

# COVID-19

## SOCIO-ECONOMIC IMPACT ASSESSMENT

July 2021



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# COVID-19

## SOCIO-ECONOMIC IMPACT ASSESSMENT

This report summarizes the most important information captured by this high-frequency phone survey conducted between August 2020 and March 2021

Study led by UNICEF and the World Food Programme, in collaboration with UNAIDS, UNFPA and UNWomen





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# EXECUTIVE SUMMARY

The COVID-19 pandemic presents unprecedented challenges for all societies around the world. Non-Pharmaceutical interventions have been implemented by national governments with the purpose of preventing overwhelming the health systems by limiting infection incidence levels. Nevertheless, these measures have affected the livelihood and wellbeing of millions of people around the globe, putting the socio-economic impact of the COVID-19 pandemic under the spotlight.

Cambodia has shown great success in isolating COVID-19 cases and even reducing the incidence level to zero for several months in a row. Nevertheless, the strategy in place has drastically affected many industries that were key sources of employment for Cambodians. The tourism industry was severely impacted and reduced to a minimum, depending exclusively on internal travel. The garment and construction sectors, which are also large employers, reduced their activities as a response to decreased global demand. In 2020, the economy was estimated to have contracted by 3.1 per cent, following an average growth of 7.0 per cent per annum from 2010-2019. The impacts on employment, and household wage and non-wage incomes were significantly larger than what the macro-economic trends would suggest. The education system has been heavily affected, especially impacting the youngest learners, as universities, schools and pre-schools faced closure for a considerable part of 2020 which extended to 2021.

This study aims to provide evidence on the short-, mid-, and long-term secondary impacts of COVID-19 on society, livelihoods, economic activity, food security, access to essential services and well-being, in addition to exploring household vulnerabilities. This report corresponds to the first phase of the study, which looks at early and medium-term impacts from August 2020 until March 2021.





# METHODOLOGY

The study was designed as a high-frequency longitudinal survey, representative at the national level, and included the participation of 2,000 households that were randomly selected, representing districts and villages included in the National Census 2019 and IDPoor database. The first round of data collection was face-to-face, while the following 5 rounds were conducted as phone surveys. Around 1000 households participated in each of the 5 phone-based rounds of data collection.

The vulnerabilities and levels of disaggregation of the data included household characteristics of IDPoor, urban/rural, ecological zone, disability present in the household, size of household, gender of the head of household and the education level of the head of household. The study population included 13% IDPoor 1 and 18% IDPoor 2 households, 64% being from urban areas, 16% having at least one member with disability, 27% being female-headed households and 17% having at least one child under 2 years of age.

**The survey captured information on 12 thematic areas, which are summarized throughout the 6 modules of this report and include:**

- |          |   |           |   |
|----------|---|-----------|---|
| <b>1</b> | <b>Basic household characteristics</b>                                      | <b>7</b>  | <b>General wellbeing and community safety</b>                         |
| <b>2</b> | <b>Knowledge, attitudes, and practices on COVID-19 protective behaviors</b> | <b>8</b>  | <b>Child discipline</b>   |
| <b>3</b> | <b>Employment and income situation, as well as social transfers</b>         | <b>9</b>  | <b>Children's activities</b>  |
| <b>4</b> | <b>Health services for pregnant women and children under 5 years</b>        | <b>10</b> | <b>Care responsibilities for girls and boys</b>                       |
| <b>5</b> | <b>Education</b>  | <b>11</b> | <b>Food-based and livelihoods-based coping strategies</b>             |
| <b>6</b> | <b>Access to essential services</b>   | <b>12</b> | <b>Food security and nutrition for households, women and children</b> |



# KEY FINDINGS

## >> COVID-19 impact on income and employment:



More than 50% of respondents encountered changes in employment and income at each round of data collection.



The changes in employment and income were perceived as temporary reduction in income, working hours and/or demand for services and goods.



To cope with negative changes in employment, the respondents changed their main occupational area, preferring self-employment or the agriculture and livestock sector.



The strong fiscal support by the government was beneficial to the management of the COVID-19 situation and enabled the beginning of a noticeable recovery.

## >> Resilience to COVID-19 shock in Cambodia:



The study revealed dramatic income reduction among those who lost income during the COVID-19 pandemic: more than 90% of them estimating a 50% and above decrease in household income.



To manage such impact, three-quarters of these households changed their main occupation to agriculture, livestock or self-employment.



Selling of goods/assets and borrowing money were used as further strategies to hamper the degree of impact. Urban households were more likely to sell assets or goods to manage the decrease in household income, while rural households were more likely to borrow money.

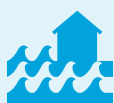


The most resilient households to negative household income changes were the non-IDPoor households, households with 6 or more members and those who had no member in the household that suffered from a disability.



The Southeast Plain area of Cambodia seemed to be the most resilient to household's negative financial changes, compared to the other regions. In contrast, the Coastal area appeared to be the most vulnerable.

## >> Household food security and nutrition:



The period between August 2020 and February 2021 revealed a gradual deterioration of household food security. The October 2020 floods were found to be associated with the lowest point in food security.



The indicators for household food consumption and diet diversity do not show dramatic impacts, even though a slight decline is seen in November-December 2020.



A substantial proportion of households (>50%) are using food related coping strategies to overcome the limitations in food availability. The most used methods were to rely on less preferred foods, reduce portion size and number of meals.



More than 50% of household engaged in livelihood coping strategies at any given time during the study, while in October 2020 this increased to 81%. In order to address resource constraints for buying food, households were more likely to spend savings, reduce essential non-food expenditures, and borrow food or money for food.



Protecting the most vulnerable groups from the unintended consequences of non-pharmaceutical interventions, including lockdowns, is required to maintain their access to nutritious food and avoid a further deterioration of their nutritional status and depletion of their assets.

## >> Multidimensional impact of COVID-19 on children:



Access to health services and medicine did not show signs of disruption. However, fear of COVID-19 infection increasingly impacted the use of health services. Up to 36% of pregnant women or new mothers postponed their Ante- and Post- Natal care visits and up to 12% of caregivers postponed their child's visit to a health center.



Children used remote learning materials such as online materials and worksheets provided by schools, while 44% attended community-organized learning sessions. However, only a minority of parents/caregivers were able to provide daily support of at least one hour to their children for online/remote learning, and almost half of the parents report that their children are learning less than usual.





Lockdown measures and other mobility restrictions showed increased worries over feeling and being safe at home.



Approximately half of respondents recorded violent methods used to discipline their children, with mainly psychological punishments used.



The COVID-19 impact on breastfeeding for children below 6 months and Minimum Acceptable diet for children 6 to 24 months was minimal, with indications that the proportion and frequency of complementary foods have been reduced.

## >> Access to essential goods and services:



Access to health services and medicine did not show signs of disruption between August 2020 and March 2021.



Access to food was constrained by the floods in October 2020 and the strict mobility restrictions in February 2021. The study revealed worrisome evidence that suggests that IDPoor households – who are currently receiving monthly social assistance transfers – were increasingly reporting food access problems into March 2021.



The most common barriers for accessing food were an increase in prices and lack of financial resources.

## >> Other household vulnerabilities:



Data from the most recent rounds of the assessment suggest that the 20 February 2021 community transmission has placed new stresses on households following a gradual improvement in the second half of 2020.



Notably, households where disability was present and/or the head of household did not have a formal education were more vulnerable to COVID-19 shocks.



Further analysis and data are needed to further identify the vulnerabilities of households and to estimate the long-term impacts of COVID-19 in Cambodia.



The COVID-19  
global pandemic has  
had significant impacts on  
Cambodia.



# CAMBODIA DURING COVID-19

The COVID-19 global pandemic has had significant impacts on Cambodia. The first case of SARS-CoV-2 in Cambodia was reported on 27 January 2020. During the first year of the pandemic, the Royal Government of Cambodia succeeded in containing the virus as much as possible, having very few community outbreaks. Several non-pharmaceutical interventions were implemented, including cancelling public holidays and closing schools or businesses that posed a high risk of contamination due to a high concentration of people (Figure A.1). People arriving in Cambodia, including nationals, were obliged to follow a strict procedure of testing and institutionalized quarantine.

Over the course of the pandemic, there have been four community outbreaks: between 7 March and 20 April 2020; 7 November and 14 November 2020; 27 November and 15 December 2020; and on 20 February 2021, until the time of writing (Figures A.1 and A.2). The latest outbreak has represented the biggest public health challenge to date. The large number of cases that stemmed from this outbreak have had a severe impact on people's livelihoods and wellbeing, caused by radical changes and the adoption of strict measures. These included a strict lockdown, prohibition of travel between provinces, school closures, market closures and stay-at-home orders in some areas.



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Since the first outbreak in March 2020, Cambodia has suffered economic impacts, with businesses reducing both their economic activity and their workforces. COVID-19 has therefore had a large impact on the welfare of Cambodian households. In 2020, the economy was estimated to have contracted by 3.1 per cent, following an average growth of 7.0 per cent per annum from 2010-2019.<sup>1</sup> The impacts on employment, and household wage and non-wage incomes were significantly larger than what the macro-economic trends would suggest.

The tourism industry was severely impacted and reduced to a minimum, depending exclusively on internal travel. The education system has been heavily affected, especially for the youngest learners, as schools and pre-schools faced closure for a considerable part of 2020; this extended to 2021. For this reason, the Ministry of Education, Youth and Sport prepared a mix of educational methods that enabled remote learning, including TV lessons, web-available tools and paper-based sheets. Nevertheless, these methods were heavily dependent on access to the Internet and electronic equipment, which limited access for over 1.4 million children in Cambodia. The learning experience also depends on caregiver or parental supervision and help, especially for the youngest. This is constrained by the low literacy rate in the country and limited time or availability (87.7 per cent overall, with large gender and location discrepancies: males with 90.9 per cent and females with 84.8 per cent; urban with 93.3 per cent and rural with 83.8 per cent).

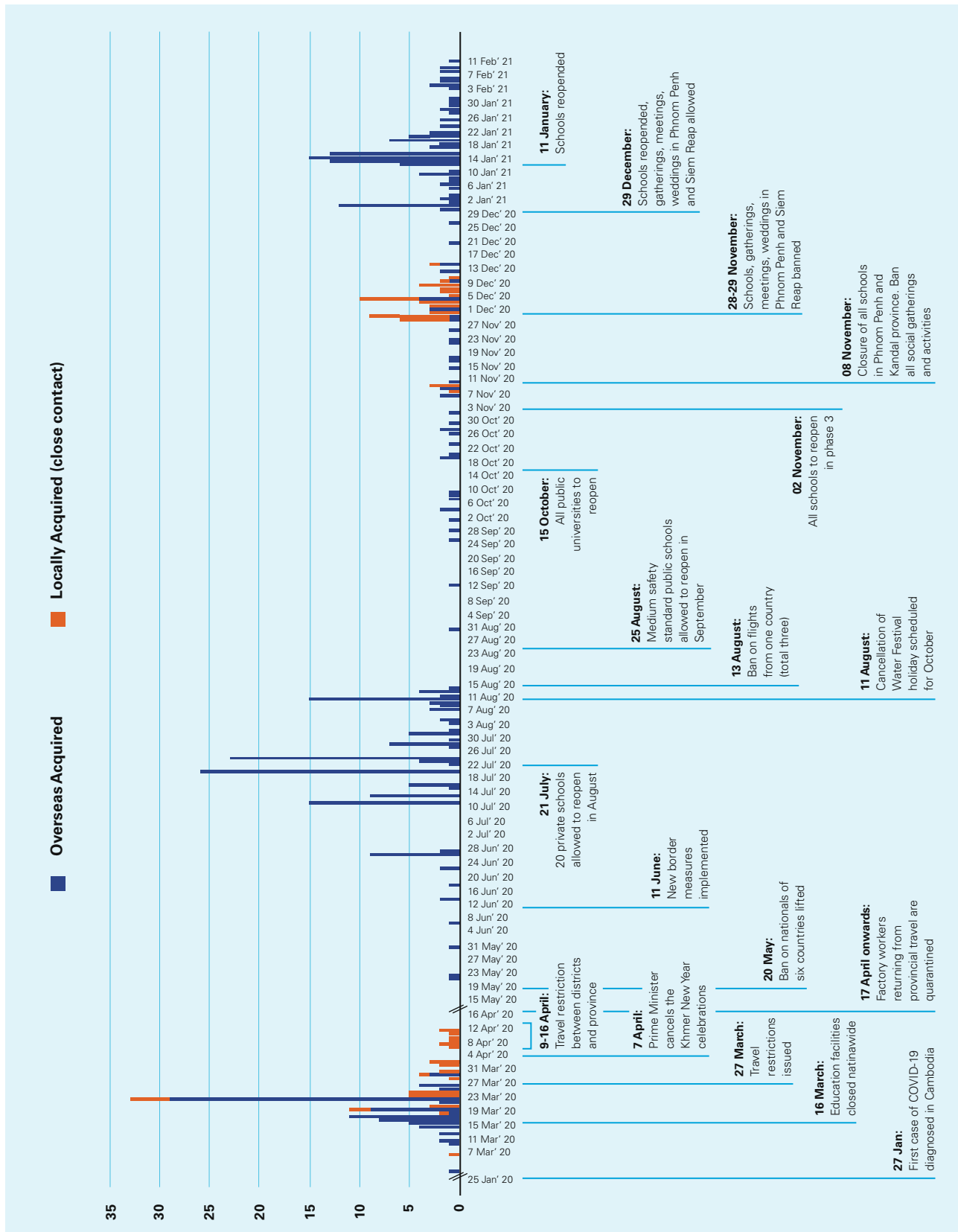
Surveys that analyse the COVID-19 impacts on people's livelihoods and wellbeing, such as this one, are a powerful source of information to guide evidence-based actions that can minimize impacts and protect the most vulnerable groups. This report presents the objectives of the study and methodology of assessment, and includes six thematic areas with findings that reveal the COVID-19 impacts on Cambodia.



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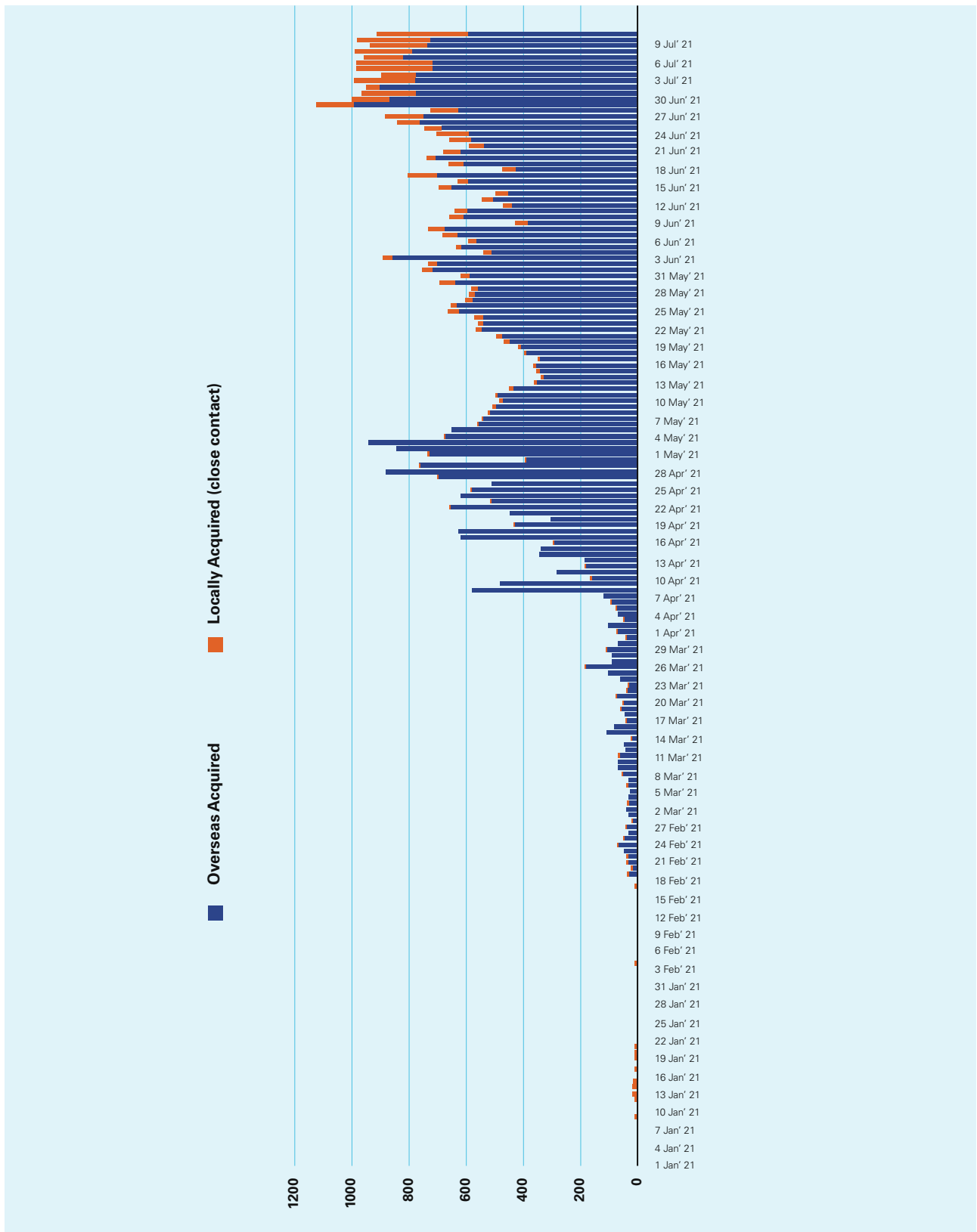
<sup>1</sup> <https://www.adb.org/news/cambodia-economy-recover-2021-accelerate-2022-adb>

**Figure A.1.** The number of cases in Cambodia, including non-pharmaceutical interventions, between 27 January 2020 and 11 February 2021 <sup>2</sup>



<sup>2</sup> <https://cefcambodia.com/2020/11/25/challenges-and-opportunities-of-online-learning-in-cambodia-during-covid-19/>

**Figure A.2.** Cases of COVID-19 in Cambodia since the 20 February event <sup>3</sup>



<sup>3</sup> Source: COVID-19 Joint WHO-MoH Situation Reports 33 and 54, accessed online at: [COVID-19 Joint WHO-MOH Situation Report 33](#) AND [COVID-19 Joint WHO-MOH Situation Report 54](#)





**In Cambodia, non-pharmaceutical interventions were implemented to contain the spread of the virus. Without exception, social, wellbeing and economic disruptions are expected as a result of the impact of COVID-19 outbreaks and associated control measures.**



# THE OBJECTIVES OF THE COVID-19 SOCIO-ECONOMIC IMPACT ASSESSMENT

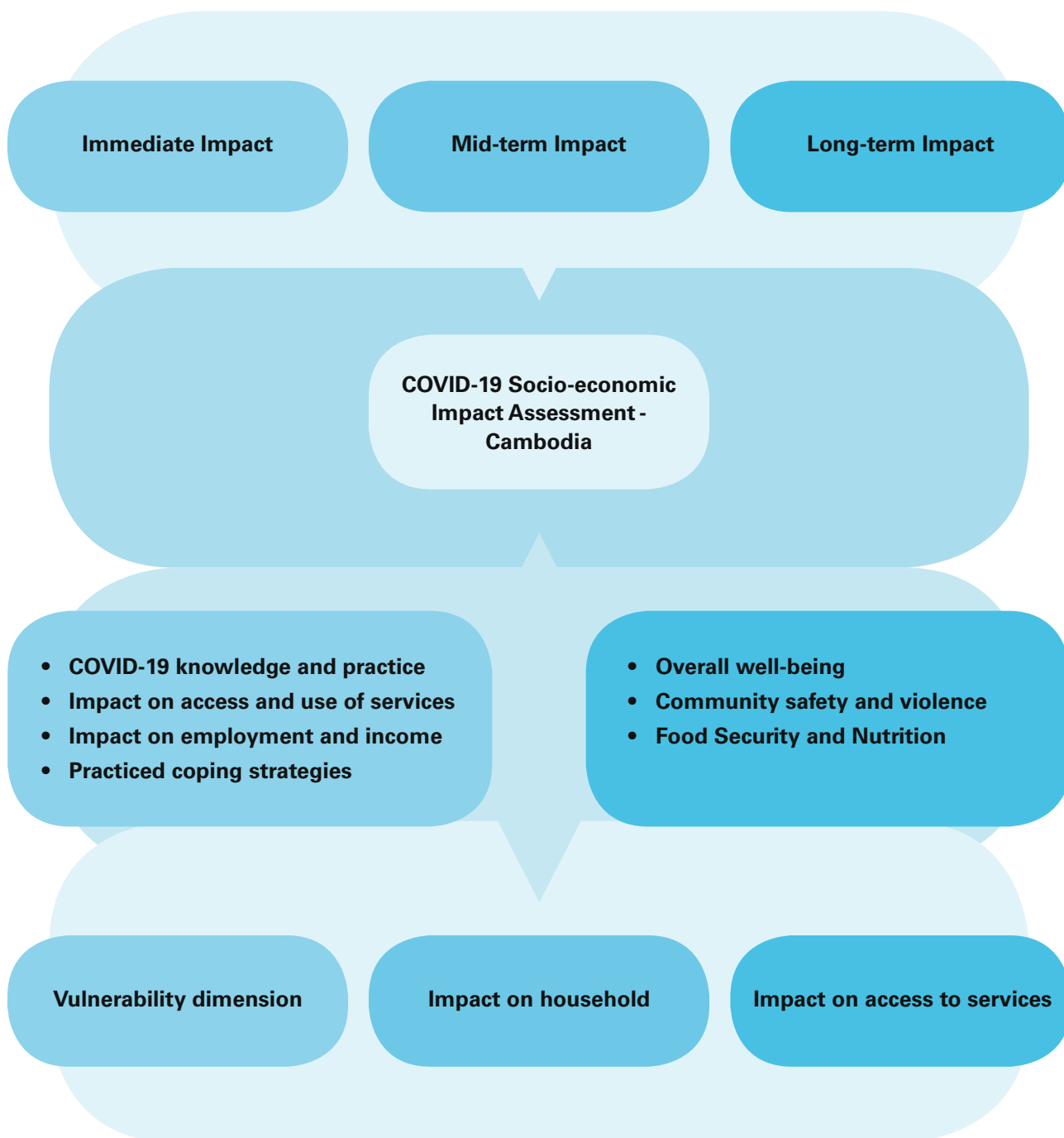
In Cambodia, non-pharmaceutical interventions were implemented to contain the spread of the virus. Without exception, social, wellbeing and economic disruptions are expected as a result of the impact of COVID-19 outbreaks and associated control measures. The impacts in Cambodia are expected to be severe on households' welfare, through three broad channels: (i) income and employment, (ii) prices and affordability, and (iii) long-term human capital. It is also expected to produce disruptions in access to markets and essential education, health and nutrition services.

The 'COVID-19 Socio-economic Impact Assessment' was designed to ensure the availability of robust evidence on the short-, medium- and long-term impacts of COVID-19 in Cambodia, with a focus on particularly vulnerable populations, based on poverty and vulnerability status (Figure B.1). The assessment is built on three pillars: (i) vulnerability, as described below, (ii) impact on households based on the factors perceived as sensitive to non-pharmaceutical interventions and practiced coping mechanisms, and (iii) impact on access to essential services.



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**Figure B.1.** Concept design of the COVID-19 Socio-economic Impact Assessment



The vulnerability dimension was mainly prioritized through the IDPoor status of households. IDPoor is the social protection targeting mechanism, which identifies the poorest households by a two-level categorization after an assessment using adequate proxy-meant testing tools. These include housing conditions, disability, income and education. The programme was first established in 2006 within the Ministry of Planning. The study also evaluated vulnerability to COVID-19 impacts based on household location, size, presence of disability, gender, and the education of the head of the household.


# METHODOLOGY



## Study Design and Sample Size

The study was conceived as a high-frequency quantitative panel survey, designed to capture changes in key socio-economic variables, while allowing for flexibility of introducing new modules to understand a changing COVID-19 context in Cambodia. The study started in August 2020 and was conducted following a face-to-face baseline by the National Institute of Statistics. The subsequent five monthly rounds were conducted by telephone, with the last round happening in March 2021. In November 2020, additional data collection was organized for adolescents in the study, where 211 respondents answered a survey aimed at investigating the COVID-19 impact on the learning, livelihood and wellbeing of adolescents. The summary of this module can be found in Annex 5.

**Figure C.1.** Study timeline and predicted sample size

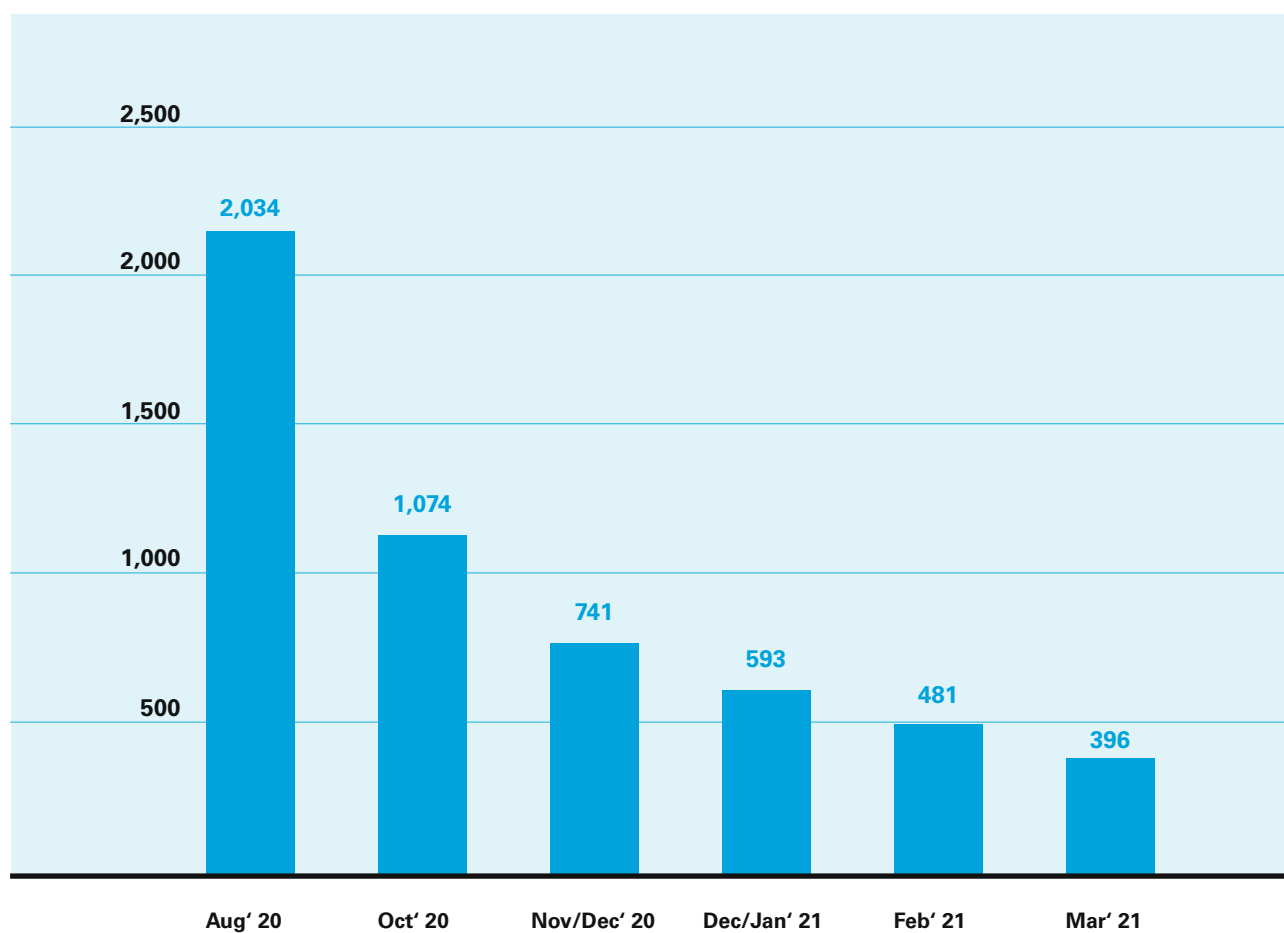
	Aug'20	Oct'20	Nov/Dec'20	Dec/Jan'21	Feb'21	Mar'21
	Baseline 					
<b>Method</b>	Face-to-face	Phone	Phone	Phone	Phone	Phone
<b>Sample size</b>	2,034	1,074	1,008	1,113	1,010	1,053
<b>Survey version</b>	Extended	Basic	Reduced+FSN	Basic	Basic	Reduced+FSN

The set sample size at baseline was calculated to include 2,000 participants over all 25 provinces of Cambodia. From the 2,000 households, it was aimed to have a minimum of 400 (20 per cent) IDPoor households Level 1 or Level 2; the remaining 1,600 were randomly selected from the 2019 Population Census. The share of IDPoor households of the total was calculated to be proportional to the Cambodian national average (~19 per cent), ensuring representation of more economically disadvantaged households.

The sampling was done using two-stage random sampling, where the first enumeration areas were randomly selected, and within these, households were then randomly chosen. The rationale for this selection was twofold: first, to have a sample that was randomly drawn from all households in the country from the census to ensure an adequate representation of Cambodian households in the survey; and second, to allow for a deeper look into the situation and realities of some of the poorest segments of the population, as identified by IDPoor status. The final population study included 2,034 households, with 21 per cent being either IDPoor 1 or 2 (n=629); a number that includes a few additional IDPoor households was added due to the random selection.

The sample population at the end line was initially calculated with an attrition level predicted by GeoPoll, the company sub-contracted to conduct the phone interviews. The attrition level between baseline and end line was theoretically calculated to be 65 per cent, with 20 per cent of dropouts at each follow-up round. Figure C.1. shows the sample size at each survey round, where the highest drop-out rate was observed between rounds 1 and 2 (52 per cent of the sample). From round 2 onwards, a minimum sample size of 1,000 households was maintained. Figure C.2. shows the number of households retained across all rounds, i.e. households that remained in the panel.

**Figure C.2.** Households that participated in all rounds of the study





## Level of Disaggregation

The study assesses impact at the household level and access to essential services through the levels of disaggregation, based on indicators of vulnerability as showed in Table C.1. Area, geographical zone, disability presence in the household, household size and information on the head of the household were used in this study, based on Population Census 2019 information collected by the National Institute of Statistics. The IDPoor status of the household was collected at each round, given its more dynamic nature.

**Table C.1. Level of disaggregation to assess vulnerability of households <sup>4</sup>**

Level of disaggregation	Levels
IDPoor status	IDPoor 1
	IDPoor 2
	None
Urban/rural	Urban
	Rural
Zone	Phnom Penh
	Plain
	Tonle Sap
	Coastal
	Plateau
Disability presence in household	Yes
	No
Household size	Small – 1-3 members
	Medium – 4-5 members
	Big – 6+ members
Headed households	Female
	Male
Education level of head of household	No formal education
	Primary education
	Low secondary education and above

<sup>4</sup> It was initially planned to include households with members with HIV/AIDS as a variable for disaggregation. However, less than 1 per cent of the households reported someone with HIV/AIDS in their household.



## Thematic Modules

The survey assesses a variety of indicators from individual and household level, starting with characteristics of the household. The first round captured changes before the COVID-19 pandemic in Cambodia (March 2020) and between March and August 2020. The following monthly rounds generally had a one-month (30 day) recall period, with the expectation of standard tools, which required a shorter recall period.

### The main thematic areas included:

<b>1</b>	<b>Basic household characteristics</b>	<b>7</b>	<b>General wellbeing and community safety; during extended rounds 3 and 6, the number of questions was reduced</b>
<b>2</b>	<b>Knowledge, attitudes, and practices on COVID-19 protective behaviors</b>	<b>8</b>	<b>Child discipline</b>
<b>3</b>	<b>Employment and income situation, as well as social transfers</b>	<b>9</b>	<b>Children's activities, including work outside of home; excluded in round 1</b>
<b>4</b>	<b>Health services for pregnant women and young children; excluded in round 3 and 6.</b>	<b>10</b>	<b>Care responsibilities for girls and boys, collected only at round 1</b>
<b>5</b>	<b>Education with required changes following the situation of schooling in Cambodia during COVID-19</b>	<b>11</b>	<b>Food-based and livelihoods-based coping strategies</b>
<b>6</b>	<b>Access to essential services such as health services, medicine, food, transportation, hotlines for child protection</b>	<b>12</b>	<b>Food security and nutrition for households, women and children, collected only during rounds 1, 3 and 6.</b>

As noticed, few modules have specific rounds where data was collected, as we were limited by a maximum time on calls and a maximum number of questions. Maintaining a maximum of 25-30 minutes per phone call enables a better retention rate.



## Data Presentation and Data Analysis

The indicators used in this study are described in Annex 1, and most were computed according to international guidance or national categories, including:



**Location as geographical ecological area**



**Employment changes and sectors as shown in annex**



**Reduced Coping Strategy Index (rCSI) <sup>5</sup> and Livelihood Coping Strategy Index <sup>6</sup>**



**Indicators for household diet, including household food consumption score (FCS), household diet diversity, and household consumption of foods rich in Vitamin A, Iron and Protein <sup>7,8</sup>**



**Minimum Dietary Diversity for Women (MDD-W) <sup>9</sup>**



**Indicators for child feeding practices, including breastfeeding, Minimum Diet Diversity (MDD), Minimum Meal Frequency (MMF) and Minimum Acceptable Diet (MAD) <sup>10</sup>**



**Violent child discipline indicators <sup>11</sup>**

<sup>5</sup> <https://docs.wfp.org/api/documents/WFP-0000107670/download/> <https://docs.wfp.org/api/documents/WFP-0000107670/download/>

<sup>6</sup> <https://www.wfp.org/publications/consolidated-approach-reporting-indicators-food-security-cari-guidelines>

<sup>7</sup> [http://www.fao.org/fileadmin/user\\_upload/wa\\_workshop/docs/FAO-guidelines-dietary-diversity2011.pdf](http://www.fao.org/fileadmin/user_upload/wa_workshop/docs/FAO-guidelines-dietary-diversity2011.pdf)

<sup>8</sup> <https://www.wfp.org/publications/food-consumption-score-nutritional-quality-analysis-fcs-n-technical-guidance-note>

<sup>9</sup> <https://index.nutrition.tufts.edu/data4diets/indicator/minimum-dietary-diversity-women-mdd-w>

<sup>10</sup> <https://index.nutrition.tufts.edu/data4diets/indicator/minimum-acceptable-diet-mad>

<sup>11</sup> Violent discipline- UNICEF DATA

The focus of this report is to provide insights into the trends and situation of households between August 2020 and March 2021. The report covers 6 thematic areas as follows:

<b>1</b>	<b>Impact of COVID-19 on household income and livelihoods</b>	<b>4</b>	<b>Multidimensional COVID-19 impacts on children</b>
<b>2</b>	<b>Food security and nutrition</b>	<b>5</b>	<b>Access to essential needs and services during the pandemic</b>
<b>3</b>	<b>Resilience to the COVID-19 shock</b>	<b>6</b>	<b>Vulnerability of at-risk households</b>

The narrative of this report is constructed around observations made from the data collected across the survey rounds. The figures show the proportion of households or respondents that fall into different categories, while the total number of observations per sub-sample is presented in Annex 2.



