWC, PDoWA/DoSA in displacement sites and clarify their roles and responsibilities with refresher training	X	
Ensure separate latrines for children and women, and accessible services for people with disabilities and elderly.	X	X
Create child-friendly spaces (spaces created to engage children and make them feel welcome and safe) and safe places for children and women/girls (focus on public spaces in villages- e.g. hospitals ,etc.)	X	X
Strengthen security at night (including locks and lights in the toilets, regular patrol of the sites and villages)	X	X
Support documentation process of IDPs and returning migrants to ensure access to social protection schemes	X	X
Ensure protection standards and mechanisms are integrated and built into overall camp management standards and training	X	

EDUCATION

The conflict has severely disrupted education. Few camps provided temporary learning spaces or child-friendly environments, leaving many children—especially recently returned IDPs—out of school. Communities view education as interconnected with health outreach, food security, psychosocial support, and safe spaces, rather than as a standalone service.

Immediate education supplies remain a critical need, as child-friendly spaces have often operated only in the mornings and are unable to accommodate all children. Temporary learning spaces (TLS) exist, but are very limited across sites. There is strong demand for teaching kits, books, uniforms, and basic school materials, yet many families cannot afford these supplies, directly impacting school attendance. Many students left their textbooks and educational materials behind during evacuation, and no textbook distributions have been observed. While some students expressed intentions to drop out permanently and seek work, others hope to resume schooling once back home. Although this was answered through FGDS and so exact numbers were not recorded; enumerators highlight that the majority of children expressing interest to drop out were males; whereas those reporting interest to return to school were mainly females.

Regarding learning spaces and safety, children have shown emotional reluctance to attend new learning environments or interact with unfamiliar peers, while caregivers often restrict attendance due to distance, safety concerns, or separation anxiety.

There is an urgent need for safe spaces for both boys and girls, especially in areas where schools were damaged, and/or where demining activities are essential before schools can safely reopen. Communities have identified safe spaces for women and children, along with mental health support, as top recovery priorities, highlighting how trauma, insecurity, and exposure to violence pose significant barriers to learning continuity.

Communities emphasized the importance of school feeding programs, including breakfast and snacks, as well as regular health checks for students. Psychosocial support was identified as essential for children exposed to violence, discrimination, and displacement. Additionally, there is a clear need for capacity-building and psychosocial support for teachers to better assist children in recovering from trauma.

Communities have requested repairs for damaged schools and furniture, as well as the construction of new buildings, additional classrooms, and toilets. Water and sanitation facilities are inadequate, with some schools lacking clean drinking water or wells, raising concerns about water quality and consumption. There is growing concern that many students may not fully return to school due to trauma and related health issues, with dropout rates expected to rise as families prioritize livelihood and income generation to repay debts from bank and private loans. Families highlighted the need for small business support and addressed transport barriers, such as lack of motorbikes, as urgent challenges. Without economic recovery and reliable transportation, children's school attendance and engagement remain vulnerable.

Recommended Response Activities

	Displacement Sites	Villages
1. Learning Continuity: Safeguard progress, prevent drop-out, and support return to school		
Distribute education kits/teaching and learning materials (books, uniforms, shoes, stationary, etc.) for students and teachers, especially in the most impacted and underserved areas.	X	X
Launch enrollment campaigns coupled with home visits targeting displaced children		X
Link caregivers with livelihood and/or social protection opportunities to avoid drop out and/or child labor		X
Introduce catch-up/remedial classes for IDP children who have missed periods of study	X	X
Rehabilitate damaged classrooms, buildings and furniture to ensure safe learning environments		X
Construct/identify temporary learning spaces until repairs are complete		X
Install/repair latrines, water and sanitation facilities		X

