

COVID-19 SOCIO-ECONOMIC IMPACT ASSESSMENT



PHASE II REPORT

August 2020–December 2021

Abstract

This report aims to describe the impact of COVID-19 on the livelihood and access to essential services and goods of households in Cambodia between August 2020 and December 2021

Report and study conducted by UNICEF, WFP and ADB with support from USAID and DFAT.

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COVID-19 Socio-Economic Impact Assessment

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EXECUTIVE SUMMARY

The COVID-19 pandemic has had an unprecedented impact on the global economy and individual livelihoods, while exacerbating disparities among the more marginalised communities and groups. This study aims to assess the short to long-term impacts on the economy and livelihood of Cambodian households, their access to essential services and goods, along with food security and nutrition, with a focus on the most vulnerable populations as described by several socio-demographic characteristics.

The report is summarizing key findings of a high-frequency longitudinal panel study with 9 rounds of data collection in the period between August 2020 and December 2021. Baseline data was collected from a sample of 2,034 households from 25 provinces in Cambodia, which were followed-up through phone-based interviews. Between 678 and 1,113 households were involved in each round of data collection.

Key findings:

- The impact was most noticeable in household economies as the majority experienced reductions in their income and loss of employment. The IDPoor households were less resilient to negative impacts on household income.
- While taking out new loans was a frequently used coping mechanism for households to meet their daily needs, sales of land were seldom reported.
- Notable deteriorations in household access to nutritious food were registered during the peaks of the pandemic, including in October 2020 when, in addition, large-scale flooding occurred, as well as, in July 2021. The nutritional quality of diets consumed by households has yet to recover to its pre-pandemic status.
- Challenges in accessing nutritional food during the pandemic was particularly pronounced for women and children, with only 61% of women consuming diets meeting the requirements for a Minimum Dietary Diversity, and only 31% of children consuming a Minimum Acceptable Diet.
- Adoption of negative coping strategies by households to meet their food needs remains widespread and considerably higher than before COVID-19 – this is an indication of persistent pressure on household food security despite the incipient economic recovery. The households were likely to restrict the household food consumption and to engage severe livelihood coping strategies.
- As the closure of schools extended until the end of 2021, children were more reliant on online materials to continue their studies. A concerning high proportion of children aged 12 to 18 years old were engaged in work, both in family businesses and elsewhere. Meanwhile, caregivers were able to offer only limited support for their children's learning.
- The strict measures applied from February 2021 as a reaction to the COVID-19 outbreak impacted the access to essential health services for pregnant women and negatively impacted adult and child wellbeing.



COVID-19 IMPACT ON HOUSEHOLD ECONOMY

HOUSEHOLD INCOME AND EMPLOYMENT

The employment and income of respondents and their household members were impacted by several major COVID-19 outbreaks in Cambodia. The main way in which the pandemic affected households' economies was through a **reduction of their economic activity or demand for goods and, hence, available income**. The largest impact on income was reported in July 2021, when **2 in 3 households (66%) had an income below 150 USD**. The situation has gradually improved since then, with only half (52%) of households falling into the lowest household income category at the end of December 2021. However, the situation remains concerning considering that only 28% of households reported having a monthly income below 150 USD (figure 1) prior to the pandemic. Particularly, IDPoor households¹ (71% vs. 57%) and those living in a rural area (74% vs. 55%) were at all times more likely to have a household income below 150 USD.

Coinciding with strict COVID-19 preventive measures that restricted movement and business operations being applied across the country between March and July 2021, respondents recorded the highest level of job loss or a reduction in income (71%). In July 2021, up to **6 out of 10 respondents reported a reduction in income**, and **2 out of 10 reported the loss of job** in the past 30 days, as a result of the February 2021 outbreak. Additionally, 31% of respondents had other household members losing their job in the same period. Towards **the end of 2021**, when the national economy picked up again with increased economic activity and increased demand for goods and services, **there were visible improvements in employment and income** with significantly fewer people reporting the loss of income or jobs.