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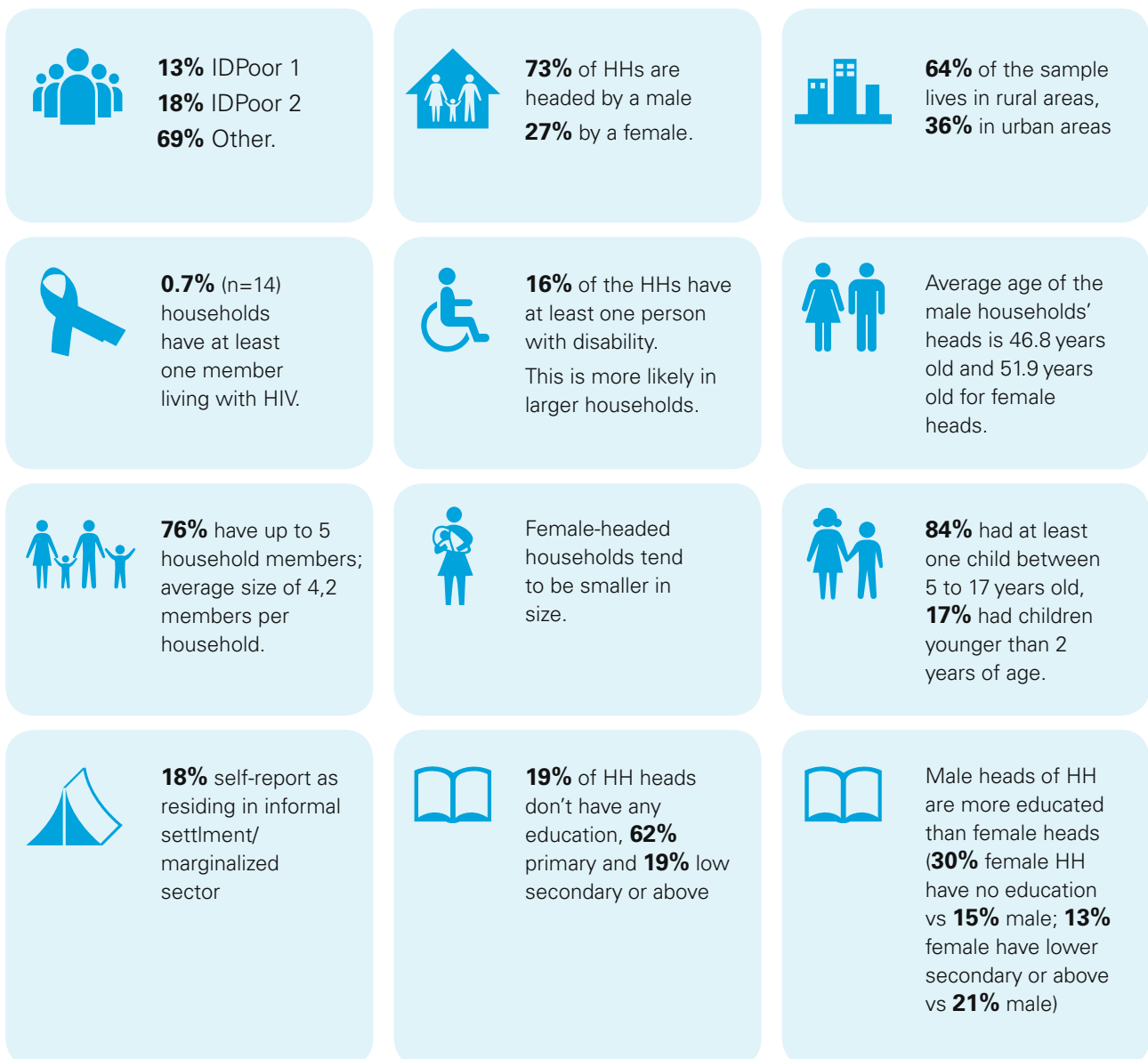




## Study Population Description

Based on the initial sample at round 1, Figure C.3. was produced to summarize the characteristics of the sample population, which included 21 per cent of households with IDPoor 1 or 2 status, 64 per cent of households residing in rural areas, and 24 per cent of households being considered as large, having six or more members. The household composition was established primarily through the Population Census 2019 and was updated during round 1.

**Figure C.3.** Study population description at round 1



At the follow-up rounds (2-6), the table below (C.2) shows the description of the respondents including the zone and IDPoor status. The characteristics of the households responding to each round were compared to identify if any of the main levels of disaggregation were under- or over-represented. The only statistically significant difference was a drop in responses from Phnom Penh, the capital of Cambodia, in round 5 (February 2021). Annex 2 was produced to present the sample size of sub-groups of households with children in different age groups.

**Table C.2.** Respondents' characteristics from rounds 2 to 6.

Survey round	Age group			Gender		Zone					IDPoor status			
	15-34	35-44	45+	Female	Male	Coastal	Phnom Penh	Plain	Plateau	Tonle Sap	IDPoor 1	IDPoor 2	Post-IDPoor	Non-IDPoor
October 2020 (n=1,070)	28%	31%	41%	58%	42%	7%	10%	37%	15%	31%	12%	21%	5%	60%
November/ December 2020 (n=1,008)	28%	32%	40%	58%	42%	7%	8%	37%	16%	32%	10%	21%	2%	65%
December 2020/ January 2021 (n=1,113)	27%	31%	42%	56%	44%	7%	9%	38%	16%	29%	9%	19%	1%	69%
February 2021 (n=1,010)	27%	31%	42%	55%	45%	9%	6% *	38%	17%	31%	9%	18%	1%	70%
March 2021 (n=1,053)	27%	31%	42%	55%	45%	9%	8%	40%	16%	27%	8%	16%	1%	73%





**In Cambodia, the pandemic's secondary impacts were most significant on people's economic activity, mainly through changing employment patterns and income reductions. This affected over half of the households.**

# MODULE I

## COVID-19 IMPACT ON EMPLOYMENT AND INCOME IN CAMBODIA

In Cambodia, the pandemic's secondary impacts were most significant on people's economic activity, mainly through changing employment patterns and income reductions. This affected over half of the households. There were signs of recovery in December 2020-January 2021, but this reversed in the following months following the 20 February community outbreak.

Reductions in wages and loss of jobs constituted the main reasons for such changes in income and employment. Most people perceived their job loss, as well as their wage reduction, to be temporary and a reflection of the impact of COVID-19 on business restrictions, and thus expected to start working again when the situation allowed. These respondents were more likely to adopt negative coping strategies as an immediate response to income shocks, including selling goods or assets or borrowing money, with borrowing money dominating as the pandemic extended.

To minimize the impact of COVID-19 on households and encourage a reduction of negative coping strategies, the government released social transfers, cash or in-kind, for the most-affected households.

The chapter below explores in more detail the impact of COVID-19 on employment and income, the related general coping



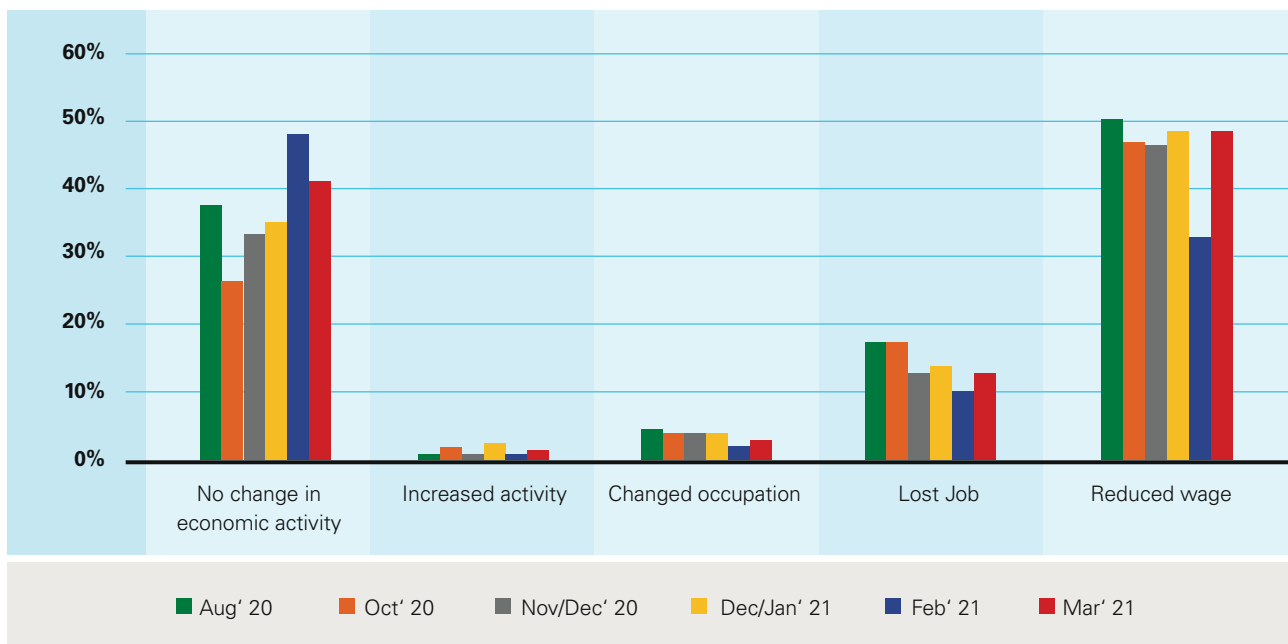
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## Impact on Employment

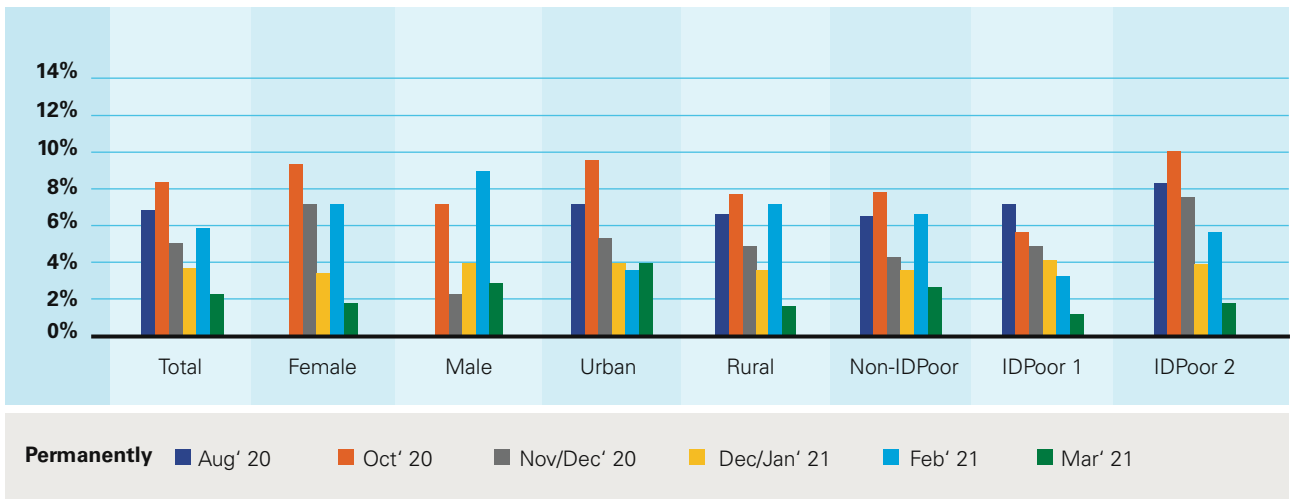
From August 2020 to March 2021, more than 50 per cent of respondents encountered changes in employment, from the previous follow-up survey. A minor proportion declared to have experienced an increase in income or change in occupation. About half of the respondents experienced wage reductions (with a decrease to 33 per cent in February), while only 1 per cent to 2 per cent saw their income increase over the last 30 days. Moreover, 10 per cent to 18 per cent of respondents lost their jobs and 2 per cent to 5 per cent changed their occupation totally.

**Figure I.1.** Changes in employment in the past 30 days



The situation remained quite unstable and prone to changes due to the secondary impacts of the pandemic. After an initial drop in economic activity in October 2020, the proportion of households that registered no change increased, thus showing a positive trend in recovery (Figure I.1). The biggest improvement was observed during the recall period of February 2021, when only 10 per cent of households lost their job and/or 33 per cent experienced wage reductions. This coincides with the highest point of no changes in economic activity, implying a more stable situation. However, there seemed to be a reversal in this trend following the 20 February community outbreak, leading to an increase in job losses and a reduction of wages reported in March 2021.

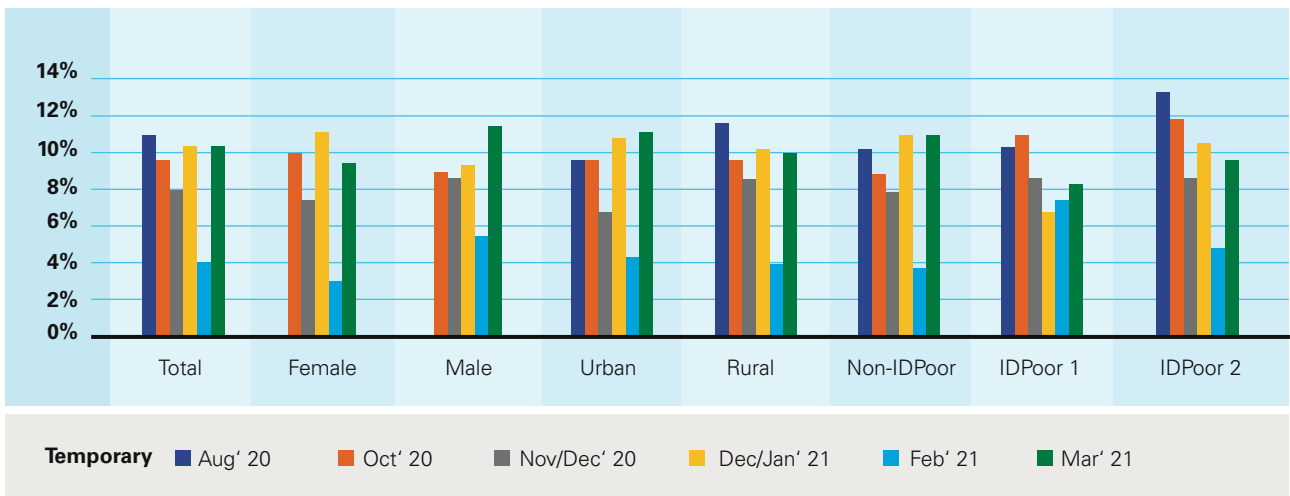
**Figure I.2.A.** Proportion of permanent job losses among respondents by gender, location and IDPoor



The permanent and temporary job loss rates were at 18 per cent in August 2020, and reduced to 10 per cent in February 2021, with an increase of 3 points in March 2021 (Figure I.2). The largest permanent job losses occurred between July and October 2020, with 8 per cent to 9 per cent of respondents declaring they had lost their job. Overall, female respondents tended to experience larger losses, but this was not always the case. This percentage decreased by March 2021, with an exceptional peak of 7 per cent in rural areas in February.

Temporary job losses followed a similar trend, with an increase in urban areas in March 2021. During October and November, women were more likely to lose their jobs permanently, while no statistically significant difference was observed between IDPoor and non-IDPoor households. Workers employed in agriculture and livestock were more likely to lose their jobs temporarily or permanently than in other sectors. However, there was a step increase in employment vulnerability among self-employed people in February 2021, reaching 31 per cent of respondents (Figure I.3).

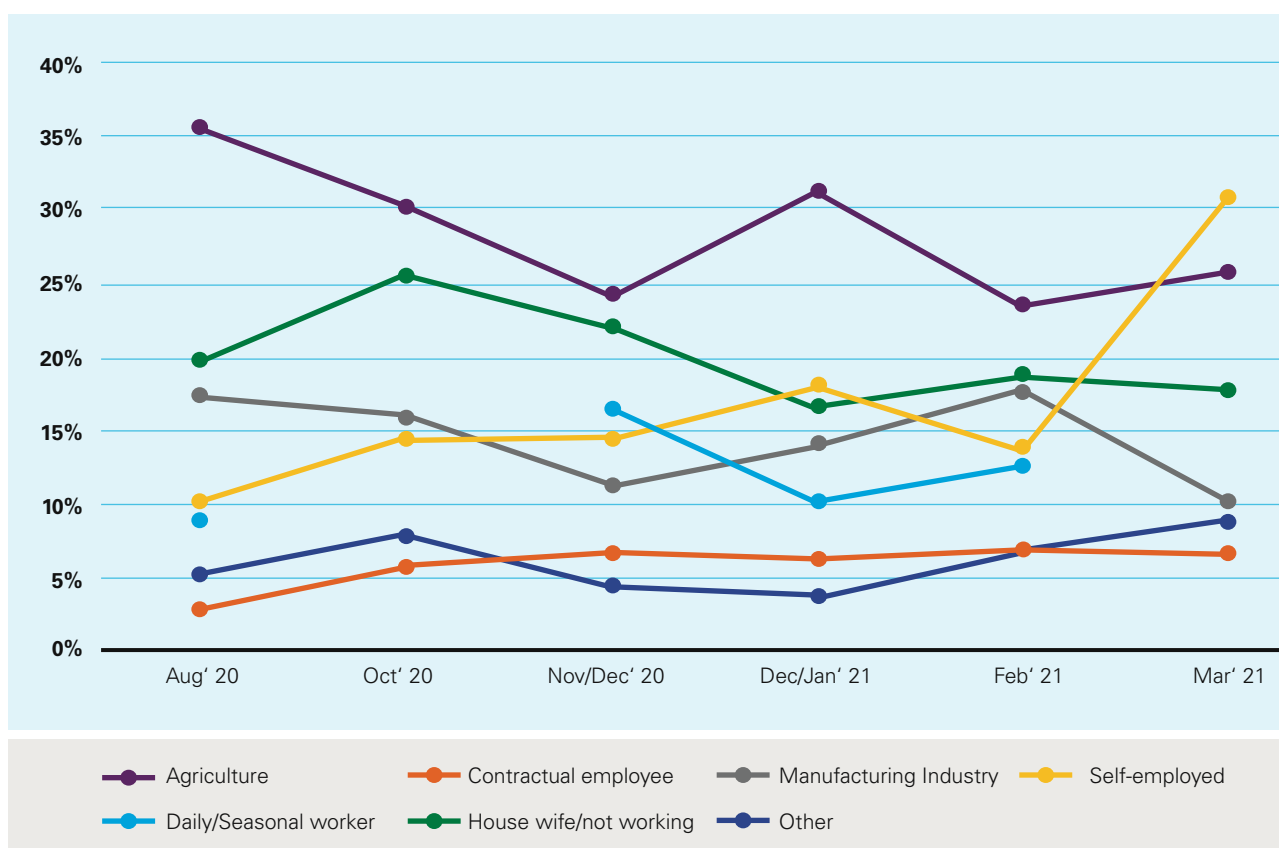
**Figure I.2.B.** Proportion of temporary loss of job among respondents by gender, location and IDPoor



The occupational sector most vulnerable to employment losses was agriculture and livestock (24 per cent to 36 per cent), followed by respondents whose employment sector was unemployed at the time of the interview (17 per cent to 20 per cent). To understand this latter statement it is necessary to provide a clarification about the labour market structure in Cambodia: many households in Cambodia have multiple jobs, run multiple businesses or are engaged in informal work. Any of these conditions create a challenge to defining an individual's employment status, as the sector or status of the primary occupation might be different than the secondary one or the characteristics of side jobs. Therefore, respondents might have registered different answers according to the timing of the interview and job of reference.

In March, there was a rapid increase among self-employed respondents who declared to have lost their jobs. This exceeded all other sectors and reached 31 per cent. In contrast, those most resilient to job losses were contractual employees.

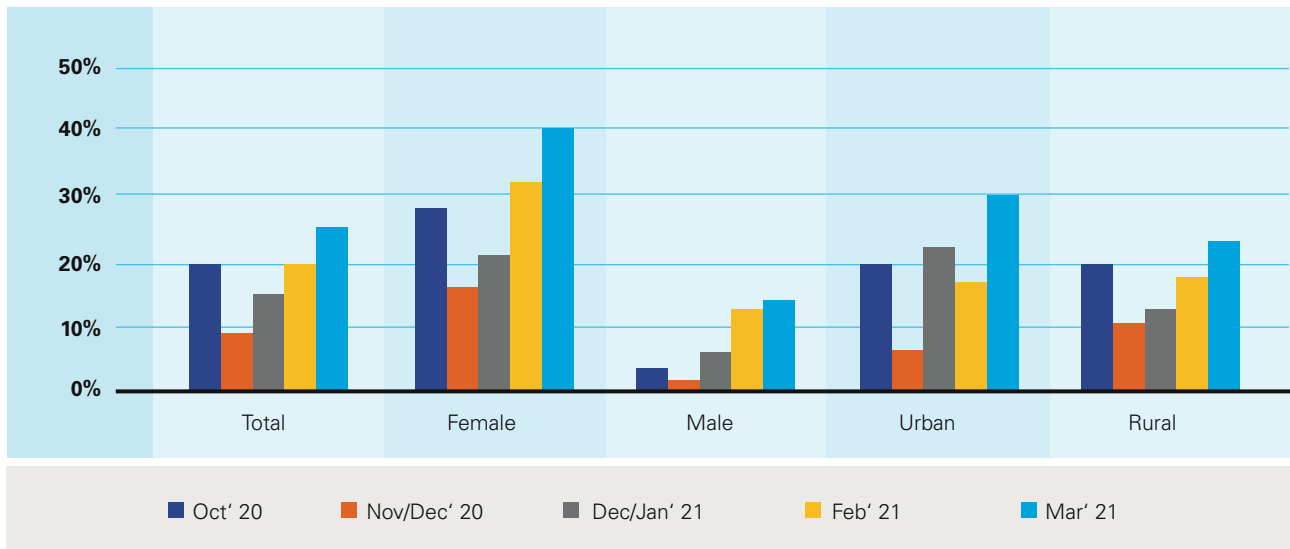
**Figure I.3.** Employment sector of respondents who lost their jobs



Unemployment increased over time, involving 25 per cent of respondents in March 2021, with women generally more disadvantaged than men (Figure I.4). The reason for this was that respondents who had lost their jobs were not able to find a new one in the next month and remained unemployed. During this period, the biggest proportion of this group was previously employed in the agricultural sector (29 per cent to 55 per cent). However, in October 2020 and February 2021, 30 per cent and 32 per cent of respondents, respectively, came from the manufacturing industry, while in December 2020 and January 2021, 27 per cent of recently unemployed were previously self-employed (Figure I.5).

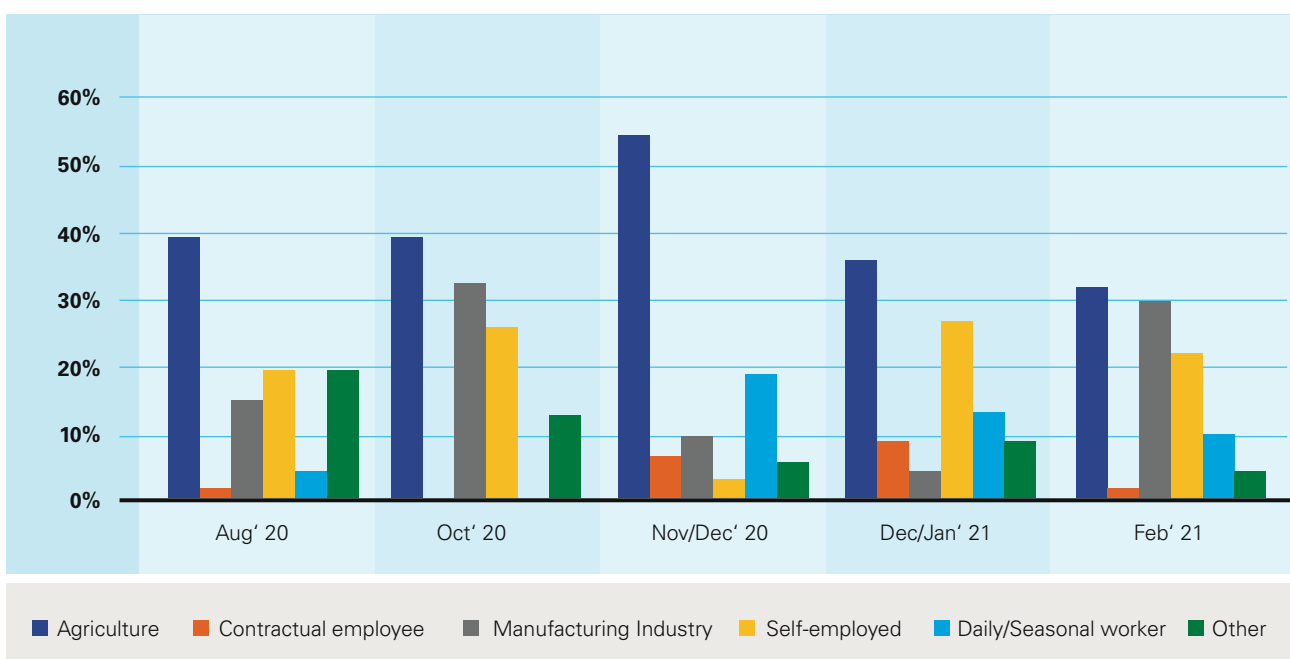


**Figure I.4.** Households that became unemployed after a job loss in the previous round



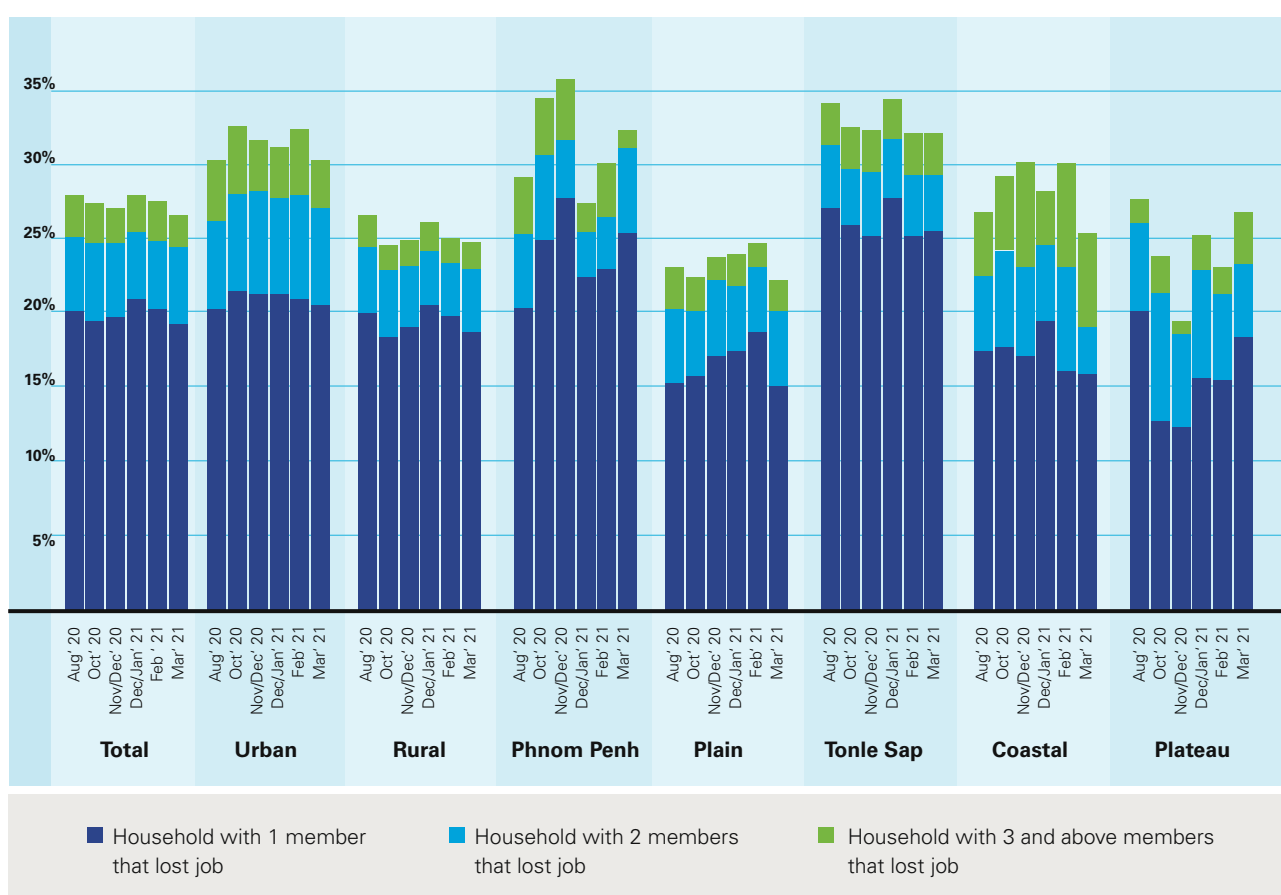
In the round of August 2020, 0.10 per cent declared to be a returning migrant worker. This was 0.50 per cent in February 2021 and reduced to 1 out of 1,053 respondents by March 2021. Migration took place within the country, with 2.35 per cent of respondents declaring to have migrated to another province between July and October 2020 and 1.14 per cent between February and March 2021. Among these, 88 per cent in August declared to have experienced income losses and 52 per cent lost their job. In March, these figures were respectively 92 per cent and 17 per cent. About half of the respondents who migrated between October and December 2020 were considered IDPoor, while only one quarter were IDPoor in February 2021. Hence, it can be concluded that internal migration was a coping strategy among the households whose employment was affected by COVID-19.

**Figure I.5.** Sector of employment of those who were unemployed in the previous round



During each round, 26 per cent to 28 per cent of households declared to have at least one member losing their job, excluding the respondent. Among these, the majority (19 per cent to 20 per cent) had only one member losing their job in the past 30 days, 4 per cent to 5 per cent had two members, and 2 per cent to 3 per cent had at least three members (Figure I.6). The Phnom Penh and Tonle Sap areas can be further highlighted as the most impacted areas in Cambodia, with 29 per cent of households in the capital and 34 per cent in Tonle Sap having at least one member losing their job in August. In particular, the situation in the capital was deteriorating until early December (when it reached a peak of 36 per cent) with signs of recovery in late December/January (27 per cent). However, this reversed again after February.

**Figure I.6.** Proportion of households with 1, 2 or 3 and above members who lost their job, by rural/urban area

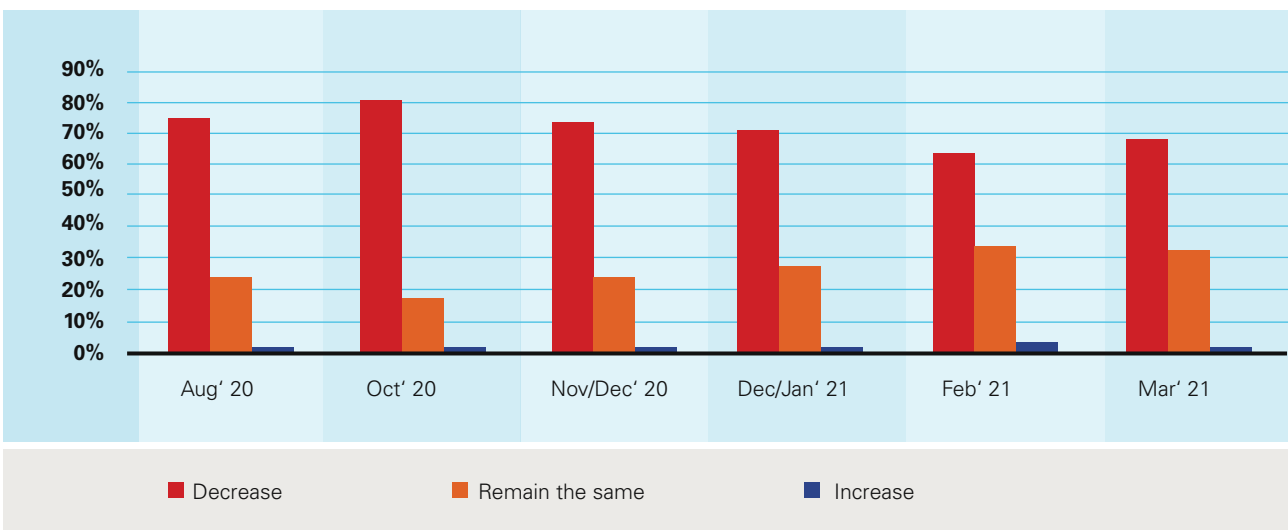




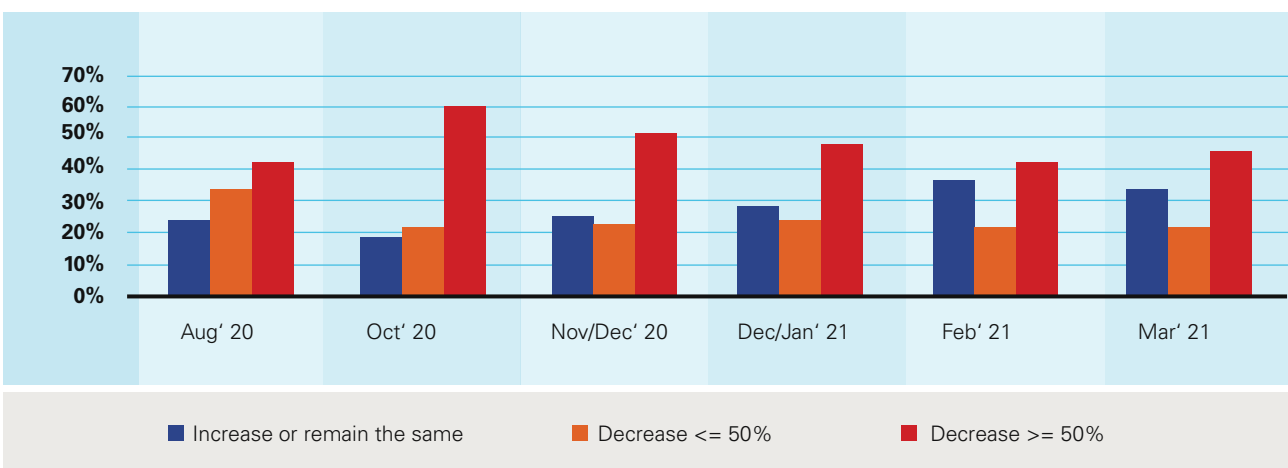
## Impact on income

Throughout the six rounds, a minimum of 63 per cent of the households experienced income loss. The figure was 75 per cent in August, and this reached a peak of 80 per cent in October 2020. This coincided with large-scale flash floods that affected many provinces in the country (Figure I.7). Moreover, 60 per cent of the households who were affected by income reductions in October reported having lost 50 per cent or more of their income, as shown in Figure I.8. and Figure I.9. The following rounds showed an improving trend, both in terms of the percentage of households affected by income loss as well as the magnitude of the loss. In February 2021, this percentage decreased to 63 per cent overall, and 42 per cent of those experienced a decrease in their income of 50 per cent or more. In March 2021, there was another increase in the proportion of households experiencing income loss, which can be attributed to the COVID-19 events from late February.