	Displacement Sites	Villages
2. Ensuring Safety and Psychosocial Well-Being: Protect children physically and psychologically		
Establish psychosocial support services and safe spaces in schools that integrate learning and psychosocial support		X
Train teachers and counselors to deliver psychosocial support/psychological first aid and referral system		X
Introduce awareness on mine risk to students	X	X
Demine UXOs from school grounds and surrounding areas		X
Develop/strengthen school safety and emergency preparedness plans, including drills and evacuation procedures		X
Enhance and integrate education on sexual reproductive health and rights	X	X
3. Strengthening Resilience, Inclusion, and Quality		
Develop context-appropriate teaching guides for conflict/displacement-affected areas.	X	X
Strengthen teacher capacity to adapt curriculum for combined grade classes and inclusive teaching approaches, with particular attention to the most vulnerable groups, including children with disabilities, in emergency contexts		X
Improve emergency information systems in schools for timely and effective response.		X
Resume the Home-Grown School Feeding (HGSF) programme at primary school in villages as soon as the new school year begins in November, prioritizing the use of fortified rice to		X
Build capacity of School Management Committees to manage TLSs and support education in emergencies		X


WFP
CRS

HEALTH

Most health facilities commonly used by the community remain functional, with many services actively operating, including first aid, emergency care, immunizations, reproductive health, maternal and child healthcare, and non-communicable disease screening and treatment. However, mental health and rehabilitation services are largely unavailable across the assessed areas. Malaria and dengue remain the primary disease concerns.

Both KIIs and FGDs revealed that mental health is a major concern among populations affected by the border conflict, with %85 of respondents reporting significant psychological distress and %15 experiencing mild discomfort. Observations from Oddar Meanchey province indicate that many returnees continue to grapple with ongoing stress, grief, and anxiety, which hinder their ability to resume daily activities and reconnect with their communities. The presence of unexploded ordnance (UXO) exacerbates these feelings, fueling widespread fear and insecurity. Symptoms such as sleeplessness, persistent fear, and emotional withdrawal are increasingly common, yet access to mental health services remains very limited.

Sexual and reproductive health services, including family planning, antenatal care, safe delivery, and contraception, were reported to be available in or near villages and displacement sites, with 81 % of respondents confirming access. Around 30 % noted that the nearest services were within a 15 to 30 minute travel distance, with similar access reported by others. The importance of primary health knowledge—especially related to menstrual hygiene—was widely emphasized. While 78 % of respondents confirmed access to menstrual hygiene products during displacement, key informant interviews with health center staff in Oddar Meanchey revealed that awareness and education on menstrual hygiene remain limited for both men and women.

Nutrition screening services for young children were reported to be available through both health facilities and mobile outreach teams. However, a separate analysis assessing changes in child malnutrition since the onset of the conflict highlighted the need for stronger monitoring systems and improved communication about available nutrition services.

Recommended Response Activities

	Displacement Sites	Villages
Enhance Early Warning, Alert and Response System (EWARS) in all IDP camps to improve timely outbreak detection, reporting and response	X	
Enhance Risk Communication and Community Engagement (RCCE) preparedness and response to disease outbreaks and other priority health risks in IDP camps by systematically assessing community knowledge, perceptions, behaviors, and information needs.	X	
Procure and deploy additional dengue and malaria Rapid Diagnostic Tests to ensure availability at all health centers	X	X
Ensure consistent supply of essential medicines for non-communicable diseases like diabetes and hypertension	X	X
Strengthen equitable, safe and dignified access to health and rehabilitation services for people with injuries, elderly and people with disabilities	X	X
Ensure safe and dignified access to sexual and reproductive health to women and girls, including private consultation rooms, especially for pregnant women and breastfeeding women	X	X
Train health workers in psychological first-aid, basic psychological support and trauma informed care	X	X
Establish peer support services and safe spaces to share experiences and access counseling. Women and children should be prioritized	X	X
Expand psychological support to health workers, community groups and especially families of military personnel.	X	X
Integrate mental health screening into routine health check ups	X	X
Conduct awareness campaigns and community engagement on environmental health risks and safe practices		X

FOOD SECURITY, NUTRITION AND LIVELIHOOD

1. Food Availability and Market

Displaced households—both those who have returned home and those residing in displacement sites—remain heavily reliant on food assistance provided by the Royal Government of Cambodia, UN agencies, NGOs, and private donors. At the time of assessment, household stocks of rice, cooking oil, and soy and fish sauce were expected to last 1 to 2 months, while canned fish and instant noodles would last only 1 to 2 weeks.