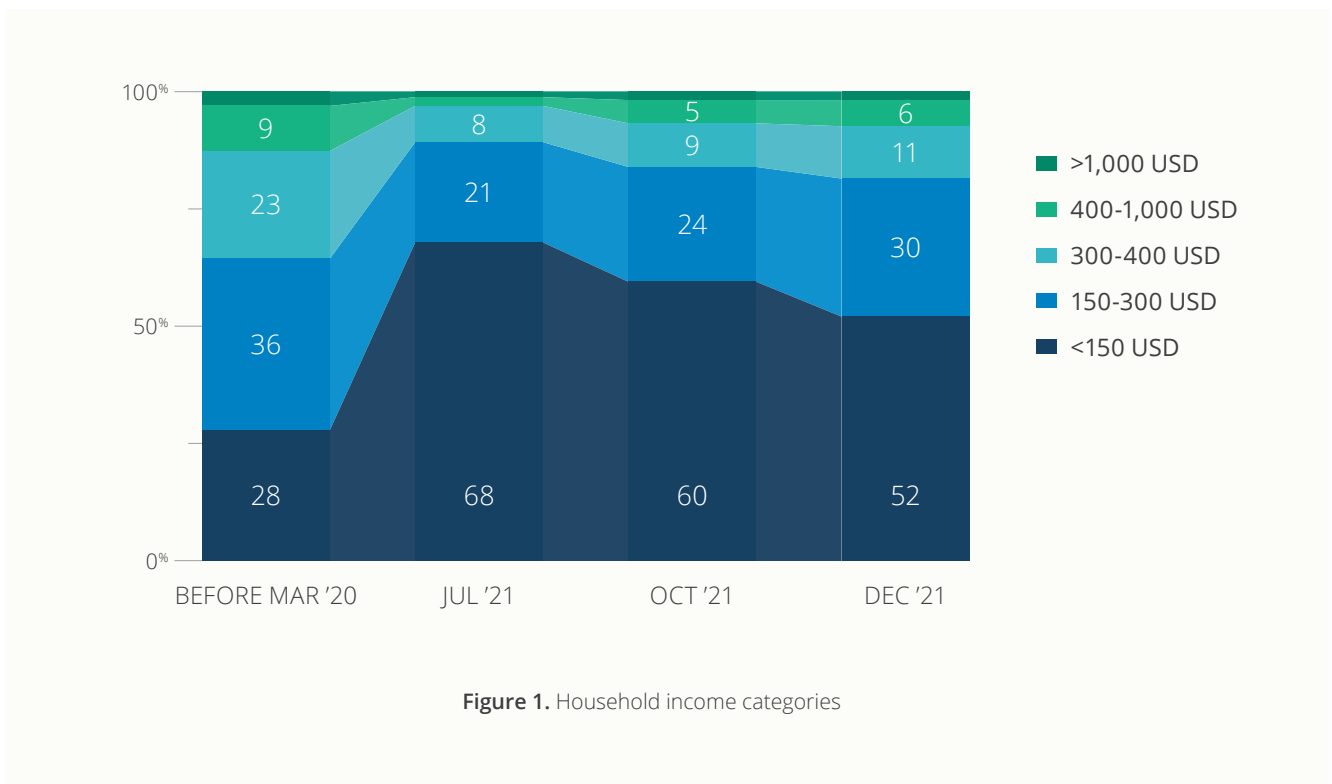


Figure 1. Household income categories

¹ IDPoor, as categorized in 2 levels, is a national system to identify socio-economically disadvantaged households at village level. For further information on methodology: www.idpoor.gov.kh/about/process