**Figure I.7.** Changes in income over the last 30 days

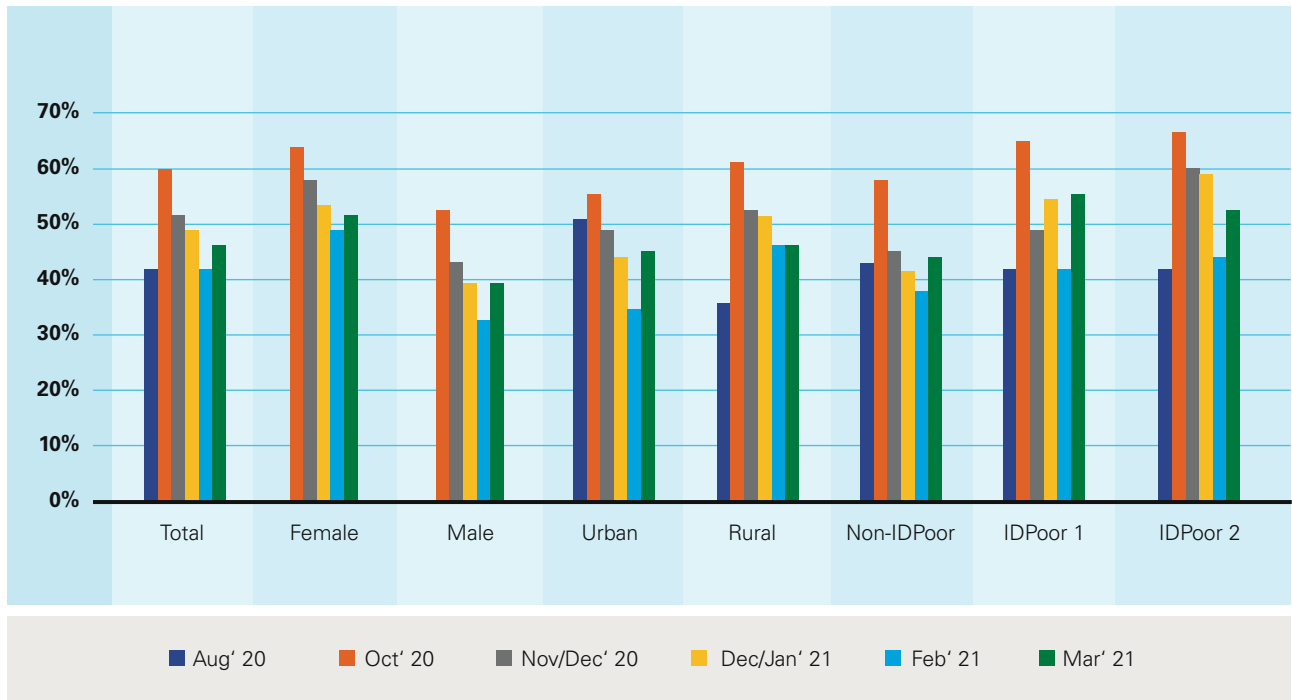


**Figure I.8.** Magnitude of changes in household income



The pandemic hit both urban and rural areas with no statistical difference between the two (Figure I.9). Only in February did the impact appear to be stronger on rural households, by 12 percentage points. The proportion of households reporting income loss was higher among female respondents. IDPoor 2 households saw slightly higher levels of decreasing income compared to IDPoor 1 and non-IDPoor households.

**Figure I.9.** Proportion of income loss equal to or greater than 50 per cent among respondents by gender, location and IDPoor

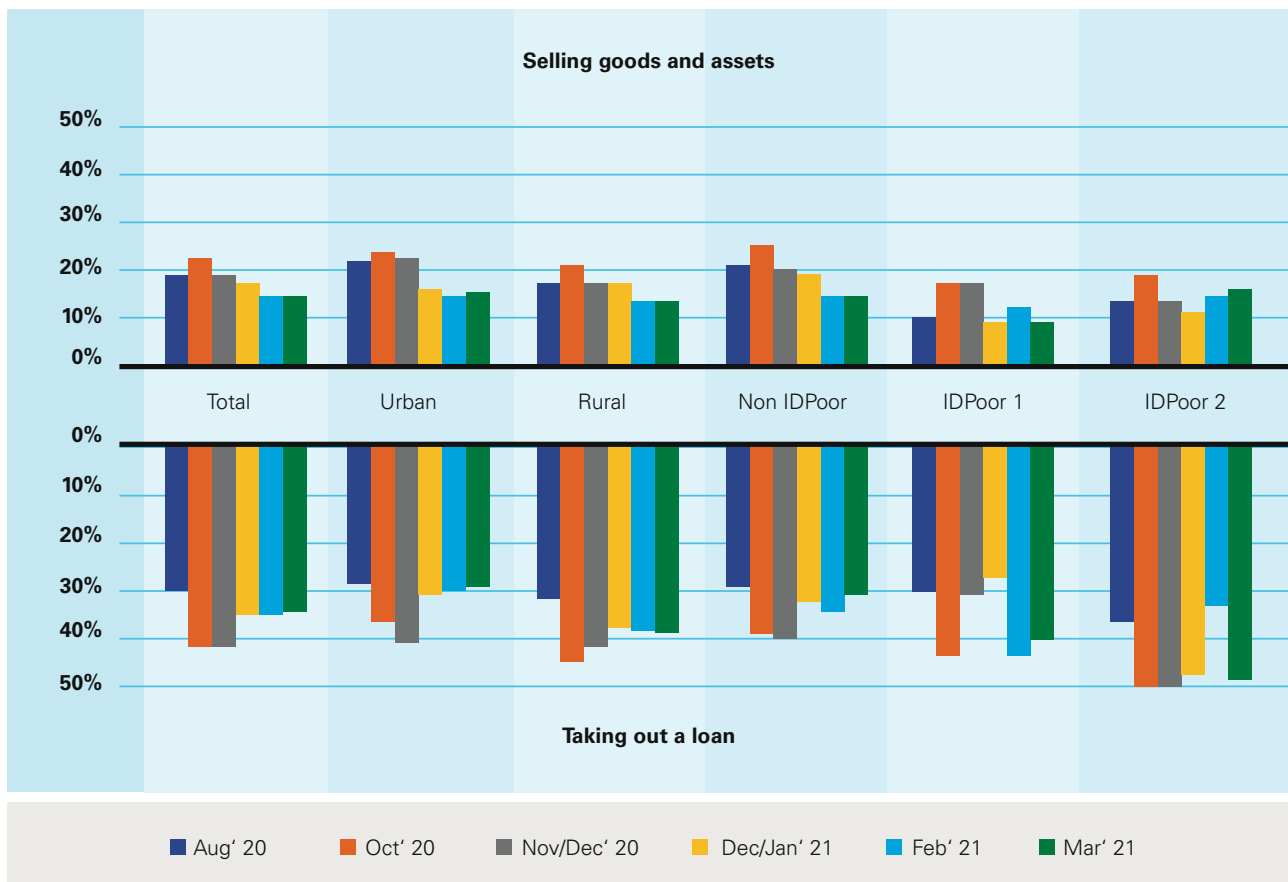




## General coping strategies

To tackle such significant reductions in income, households increasingly adopted coping strategies between August 2020 and March 2021. In August 2020, 19 per cent of households sold goods or assets and 30 per cent borrowed money. A peak in the adoption of these two coping strategies was observed between August and December 2020 (Figure I.10). Fewer households (14 per cent) used the first strategy during March 2021, as might be expected with limited assets and their potential depletion. IDPoor households, particularly IDPoor 2, were more likely to borrow money, while non-IDPoor households were more likely to sell assets. A differentiation in strategy was observed among households from different areas. Rural households were more likely to take out a loan, while urban households were more likely to sell goods or assets to cope with the negative impact of COVID-19 on their financial situation. From October to February, it was observed that female-headed households were 10 to 12 percentage points more likely to take out loans than male-headed households.

**Figure I.10.** Proportion of households engaging in general coping strategies

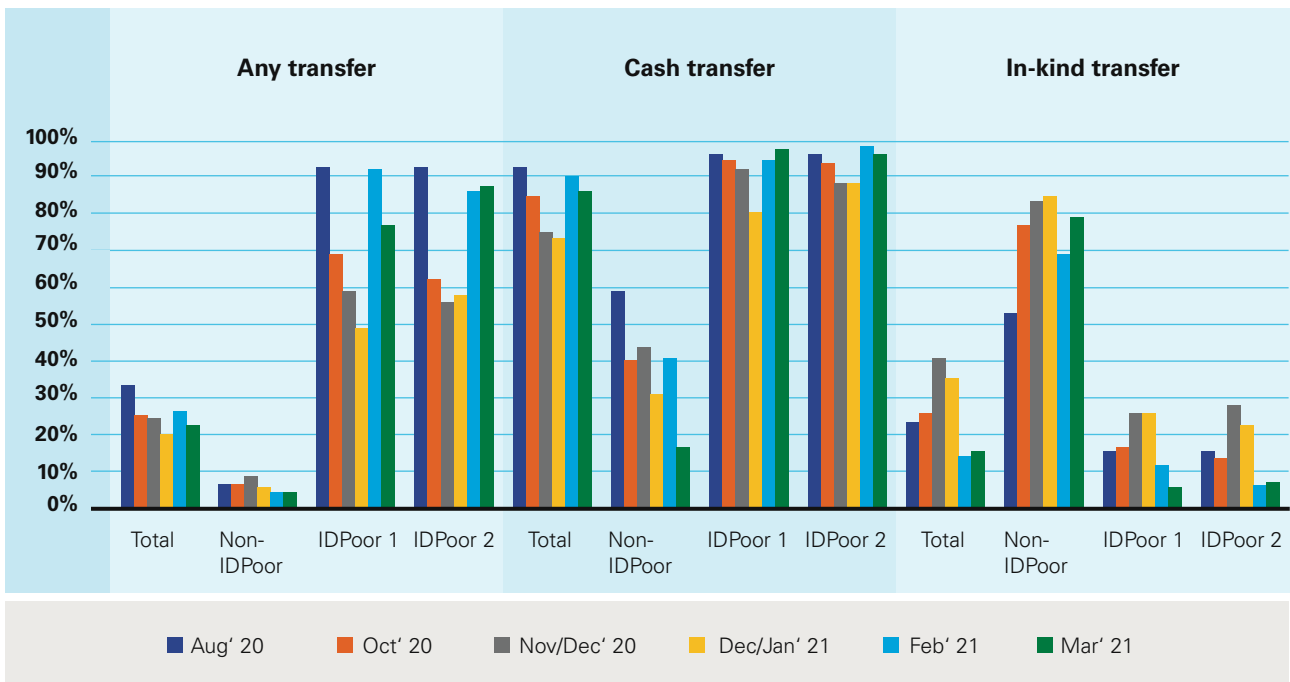




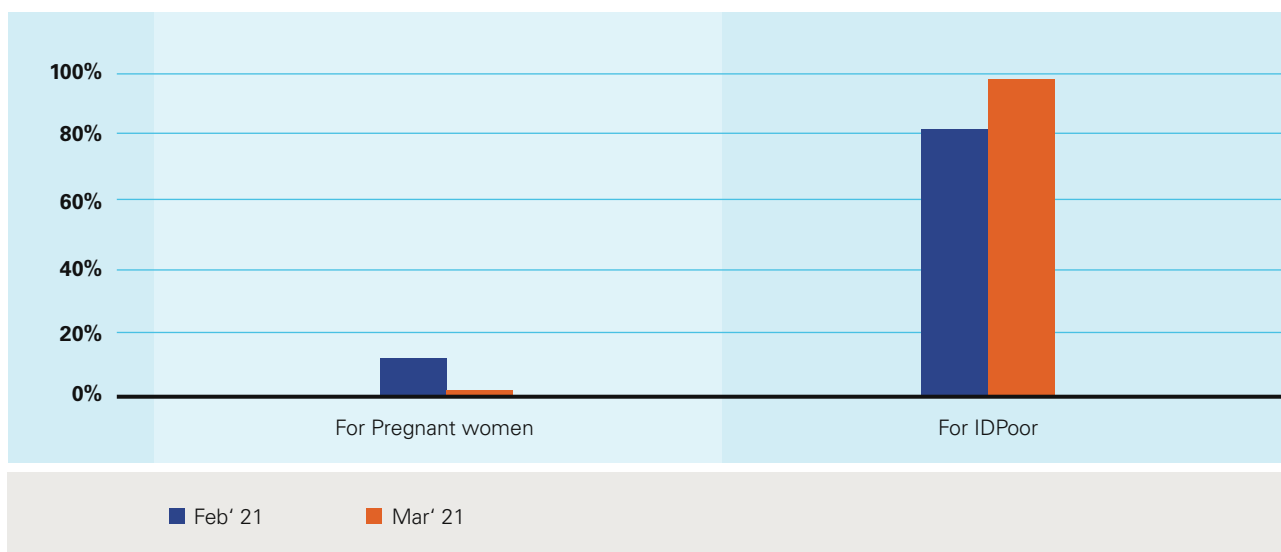
## Social Transfers

Between March and August 2020, 33 per cent of the households included in this assessment received social transfers in the form of cash (92 per cent) and/or in-kind (23 per cent). Due to the economic impact of the pandemic, IDPoor households were prioritized by the government and received additional social protection support. However, in our sample, the percentage of households receiving social support decreased from 33 per cent in August 2020 to 23 per cent during March 2021. In particular, the percentage of in-kind transfer recipients reached a peak of 41 per cent in November/December 2020 and then decreased to 15 per cent by March 2021. The percentage of cash transfer recipients decreased by 17 percentage points in December 2020 and increased again to 90 per cent by February 2021 (Figure I.11). These transfers were directed to pregnant women (13 per cent in February) and IDPoor households (81 per cent), with an increase to 98 per cent of the latter in the following month (Figure I.12).

**Figure I.11.** Social transfers, cash and in-kind transfers

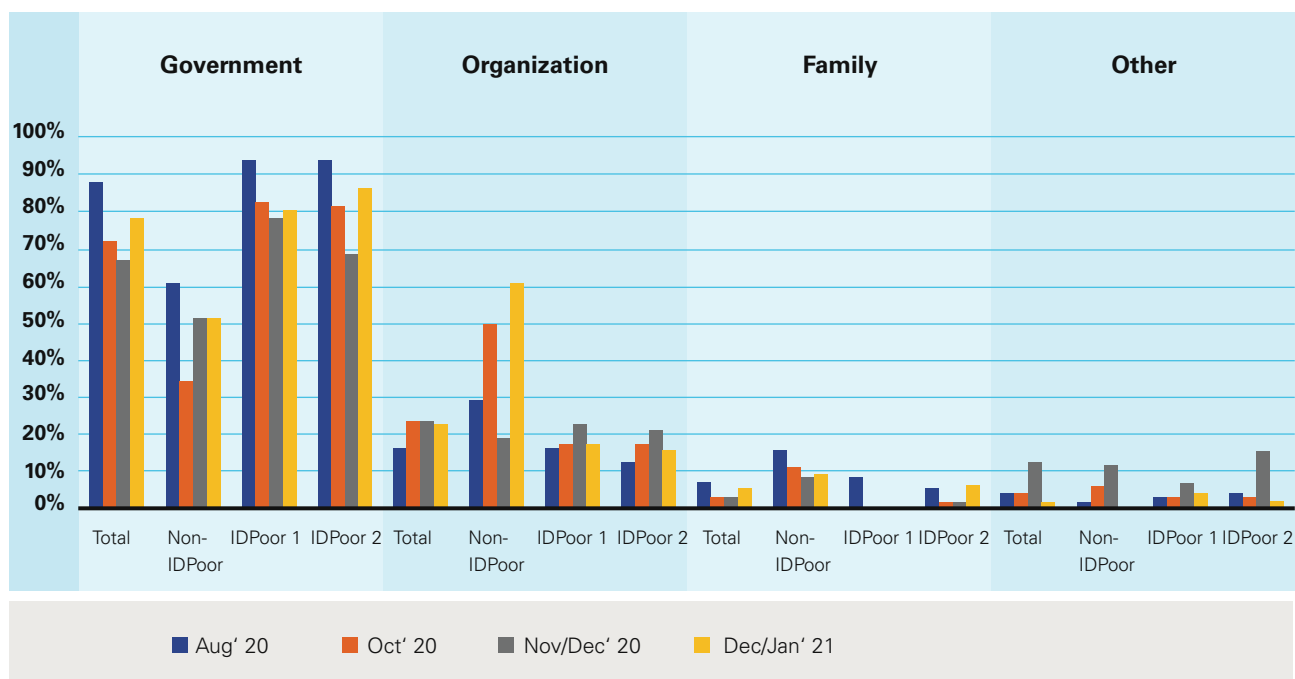


**Figure I.12.** Type of cash transfer



Overall, non-IDPoor households were less likely to receive any social transfers when compared to IDPoor households (7 per cent to 4 per cent), and specifically cash transfers (20 per cent to 30 per cent) (Figure I.13). The primary source of transfers for both IDPoor and non-IDPoor households was the government, with additional support from other organizations, charities and family. This percentage increased over time, accounting for 21 per cent to 22 per cent IDPoor 1 and IDPoor 2 households receiving social transfers from organizations in December 2020. However, non-IDPoor households had a higher share of transfers from family and other organizations during the entire period.

**Figure I.13.** Source of social transfers for households that received cash or in-kind transfers





## Summary of Findings and Recommendations

The pandemic has had undeniable impacts on households' financial situations. More than 50 per cent of respondents encountered changes in their employment at each round of data collection. These changes were more likely to be in the form of reductions in income due to the reduced number of working hours and reduced demand for services and goods. Nevertheless, these changes were perceived to have had a temporary impact, with the expectation that this would be redressed once the situation stabilized.

The impact on households' income was dramatic, with signs of partial recovery or stabilization if economic activities restarted. To cope with negative changes in employment, the respondents changed their main occupational area, preferring self-employment or the agriculture and livestock sector. Respondents engaged in daily or seasonal labour only in the period between October 2020 and February 2021. A high proportion of respondents, nevertheless, remained unemployed until the next round, with female respondents more likely than men to be unemployed.

The strong fiscal support by the government was beneficial to managing the COVID-19 situation and enabled the beginning of a noticeable recovery. A sign of recovery was also visible in the reduction of job and wage loss between December and February. However, a new outbreak of COVID-19 at the end of February impacted the economic situation of households, with an increased proportion of households experiencing job losses, particularly temporary losses. Wage reductions also increased in March 2021.

Based these findings, the following recommendations have been developed:



Given the latest spread of COVID-19, it is important to reduce the impact on income insecurity by providing social assistance. This is essential in order to guarantee the affordability of food and essential basic needs, as well as access to healthcare services.



Create/enforce employment protection schemes or new employment schemes to cope with job losses. As these were mostly temporary, an increase in employment benefits or other types of payroll subsidies could soften the temporal income shock.



Direct such benefits to the informal and vulnerable occupational sector.





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**The employment changes and the income reductions due to the COVID-19 shock tested the resilience of households to cope with financial stress.**

# MODULE II

## RESILIENCE TO THE COVID-19 SHOCK IN CAMBODIA

The employment changes and the income reductions due to the COVID-19 shock tested the resilience of households to cope with financial stress. It was identified that households with respondents reporting a negative change in employment in the past 30 days were more likely to experience a negative change in household income. This stressful financial situation affected the livelihood of households in many radical ways, including a higher likelihood to sell household assets or goods, taking out loans, and engaging in coping strategies that identify them as experiencing a food 'crisis' or 'emergency'.<sup>12</sup> Despite these findings, certain households were more resilient to these shocks and this chapter seeks to identify the characteristics of these households.



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<sup>12</sup> As identified by the Livelihood Coping Strategy Index.



## Household Responses to Negative Employment Changes

Respondents reported changes in their employment situation in each round. In every round of the survey except for February 2021, more than half of the respondents encountered a negative change in their employment or income, being either a reduction in income or losing a job. Figure II.1 identifies that these negative changes in employment were more likely to be a reduction of income than a lost job. For the purpose of this chapter, we will not differentiate between temporary and permanent changes, as we will only analyse short periods of time.

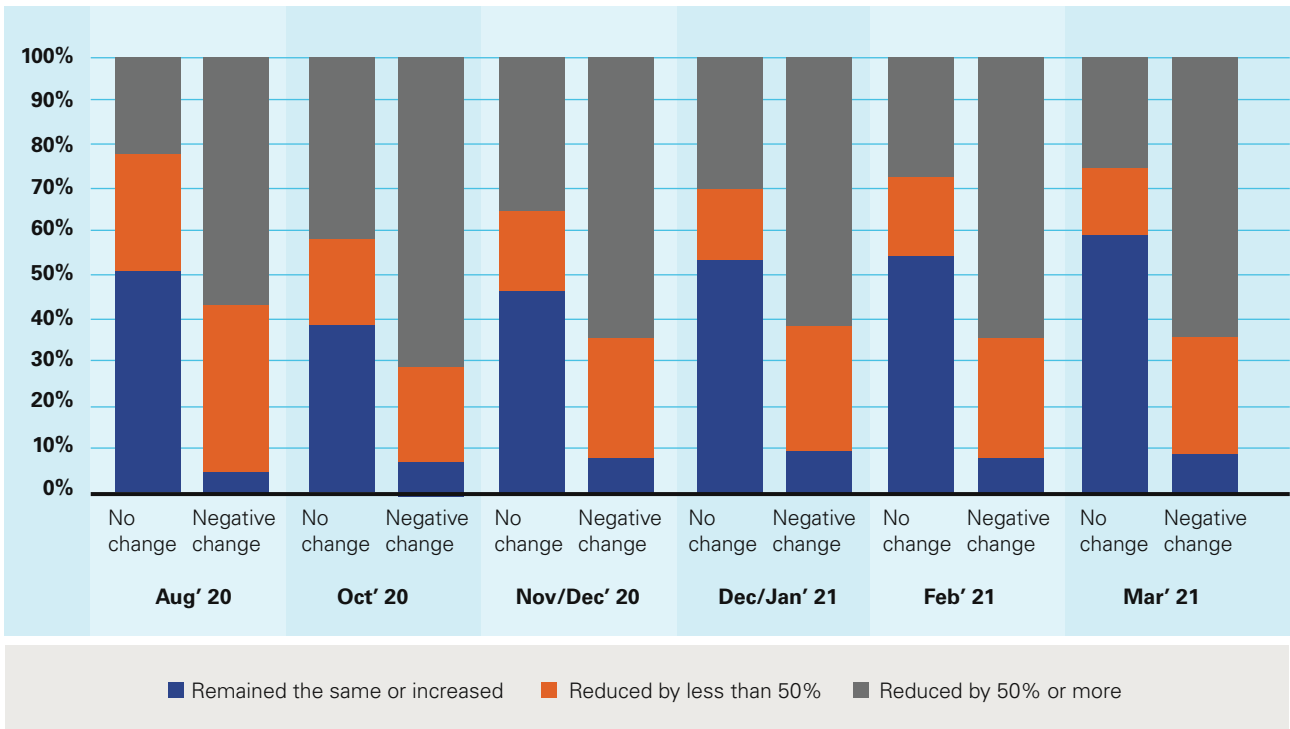
**Figure II.1.** Proportion of respondents that encountered negative employment changes in the past 30 days, including a differentiation between wage reduction and job loss



Among households whose respondents declared a negative change in employment, the majority reported a negative income change, with the biggest proportion declaring a reduction of 50 per cent or more in household income (Figure II.2). This shows that the loss of a job of even one household member can drastically destabilize the household's financial situation.

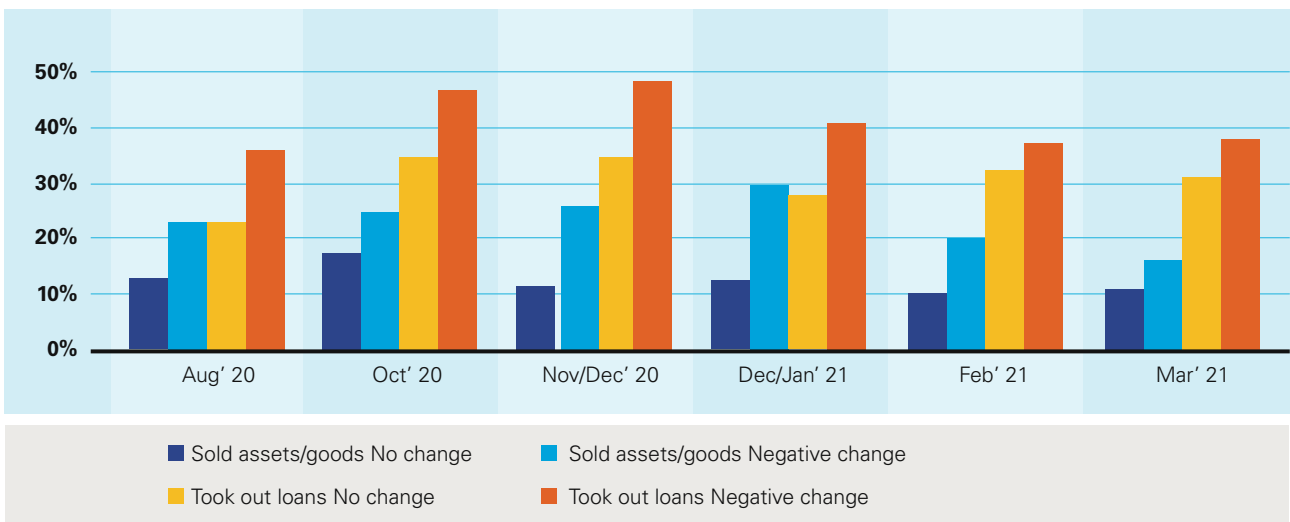
However, there was a minority of households (4 per cent to 10 per cent) that succeeded in maintaining a stable income, although one or more household members lost income in the past 30 days. There were several characteristics that seemed to correlate with better resilience: non-IDPoor households, larger households and households where no member suffered from a disability. In the first round, the households in Phnom Penh, Coastal and Tonle Sap areas were the most affected. Over the entire study period, households in the Coastal area were the least resilient.

**Figure II.2.** The impact of negative employment changes of respondents on household income



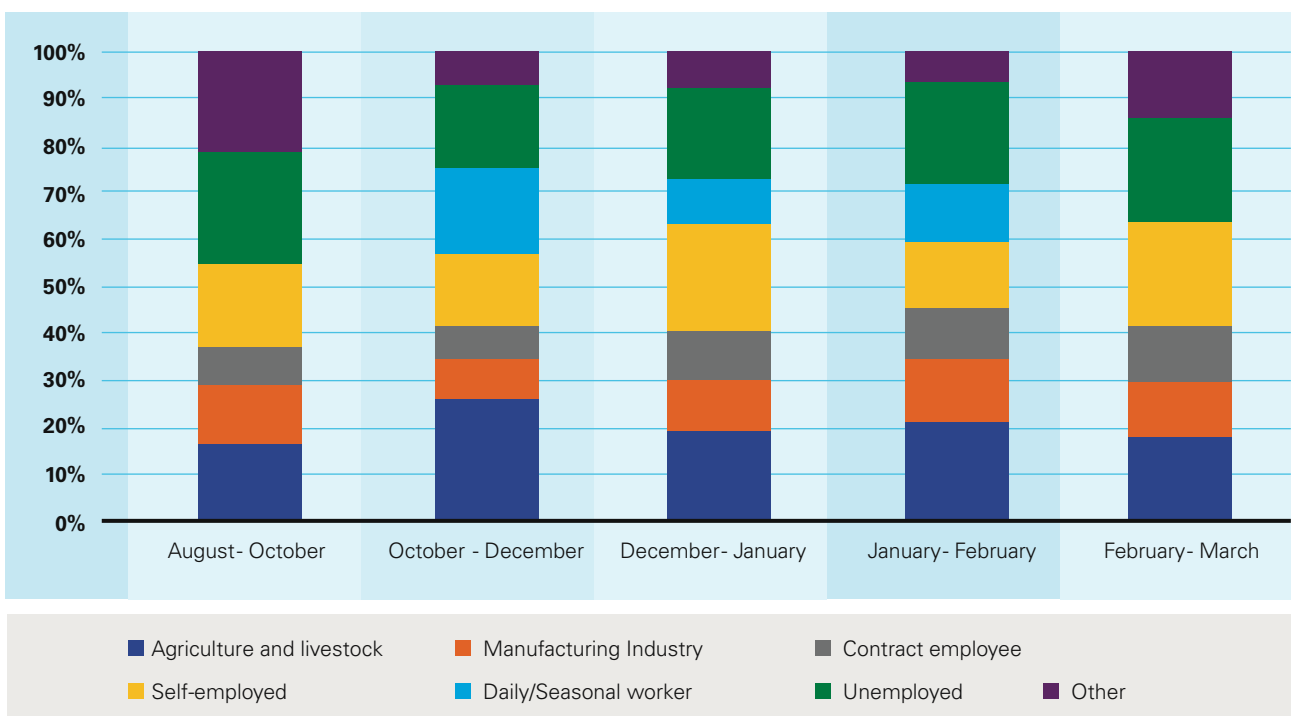
To cope with a negative change in employment, selling household assets and goods and borrowing money were used as coping strategies to manage the financial shock, as shown in Figure II.3. However, several factors were identified as increasing the resilience of households. Households from rural areas were less likely to sell assets than those from urban areas, but they were more likely to borrow money than those from urban areas. The Plain area, comprising the Southeast area of Cambodia, seemed to be more resilient, as these households were less likely to sell assets/goods and borrow money across the study period compared to all other areas of Cambodia.