Returned households were able to gather self-produced food (e.g., vegetables, fruits, poultry) and wild/field foods (e.g., fish, crab, snails, and vegetables). However, production was significantly lower than before the conflict due to inaccessible agricultural areas restricted by unexploded ordnance (UXO) and explosive remnants of war (ERW). In displacement sites in Preah Vihear, a ready-to-eat meal programme provides free lunch and dinner (e.g., soup or fried meat with vegetables), but coverage is insufficient. Meals are distributed on a first-come, first-served basis, often resulting in long queues and unmet needs. As highlighted in the protection sector, being able to access enough nutritious food was a main concern raised by women and children, showing a potential gendered impact.

Local markets and village shops have resumed operations in most villages of affected communes, though access remains limited for villages near the border. Displacement sites lack nearby markets and rely on mobile vendors. While essential food and non-food items are available, supplies have diminished, and prices have remained stable or increased compared to pre-conflict levels.

Purchasing power among displaced households has deteriorated, though some continue to buy fish, meat, eggs, vegetables, and fruit to complement food assistance.

Unmet Needs and Forward-Looking Impacts

Food assistance currently lacks fresh, nutrient-rich items, posing risks to dietary diversity and nutritional adequacy—especially for children under five and pregnant or breastfeeding women. The assessment found that in the Wat Por 5000 campsite, an estimated 600 to 1,000 households are likely to remain for an extended period, as their home villages and lands remain unsafe due to UXO contamination. Similar situations are expected in other displacement sites. Any food security intervention must address these existing nutritional deficits. Moreover, given the likelihood of prolonged displacement, it is essential to consult affected households in designing appropriate support—particularly livelihood options that uphold their dignity and self-respect.

The assistance is expected to be depleted within two months, coinciding with a period when wet-season paddy rice is not yet harvestable. Additionally, paddy rice yield and production are expected to decrease because of dry-spell conditions in the prior month, restricted use of fertilizers/pesticides, and less maintenance caused by the presence of UXO/ERW. At the same time, prices for essential commodities are likely to stay high due to supply chain disruptions and increased demand. Without continued support, these factors will significantly threaten food availability and affordability for both returnee and campsite households.

2. Food Access and Livelihoods

Returnee households reported better dietary diversity, typically consuming 4 to 5 food groups including staples (rice/noodles), protein sources (pork, beef, fish, and canned fish), vegetables, fruits, and cooking oil. In contrast, households still in displacement sites mainly ate rice, noodles, and dried or canned fish, with minimal fresh produce. However, the variety of food groups consumed by those households remains lower than national averages[1] before the conflict, possibly due to a concern about eating fish, vegetables, or fruit from areas with contaminated water and restricted access.

Moreover, across both locations, many households reported reduced meal portions and limited access to nutritious foods for nutritionally vulnerable groups such as infants, young children, pregnant or breastfeeding women, and the elderly. Food security was highlighted as a worrying concern especially by women and children in villages. These indicated affordability constraints, inequalities in food access, and pervasive disruptions to livelihoods.

Agriculture, the primary livelihood for many households, has been severely impacted. Households previously reliant on farming have lost income and now depend on savings and humanitarian assistance. Cassava harvesting has been postponed due to UXO/ERW in the affected communities, resulting in no income for farmers.

(1) Food and Nutrition Security Trend Analysis 2014-2019/2 0

Additionally, laborers lost daily wages as wet-season rice paddy cultivation and cassava harvesting activities have been interrupted. Households with poultry farming have also reported losses due to disease and displacement, and insufficient financial resources to restart poultry rearing.

Furthermore, many households have members who returned from working in Thailand after the conflict. Most remained unemployed locally, resulting in lost remittances and loan repayment difficulties—though a three-month suspension period (August–October) has been granted. At the same time, income generation from petty trade and small businesses has slowly resumed in the villages, while a lower level of activity has been observed at the displacement sites.

These findings reinforce those highlighted in People In Need's (PIN's) Early Recovery Assessment completed in early August, where it was found that households suffered a median direct income loss of USD 600, reflecting both reduced wages and anticipated crop income losses. In addition, 30 % of families surveyed by PIN reported damage to homes, livestock, or productive assets. The median estimated cost of repairing a damaged home was USD 500, while replacing lost livestock was reported at USD 200. A smaller share of households reported losses exceeding USD 1,500, underscoring the wide variation in vulnerability across affected communities.