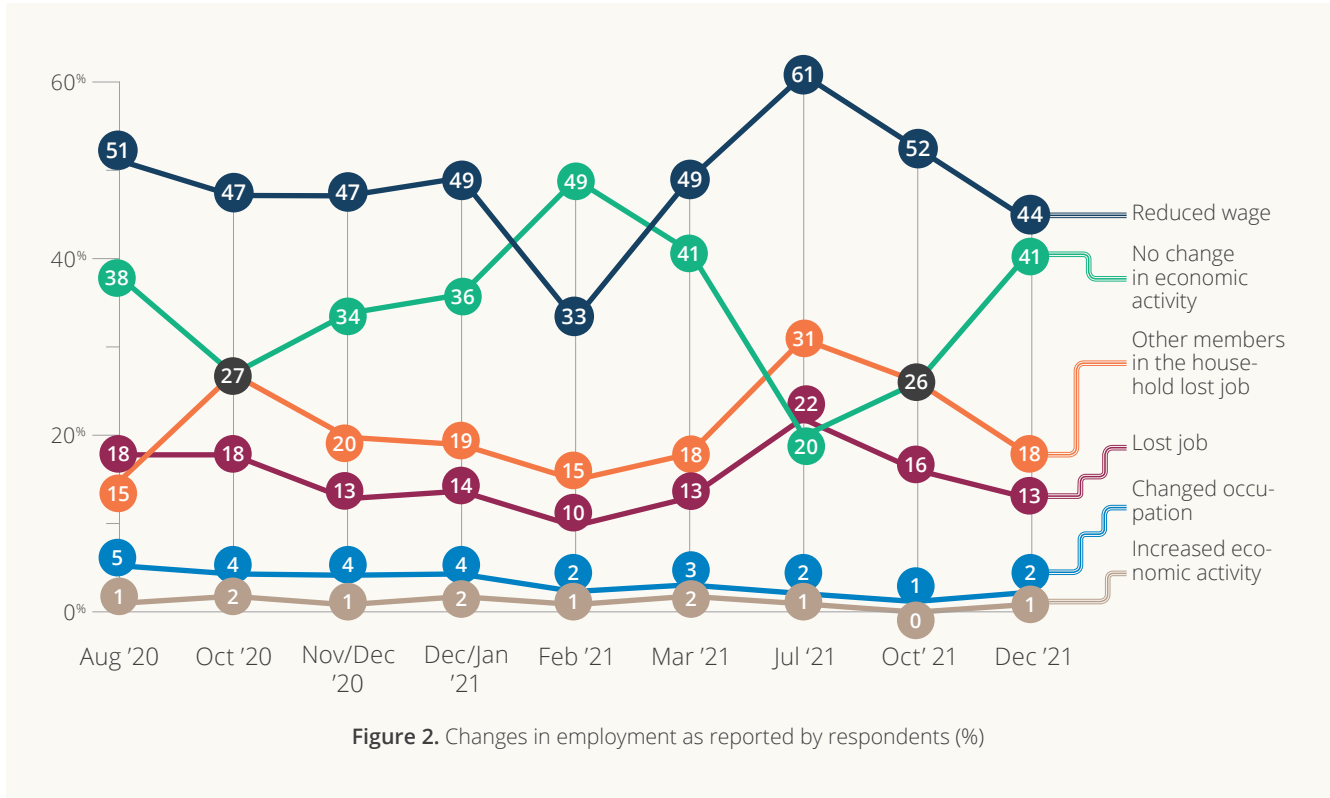


Figure 2. Changes in employment as reported by respondents (%)

The unemployment rate reached a peak in October 2020 and March 2021 (22-23%), possibly as a result of the prolonged closure of businesses and movement restrictions due to COVID-19 outbreaks, a 3% increase from the average of 19% of respondents being unemployed. Among those households' members that were unemployed, 40% maintained this status between consequent rounds, while one third were employed in agriculture and livestock sector during previous round; a value that ranged between 20% and 38% during each wave. Considering that one-third of the respondent's reported the agriculture or livestock as the main employment sector, this finding is of concern, as it indicates a decline in employment opportunities in agriculture, particularly between February and July 2021. The agriculture sector will continue to be subject to changes due to crop seasonality, natural disasters, and, potentially, the impacts of the current food and fuel crisis.

Since the peak in March 2021, the unemployment rate decreased as a result of the incipient economic recovery, with the lowest rate of unemployment recorded in December 2021 (13% of respondents).

Among the respondents returning to work since July 2021, 30% of them found employment opportunities in the agriculture or livestock sector which is a promising sign when it comes to the stabilization of these sectors, while 11% of respondents reported having their main income generated through self-employment. The changes in the main employment sectors, agriculture and livestock, garment and construction industry and self-employment, are shown in figure 3, along-side unemployment.

The COVID-19 crisis has exacerbated the financial stress on the poorest households. IDPoor 1 or 2 households had significantly lower incomes than other households before COVID-19. Before March 2020, 38% of IDPoor households had an income below 150 USD, while only 24% of non-ID-Poor households were in this category. Before and during COVID-19, respondents from IDPoor households were more likely to work in construction (10%) and as daily or seasonal laborers (13%) compared to non-IDPoor households (6% and 5%). This finding is consistent over time as showed in figure 4.