**Figure II.3.** Households selling goods or assets and taking loans among respondents experiencing a negative change in employment and those that did not in the past 30 days

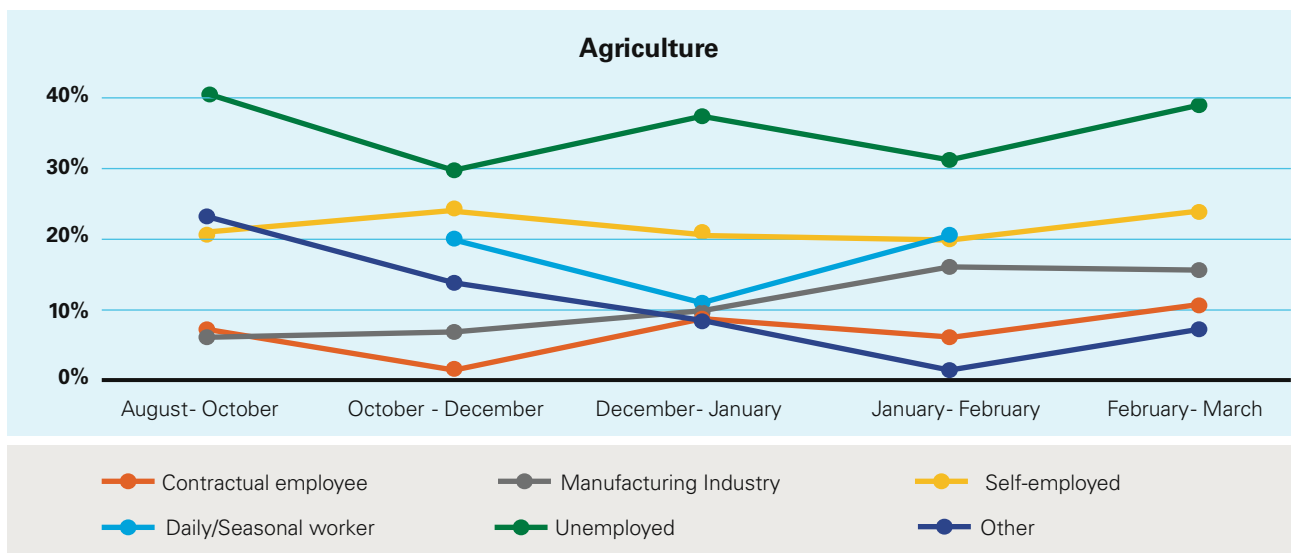


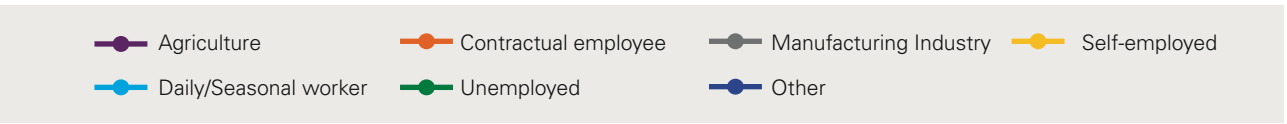
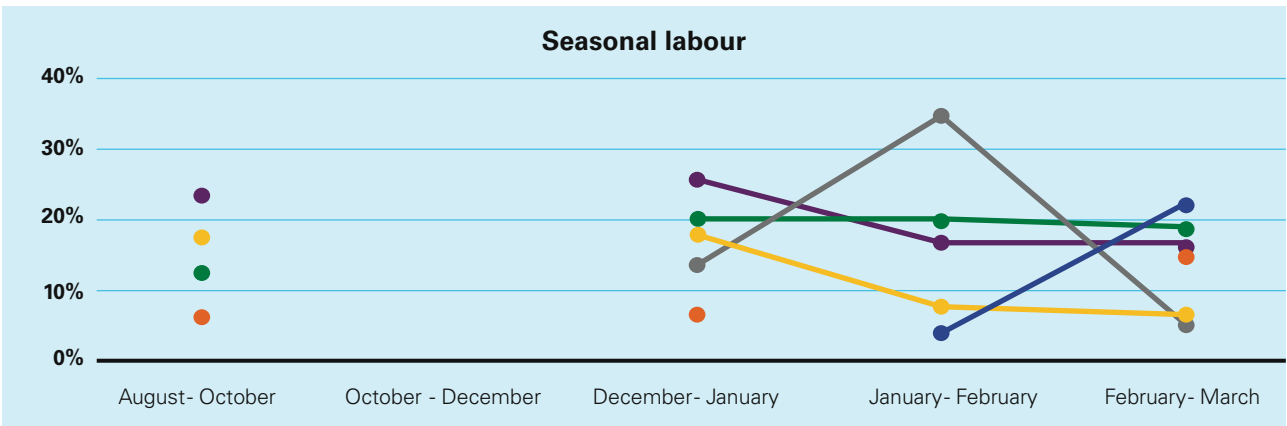
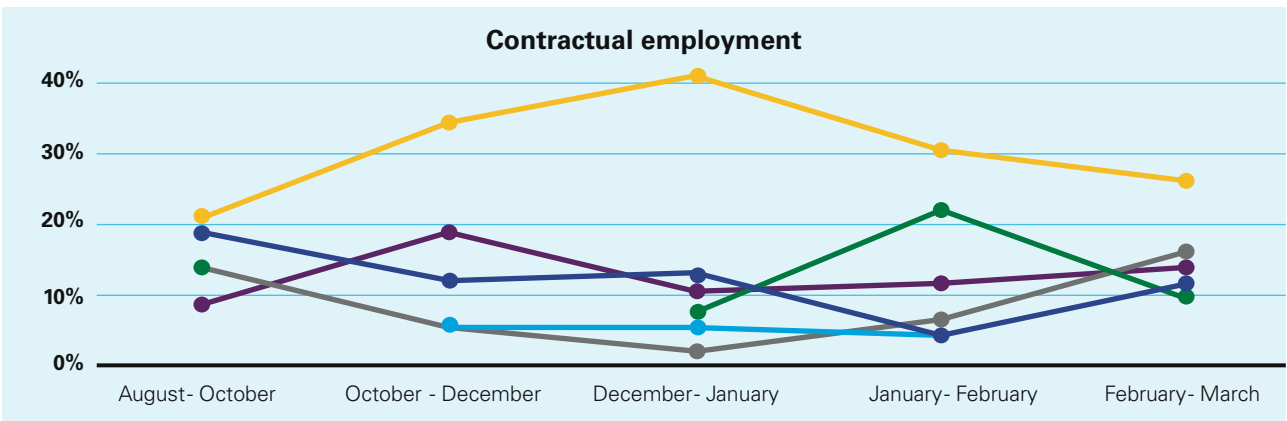
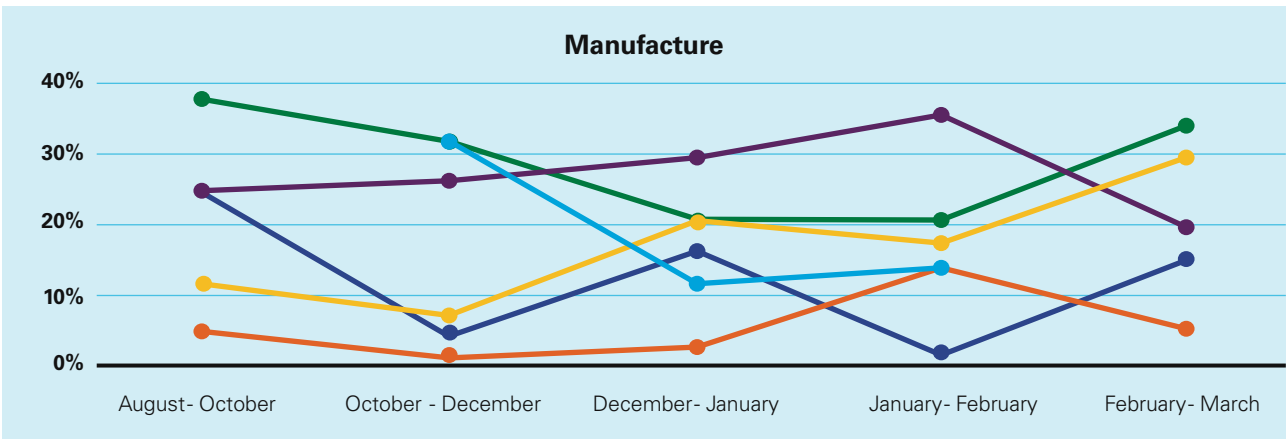
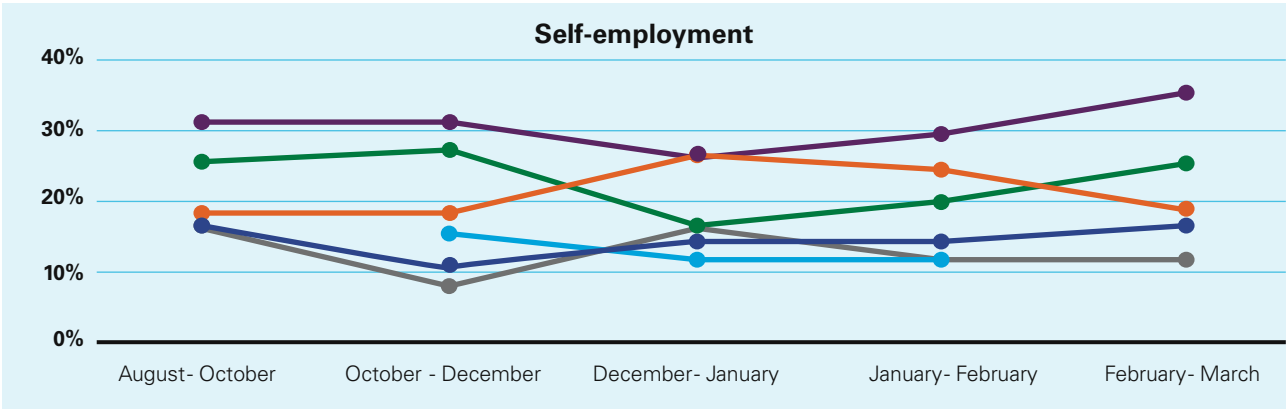
Although in lower proportions, few respondents declared having changed their main occupation between consecutive follow-up rounds (before October: n=480, December: n=340, January: n=306, February: n=328, March: n=297). Approximately half of the respondents who changed their occupational sector due to job loss or wage reduction moved to the agricultural sector (19 per cent to 25 per cent) and/or became self-employed (14 per cent to 23 per cent). Generally, those who moved to the agriculture and livestock sector were mostly previously self-employed or unemployed. However, in February a relatively large proportion was also coming from the manufacturing industry (17 per cent), while in December they came from seasonal jobs (24 per cent). The occupational sector of those who moved to self-employment was instead mostly agriculture (30 per cent in October and 23 per cent in March) and contractual employment (10 per cent in October and 20 per cent in March). Figure I.4 shows the distribution of such changes by looking at the new sector of employment people moved, while figure II.5 shows the previous occupational sectors.

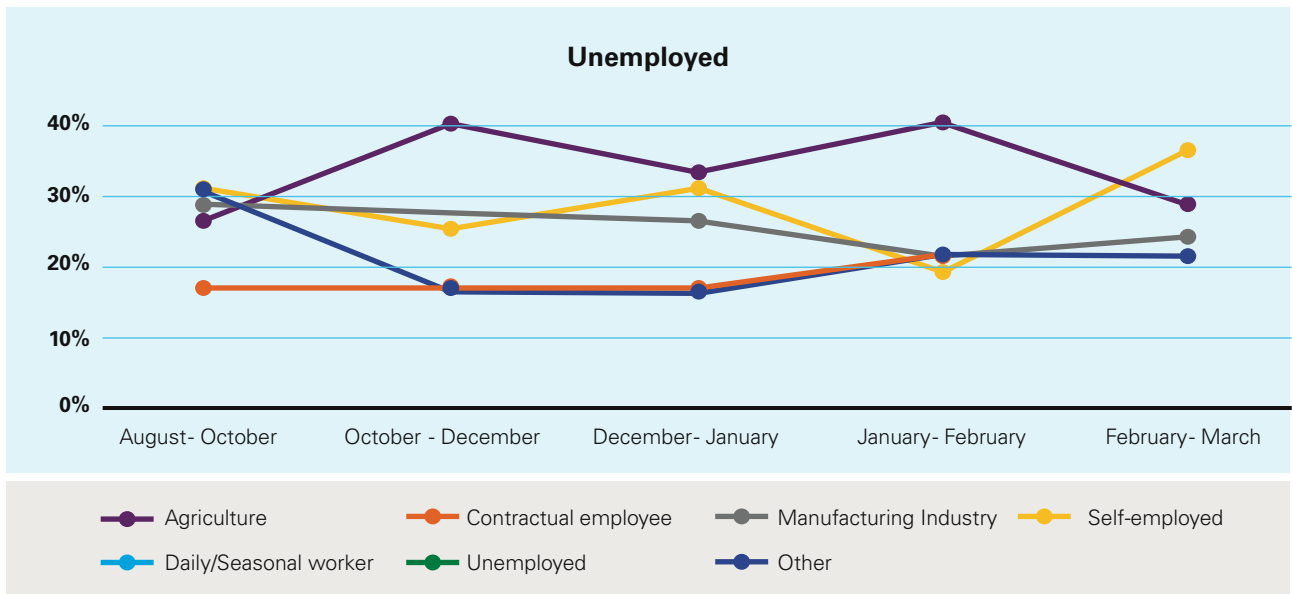
**Figure II.4.** New employment sector of the respondents experiencing job or income loss



**Figure II.5.** Previous occupational sector of the respondents before changing sector in the next round



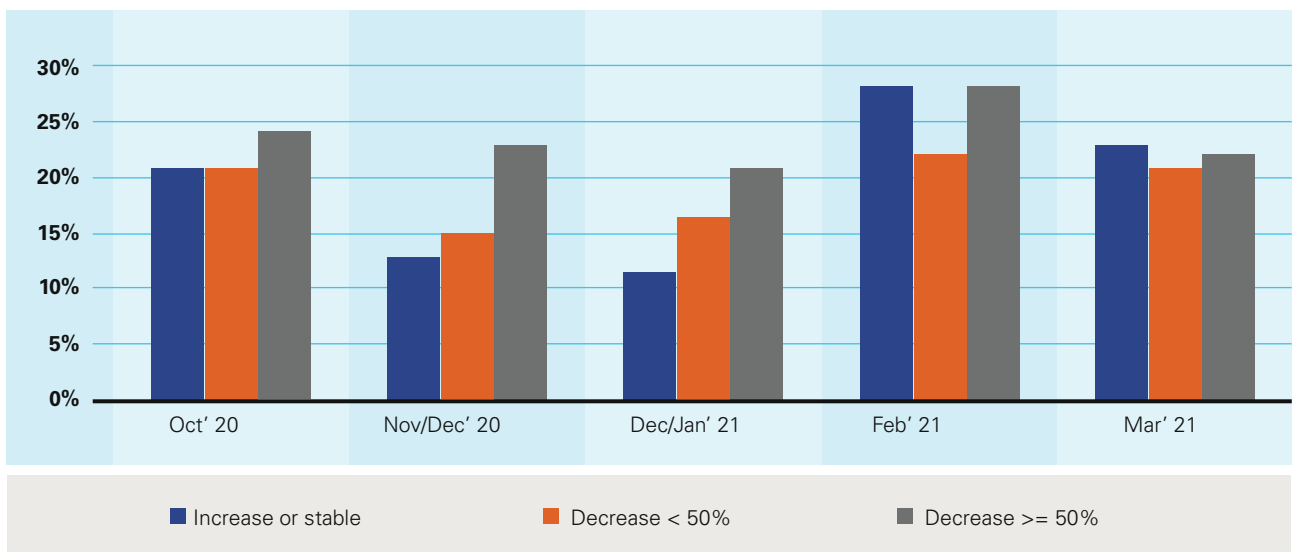




Women were 10 percentage points more likely to change employment sector than their male counterparts, as they are more vulnerable to external shocks. In parallel, respondents from rural areas were 10-20 percentage points more likely to change employment sector than those from urban areas. This shows the resilience of households to employment changes and the ability to find an alternative source of labour.

The distribution of cash transfers was a responsive action to households' negative changes in income, especially in the period August to December 2020, when differences in the proportion of households receiving cash transfers were proven to be statistically higher among those experiencing reductions in income. Figure II.6 shows that households that were more likely to experience reductions in income were also more likely to receive cash transfers in the next month. Most of these cash transfers came from the national and subnational governments (70 per cent to 90 per cent), released as support for IDPoor households through the national COVID-19 cash transfer emergency programmes for the most-affected families.

**Figure II.6.** Percentage of respondents receiving cash transfers in the past 30 days, described by household income changes





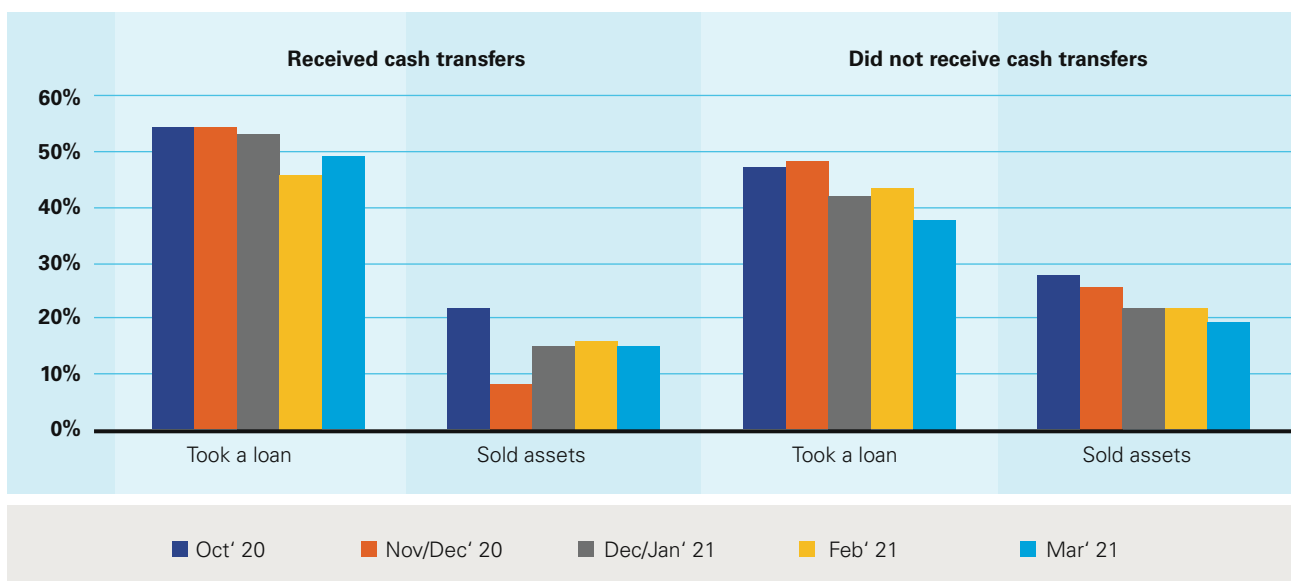


## Household Adoption of Livelihood Coping Strategies as a Response to COVID-19 Impacts

Overall, households that experienced reductions in income, job losses or food insecurity were more likely to adopt coping strategies to manage the negative impact on their livelihoods compared to those that did not experience any of these shocks. Those employed in the manufacturing industry were more likely to adopt ‘emergency’ or ‘crisis’ coping strategies compared to other employment sectors (27 per cent), hence this identifies them as ‘vulnerable’. As the pandemic extended, workers who lost their jobs permanently suffered the most, with 64 per cent using drastic coping strategies, along with seasonal workers (52 per cent). In March 2021, the unemployed (40 per cent) and contract employees (37 per cent) were most likely to engage in ‘crisis’ or ‘emergency’ livelihood coping strategies. Nevertheless, over time fewer respondents decided to adopt any coping strategy, with only 36 per cent of respondents in March 2021. This might indicate a reduction in the need to resort to drastic coping solutions.

By looking at changes in coping strategies of employed people, no conclusion can be made on what made some households more resilient than others to financial stress. However, it was noticed that households who succeeded in becoming more food secure tended to increasingly adopt general coping mechanisms. These included taking out a loan or borrowing money, selling assets or goods and/or making use of cash transfers. The impact of cash transfers was the most effective, as they enabled 33 per cent of respondents to cope with external shocks in March 2021 without resorting to the use of any livelihood coping strategies. Figure II.7 shows specifically the impact of cash transfers among the respondents who experienced an income loss greater than 50 per cent in the previous round. Cash transfers had a positive effect during November/December, as fewer respondents declared having to resort to selling good or assets than those who did not receive such financial aid, while no significant difference was observed in their tendency to take out a loan.

**Figure II.7.** Percentage of those taking loans or selling assets among those who experienced an income reduction of more than 50 per cent



About half of the households with children that adopted 'crisis' coping strategies had perceived a change in their food consumption due to the COVID-19 impact, compared to one quarter of those who did not adopt any strategy. However, such changes were compensated with the positive effects of loans, selling assets or goods, or cash transfers released mostly from the government.



## Summary of Findings and Recommendations

This chapter analysed the resilience of households to the negative impacts of employment and household income changes. More than 50 per cent of respondents declared a negative change in employment in the past 30 days at each round, of which the vast majority of households (>90 per cent) recorded an overall decrease in income.

To manage such stressors, three quarters of respondents changed to another occupational sector in the following 30 days, while approximately one quarter remained unemployed in the following round. The occupational sectors that helped respondents manage negative changes were agriculture and livestock and self-employment. Urban households were more likely to sell assets or goods to manage the reduction in household income, while rural households were more likely to borrow or lend money.

The households that were most resilient to negative income changes were the non-IDPoor households, households with six or more members, and those who had no member in the household with a disability.

The Southeast Plain area of Cambodia appeared as the most resilient to household negative financial changes, compared to the other regions. In contrast, the Coastal area appeared to be the most vulnerable.



## Recommendations



It is important that the UN continue to monitor the impact on food security and nutrition outcomes to ensure appropriate policy and programme design, and advocacy with government partners.



Improve the efficiency and effectiveness of social protection programmes in Cambodia: This is essential for examining the adequacy of benefits, better targeting groups vulnerable to job losses and income reductions (including informal workers), and consolidating already implemented but fragmented programmes.



Strengthen financial literacy and provide information on the impact of debts and loans: This is important, as several households were opting to take out loans, especially among the IDPoor (assuming that they had no more assets to sell and that loans have long-term impacts on resilience).



Encourage the community to support households that are struggling throughout the pandemic.



Provide better access to food to ensure provision and security.



**While a wide range of food products is normally available in the markets and shops of rural and urban Cambodia, not all households are able to afford these goods, and those that can may only purchase in such small quantities that all household members cannot receive a healthy, nutritious diet.**

# MODULE III

## FOOD SECURITY AND NUTRITION

While a wide range of food products is normally available in the markets and shops of rural and urban Cambodia, not all households are able to afford these goods, and those that can may only purchase in such small quantities that all household members cannot receive a healthy, nutritious diet. Moreover, some households may not have the knowledge (or commitment) to ensure that all members receive a sufficiently diverse diet or that the intra-household apportioning of food is equitable.

The impact of COVID-19 on food security and nutrition outcomes has largely been understood as a demand shock. Apart from some disruptions to supply chains early on, the availability of food commodities in Cambodian markets and their prices have remained relatively stable.<sup>13</sup> Instead, it has been the dramatic negative shocks to households' sources of incomes – loss of jobs, reduced hours and wages, loss of remittances from abroad and urban areas in Cambodia – which have played the largest role in impacting their food security and nutrition.

This section explores in more detail the impacts of COVID-19 on household- and individual-level food security and nutrition outcomes. Note that the definition for the indicators and categorizations used in this section are explained in the annex of the Methodology section.



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<sup>13</sup> Data from the Ministry of Commerce and the World Food Programme's market price monitoring system suggest that there were some market disruptions during the October 2020 large-scale flash floods and the April 2021 COVID-19 lockdowns in Phnom Penh, Kandal and Preah Sihanouk. This resulted in reduced supplies and increased prices in affected markets, but that falls outside the scope of this Social Impact Assessment report.

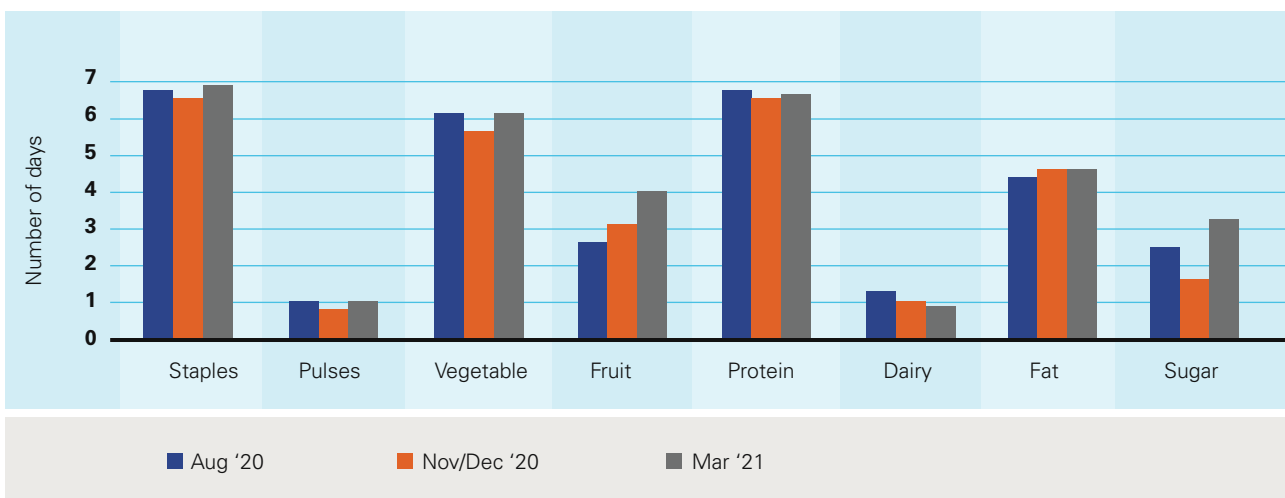


## Household Food Consumption

In August 2020, November/December 2020, and March 2021, household food security was assessed via a series of questions on the frequency of foods consumed over the previous seven days. The questions allowed for the construction of a standardized indicator – the Food Consumption Score (FCS). The FCS combines food diversity, food frequency (the number of days each food group is consumed) and the relative nutritional importance of each food group. The FCS can be used to categorize households according to three levels of consumption: poor, borderline and acceptable. Households with poor and borderline food consumption are considered to be food insecure.

Food consumption patterns for the eight main food groups did not deviate substantially between the first and last rounds. On average, households consumed rice and a protein source every day; vegetables, fats (oil) and fruits were also eaten regularly, while pulses and dairy were consumed infrequently. This consumption pattern is consistent with food frequency results from other surveys in Cambodia.<sup>14</sup> The consumption patterns did not differ materially across various sub-groups, for example IDPoor households were found to consume protein, vegetables and fruits as frequently as non-IDPoor households.

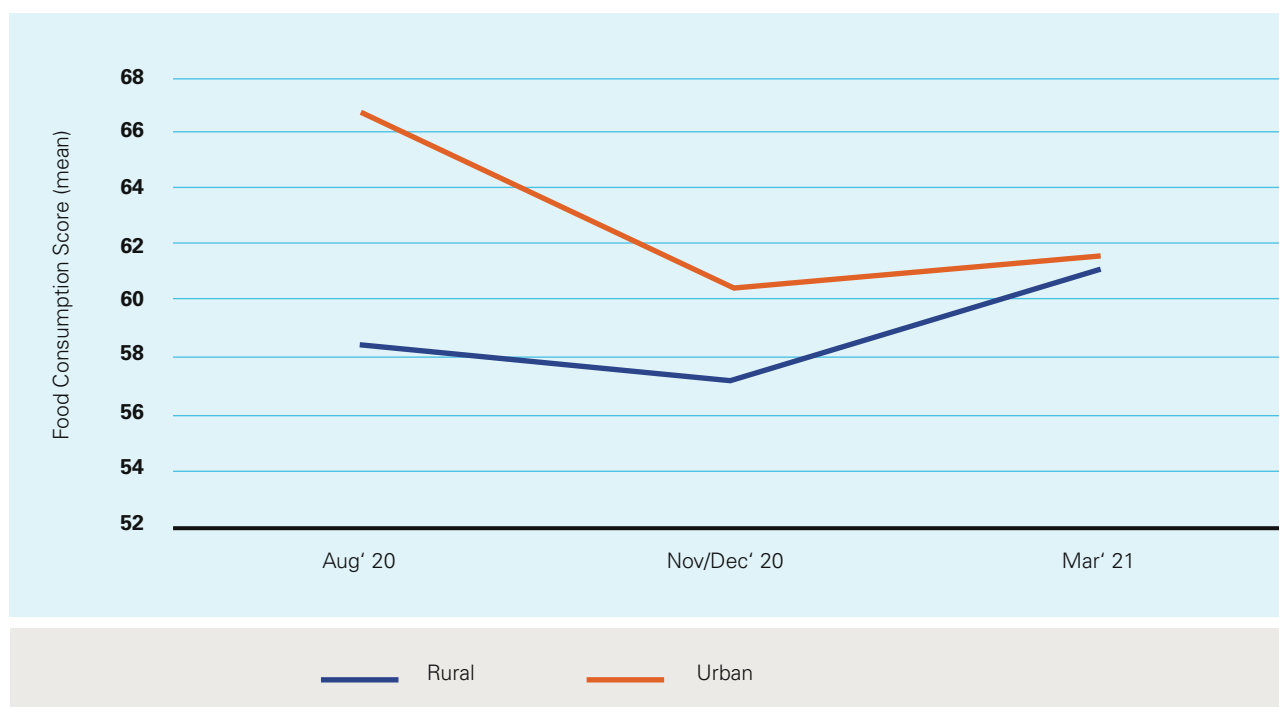
**Figure III.1.** Average number of days that households consumed eight main food groups during the last seven days



<sup>14</sup> For example, data from the 2017 Cambodia Socio-economic Survey (CSES) found that, nationally, households had consumed rice and fats on an average of 6.9 and 3.5 days, respectively, in the previous seven days.

As a result, a very low percentage of households was found to have poor or borderline food consumption across the three rounds when this indicator was collected (3 per cent, 6 per cent and 3 per cent, respectively). When looking at the mean FCS score across the rounds, however, some small deterioration in November-December 2020 can be observed among urban households, which never fully recovers (Figure III.2). This deterioration is likely due in large part to the temporary disruptions to markets and supply chains that occurred during and following the October 2020 large-scale floods.<sup>15</sup>

**Figure III.2.** Dietary diversity of urban and rural households by round

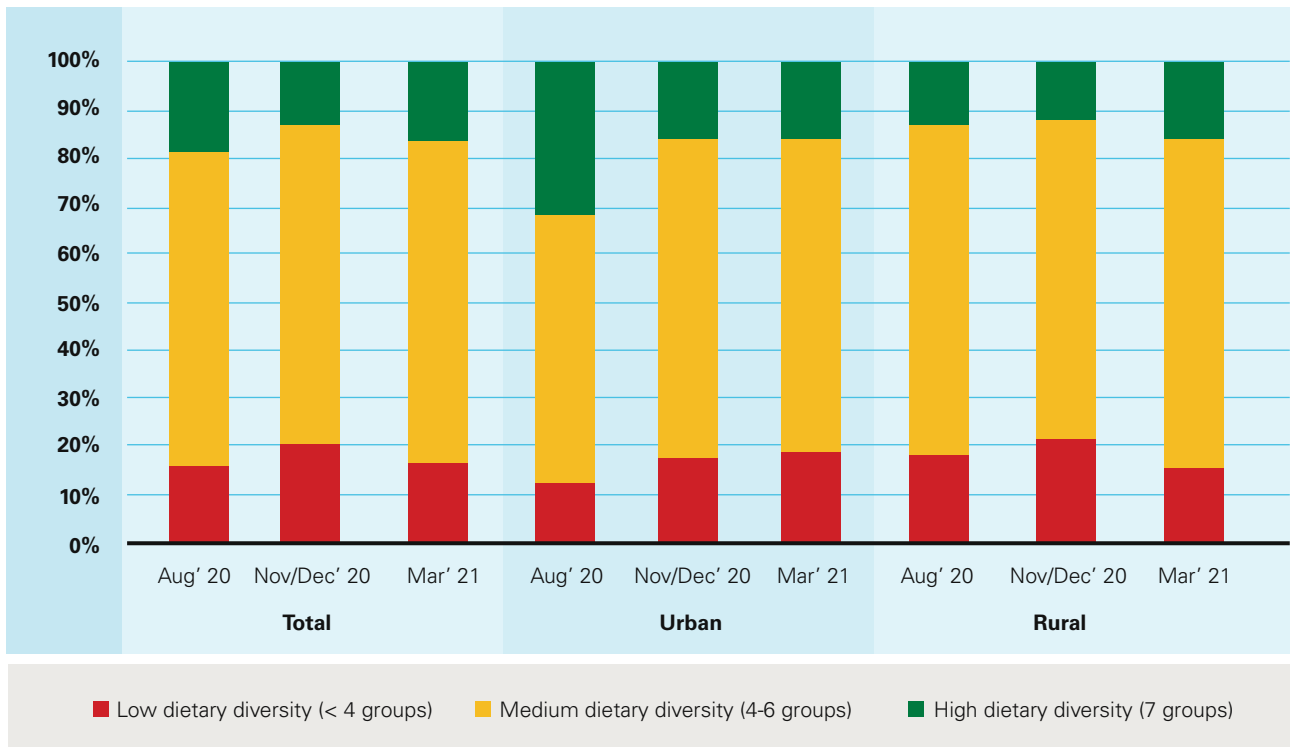


Households consuming a diet which lacks diversity can be considered food insecure. Such households spend a large share of their food budget on staples (predominately rice) which provide a cheap source of calories. These households do not consume many nutritious food items, which can provide protein and micronutrients. Dietary diversity is measured by assessing the number of food groups that a household consumed over a period of seven days. Households consuming four or fewer food groups are considered to have low dietary diversity.

Across the duration of the assessment, nearly one in five households (between 16 per cent and 20 per cent) were found to be consuming a diet with low diversity (four or fewer food groups). IDPoor households as well as small households (<= 3 members) or those with a member with a disability were more likely to have consumed diets in the previous week with low dietary diversity. A deterioration in dietary diversity was observed during the November-December 2020 round.

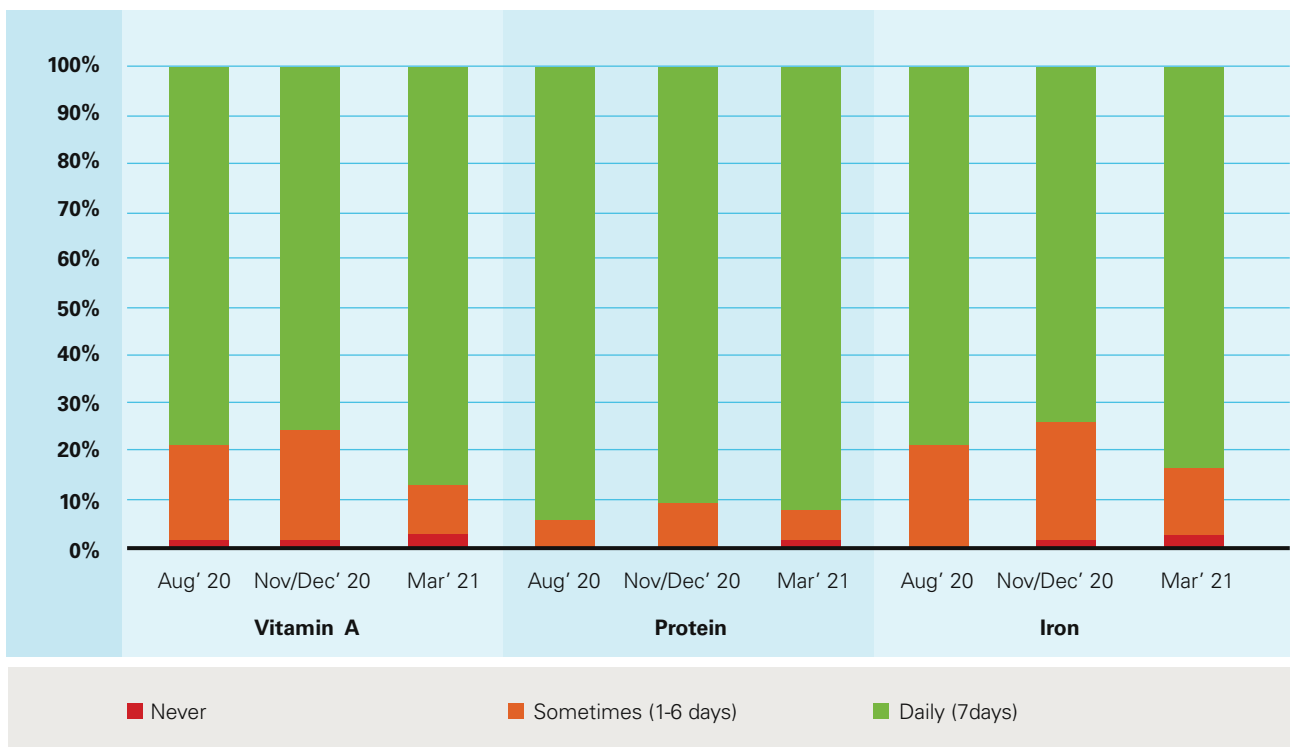
<sup>15</sup> Floods Response Plan Cambodia 2020 (For the period Nov 2020 – April 2021)- Cambodia | ReliefWeb

**Figure III.3.** Dietary diversity of urban and rural households by round



The nutritional quality of the diets consumed by households likewise deteriorated in November-December 2020. About one in four households were found to be not regularly consuming Vitamin A-rich foods in round 3 compared to just 13 per cent in March 2021; consumption of iron-rich foods followed a similar trajectory. IDPoor households were especially vulnerable to consuming diets with less than optimal amounts of iron. This finding is especially salient given the elevated levels of iron-deficiency anaemia among women in Cambodia.