Unmet Needs and Forward-Looking Impacts

Household incomes and savings are steadily declining due to interrupted labor-based work, anticipated low yields of paddy rice and cassava, and uncertain agricultural market conditions. Displaced households with pre-existing vulnerabilities—including those classified as IDPoor 1 and 2, female-headed households, high dependency ratios, limited land (<1 ha), and members with disabilities or chronic illnesses—are at heightened risk of further hardship. Forecasted above-average rainfall in the coming three months[(2)] may cause flash floods and waterlogging, exacerbating livelihood disruptions. In the meantime, rising essential commodity prices further restrict access to diverse diets and basic needs, increasing the risks of micronutrient deficiencies among displaced households, especially those from nutritionally vulnerable populations.

(2)WFP seasonal Monitoring in Cambodia, July 2025

3. Food Utilization and Nutrition

All displaced households have sufficient cooking equipment and utensils. However, households at displacement sites have been facing challenges in accessing cooking fuel, with gas purchases placing additional strain on their budgets.

Access to clean water for cooking and drinking is inadequate, particularly for returnee households who rely on distant communal wells, costly bottled or tap water, or limited rainwater harvesting—often with concerns about contamination. In contrast, displacement sites benefit from free tap water.

Hygiene and sanitation conditions remain poor in both villages and displacement sites owing to open defecation practices (even in ODF-certified district), unclean drinking/cooking water, and poor waste management. Additionally, campsites are overcrowded and highly exposed to heavy rainfall and heat, creating more unhealthy environments for displaced households.

These conditions were highly associated with the reported cases of illness, which include diarrhea, respiratory infections, malaria, and dengue fever. While some individuals received free treatment at mobile clinics/outreach teams and health centers, others incurred out-of-pocket expenses at private clinics and pharmacies, further exhausted household income. Acute malnutrition among children under five was perceived as increasing, though formal screening data was unavailable. Breastfeeding practice was common but appeared to be declining, particularly among village households.

Unmet Needs and Forward-Looking Impacts

Displaced populations at both locations—especially infants, children, and pregnant or breastfeeding women—are at elevated risk of waterborne and respiratory diseases, which may contribute to acute malnutrition. These illnesses may result in additional healthcare expenses, further straining household finances.

Children returning home are at an increased risk of acute malnutrition as a result of limited dietary diversity, insufficient water, sanitation, and hygiene (WASH), health problems, and the suspension of school meal programmes during vacation periods.