**Figure III.4.** Percentage of households that consumed Vitamin A-, protein- and iron-rich foods



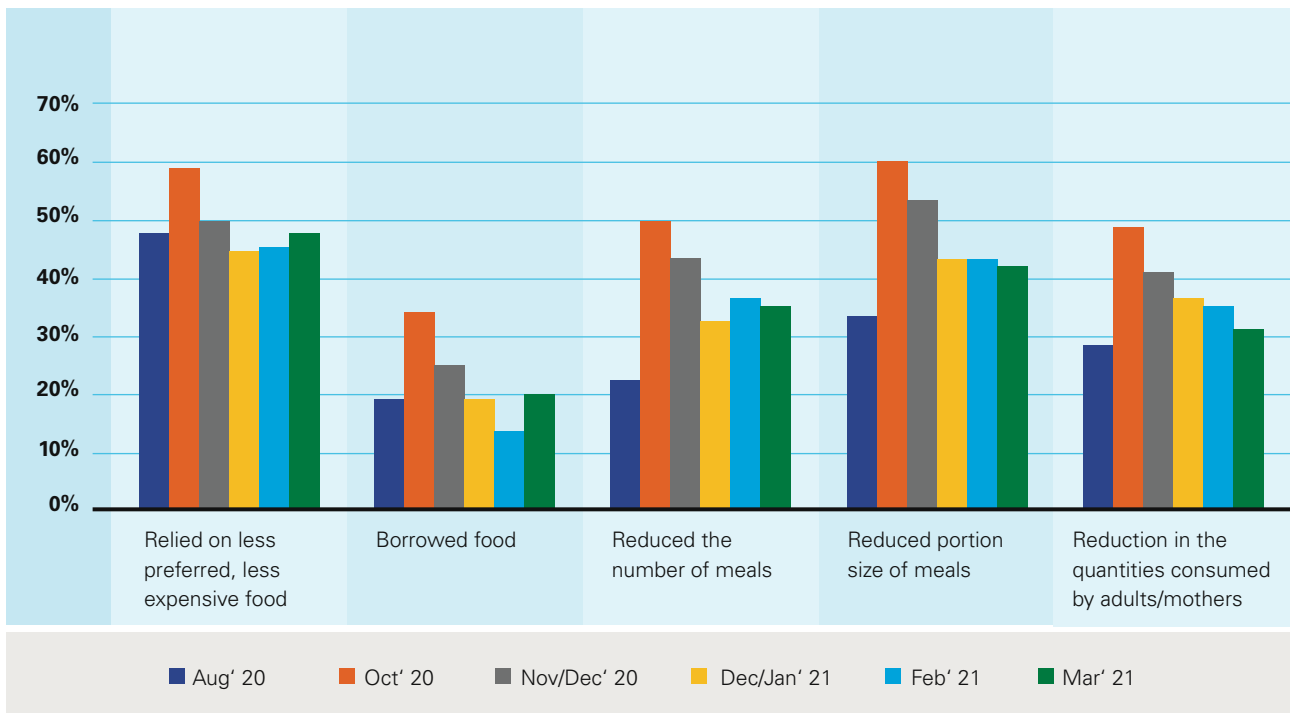




## Food- and Livelihood-Based Coping Strategies

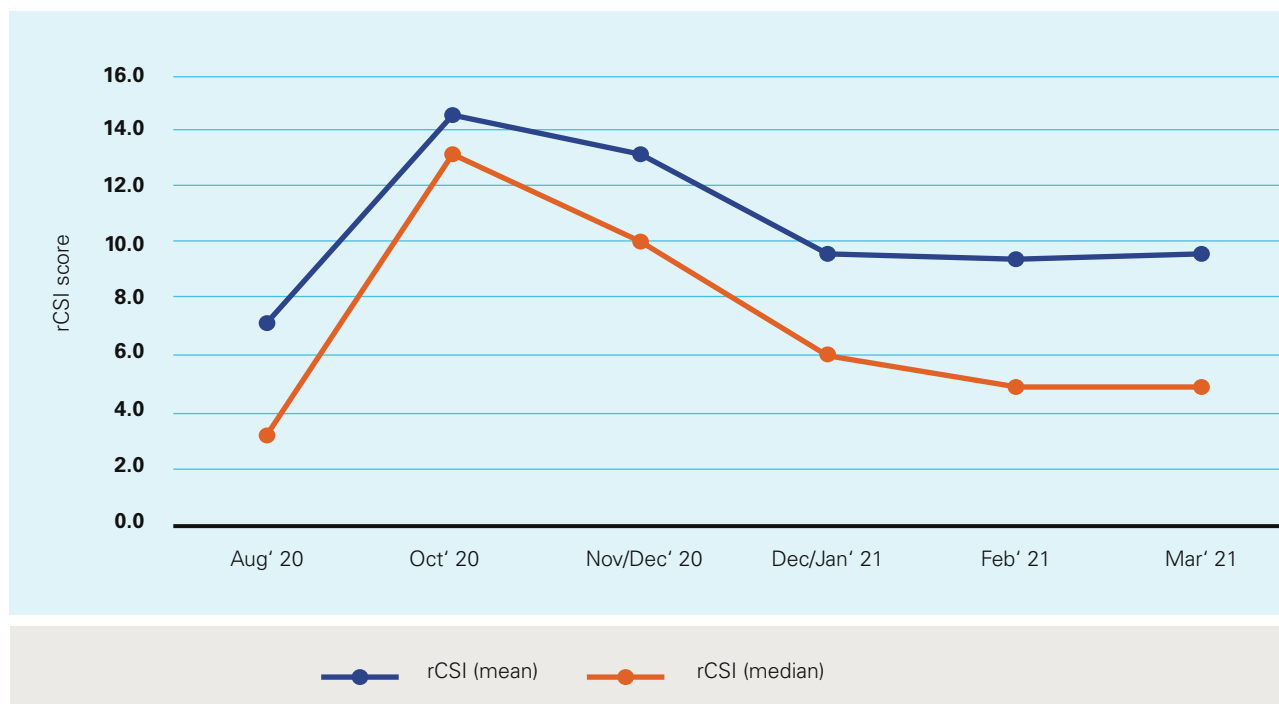
In each round of the assessment, respondents were asked a series of questions about the food-based coping strategies they had implemented to cope with food shortages or lack of money to buy food for their households in the seven days prior to each survey. Figure III.5 presents the percentage of households employing each individual strategy across the six rounds of the assessment. In August 2020, almost half of the respondents (48 per cent) reported consuming fewer preferred foods, one third (33 per cent) reported limiting the portion size of meals, and 29 per cent reduced the quantities consumed by adults. The proportion of households who adopted any of these negative food-based coping strategies increased sharply in the second round, before declining in subsequent rounds. However, a greater proportion of households still reported using any food-based coping strategy in March 2021 than in August 2020.

**Figure III.5.** Percentage of households adopting different food-based coping strategies by round



Combining the responses to these food-based coping strategy questions allows for the construction of the rCSI score (Figure III.6). The rCSI combines the frequency (how often used) and the severity of each strategy and facilitates the comparison of households' food security situations across multiple survey rounds. Higher scores represent poorer food security situations compared to lower scores. The average rCSI score was 7.3 at baseline, before rising sharply to 14.8 in October 2020, representing a significant deterioration in the household food security status. This shift likely represents the combined effects of the ongoing COVID-19 situation and the large-scale flooding that affected Cambodia in October 2020. Following October 2020, the average rCSI declined in subsequent rounds before plateauing in March 2021.

**Figure III.6.** Reduced Coping Strategies Index by round

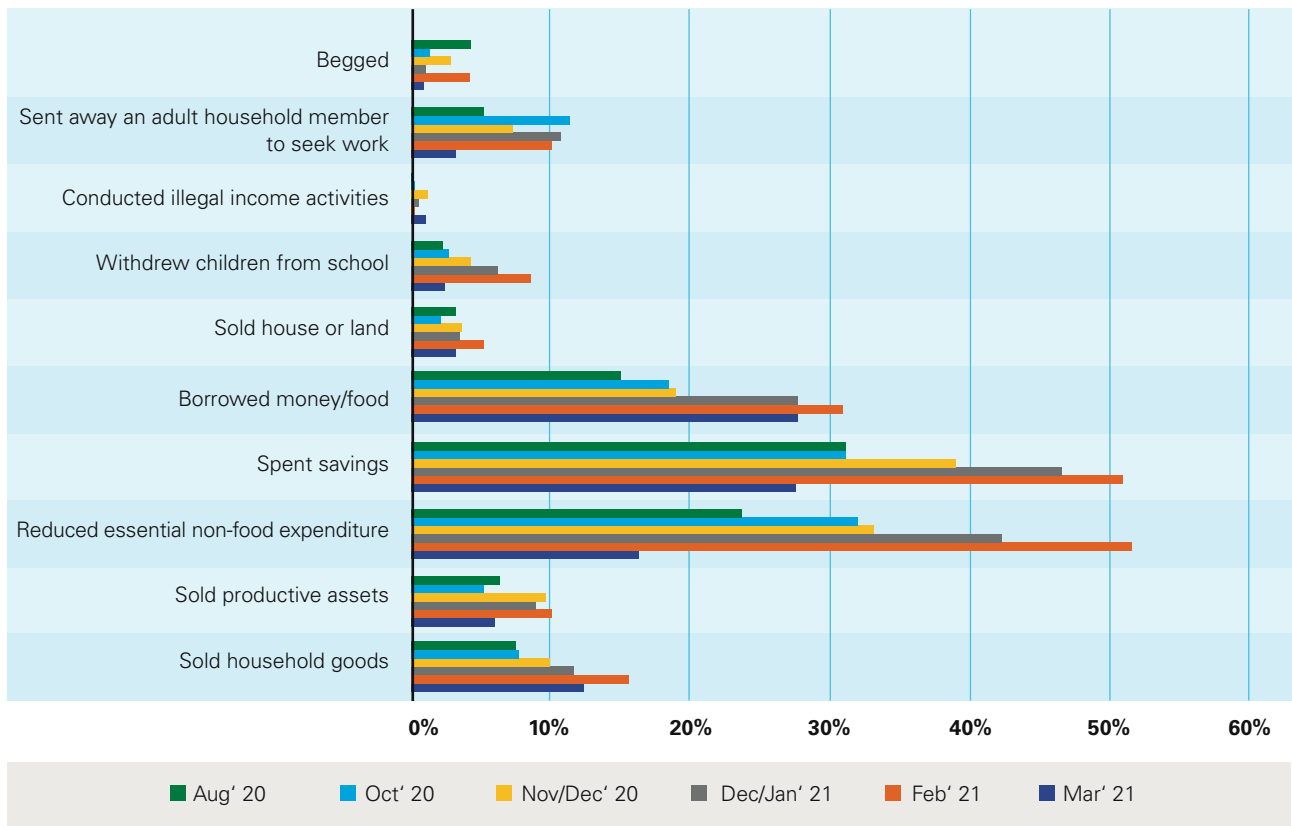


In addition to the food-based coping strategies that households use to meet their short-term food needs, households also use other coping mechanisms which can negatively affect their long-term coping and resilience capacity. To assess this, households were asked a series of questions on the livelihood-based coping strategies they had employed in the month before each survey.

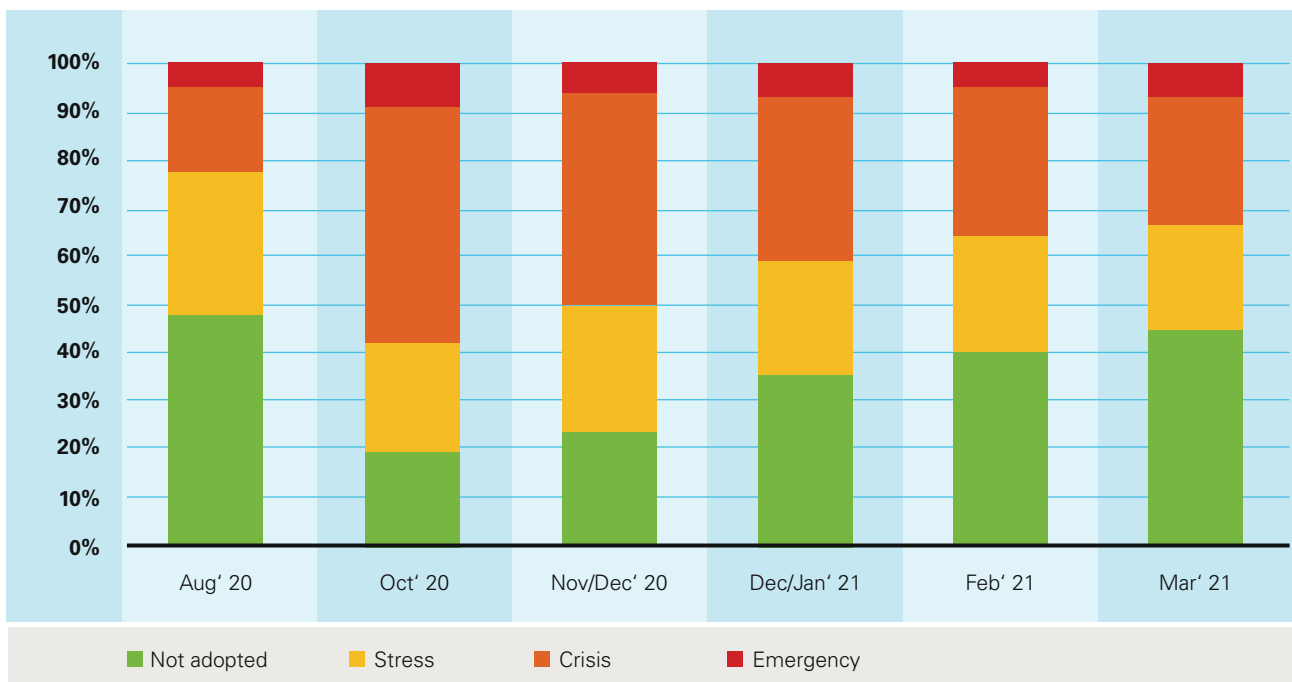
Figure III.7 presents the percentage of households that reported using each of 10 livelihood-based coping strategies to cope with food shortages (including not having money to buy food). The three most commonly used strategies across the six rounds were: borrowing money from a formal institution; spending savings; and reducing essential non-food costs. The percentages of households which reported adopting these three strategies in August 2020 were 28 per cent, 27 per cent and 16 per cent, respectively. Like consumption-based coping strategies, in October 2020 results showed a sharp deterioration, with the percentage of households borrowing money (31 per cent), spending savings (51 per cent) and reducing non-food expenditure (52 per cent) increasing, before declining continuously in the subsequent rounds.

Much like the food-based coping mechanisms, livelihood-based coping strategies are associated with a level of severity and are used to construct the Livelihood Coping Strategy Index score. This can be used to categorize households into different levels of severity: none, stress, crisis and emergency (see Methodology Annex 2). Stress strategies include those which indicate a reduced ability to deal with future shocks due to a current reduction in resources or increased debts. Crisis strategies refer to ways that directly reduce future productivity, such as human capital formation. Emergency strategies affect future productivity but are more difficult to reverse or more dramatic in nature (Figure III.8).

**Figure III.7.** Percentage of households adopting different livelihood-based coping strategies by round



**Figure III.8.** Percentage of households according to Livelihood Coping Strategies Index categories by round



Overall, 52 per cent of households engaged in some form of livelihood-based coping strategy in August 2020. In the October 2020 round, the proportion of households which implemented emergency and crisis coping strategies increased dramatically (to 9 per cent and 50 per cent, respectively). Subsequent rounds witnessed a continuous decline in the percentage of households falling into emergency and crisis categories.



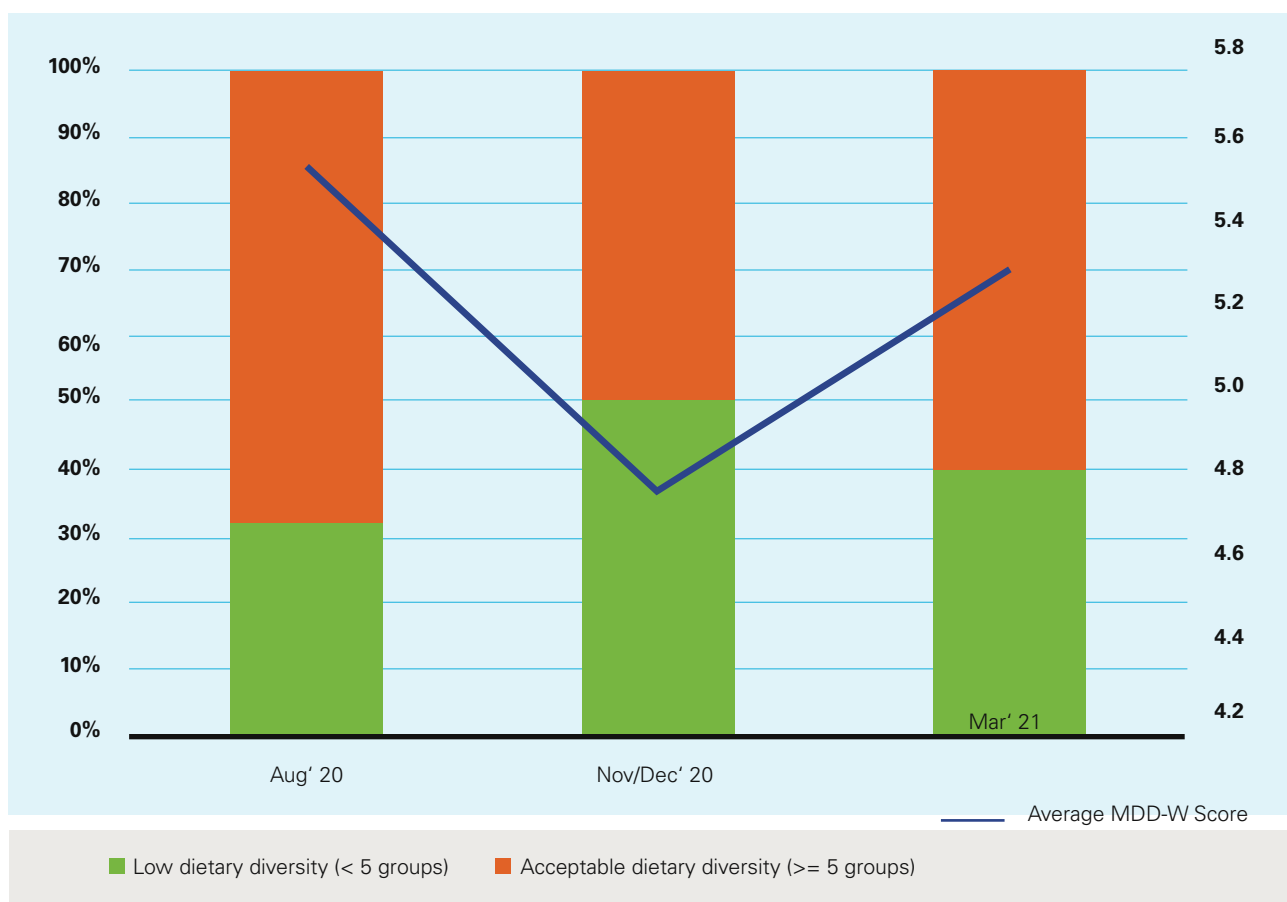
## Nutritional Status of Women

This section explores the nutritional status of women throughout the duration of the assessment. Women's diet was assessed by tracking the diversity of diet consumed by women aged 15-49 years. The data below follows the Minimum Diet Diversity for Women (MDD-W) – see Methodology section for more details.<sup>16</sup> The diet of children is included in module IV – Multidimensional impact on children.

At baseline, the average dietary diversity score, that is, the number of food groups consumed in the 24 hours prior to the survey, for women aged 15-49 years was 5.6 (Figure III.9). Nearly 7 in 10 (68 per cent) had consumed at least five food groups, which is the threshold for an acceptable dietary diversity. However, the average dietary diversity score declined to 4.8 in November/December 2020. By extension, the proportion of women consuming a diet of acceptable diversity also fell considerably, to 50 per cent. By March 2021, the dietary diversity findings for women had improved somewhat but remained below the levels observed in August 2020.

Across all rounds of the survey, inadequate dietary diversity was higher among women living in IDPoor households, small households (<3 members), households headed by someone with a low educational level, rural areas, and less populated areas such as the Plateau zone.

**Figure III.9.** Dietary diversity score (mean) and percentage of women consuming MDD



<sup>14</sup> <http://www.fao.org/documents/card/en/c/cb3434en>



## Summary of Findings and Recommendations

The findings from the first six rounds of the social impact assessment indicate that COVID-19 and other shocks (including the October 2020 floods) have resulted in a gradual deterioration in food security and nutrition in Cambodian households. A substantial portion of the surveyed population are using food- and livelihood-based coping mechanisms to help mitigate the worst impacts. The quality of diets, especially for women of reproductive age and children, are of particular concern and should be monitored. Protecting the most vulnerable groups from the unintended consequences of pandemic mitigation measures, including lockdowns, is required to maintain their access to nutritious food and avoid a further deterioration of their nutritional status and depletion of their asset bases.

### Recommendations



**Keep food systems functioning:** Sustain and facilitate the functioning of local food systems through existing supply and distribution channels. Monitor market functionality and prices. If prices for certain food commodities increase due to supply chain disruptions, transparently regulate these food prices.



Include all actors along the food supply chain as essential workers, in close coordination with local authorities, including farmers, food transporters and vendors. Along with priority groups (frontline workers, elderly, those with health conditions), continue vaccinating food vendors, agriculture traders, input suppliers and food delivery personnel.



Future government food relief packages should incorporate nutritious and fresh foods (and MoH-approved complementary food products for packages specifically targeted to children aged 6-24 months). Healthy, balanced diets are key for boosting immunity and preventing non-communicable diseases that are risk factors for higher COVID-19 morbidity and mortality. Prevent or regulate the distribution/sale of infant formula that undermines breastfeeding practices.



Update the design of cash transfers to incorporate nutrition messages for families on how to use the cash to purchase nutritious foods, particularly for households with pregnant and breastfeeding women and young children.



Prepare for a worsening COVID-19 situation. This should include defining standards for lockdown areas, notably in relation to market functioning, designing a standard emergency food relief package that is nutritionally adequate, and working to pre-identify population groups that would be required to receive social assistance in case of arising shocks.



**COVID-19 impacted the demand for health services, as many pregnant women and caregivers of young children postponed visits to health centres for essential health services during this period.**

# MODULE IV

## MULTIDIMENSIONAL IMPACT OF COVID-19 ON CHILDREN

COVID-19 impacted the demand for health services, as many pregnant women and caregivers of young children postponed visits to health centres for essential health services during this period. The decrease in demand can be linked to the fear of contracting COVID-19, but also due to financial constraints.

With schools being closed for a considerable time, distance learning had to be supported by caregivers, and household resources (TV, PC, tablets, etc.) were needed. Without access to school classes, children started to work for family businesses or even outside the home. When schools re-started in January 2021, the majority of respondents reported that children were attending school less often, and approximately 10 per cent were not attending at all, and were unlikely to return. Children's engagement in learning decreased, with 50 per cent of children observed to be learning less.

During the last outbreak of COVID-19 when lockdowns were enforced in several provinces, there was an increase in child safety concerns and the proportion of respondents reportedly not feeling safe at home. The inability to access child protection hotlines and parenting guidance hotlines increased.

Children's diet was not as impacted as household diet indicators by challenges to food security from October to December 2020. This could be due to the fact that households were prioritizing children. Nevertheless, it appears that meal frequency and quantity of complementary foods were the most impacted dimensions of the child dimension.





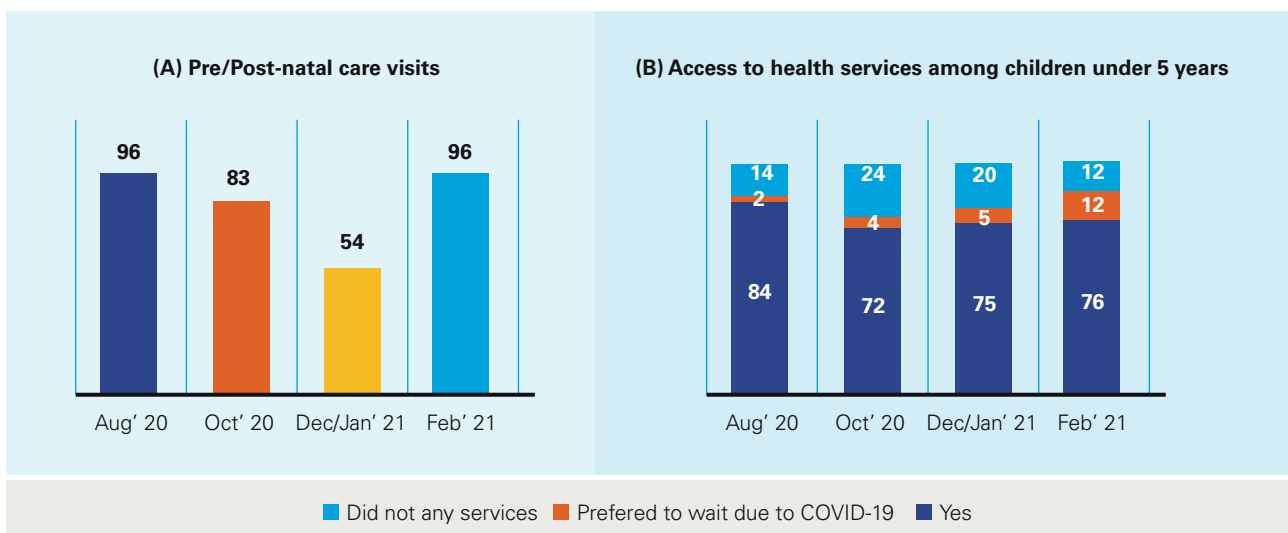
## Impact on health services and child immunization

With no disruption to public health services, most pregnant women and women with a recent delivery accessed ante- and post-natal care (ANC/PNC) as advised by their doctors. However, December 2020 saw a decrease in access to ANC/PNC, as only 54 per cent of women were able to go to their regular visit compared to during other months (Figure IV.1.A). The main reason for not being able to access these essential services was the fear of contracting COVID-19, due to another outbreak in Cambodia. Among the women unable to attend ANC/PNC, 83 per cent registered that they postponed due to fear of infection.

Over the study period, financial issues played an important role in women not being able to access ANC/PNC visits. Approximately 20 per cent to 30 per cent of the women who did not attend ANC/PNC visits as recommended by their doctor said they did not have the money to go to the health centre.

In each round, most children under 5 years needed to access health services in the preceding 30 days (Figure IV.1.B). While most caregivers were able to access health services, a small proportion decided to postpone visits due to fear of infection with COVID-19 (Figure IV.1.B). Preventive or routine health services were the most required services, accounting for 70 per cent to 80 per cent of all health services for children. In terms of vaccination, COVID-19 impacted a small proportion of children (4 per cent in August 2020, 6 per cent in October 2020, 5 per cent in December 2020/January 2021 and 6 per cent in February 2021) as caregivers reported that they preferred to wait until things improved to complete their child's immunizations. A small proportion of caregivers decided to postpone the immunization until community health service outreach reached their location (August 2020 = 7 per cent, October 2020 = 6 per cent, December 2020/January 2021 = 3 per cent, February 2021 = 2 per cent). More than half of children under 5 years (50 per cent to 60 per cent at each round) were already fully vaccinated and did not require these services. Overall, there is no evidence of large-scale disruption to health services between June 2020 and March 2021, though there is some evidence that fear of using and accessing services started to increase in February 2021.

**Figure IV.1.** Percentage of women that attended ANC/PNC as advised by their doctor (A) and children's access to health services (B)





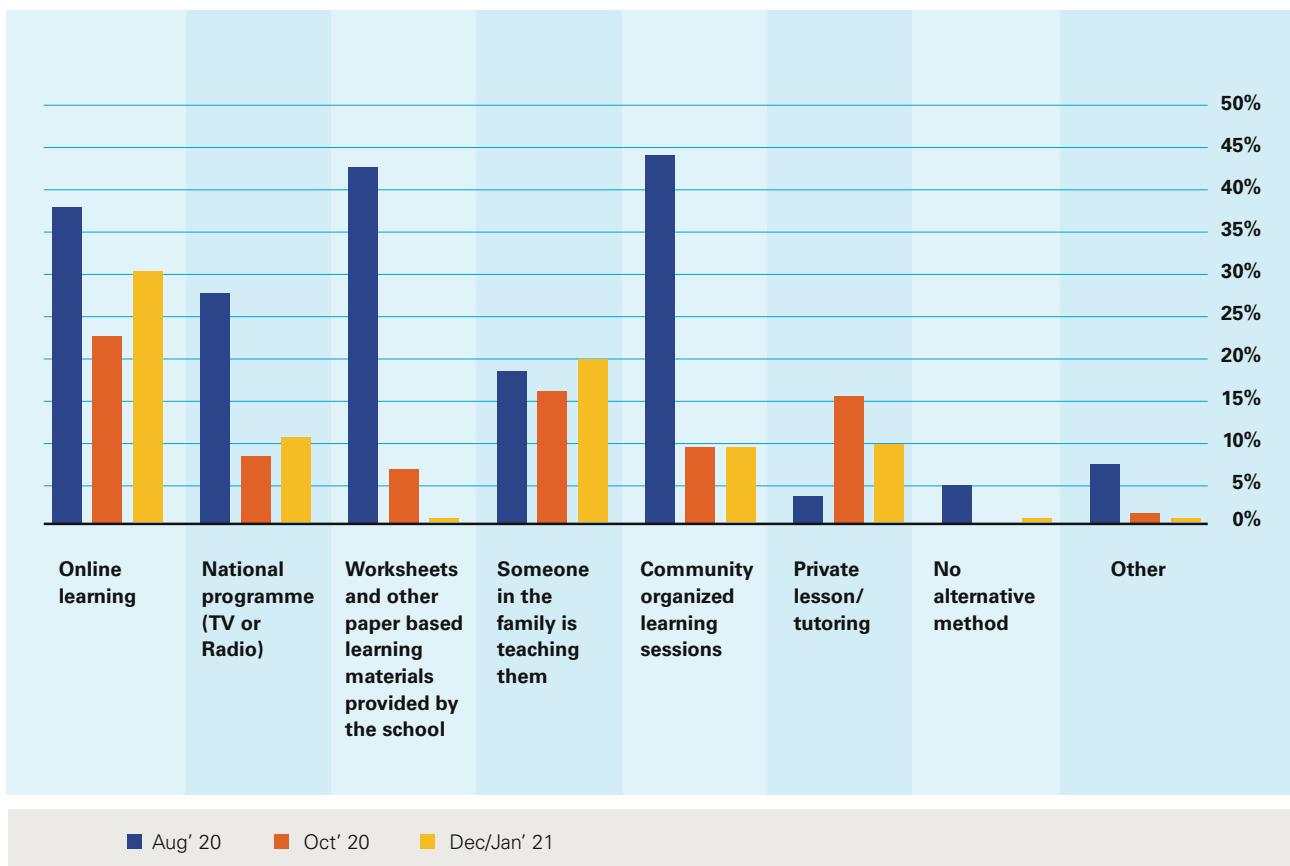


## Impact on child education and activities

The next section explores the impact of COVID-19 on children’s education and engagement in other activities such as household chores and work. During the first period of school closures (March to August 2020), most children used online learning and national TV or radio programmes. They also relied heavily on materials provided by schools, such as worksheets (Figure IV.2). Many children (44 per cent) attended community-organized learning sessions, and only 19 per cent of households had someone in the family to help teach them.

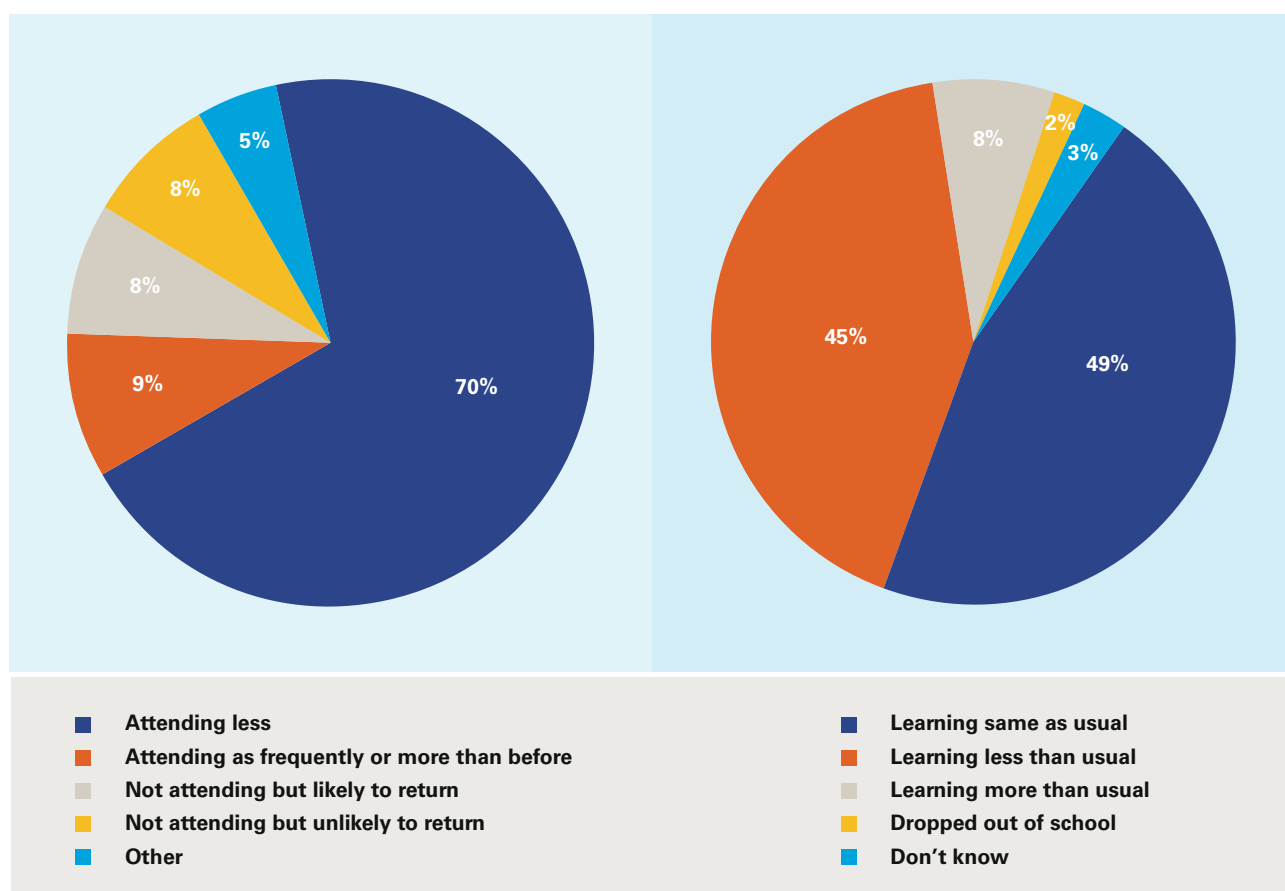
Once schools started to re-open in September, the use of national TV programmes, community learning sessions and worksheets as additional learning materials reduced significantly. Online learning tools were continuously used over the period of the study.

**Figure IV.2.** Percentage of children 5-17 years using alternative learning methods



There is evidence of children’s education and learning being considerably impacted by COVID-19 in Cambodia. To assess the impact, respondents were asked about children’s school attendance and learning during the follow-up visit in February 2021 (Figure IV.3). Overall, 70 per cent of respondents declared that children were attending school less than before the pandemic. In addition, 8 per cent of children did not return to school and were unlikely to return. Similarly, child learning was impacted, with 45 per cent of the respondents believing their children were learning less than before.

**Figure IV.3.** The impact of COVID-19 on school attendance and learning, and the relationship with household income loss



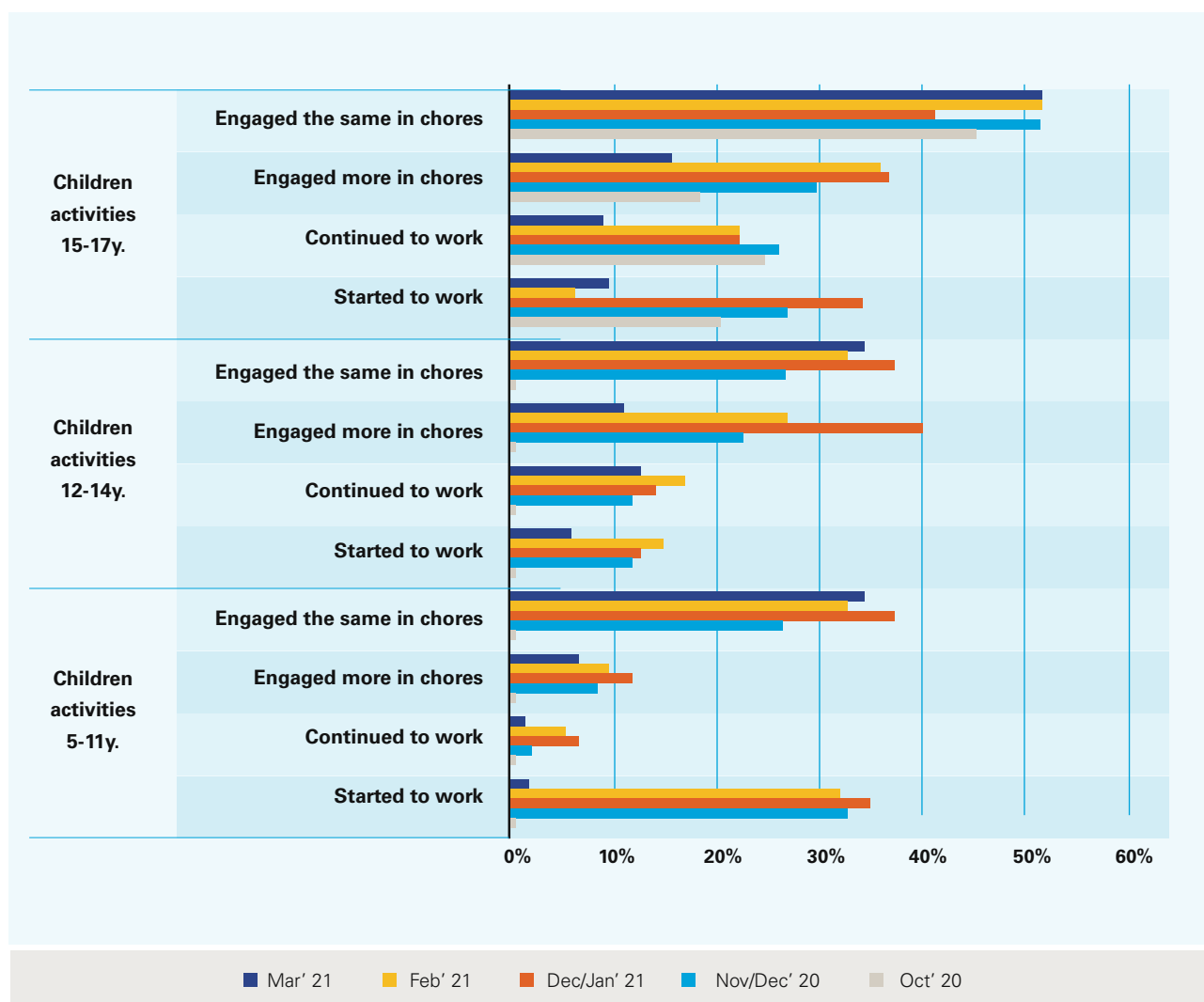
Children whose parents resorted to withdrawing them from school due to a lack of money to buy food experienced more severe impacts: 3 per cent in August 2020, 8 per cent in October 2020, 7 per cent in November/December 2020, 3 per cent in December 2020/January 2021, 3 per cent in February 2021 and 2 per cent in March 2021. The biggest withdrawals were observed between September and December 2020. Even though there were a small number of households withdrawing children from school, it appears that households with IDPoor 1 or 2 status, and those that encountered negative changes in household income, were slightly more likely to resort to this coping strategy. Therefore, it is important to motivate households under financial stress to maintain children in school.

In addition to impacts on learning, changes in children’s activities, and in particular those related to working inside or outside the household were explored for children in three different age groups: 5-11 years, 12-14 years and 15-17 years.

In the age group 5-11 years, a small proportion were already working with or without payment. COVID-19 impacted children’s lives at a rate of 30 per cent, and more children started to work with or without payment in three out of the five rounds of the study. Nevertheless, it seems that the engagement of this young age group in work was not permanent, due to the lower percentage of children who reported continuing to work in the following rounds.

The proportion of children starting and continuing work increased with age. The start of the new school year in January 2021 seems to have played a role in children’s engagement in work. The proportion of children starting work or continuing to work decreased according to data collected in the last two rounds. Nevertheless, this study could not explore the entire dynamic between studying and working, nor could it make the assumption that school interruptions caused child labour.

**Figure IV.4.** Children’s activities- household chores and work based on age groups





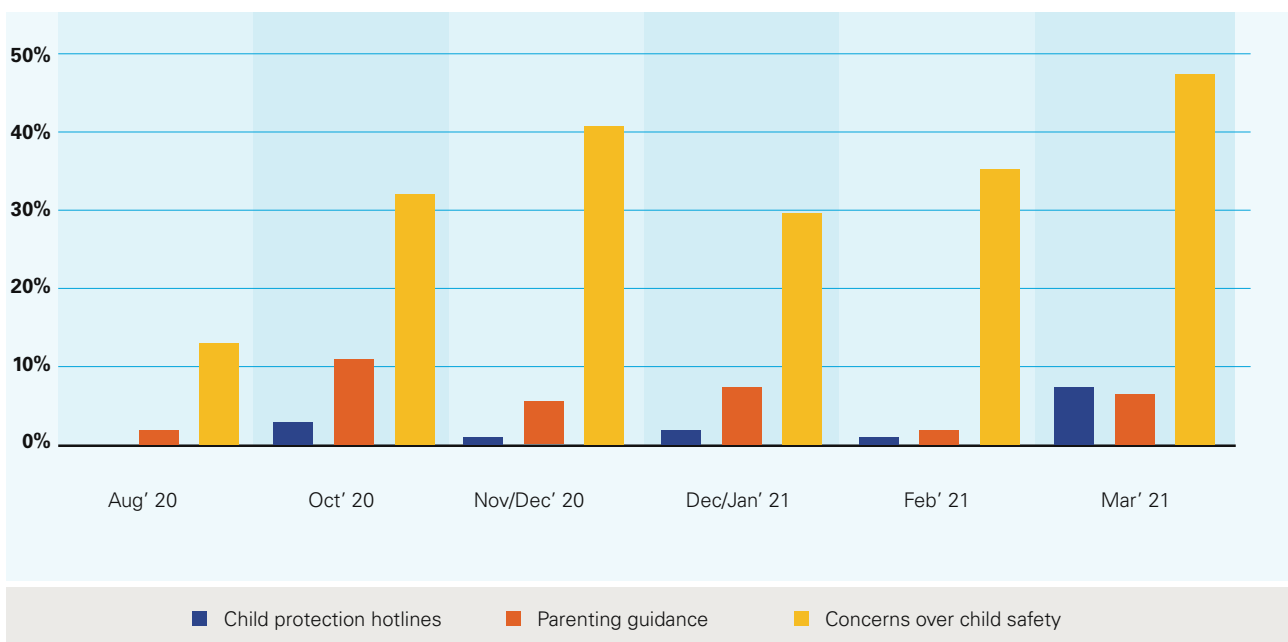
## Impact on child safety

As the interviews were phone-based, for ethical reasons it was recommended not to ask questions related to domestic violence or direct violence experienced by women or children. However, the survey did try to explore the dimension of parenting and child safety, presented in this section.

Between 2 per cent and 10 per cent of households encountered issues when accessing services related to parenting guidance and support over the study period (Figure IV.5). In the last round, there was also a significant increase in the proportion of households having issues reaching a hotline for child protection and domestic violence, from 1 per cent or 2 per cent up to 7 per cent. Similarly, during the last round, caregivers were more concerned about child safety at the community level, than in the other rounds, based on an increase of concerned respondents, from 32 per cent in February 2021 to 43 per cent in March 2021.

Finally, when exploring major concerns in life, there was an increase in respondents who declared not feeling safe at home or not being treated well at home: 9 per cent in the last round (March 2021) compared to the other rounds, where it oscillated between 3 per cent and 6 per cent (see annex 4). The last round coincided with stricter movement restrictions and with people staying at home more due to recent COVID-19 events. There seemed not to be any differences linked to household characteristics.

**Figure IV.5.** Percentage of respondents declaring to have issues accessing hotlines for child protection and parenting guidance, and increase in concerns over community child safety





## Impact on child discipline

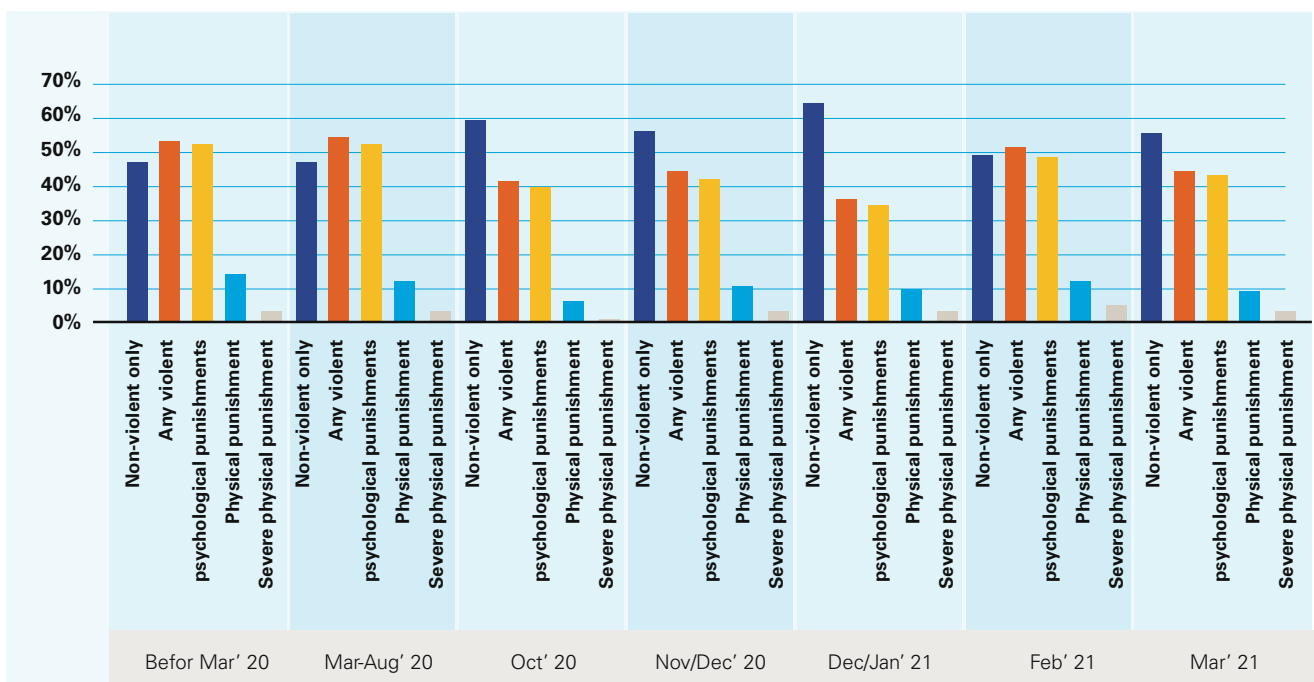
Figure IV.6 illustrates methods used by caregivers to discipline their children in the preceding 30 days. These methods are described as psychological punishment and/or physical punishment, including identification of severe physical punishment.

There was no difference in discipline methods used before or after the beginning of the pandemic. Between September 2020 and January 2021, there seemed to be a decrease in any violent methods used for punishment and discipline, especially in the recall period November-December 2020. However, no conclusion related to links between violent discipline methods and school closures can be made at this point, as not all schools in Cambodia were open at the same time in 2020. In January 2021, the new school year started for all public schools in Cambodia, which coincided with a significant increase in violent discipline methods.

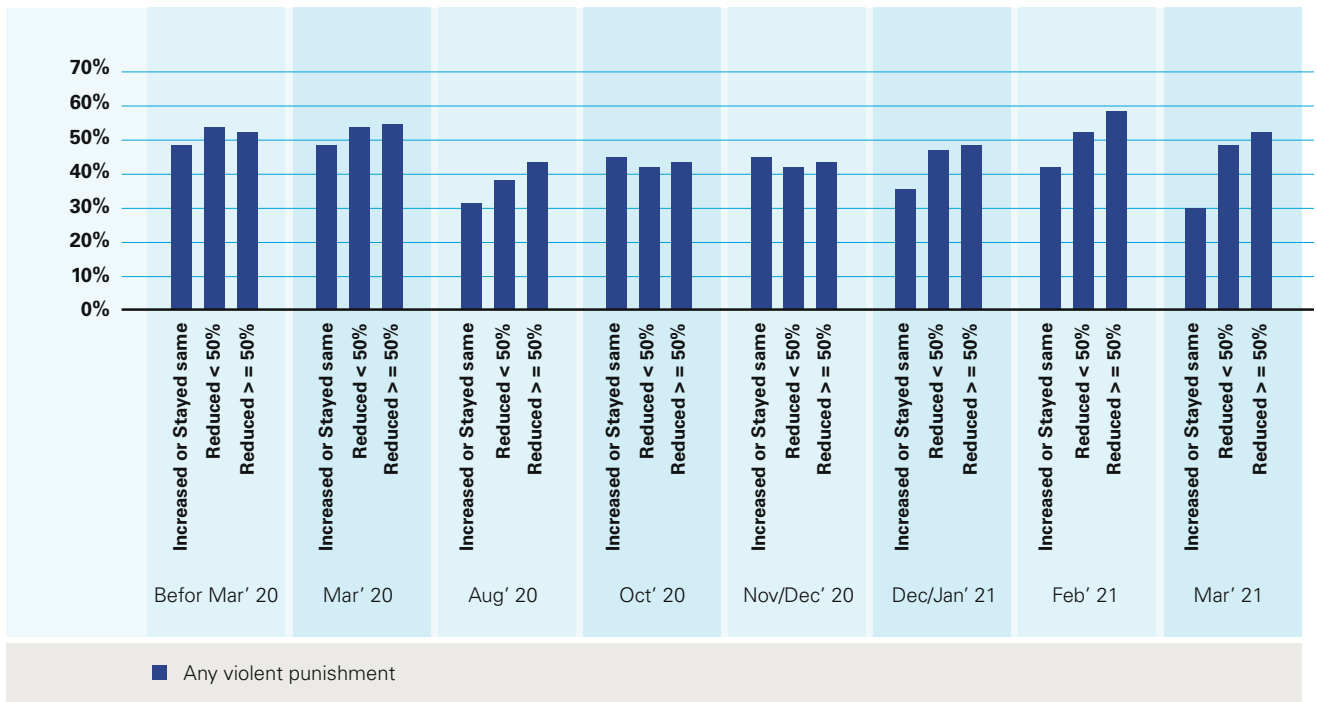
The proportion of any violent methods was strongly driven by the psychological punishment methods used to discipline children, which included shouting at the child and calling him/her names. Only a small proportion of respondents (1 per cent to 4 per cent) witnessed severe violent methods being used. The proportion of caregivers using any physical methods remained quite stable across the study period, except for September-October 2020.

There were no consistent differences in the child discipline methods used between household types. However, it was apparent that households under stress due to income loss were consistently more likely to practice any violent type of child discipline (Figure IV.7).

**Figure IV.6.** Violent child discipline separated by any violent methods, psychological and physical discipline, with a further distinction for severe physical punishment



**Figure IV.7.** Percentage of households practicing any violent child discipline methods based on changes in income in the previous 30 days



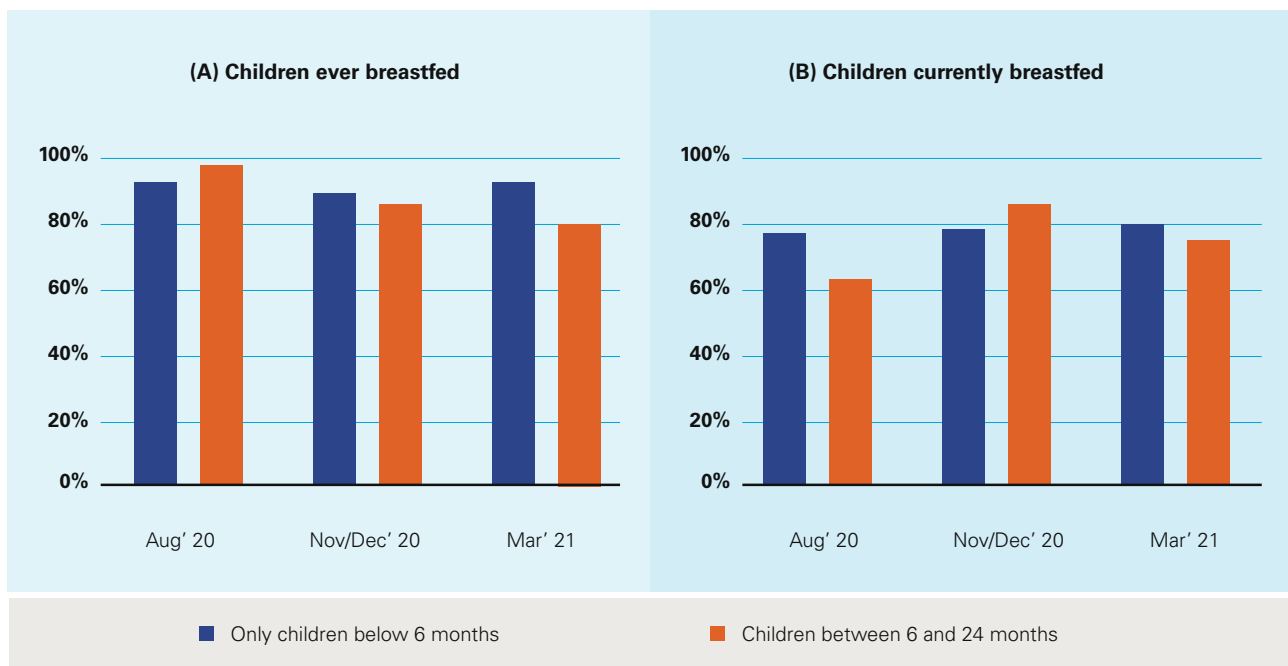


## Infant and young child feeding (IYCF) practices

Breastfeeding practices were assessed for children under 2 years in terms of ever being breastfed and the current breastfeeding status. The indicator was further separated for children 0-5.9 months and 6-24 months. The reasons for stopping breastfeeding were further explored, including reasons related to fear of transmitting COVID-19 to the child.

During all rounds, around 80 per cent to 90 per cent of children were ever breastfed and 78 per cent of children under 6 months were breastfed at the time of the survey. Common reasons to stop breastfeeding were the need for the mother to return to work, and not producing enough breastmilk to satisfy the child's needs. These are shown in the annex 4. The fear of transmission of COVID-19 had a minimal impact on breastfeeding practices, as only nine mothers across the study period decided to stop breastfeeding for this reason.

**Figure IV.8.** Proportion of children ever breastfed (A) and currently breastfed (B)

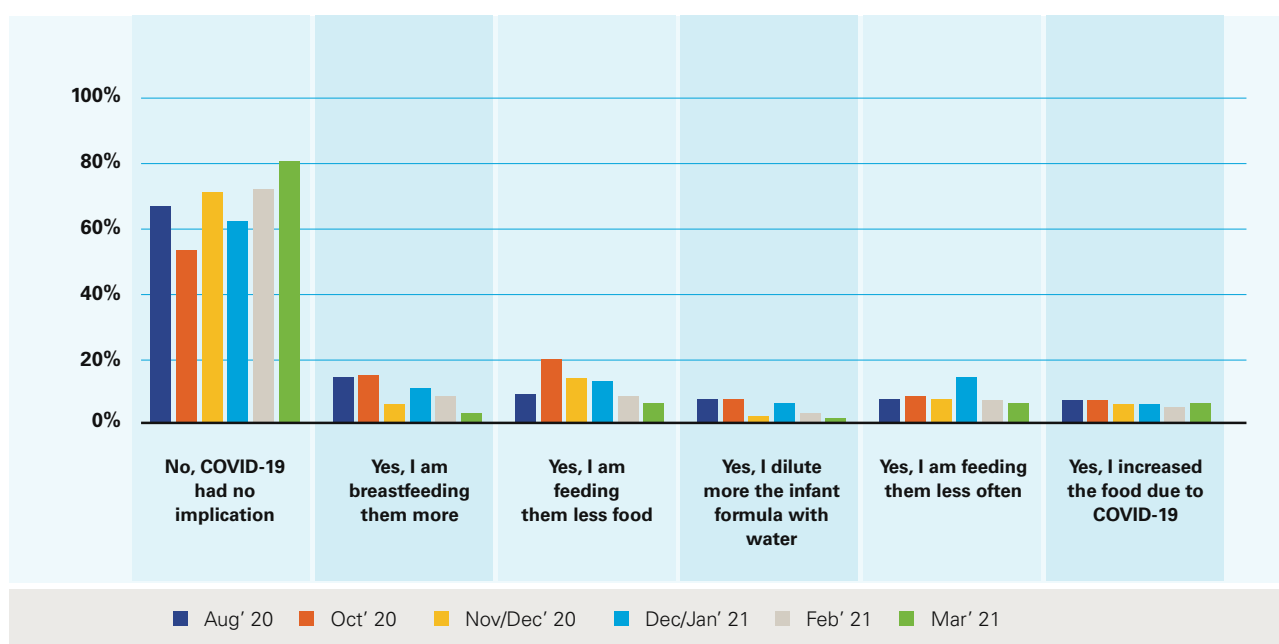


The perception of the negative impact on child feeding practices as a response to the COVID-19 crisis reveals that a significant proportion of children received less food than they did before, leaving them at risk of lacking sufficient nutrient intake. A major proportion (60 per cent to 80 per cent) of children aged 6-24 months were perceived as having the same diet as before (Figure IV.9).

The biggest change in a child’s diet was reported to be feeding them less food. This was highest in September-December 2020, which was the same period when household food security was most affected. It can be presumed that household food insecurity affected the quantity of food, a criterion not being reflected in the indicator for Minimum Acceptable Diet (MAD). A worrying behaviour is the dilution of infant formula, which seems to be performed by some caregivers. This procedure can be life-threatening, especially for younger children, if performed over longer periods.

The indicators for IYCF practices, namely Minimum Diet Diversity (MDD), Minimum Meal Frequency (MMF) and MAD, were recorded for children 6-23 months in August 2020, November/December 2020 and March 2021. The indicators were constructed based on guidelines used by the Cambodia Demographic and Health Survey (CDHS, 2014) for compatibility reasons, and based on the newest World Health Organization (WHO) guidelines. These are used to describe the frequency of meals, variety of foods and overall diet of children under 2 years, which would be able to satisfy the minimum nutrient needs.

**Figure IV.9.** Coping strategies for child feeding practices as a perceived effect of COVID-19



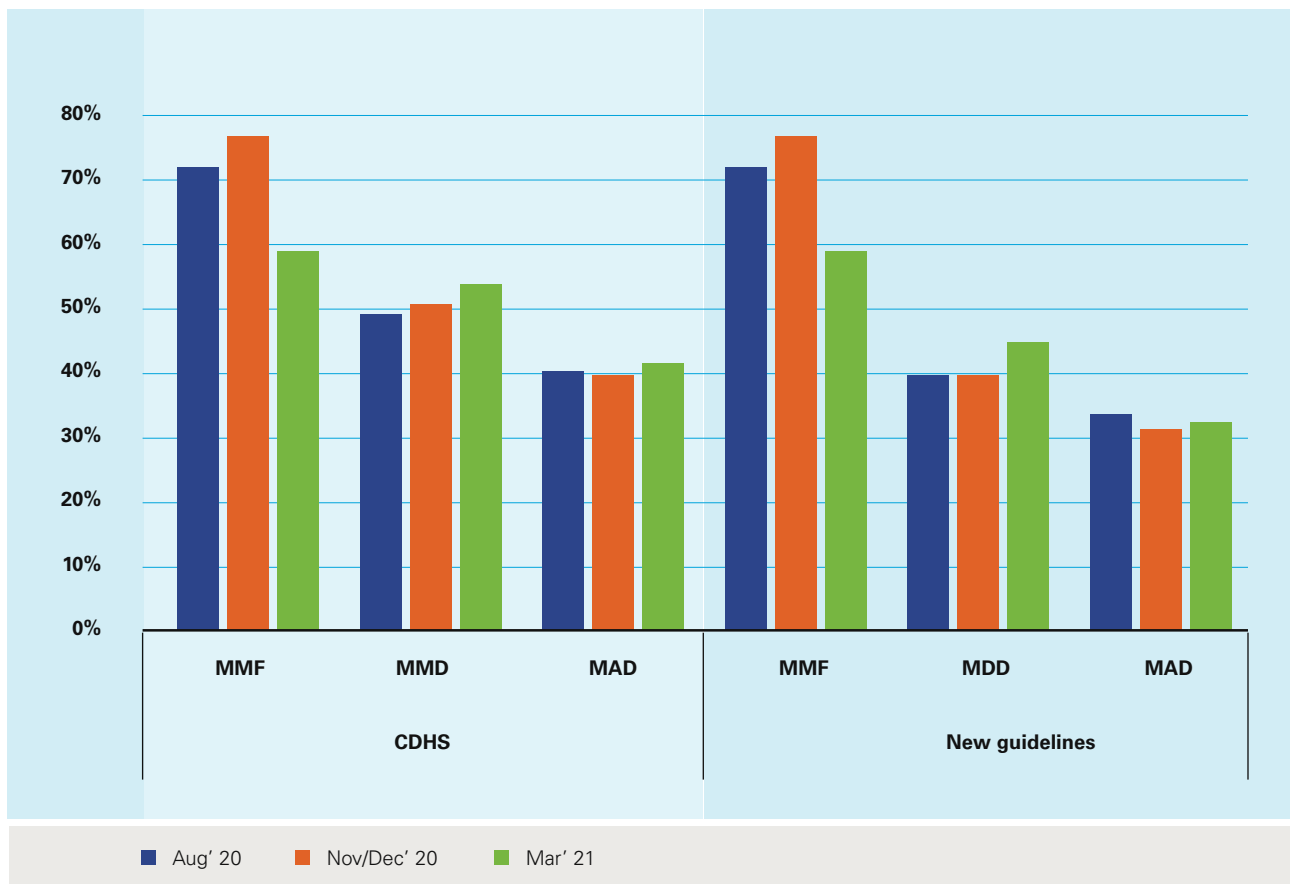
Approximately half of children aged 6-24 months were breastfed in the past 24 hours (54 per cent in August 2020, 49 per cent in November/December 2020 and 55 per cent in March 2021). The consumption of the food groups is shown in the annex to this chapter. The most consumed food groups were: staples such as grains or tubers (90 per cent), followed by flesh food (~60 per cent) and eggs (~55 per cent). A considerable proportion of children were also given infant formula (35 per cent to 50 per cent), especially for households in urban areas (50 per cent to 67 per cent).



The MAD showed no difference between rounds in the proportion of children adhering to the criteria for a minimum diet showing no impacts of the food insecurity experienced by households between September and December 2020. However, based on the perception of caregivers, children were receiving less food than usual in this period. Figure IV.10 indicates that fewer children were fed a minimum of four meals per day during the last round; meals that include breast and dairy milk, infant formula, and solid/semi-solid/soft foods.

Lower adherence to these indicators was identified for IDPoor households and those in rural areas, especially in the Coastal and Plateau areas. Households with members with a disability, small and large households, households with income reductions, and male-headed households appeared less likely to be able to offer children a minimum acceptable diet.

**Figure IV.10.** The IYCF indicators, MMF, MDD and MAD, based on the guidelines used by the CDHS 2014, and by the updated WHO guidelines





## Summary of Findings and Recommendations

The fear of COVID-19 infection increasingly impacted the demand and use of health services, although there was no disruption to the health care system. Up to 36 per cent of pregnant women or new mothers postponed their ANC/PNC visits, up to 12 per cent of caregivers postponed a child's visit to a health centre, and 4 per cent to 6 per cent of caregivers postponed a child's immunization.

Schools across Cambodia were closed during COVID-19 outbreaks, as one of the non-pharmaceutical interventions employed by the government to stop the spread. Children used remote learning materials such as online materials and worksheets provided by schools, while 44 per cent attended community-organized learning sessions. COVID-19 was perceived by caregivers to impact the attendance of children at school, with 70 per cent of children attending school less than before and 8 per cent unlikely to return to school.

Domestic violence was not explored due to ethical limitations of phone-based surveys. However, there is evidence of a potential increase in domestic violence issues in March 2021, when more people were confined or stayed at home. This was reflected in an increase in the number of respondents not feeling safe at home (9 per cent) and having trouble reaching child protection and violence hotlines (7 per cent). Child safety was perceived to be affected by the lockdown in February 2020, as 43 per cent of respondents perceived an increase in child safety concerns.

Overall, 50 per cent of households are using violent discipline methods on their children, with a big proportion using psychological punishment. Households stressed by the loss of income were more likely to practice any type of violent method compared with those that maintained a stable income.

The indicator for MAD showed that only 32 per cent of children aged 6-24 months adhered to criteria of a minimum diet. The impact of COVID-19 was minimal on breastfeeding, but there is evidence of impact on a child's frequency of meals and quantity of food.



## Recommendations



Encourage the use of health services by women and children by ensuring COVID-19 safe procedures and environments at health centres and during community outreach activities. Further consideration should be given to methods to reduce the costs associated with a visit to a health centre.



Support the government to strengthen its approach to school re-opening, including keeping schools open for as long as possible and not closing schools as the first measure of response to an outbreak.



Reconsider expanding and strengthening the scholarship and school feeding programmes to ensure the retention and return of children to school, especially among more vulnerable families.



Ensure that during lockdown, families, especially women and children, do not feel threatened by their family and community environment, by enabling access to hotlines and other security measures.



Provide better integration between social protection and human capital development, where social assistance schemes can be leveraged to deliver important health, education and nutrition messages (through behaviour change communication and other means). This will strengthen social and behaviour change communication and increase the protection of children's feeding practices by emphasizing the importance of breastfeeding and a nutritious complementary feeding diet.



**In Cambodia, like many other countries, one behaviour that public health authorities promoted to mitigate the spread of COVID-19 was social distancing and avoiding crowded situations.**

# MODULE V

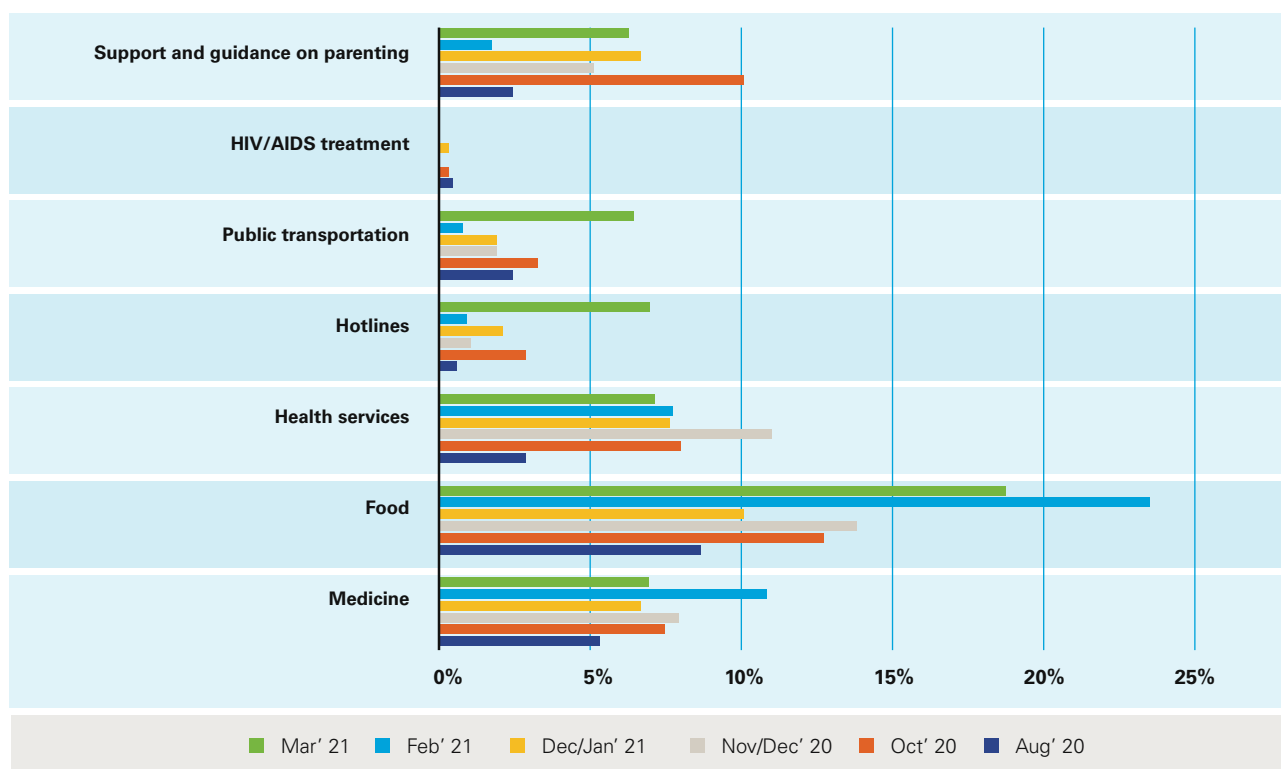
## ACCESS TO ESSENTIAL GOODS AND SERVICES

In Cambodia, like many other countries, one behaviour that public health authorities promoted to mitigate the spread of COVID-19 was social distancing and avoiding crowded situations. To comply with these measures and reduce the opportunity for transmission, public spaces such as markets, offices and health centres reduced their staffing and levels of operation. As a result, there existed the possibility that routine activities which households often take for granted – such as visiting the clinic with a sick child – would only be available at reduced times (if at all). In addition, locations which were connected to a recent positive COVID-19 case were usually required to close for a period of two weeks to mitigate the risk of exposure to others. The loss of jobs and reduced hours/wages also resulted in fewer households being able to afford some of these services (see Modules I and IV). To understand whether these measures and outcomes translated into reduced access to essential goods and services, the assessment asked a series of questions gauging these challenges.

This chapter explores households' experiences in accessing essential goods and services during the pandemic between June 2020 and March 2021. In addition to access, barriers to access are also explored.