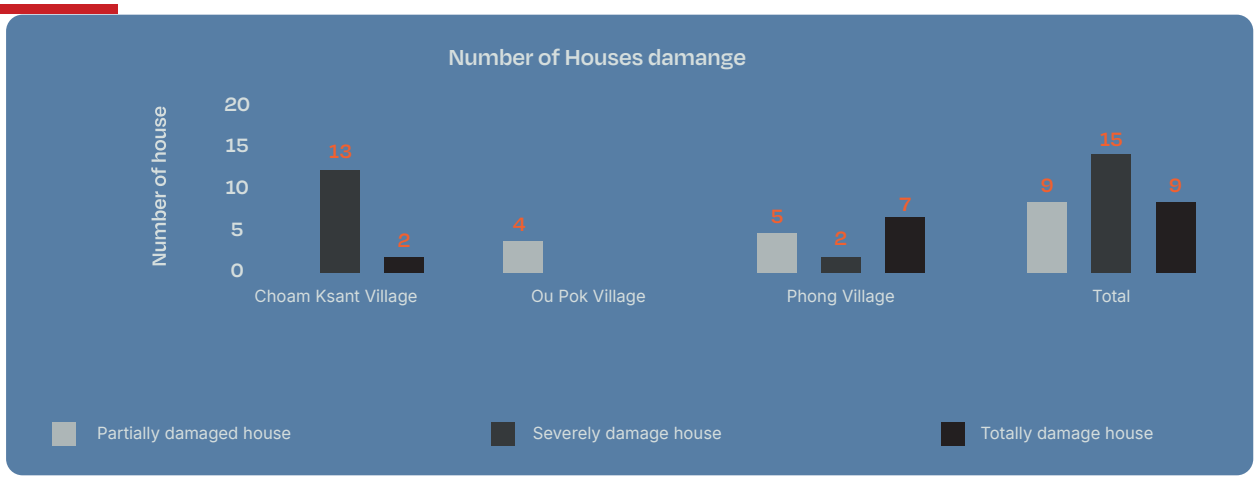


Figure 1: Responses to QSH1.1: What is the number of houses damaged in this village, and what is the extent of the damage? n=09 (6 FGDs and 3 KIIs) out of 23 FGDs and 17 KIIs

Note:

1. Partially damage:
   - The house has sustained some damage but remains habitable.
   - Structural elements like walls, roof, or windows may be cracked, broken, or missing in parts.
   - Repairs are needed, but the building is not at risk of collapse.
2. Severely damage:
   - The house has suffered major structural damage and is no longer safe to live in.
   - Key components like the roof, foundation, or load-bearing walls may be compromised.
   - It may require extensive repairs or rebuilding to restore functionality.
3. Totally damage:
   - The house is completely uninhabitable and cannot be repaired.

Provincial reports released by PCDM on the 18th and 19th August reported the bigger picture: 324 houses damaged in total (79 in Preah Vihear and 245 in Oddar Meanchey).

The most pressing challenges faced by affected households in repairing or rebuilding their home include:
- Lack of construction materials, reported in 5 out of 9 cases
- Insufficient financial resources, reported in 7 out of 9 cases
- Limited technical skills within households
- Uncertainty regarding the duration of the conflict, which discourages investment in permanent repairs

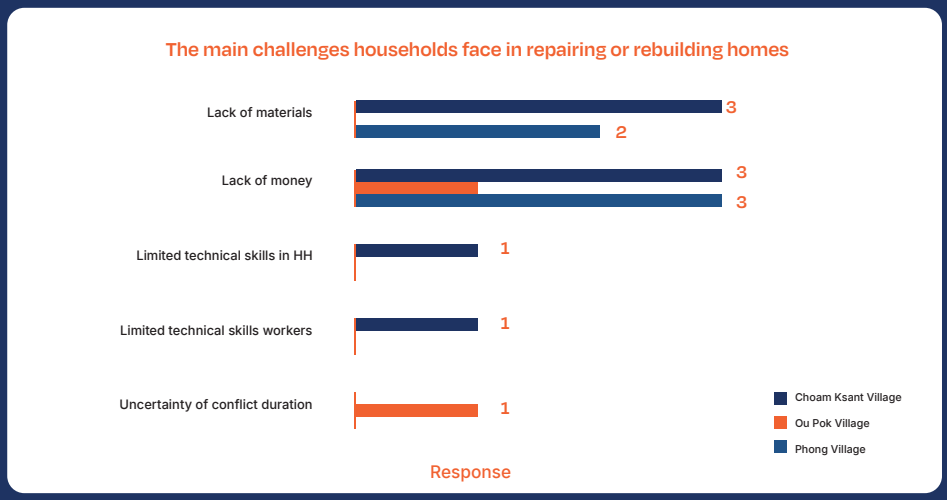


Figure 2: Responses to QSH2: What are the main challenges households face in repairing or rebuilding their homes? n= n=09 (6 FGDs and 3 KIIs) out of 23 FGDs and 17 KIIs

These barriers have delayed recovery and increased vulnerability, particularly for women-headed households, the elderly, and persons with disabilities.

Regarding current housing conditions, among returnees, the most frequently reported issues include roof or wall leakage during rainfall, damaged or missing doors, windows, and stairs, cracks in walls or foundations, overcrowding and lack of space, limited space and accessibility for elderly or household members with disabilities, and exposure to natural hazard such floods. Some of these affected houses were already in disrepair and poorly maintained prior to displacement; they now urgently require replacement of materials to restore safe and adequate shelter. These conditions pose risk to health, safety, and dignity, especially in households with children and vulnerable individuals.