The findings from all six rounds of the assessment reveal several subtleties regarding the impact of COVID-19, and other covariate shocks including the October 2020 floods, on households' access to essential goods and services. Most apparent in Figure V.1 is that households' self-reported ability to access food deteriorated dramatically in February and March 2021 compared to earlier rounds of the assessment. This is very likely linked to the disruption of markets and supply chains which followed the 20 February 2021 community transmission event that rippled throughout the country. Whereas just 9 per cent of households reported difficulties accessing food in August 2020, nearly one in four (24 per cent) reported the same in February 2021.

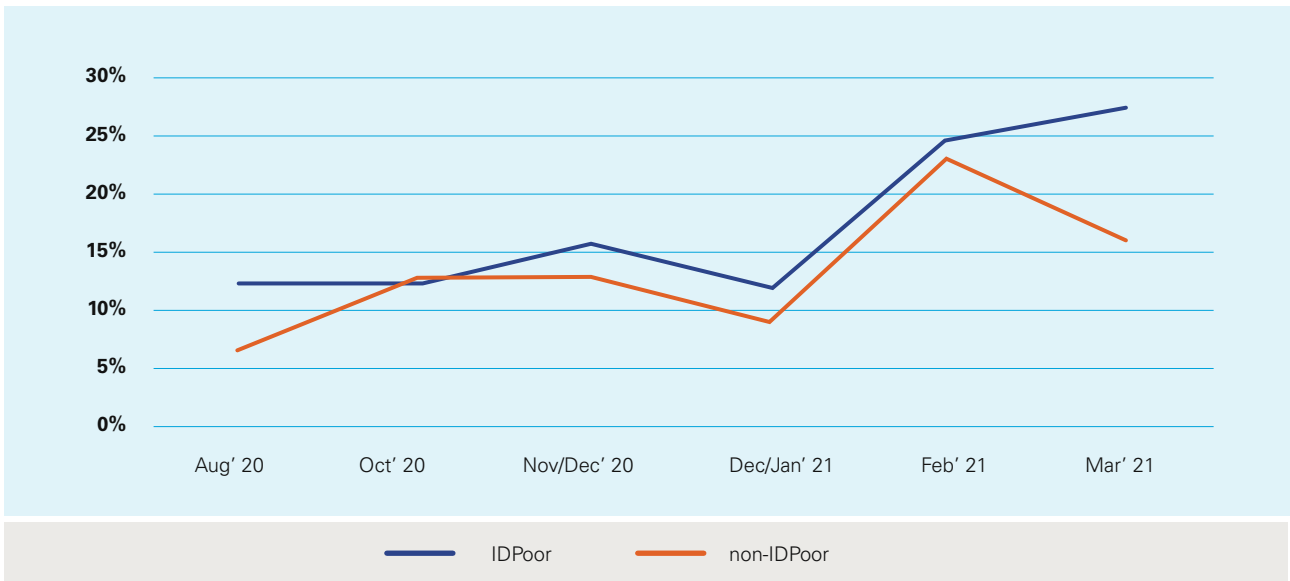
**Figure V.1.** Percentage of households unable to access various goods and services by round



Other national trends can be observed as well. The proportion of households reporting difficulties accessing health services and medicine remained relatively stable, suggesting that the health system and households' health seeking behaviours were not materially affected by COVID-19 throughout the assessment period. However, as presented in Module IV, when looking deeper into the types of decisions being made to access and use health services, there is evidence that households were delaying some important health visits. The data also indicate a small but increasing proportion of households having difficulties accessing parenting support, hotlines for child counselling support, human trafficking reporting, and public transportation in March 2021 compared to February 2021. Of particular concern are the challenges to accessing hotlines to report child/domestic violence. Global evidence and other qualitative findings in Cambodia suggest that the prolonged closure of schools, and family members staying at home because of the pandemic are resulting in more cases of domestic violence and child abuse (see also Module IV).

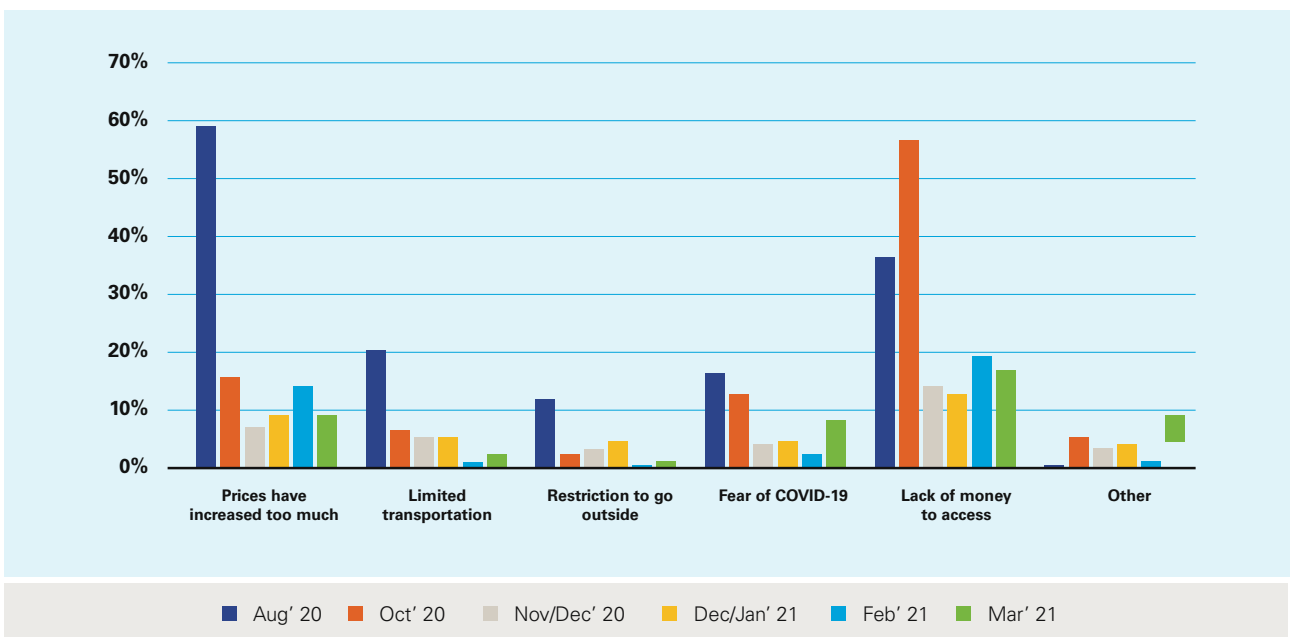
Problems accessing food appear to be even more prominent among IDPoor households (Figure V.2). While a deterioration was observed for all households in February 2021, the challenge appears not to have abated for IDPoor households in March 2021 as it did for others. The findings also suggest that households that reported income losses had issues with accessing food (Figure V.3).

**Figure V.2.** Percentage of households unable to access various goods and services by round



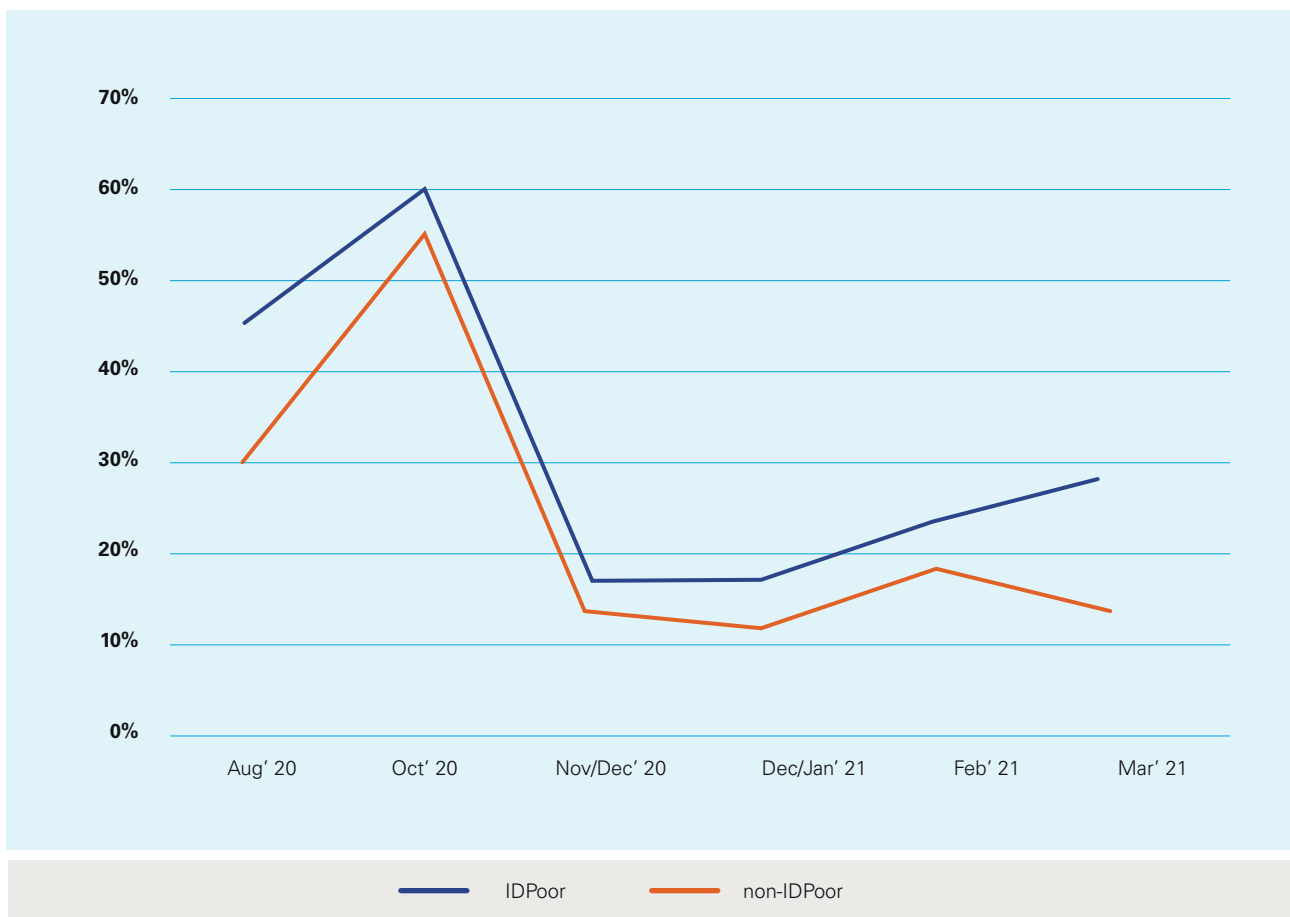
Looking deeper into the underlying reasons for these difficulties provides useful insights for understanding the pandemic’s impact on households and for exploring whether the buffering effects of social assistance had begun to wane. Figure V.3 shows that in August 2020, nearly 60 per cent of households reported that a primary reason for their inability to access essential services was that “prices had increased too much”. Subsequently, in October 2020, a similar proportion of households reported that “lack of money to access these essential goods and services” was their primary challenge. However, by December 2020, these price and resource constraints had fallen dramatically as an issue for households (less than 15 per cent).

**Figure V.3.** Primary causes of access barriers to goods and services



Exploring the access constraints data further reveals that while the role of money was not a large concern for IDPoor and non-IDPoor households in rounds 3 and 4, by February and March of 2021 a divergence had begun to emerge in terms of how poor households responded (Figure V.4). This could suggest that the extent to which the social assistance (which IDPoor households were receiving monthly) was supporting poor households' ability to access goods and services during COVID-19 may have been reducing over time. On the other hand, there could be other factors apart from financial resources which are disproportionality preventing IDPoor households from accessing these goods and services. More in-depth analysis of the assessment data, as well as subsequent rounds of monitoring, are needed to explore these issues.

**Figure V.4.** Percentage of IDPoor and non-IDPoor households reporting “lack of money” as the main access constraint by round







## Summary of findings and recommendations

Households' self-reported access to essential goods and services, except for food, was consistently acceptable between August 2020 and March 2021. Access to health services and medicines, two areas where disruptions might have been predicted and could have resulted in serious consequences, held up remarkably well. However, the data suggest that the October 2020 floods and the 20 February 2021 community transmission both served to disrupt access to food (and markets) for a significant proportion of the population. More worrisome is data that suggests that IDPoor households, who are currently receiving monthly social assistance transfers, were increasingly reporting food access problems into March 2021, which was not reflected for non-IDPoor households. In addition, the recent rise in reported difficulties accessing domestic and child abuse hotlines is worrying. The ongoing closures of schools and remote working arrangements could further exacerbate this challenge (in line with global experience).



## Recommendations



Conduct more in-depth statistical analyses, including using forthcoming datasets, to better understand the underlying factors associated with the recent deterioration in food access observed among IDPoor households.



Continue to prioritize frontline health workers for COVID-19 vaccinations to be able to deliver safe health services.



Re-double efforts to support and strengthen domestic and child abuse hotlines to ensure that families in need can access help without difficulty.



The COVID-19 pandemic has highlighted and exacerbated many of the inequities that exist within communities around the world

# MODULE VI

## Other household vulnerabilities

The COVID-19 pandemic has highlighted and exacerbated many of the inequities that exist within communities around the world. In developed countries, the hospitalization and death rates are typically higher for people from disadvantaged populations, including minority ethnic groups and the poor. In all countries, poor and low-skilled workers were often the first to lose their jobs and/or experience income losses. Much of the impact of COVID-19 on the poor in Cambodia has been explored in previous modules (e.g., by looking at differential experiences of IDPoor households).

However, vulnerability is not simply associated with poverty. There exist other layers of inequality and this assessment has collected substantial data which allows for a closer look at these population groups. This module explores these other lenses of vulnerability, including households headed by women, households with a member with a disability, and households headed by someone with no formal education, to understand whether and how they were differentially impacted by COVID-19.



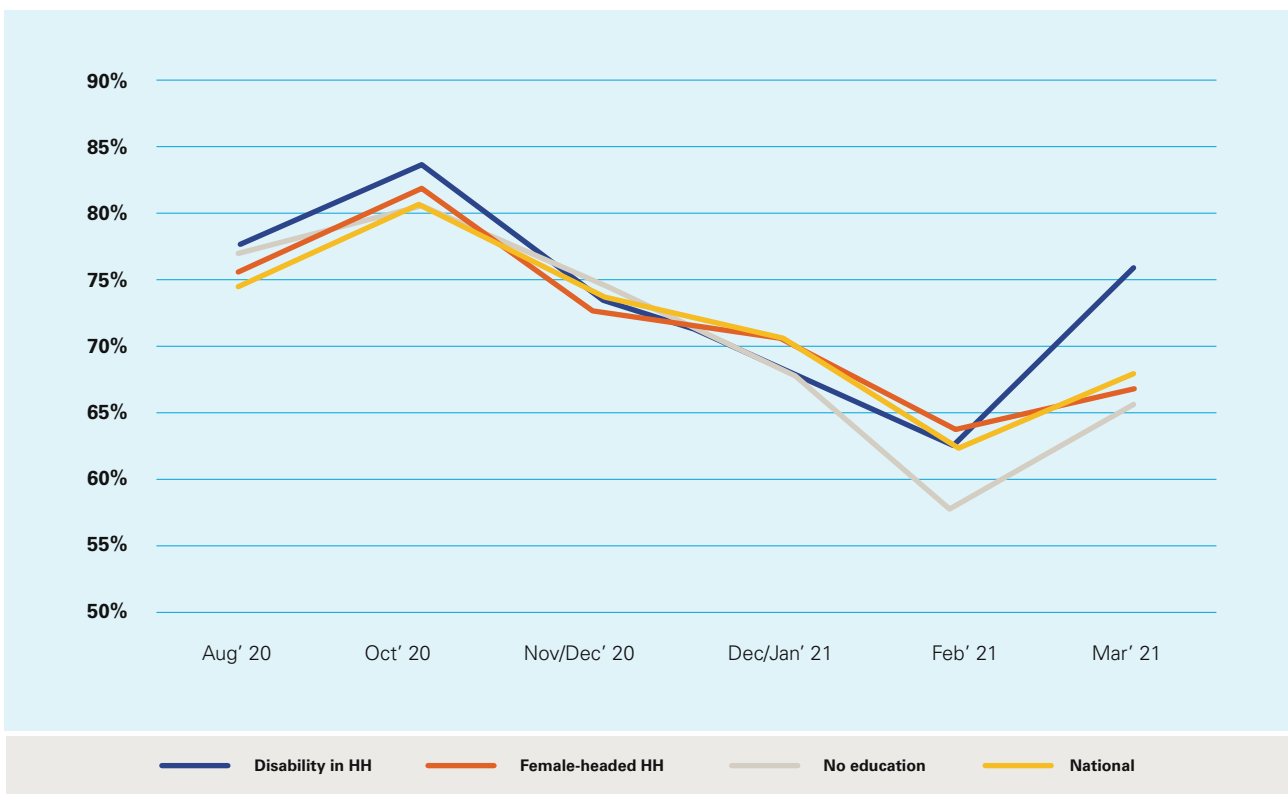
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## Job and income loss

The primary channel through which COVID-19 impacted households was in the form of job losses and income reductions (see Module I). The proportion of households that reported any decrease in income was highest in the early rounds of the assessment. By February 2021, a substantial improvement can be observed for all households. However, the impacts of the 20 February 2021 COVID-19 community transmission were again evident in Figure VI.1: for households with a member with a disability, the proportion reporting a decrease in their incomes increased a full 10 percentage points between February and March 2021. Households headed by someone with no formal education experienced a similar deterioration in their income situation.

**Figure VI.1.** Percentage of households according to vulnerability reporting a decrease in income by round

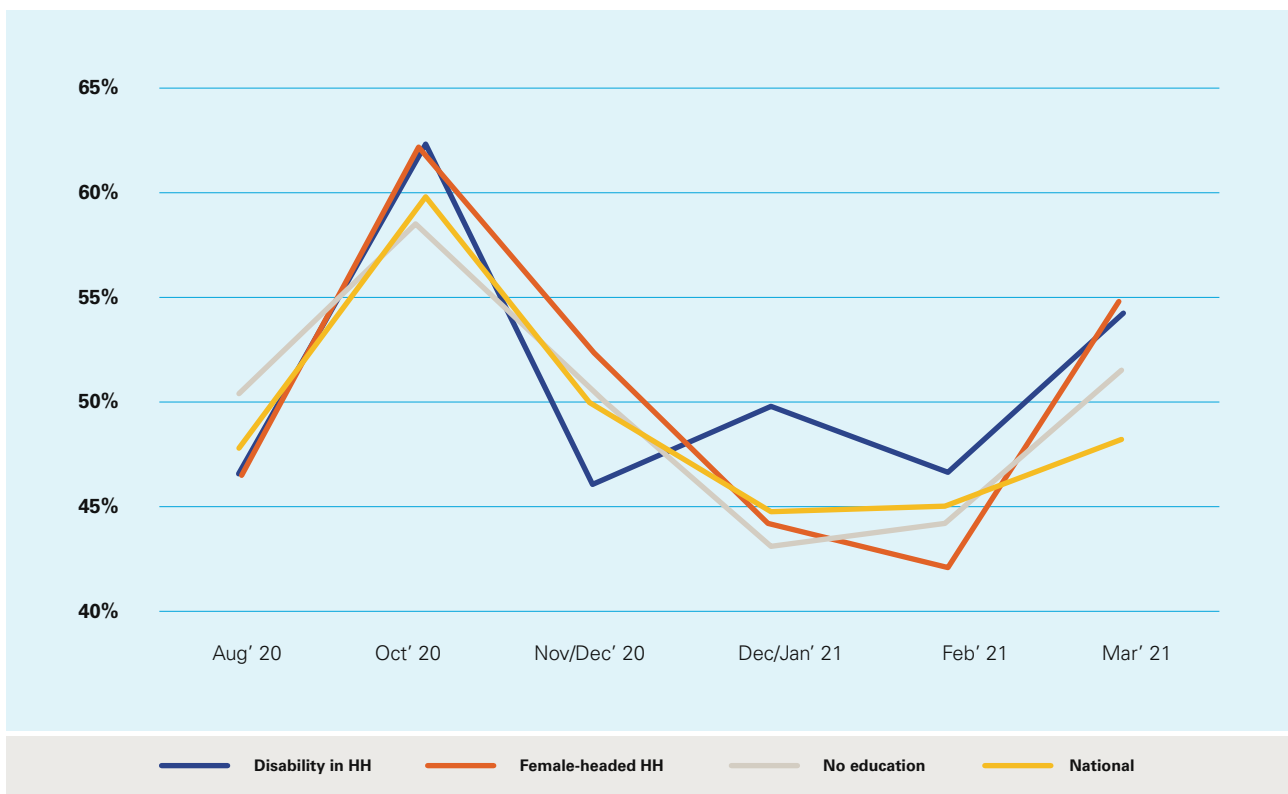




## Coping strategies

Ways that vulnerable households mitigated the impacts of job losses and income reductions included reducing their food consumption and employing various livelihood coping mechanisms. As shown in Figure VI.2, compared to the national average, by March 2021 households with a member with a disability, households headed by women, and households whose head had no formal education were materially more likely to have eaten less preferred/expensive foods because they lacked food or money to buy food (6, 8 and 3 per cent more, respectively). More data and analyses are needed to determine whether the March 2021 findings showing poorer results for all vulnerable groups are anomalous or indicative of the cumulative negative effects of COVID-19 on their food-based coping habits.

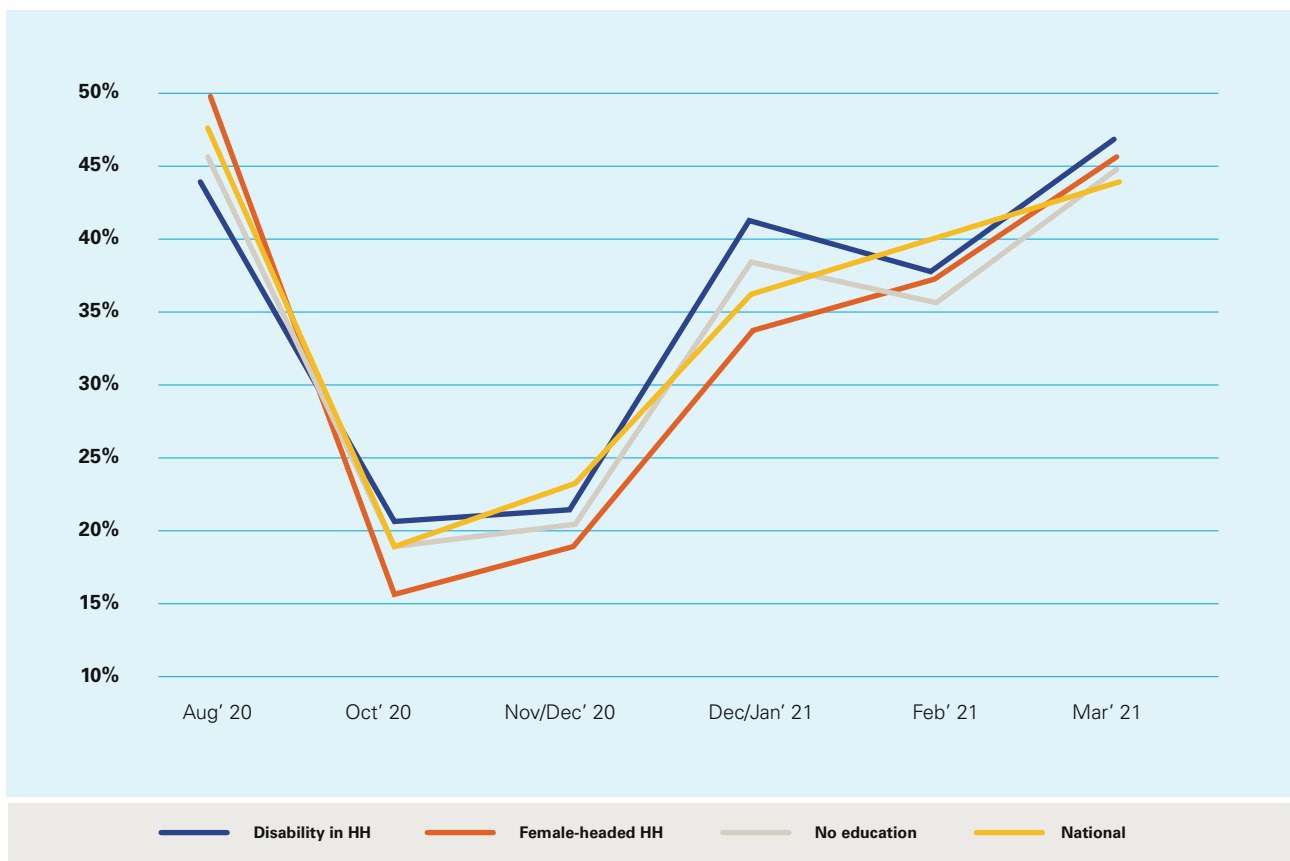
**Figure VI.2.** Percentage of households according to vulnerability reporting a decrease in income by round



Households with a member with a disability were consistently more likely to eat less preferred foods. This finding is consistent with data presented elsewhere in this report which indicate that households with more working-age adults were better able to buffer the impacts of COVID-19 on their socio-economic situations.

However, when looking at the mixture and level of livelihood coping strategies these vulnerable households used, there does not appear to be much difference compared to national patterns. Figure VI.3 shows that the proportion of these vulnerable households not having to use any type of livelihood coping strategy was consistent with the national average over the six rounds. The same consistency is found when looking at the coping strategies individually or in aggregate (e.g., by “crisis” or “emergency” groupings). Households with a member with a disability appeared marginally more likely to employ such strategies, but more advanced analysis would be required to understand if this effect is significant or not.

**Figure VI.3.** Percentage of households according to vulnerability that did not employ any livelihood coping strategies to cope by round

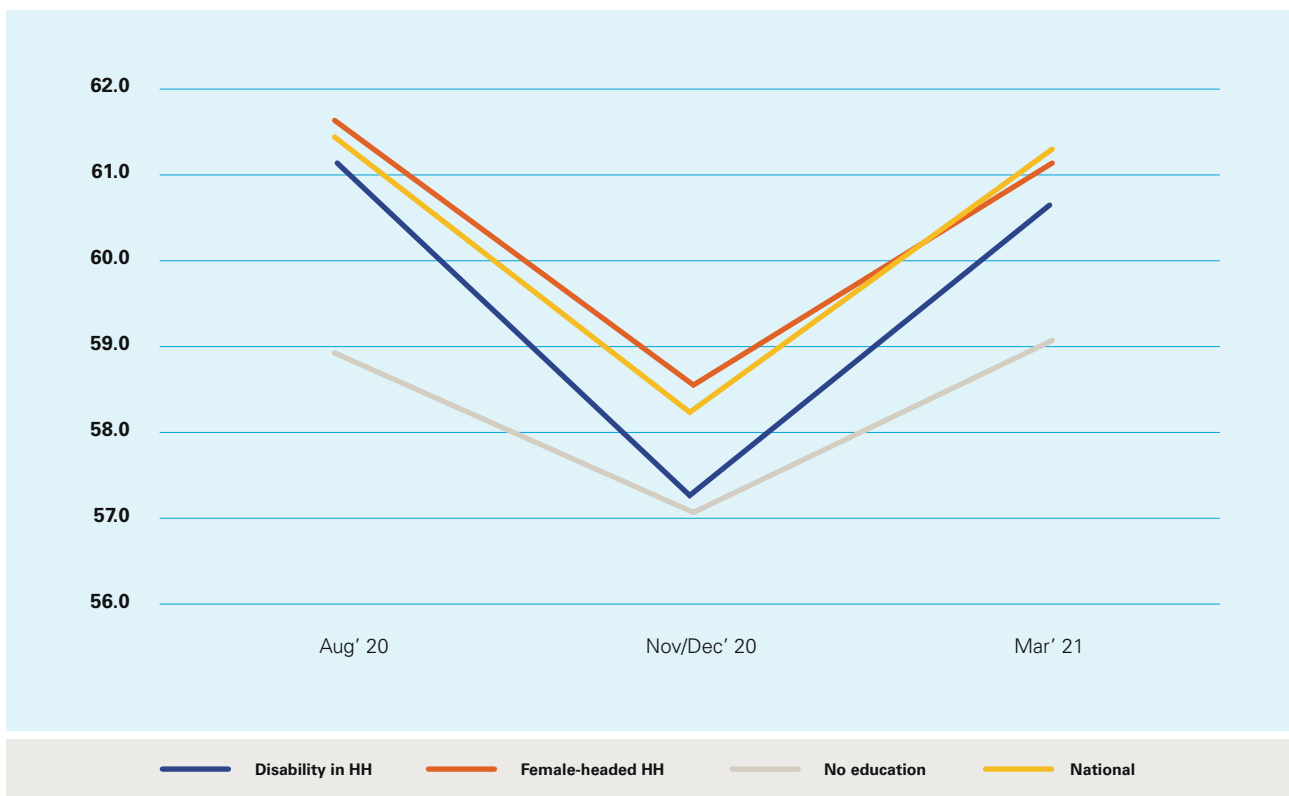




## Food security and nutrition

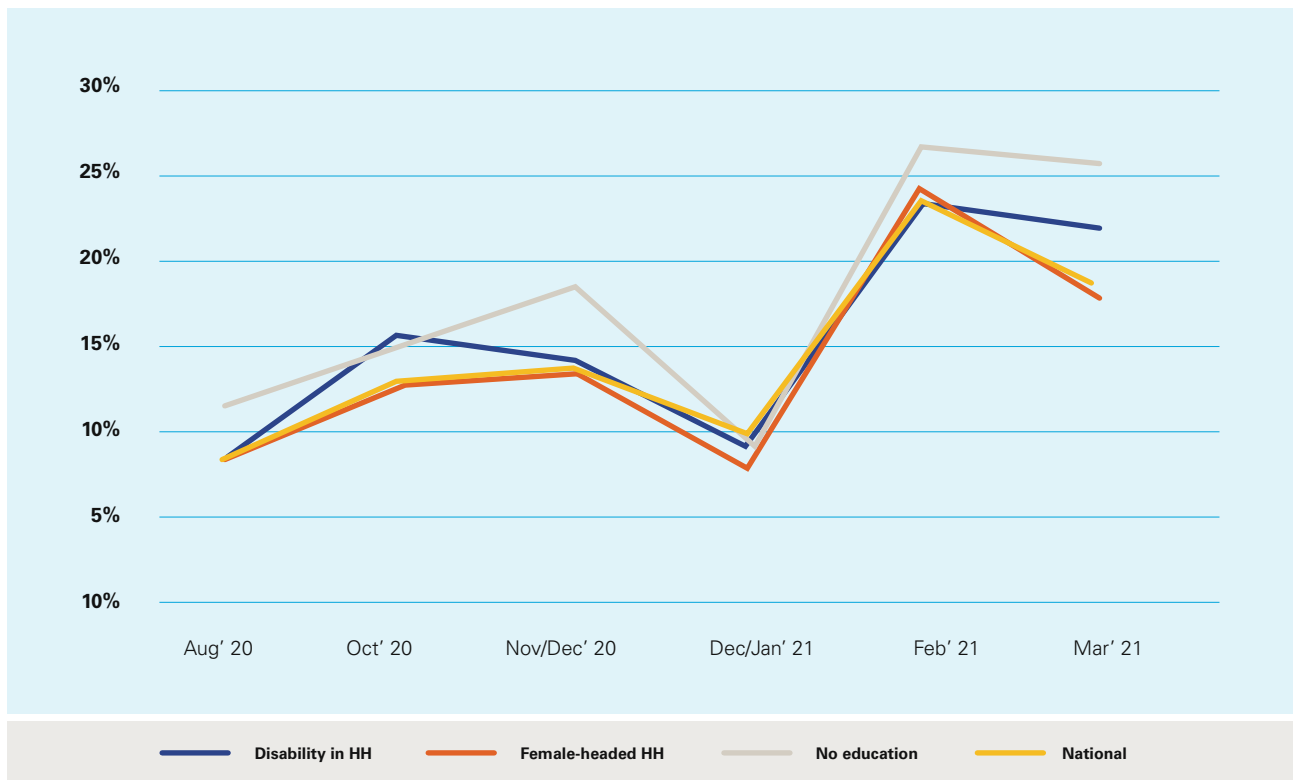
The FCS is one indicator which can, in theory, reflect the net effect of the income losses these vulnerable households experienced and the coping strategies that they deployed. Figure VI.4 below shows that while there was a deterioration in the average FCS for vulnerable households in November/December 2021, it was consistent with the national pattern. The above-trend deterioration in March 2021 in the income situation and food-coping behaviours observed for vulnerable households did not (yet) appear to translate into a material decline in their food consumption behaviour overall.

**Figure VI.4.** Dietary diversity of households according to vulnerability by round



Similar results are seen in the proportion of households reporting difficulty accessing essential goods and services. Figure VI.5 shows that while vulnerable households discussed in this module appeared to have more difficulty accessing food in February 2021, this again followed the national pattern and, notably, appeared to improve moderately in March 2021. This contrasts with the observation for IDPoor households presented in Module II, where self-reported access to food appeared to decrease even further in March 2021, suggesting that a proxy of vulnerability may be indicating some lingering challenge(s) for those households in response to the February 2021 community transmission.

**Figure VI.5.** Percentage of households according to vulnerability reporting difficulties accessing food by round







## Summary of findings and recommendations

Findings from this assessment indicate that, in addition to poor households (IDPoor), COVID-19 has impacted the situations of other types of vulnerable households above and beyond that which average households experienced. Data from the most recent rounds of the assessment suggest that the 20 February 2021 community transmission has placed new stresses on households following a gradual improvement in the second half of 2020. This shows up most notably in the increasing number of vulnerable households having to eat less preferred foods. Until March 2021, these stresses had not shown up either in livelihood-based coping strategies or in the FCS. Nevertheless, across a range of indicators, the situation in March 2021 was similar to or worse than that measured in August 2020, suggesting more monitoring and support will be needed through the remainder of 2021. The assessment will continue throughout 2021 and will provide more up-to-date information on these findings.



## Recommendations



Ensure that shock-responsive mechanisms are developed and streamlined within Cambodia's existing social protection framework to allow for targeted vertical and horizontal expansion to assist particularly vulnerable/at-risk households.



Conduct additional in-depth analyses to explore the overlaps and unique feature sets that comprise IDPoor and other vulnerable households to understand their support needs for targeting purposes.



# ANNEX 1

## Construction of indicators used in the report

Where applicable, questions were used to construct standard indicators. This was particularly the case in the food security and nutrition modules, including indicators for the reduced coping strategy index, livelihood coping strategy index, and IYCF practices. The following section details variables, construction and uses.



### Disability

The disability status of household members was collected in the 2019 Census using the Washington Working Group scale.<sup>17</sup> Data was considered for all households with members above 5 years of age in accordance with recoded issues for: seeing, hearing, walking, cognition, self-care and communication. If an individual in the household declared to have major difficulties in any of the assessed areas, the household was identified to have a disability present.



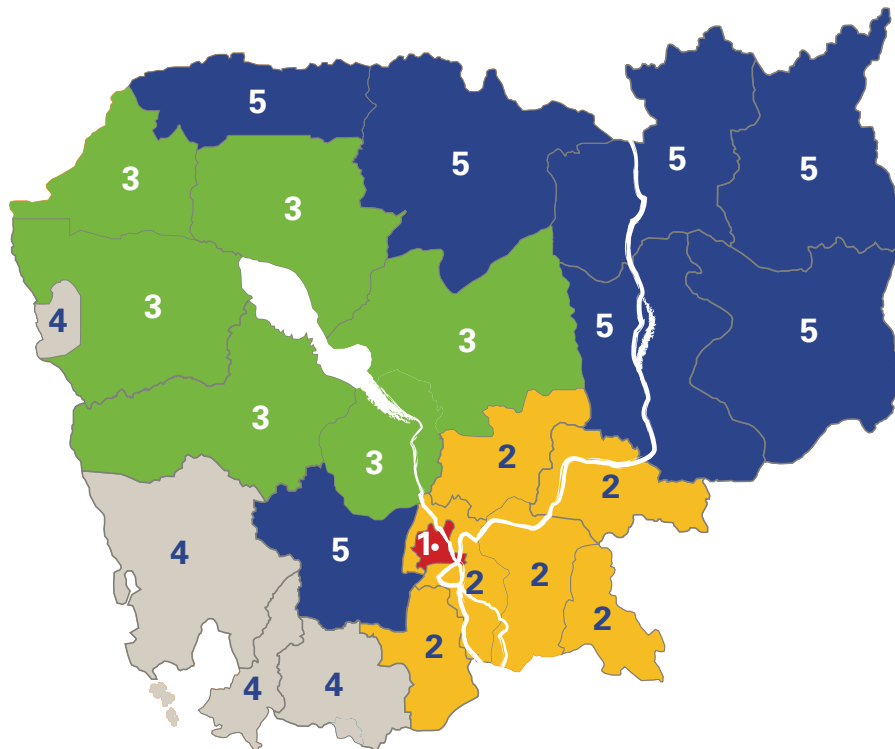
<sup>17</sup> [https://www.cdc.gov/nchs/data/washington\\_group/recommendations\\_for\\_disability\\_measurement.pdf](https://www.cdc.gov/nchs/data/washington_group/recommendations_for_disability_measurement.pdf)



## Geographical ecological areas

Provinces in Cambodia were separated into five areas, as in Figure E.1. These areas represent ecological areas in Cambodia and are mostly relevant for categorizing food security concerns such as production and harvest, but they can also be considered indicators for geographical development.

**Figure E.1.** Cambodia ecological areas (1) Phnom Penh, (2) Plain, (3) Tonle Sap, (4) Coastal, (5) Plateau



## Household size

The household size was collected in the 2019 Census. During the interview, each household had the opportunity to register new household members and to report members that were no longer living in the household. The members who left were appropriately matched with Census data and removed.

**With a mean size of 4.5 members per household, an indicator with three levels was constructed for disaggregation as:**

- Household with 1-3 members – registering a size of household smaller than the average
- Household with 4-5 members – registering an average household size
- Household with 6 and more members – registering a size of household bigger than the average



## Changes in employment

Changes in employment were declared based on a multiple option question. Some individual indicators emerged by allowing respondents to describe their situation, as several of them had experienced multiple changes between March and August 2020.

**Table E.1.** Changes in employment and income since March 2020

Indicators	Answer option
No change	No change
	Other
Increase	My working hours increased
	My income had increased
Change in occupation	I had to change my occupation
Lost job – Permanently	I lost my job permanently
Lost job – Temporarily	I lost my job temporarily and expect it back when the crisis is over
	My working place was closed due to COVID-19 measures
	I lost my job and cannot go back to work because I need to look after my dependents
	I lost my job and cannot go back to work because the head of HH decided I should not go to work
Income reduced – Permanently	My wage was reduced permanently
	My working hours were reduced permanently
Income reduced – Temporarily	My wage was reduced temporarily
	My working hours were reduced temporarily
	I am self-employed and the demand for my products/ services had decreased

The employment sector was collected before and after March based on 12 job categories, which were further aggregated into seven categories, as shown in Table E.2. These categories made it easier to visualize data, especially for less common categories.

**Table E.2.** Employment sectors

Employment sector	Job categories
Agriculture and livestock	Crop, livestock, fisher, farmer, hunter
Manufacturing industry	Garment and manufacturing worker
	Construction worker
Contract employee	Wage earner in service sector
	Wage earner in private sector
Self-employed	Own account driver
	Self-employed (craft/hairdresser/shop)
Daily/seasonal worker	Daily/seasonal labourer
Unemployed	Housewife or unemployed
Other	Other
	Wage earner in public sector
	Migrant worker



## Social transfers

For the purpose of this report and to avoid any confusion, social transfers were categorized to have as sources: (1) government (local or national), (2) family or friends in the country and abroad, (3) organizations including international, NGOs and charities, and (4) other sources.



## Coping strategies

Household coping strategies were assessed through the rCSI and Livelihood Coping Strategies Index. These indices capture the actions taken by households to manage food shortages. The rCSI directly assesses food-based coping strategies that households used when they did not have enough food or money to buy food in the month prior to the survey.<sup>18</sup> The index is an aggregated score based on severity weight for each coping strategy (Table E.3). Its major advantage is that it is able to track trends and monitor the severity of behaviours that limit energy intake.

**Table E.3.** Reduced coping strategy index weighted scale

In the past seven days, if you did not have enough food and were unable to buy food, how many times has your household had to:	No. of days [0-7]	Weight	Score
1. Rely on less preferred food and less expensive food	A	1	A*1
2. Borrow food or rely on help from a friend or relative	B	2	B*1
3. Limit portion size at mealtimes	C	1	C*1
4. Restrict adult food consumption	D	3	D*3
<b>TOTAL SCORE</b>			

<sup>18</sup> <https://docs.wfp.org/api/documents/WFP-0000107670/download/> <https://docs.wfp.org/api/documents/WFP-0000107670/download/>

The livelihood coping strategies indicator is derived from a series of questions regarding a household's experience with livelihood stress and asset depletion during the 30 days prior to the survey. The first round assesses the adoption of coping strategies since March 2020, while the following rounds assess the past month's experience. Responses are used to understand the stress and insecurity faced by households and describe actions that could affect future productivity. The indicator includes three types of strategies, previously defined, where each household can be placed depending on the adopted measures. Table E.4. describes each strategy by the following three types:

- Stress strategies: those which indicate a reduced ability to deal with future shocks due to a current reduction in resources or increase in debts.
- Crisis strategies: directly reduce future productivity, including human capital formation
- Emergency strategies: affect future productivity but are more difficult to reverse or more dramatic in nature.

**Table E.4.** Livelihood coping strategies

Strategy	Category
1. Sold household goods	Stress
2. Sold productive assets and means of transport	Crisis
3. Reduced essential non-food expenditure	Crisis
4. Spent savings	Stress
5. Borrowed money from formal lender or bank	Stress
6. Sold house or land	Emergency
7. Withdrew children from school	Crisis
8. Income from illegal activities	Emergency
9. Sent an adult household member to seek work elsewhere	Stress
10. Begged	Emergency





## Household food consumption

The household diet was assessed through household FCS, household dietary diversity and household consumption of products rich in protein, vitamin A and Iron. These standard indicators are able to offer a proxy to macronutrient adequacy and household caloric availability. While the household dietary diversity score is quite straightforward, the FCS is a more complex indicator of a household's food security status, as it considers not only dietary diversity and food frequency but also the relative nutritional importance of different food groups, as described in Table E.5.

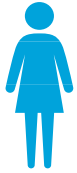
**Table E.5.** Food categories investigated under household dietary diversity score and FCS

Food categories	Household DDS	Food groups*	Household FCS
1. Cereals and grains	Staples		2 x frequency in days*
2. Roots and tubers			
3. Legumes and nuts	Pulses	Protein rich foods	3 x frequency in days*
4. Vitamin A vegetables	Vegetables	Vitamin A rich foods	1 x frequency in days*
5. Green leafy vegetables		Vitamin A rich foods	1 x frequency in days*
6. Other vegetables		Vitamin A rich foods	1 x frequency in days*
7. Vitamin A fruits	Fruits	Vitamin A rich foods	1 x frequency in days*
8. Other fruits			

<sup>18</sup> <https://docs.wfp.org/api/documents/WFP-0000107670/download/> <https://docs.wfp.org/api/documents/WFP-0000107670/download/>

9. Organ meat	Protein	Vitamin A rich foods Protein rich foods Iron rich foods	4 x frequency in days*
10. Meat and poultry		Protein rich foods Iron rich foods	
11. Fish and seafood		Protein rich foods Iron rich foods	
12. Eggs		Vitamin A rich foods Protein rich foods	
13. Milk and dairy products	Dairy	Vitamin A rich foods Protein rich foods	4 x frequency in days*
14. Oil and fats	Fat		0.5 x frequency in days*
15. Sweets	Sugar		0 x frequency in days*
16. Condiments	Condiments		0 x frequency in days*
<b>SCORE</b>	<b>Summary of food groups (without sweets and condiments)</b>	<b>Summary of days frequency for each group</b>	<b>Summary score</b>
<b>Categories</b>	<b>Low dietary diversity (&lt; 4.5 groups)</b> <b>Medium dietary diversity (4.5-6 groups)</b> <b>High dietary diversity (&gt; 6 groups)</b>	<b>Never: 0 days</b> <b>Sometimes: 1-6 days</b> <b>Daily: 7 days</b>	<b>Poor (&lt; 24.5 score)</b> <b>Borderline (25-38.5)</b> <b>Acceptable (&gt;= 39)</b>

\*Highest number of days is seven



## Women's dietary quality

The Minimum Dietary Diversity for women (MDD-W) is an indicator of the dietary quality of one vulnerable population group, women 15-49 years old, by being strongly correlated to the micronutrient adequacy of the diet. The MDD-W is a binary indicator based on 24-hour food consumption of a minimum five food categories out of 10.

**Table E.6.** Food groups for MDD-W

MDD-W Food Groups	
1.	Grains, roots and tubers
2.	Pulses
3.	Nuts and seeds
4.	Dairy
5.	Meat, poultry and fish
6.	Eggs
7.	Dark leafy greens and vegetables
8.	Other Vitamin A-rich fruits and vegetables
9.	Other vegetables
10.	Other fruits

<sup>18</sup> <https://docs.wfp.org/api/documents/WFP-0000107670/download/> <https://docs.wfp.org/api/documents/WFP-0000107670/download/>



## IYCF practices

Breastfeeding practices were assessed for children under 2 years as ever being breastfed and current status of breastfeeding. The indicator was further separated for children aged 0-5.9 months and 6-24 months. The reasons for stopping breastfeeding were further explored, including reasons related to COVID-19, such as stopping due to fear of transmitting COVID-19 to the child.

For children aged 6-24 months, the IYCF practices were assessed through MMF, MDD and MAD. The guidelines used in the 2014 CDHS and the newest guidelines developed by WHO were both used to calculate these indicators (Table E.7). The perceived impact of COVID-19 on a child's diet and feeding practices was explored through changes in breastfeeding frequency, meal frequency, meal quantity and dilution of infant formula.

**Table E.7.** IYCF practices based on WHO guidelines from 2008 and 2010

IYCF 2008 guidelines	IYCF 2010 guidelines
<b>Breastfed children in past 24 hours</b>	
<b>MDD – min 4/7 cat.</b>	<b>MDD – min 5/8 cat.</b>
1. Infant formula/milk	1. Infant formula/milk
	2. Breastfeeding
2. Grains and roots	3. Grains and roots
3. Vitamin A fruits and vegetables	4. Vitamin A fruits and vegetables
4. Eggs	5. Eggs
5. Flesh foods	6. Flesh foods
6. Legumes and nuts	7. Legumes and nuts
7. Other fruits and vegetables	8. Other fruits and vegetables

<sup>18</sup> <https://docs.wfp.org/api/documents/WFP-0000107670/download/> <https://docs.wfp.org/api/documents/WFP-0000107670/download/>

IYCF 2008 guidelines	IYCF 2010 guidelines
<b>Breastfed children in past 24 hours</b>	
MMF – min 3 times solid and semi-solid foods excl. liquid and milk	MMF – min 3 times solid and semi-solid foods excl. liquid and milk feedings
MAD- Breastfeeding + MDD + MMF	MAD- Breastfeeding + MDD + MMF
<b>Non-breastfed children in the past 24 hours</b>	
<b>MDD – min 4/7 cat.</b>	<b>MDD – min 5/8 cat.</b>
MMF – min 4 times solid and semi-solid foods including milk feedings	MMF – min 4 times solid and semi-solid foods, including milk feedings
MAD- minimum 2 milk feedings + MDD + MMF	MAD- minimum 2 milk feedings + MDD + MMF



## Child discipline

Child discipline was categorized in non-violent and violent categories. The latter was separated into physical punishments and psychological punishments. The respondent was asked about the type of discipline adults used on children before and after March 2020. Table E.8 identifies these types of disciplines, based on examples provided in this module.

**Table E.8.** Type of discipline based on punishment

Categories	Options
Physical punishment	Shook the child
	Hit or slapped the child on the bottom or elsewhere with a hard object such as a belt
	Hit or slapped the child on the face, head or ears
	Beat the child as hard as possible
Severe physical punishment	Hit or slapped the child on the face, head or ears
	Beat the child as hard as possible
Psychological punishment	Shouted or yelled at the child
	Called child names such as dumb, lazy, etc.
Any violent punishment	Physical punishment
	Psychological punishment
Only non-violent punishment	Took away privileges
	None of the above

# ANNEX 2

## Description of household composition based on members

Table E.9. Household composition

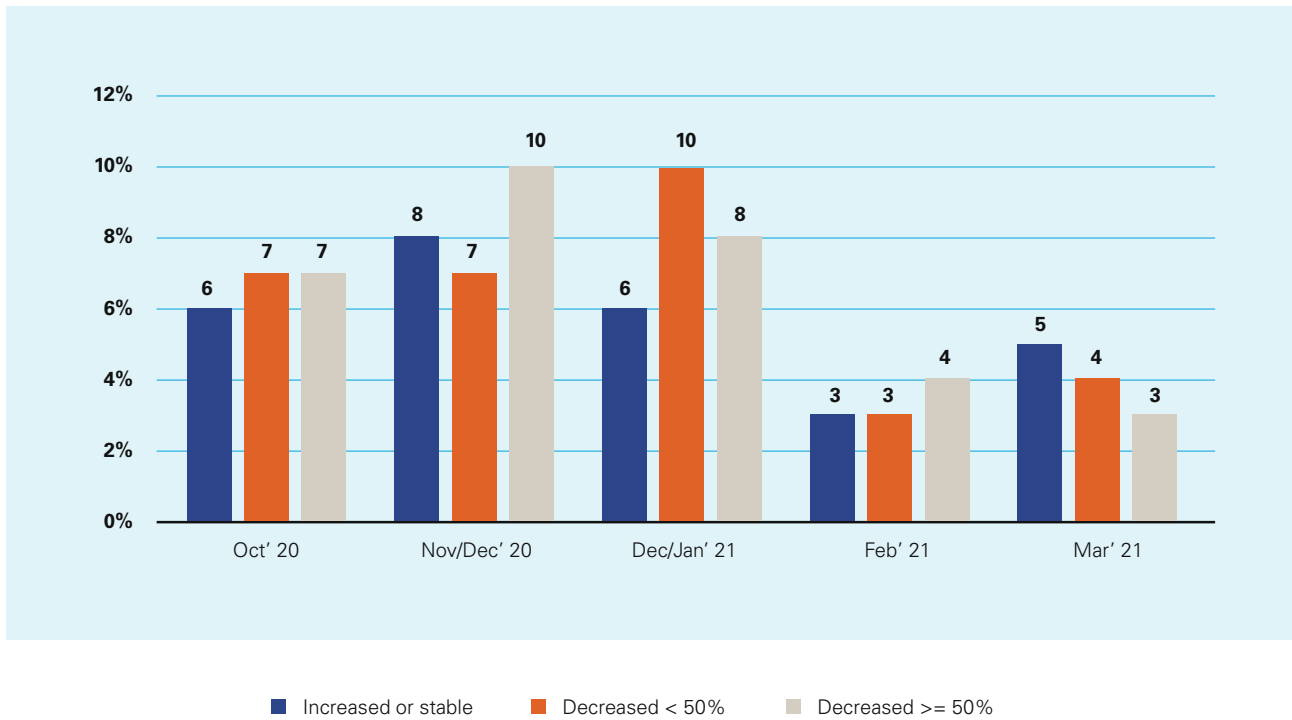
	August 2020	October 2020	November/December 2020	December/January 2020	February 2021	March 2021
<b>Total sample respondents</b>	2034	1070	1008	1113	1010	1053
<b>Children under 18y.*</b>	1528 75%	799 75%	756 75%	836 75%	760 75%	793 75%
<b>Children under 5y.</b>	808 40%	474 44%	NA	494 44%	420 42%	NA
<b>Children under 2y.</b>	336 17%	244 23%	177 18%	208 19%	189 19%	147 14%
<b>Children 5-17 .9y.</b>	1708 84%	894 84%	NA	922 83%	824 82%	887 84%
<b>Children 5-11 .9y.</b>	NA	870 81%	674 67%	916 82%	824 82%	646 61%
<b>Children 12-14 .9y.</b>	NA	445 42%	411 41%	502 45%	445 44%	475 45%
<b>Children 15-17 .17y.</b>	NA	386 36%	359 36%	425 38%	395 39%	479 45%
<b>Pregnant women</b>	136 7%	190 18%	NA	265 24%	126 12%	NA

\*As collected in the census; NA – data unavailable at the round

# ANNEX 3

## Resilience to the COVID-19 shock

**Figure 3.1.** Percentage of households that received in-kind transfers in the month after reporting changes in income





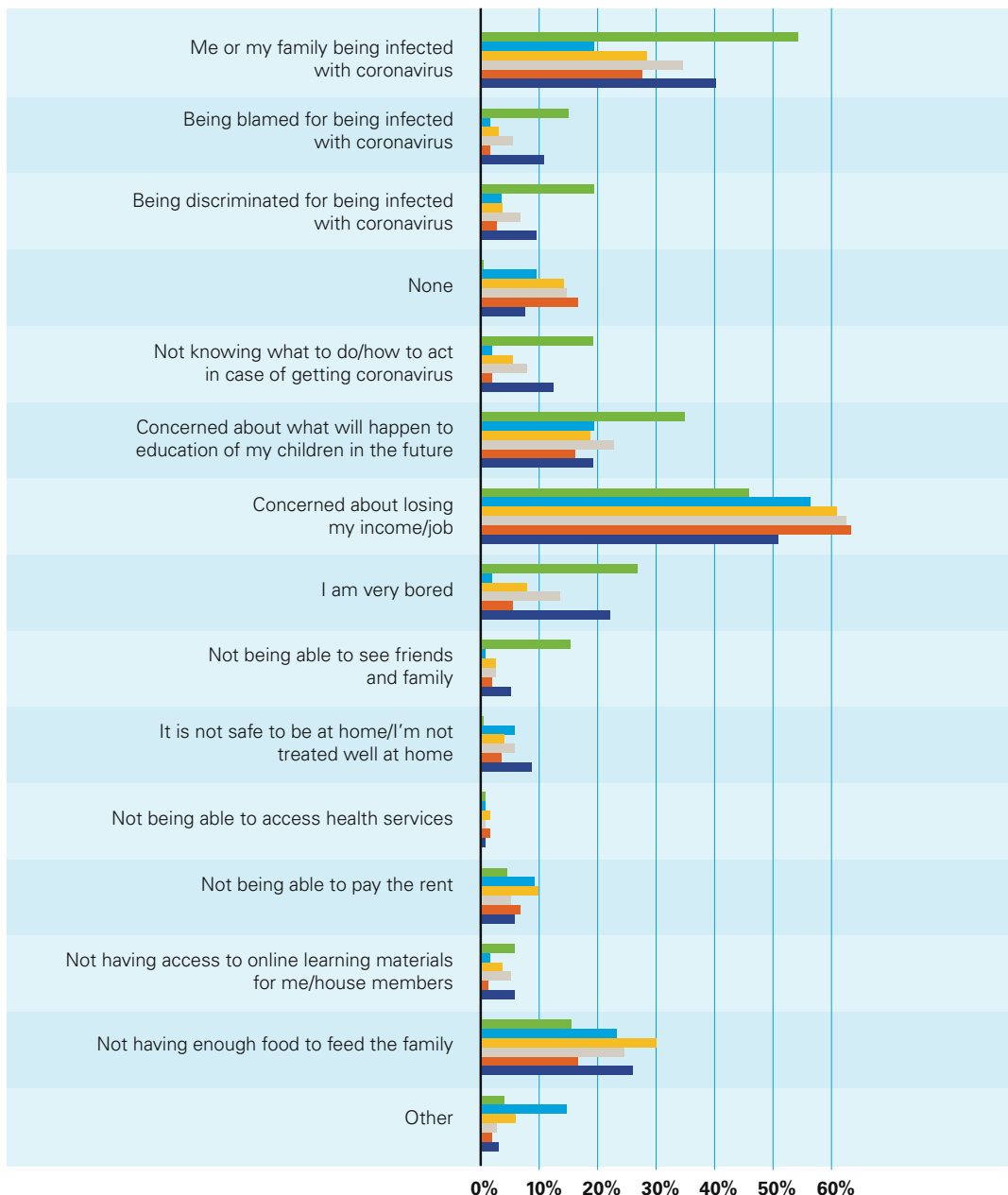
# ANNEX 4

## Multidimensional impact of COVID-19

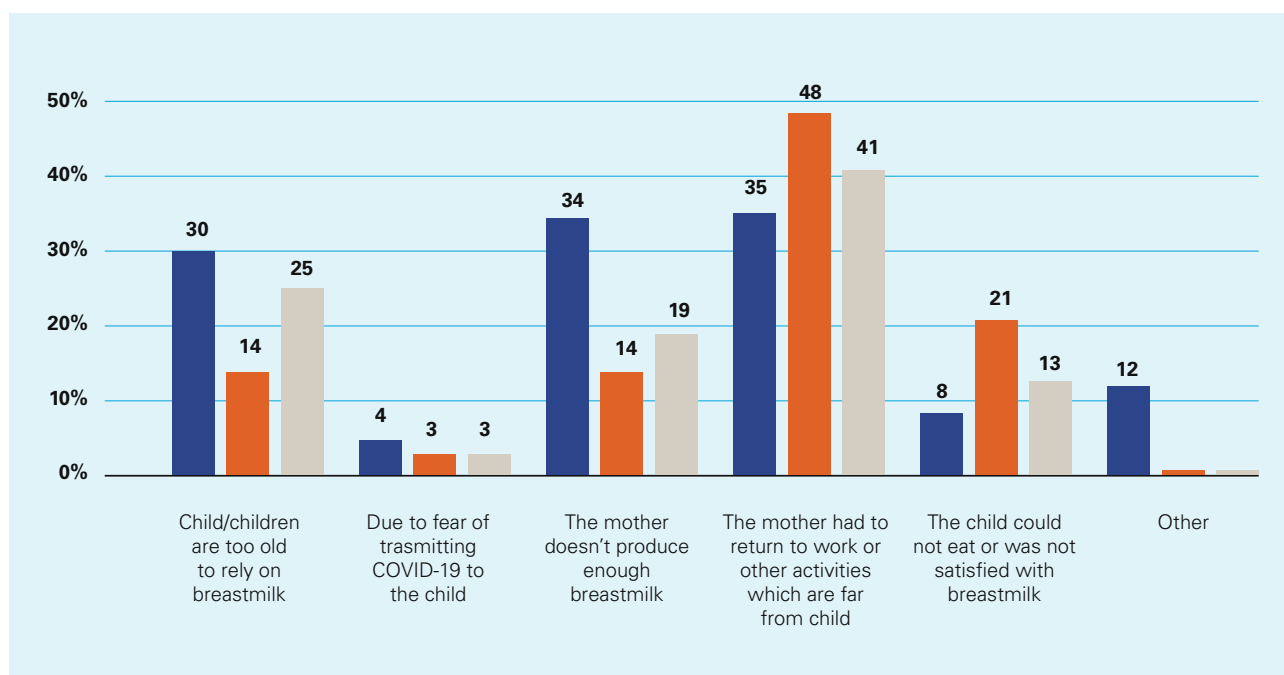
Figure 4.1. Main concerns of respondents over the study period

What are your main concerns concerning your life/ your family at the moment?

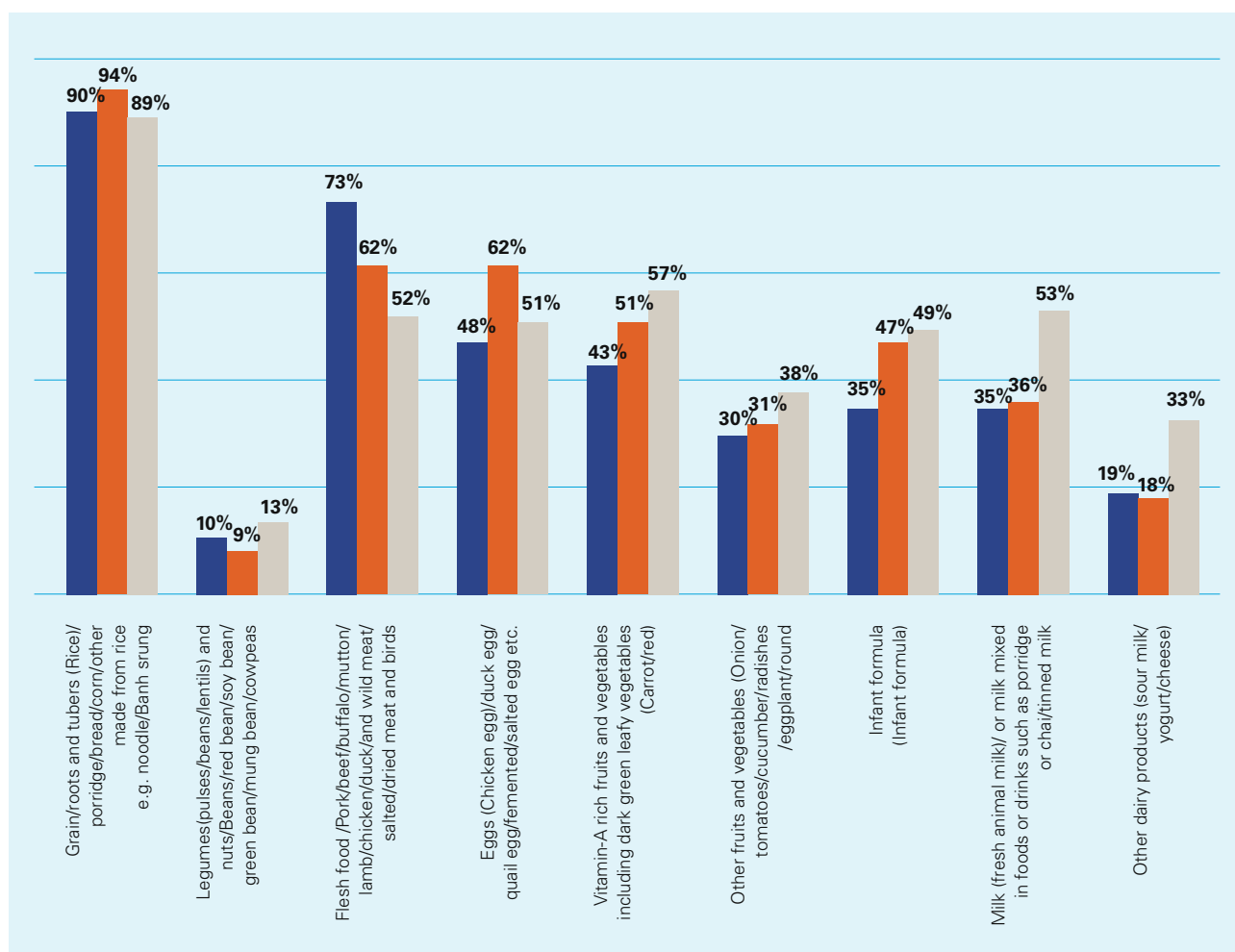
Round ● R1(Jul/Aug-20) ● R2(Oct-20) ● R3(Nov/Dec-20) ● R4(Dec/Jan-21) ● R5(Feb-21) ● R6(Mar-21)



**Figure 4.2.** Reasons for stop breastfeeding



**Figure 4.3.** The consumption of food groups among children 6-24 months in the past 24 hours



# ANNEX 5

## Adolescent module

Adolescents have been heavily affected by the COVID-19 crisis and are among those feeling the impacts across many aspects of their lives. As part of a larger socio-economic study on the effects of the COVID-19 crisis in Cambodia, the adolescent module aims to better understand how adolescents experience and cope with the coronavirus situation. The survey used for this module was co-created and co-designed with adolescents from the Adolescent and Youth Reference Group (AYRG) in Cambodia.



### Study methodology and sampling

This study was designed as a high-frequency survey and included the participation of 2,000 randomly selected households representing districts and villages included in the Census and IDPoor database. From this sample, 392 households with adolescents were identified and 211 adolescents took part in the survey.

#### The adolescent study sample had the following demographics:

- Ages ranged from 15-19 years, with the majority (76 per cent) below 18 years and the average age being 16 years
- 59 per cent female and 42 per cent male
- 63 per cent of adolescents from rural households
- Many came from male-headed households (68 per cent), households with heads finishing at least primary levels of schooling (60 per cent), and from households with 1-5 members (75 per cent)
- 75 per cent were from non-IDPoor households, 17 per cent from IDPoor2 households and 8 per cent from IDPoor 1 households
- 21 per cent of the adolescents were from households where disability was present.

The adolescent survey module included questions for assessing adolescent experiences of COVID-19's impacts on areas such as learning, digital literacy, leisure time, livelihoods, violence and criminality perceptions, mental health, and actions for responding to and preventing the spread of COVID-19.



## Key Findings:

Child discipline was categorized in non-violent and violent categories. The latter was separated into physical punishments and psychological punishments. The respondent was asked about the type of discipline adults used on children before and after March 2020. Table E.8 identifies these types of disciplines, based on examples provided in this module.

### Learning:

- While 79 per cent went to school before Covid-19 restrictions, 68 per cent of respondents resumed their studies through alternative approaches following school closures in March. Where schools had not yet opened during the survey, 36 per cent planned to return to school and 16 per cent did not plan to return.
- 56 per cent of respondents who did not plan to return said that they could not return to school because they needed to work to support their families and 50 per cent said that they could no longer afford schooling.
- Group messenger/telegram (29 per cent) and online learning videos prepared by schools (28 per cent) were the most popular alternative distance learning tools used by adolescents. Online learning videos from schools were more likely to be used by those below 18 years old and non-IDPoor.
- Internet access was the primary challenge that adolescents faced in accessing and using learning alternatives. They noted that they had no one to ask for help when they did not understand the material.
- Largest percentage (41 per cent) say that schools should continue implementing all subjects and time tabling to support their continued education during the pandemic.

### Digital literacy:

- Most respondents noted that digital and IT literacy was at least moderately important for their future, however the majority saw themselves as having only “average” or “fair” skills in digital and IT literacy.
- Most (72 per cent) are not currently learning digital or IT skills in school, particularly those from poor households. Adolescents noted that they mostly needed more opportunities in school to develop their skills in using IT and digital tools. Moreover, 91 per cent noted that they did not improve technology-related skills during the pandemic.

## Leisure and free time:

- 39 per cent of respondents noted that they had more free time due to the pandemic situation, 35 per cent said their free time did not change, and 25 per cent said that they had less free time.
- Participants were most likely to spend their free time in the company of others rather than alone, with 50 per cent saying they spent time with family and 19 per cent spending time with friends. However, on average, free time spent with family increased and free time spent with friends decreased.
- A large percentage (86 per cent) said they spent their leisure time helping with various chores at home.

## Livelihoods and support to family:

- More than half (64 per cent) of adolescent respondents reported that their livelihoods were at least somewhat or severely affected by the pandemic situation.
- 52 per cent are not supporting their family to earn additional income, while 88 per cent made the decision on their own to support their family's livelihood. Those who are supporting their family with additional income are more likely to be female, older adolescents, and from poor and urban households.
- 19 per cent of those who are working are gaining an income outside of the household and 35 per cent said they are supporting by helping with the family business or working on the land.
- On average, both males and females worked 5.3 days per week for 5.4 hours per day.

## Violence and criminality perceptions:

- On a scale of 0–3 (0 = not worried and 3 = very worried), adolescent respondents on average reported that they were at level 2, “worried,” about issues of safety, crime and violence since the COVID-19 crisis.
- 31 per cent of respondents were “worried” (level 2) and 45 per cent were “very worried” (level 3) about children's safety; 41 per cent were “very worried” about street robberies; and 43 per cent were “very worried” about sexual assault/rape.
- Respondents' degree of concern for safety, crime and violence issues varied across geographic locations, gender, age and socio-economic backgrounds.
- 57 per cent of respondents said they saw no changes in violence against children since COVID-19 and only 5 per cent perceived an increase in violence against children.

## Advantages and disadvantages of COVID-19 in adolescents' lives:

- Positive impacts that adolescents experienced as a result of the COVID-19 situation primarily related to increased time at home (76 per cent) and increased time with family (68 per cent).
- Adolescents saw negative impacts on learning: more than half noted that they did not learn as well as before and more than half also experienced difficulties in learning; 48 per cent said the negative impact they faced was a loss of income and livelihoods in their household.

## Mental health and psychosocial support:

- Anxiety is more prevalent than depression among adolescents: the average adolescent was anxious at least "sometimes" since the coronavirus situation, but experienced depression "less than sometimes".
- Adolescents were most concerned about unanticipated events happening to their family and to themselves, as well as worries about what is going to happen in general.
- 44 per cent of adolescent respondents said they only "sometimes" spoke to someone else about their problems, feelings or experiences, and 51 per cent said that they "never" spoke to someone about these issues. Those who talked to someone about their issues most likely talked to friends; a smaller percentage talked to parents, and very few people talked to counsellors (1 per cent) or teachers (2 per cent).

## COVID-19 actions:

- The most common action that adolescents took to prevent and respond to the Coronavirus was washing hands more frequently than before, followed by wearing masks, and keeping a safe distance.
- 91 per cent of adolescents noted that they were sharing truthful information on coronavirus with family and friends. Older adolescents were involved in more Coronavirus information gathering and sharing activities, and younger adolescents were more likely to help siblings, friends and their community through various activities.