Shelter-related recovery priorities identified by communities include repairing damaged housing, access to construction materials, livelihood recovery to support self-rebuilding.

Recommended Response Activities

	Displacement Sites	Villages
Provide conditional cash transfers to affected households to enable self-recovery and stimulate local markets.	X	X
Distribute construction materials (e.g., roofing sheets, timber, cement), and prioritizing severely and total damaged houses.	X	X
Improve shelter conditions to meet acceptable standards for people	X	
Provision of increased shelter and NFI support; shelter tools, solar lighting and kitchen sets (camps)	X	X
Train local volunteers or local authorities' committees to monitor shelter conditions and identify emerging needs.		X

To effectively achieve the three priority actions, several key approaches must be adopted. Engaging local builders and affected households in the reconstruction process is essential to foster community ownership and resilience. Support should be prioritized for the most vulnerable groups, including the poorest households, elderly individuals, persons with disabilities, and female-headed households. Shelter designs must be inclusive and accessible, incorporating features that address the mobility needs of older adults and people with disabilities. Establishing or strengthening community feedback mechanisms is also critical, allowing affected populations to report shelter needs and receive timely updates on available assistance. Linking shelter support with livelihood recovery programs can empower households to generate income and reinvest in rebuilding efforts. Additionally, coordination with WASH actors is necessary to ensure access to clean water and sanitation in both rebuilt homes and displacement sites.

Although this assessment did not specifically look at shelter in displacement sites, improving shelter conditions to meet acceptable standards for people expected to remain in camps for an extended period, together with strengthened support through non-food items (NFIs), including, though not limited to, shelter repair tools, solar lighting and kitchen sets is recommended.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CONCLUSION

The July 2025 border conflict between Cambodia and Thailand caused widespread displacement, infrastructure damage, and disruption to livelihoods, health, education, and basic services. The ceasefire and resulting return of displaced populations mark a critical transition from emergency response to recovery. However, significant challenges remain across multiple sectors—including protection, education, health, food security, WASH, and shelter—that disproportionately affect vulnerable groups such as women, children, persons with disabilities, and the poorest households both in displacement sites and returnee villages.

The Joint Multi-Sectoral Early Recovery Rapid Needs Assessment highlights the urgent need for integrated camp management in displacement sites and coordinated, inclusive, and context-sensitive interventions that strengthen community resilience, restore essential services, and promote sustainable livelihoods in returnee villages. Prioritizing psychosocial support, protection, safe, continued, and inclusive education, mental health services, access to food and nutrition services, WASH access, and shelter rehabilitation alongside livelihood support will be vital to prevent further displacement and enable durable recovery. Effective coordination between government, humanitarian actors, and affected communities, with a focus on GEDSI principles, will be essential to ensure equitable assistance and build back better in the affected provinces. Support will be prioritized for the most vulnerable, including the poorest households, the elderly, persons with disabilities, and female-headed households.

National Comittee on Disaster Management (NCDM)

The National Committee for Disaster Management (NCDM) serves as Cambodia's primary governmental body overseeing disaster management efforts. Functioning under the authority of the Royal Government of Cambodia (RGC), the NCDM is tasked with leading, coordinating, and managing disaster preparedness, response, and recovery across the country. Its operations are supported by a Secretariat-General, which handles day-to-day activities, and a structured network of disaster management committees at the national, provincial, municipal, and commune levels. The committee places strong emphasis on disaster risk reduction (DRR), climate change adaptation, and collaboration with government ministries and international stakeholders.

The Humanitarian Response Forum (HRF)

The Humanitarian Response Forum (HRF) was established in 2011 in response to the demand for increased coordination between development partners to address the needs during humanitarian disasters, primarily floods and droughts.

The objective of the HRF is to ensure sound coordination and communication on emergency preparedness and humanitarian response in Cambodia between the United Nations (UN), international non-governmental organizations (INGOs), and international organizations (IOs). The HRF works in close collaboration with the Government, most notably the National Committee for Disaster Management (NCDM), and the Cambodian Red Cross, to facilitate a

coordinated and effective approach in support of people affected by humanitarian crises.

The HRF is co-chaired by the World Food Programme and DanChurchAid.


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