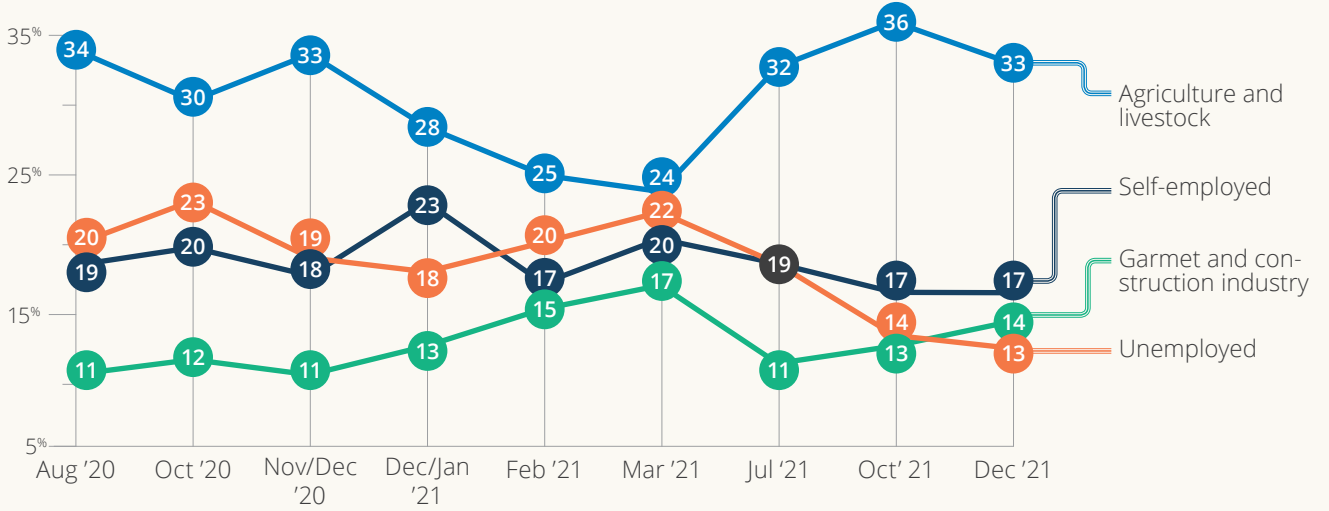


Figure 3. Respondents' employment status and employment sectors

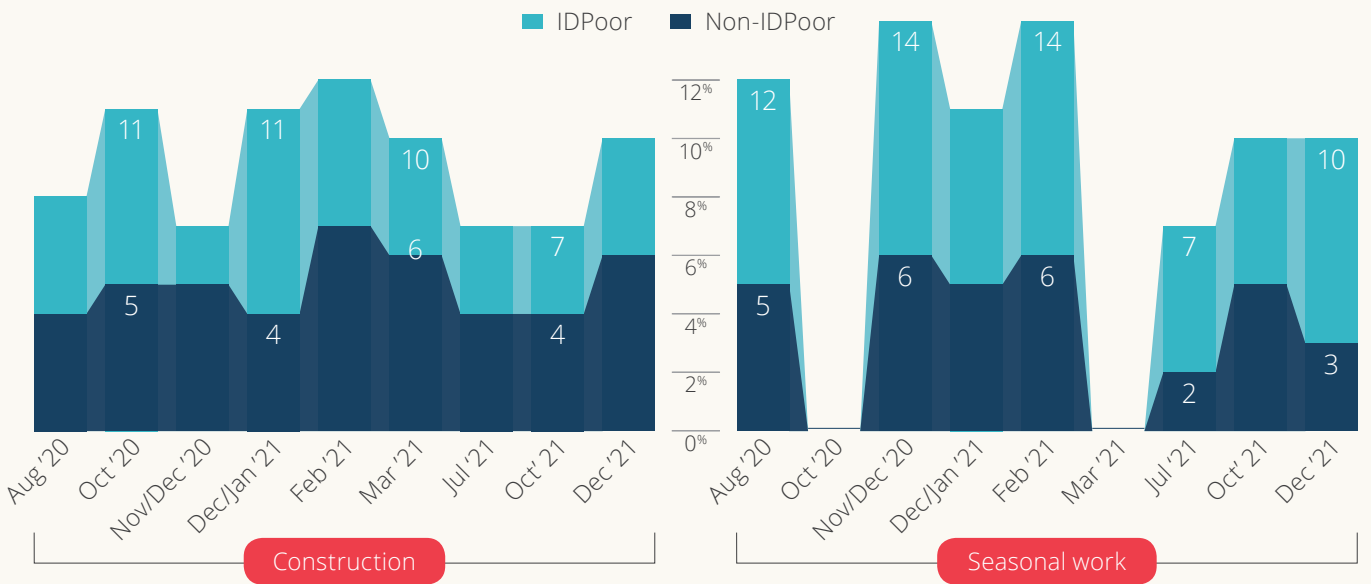


Figure 4. IDPoor vs non-IDPoor households' employment in seasonal and construction work

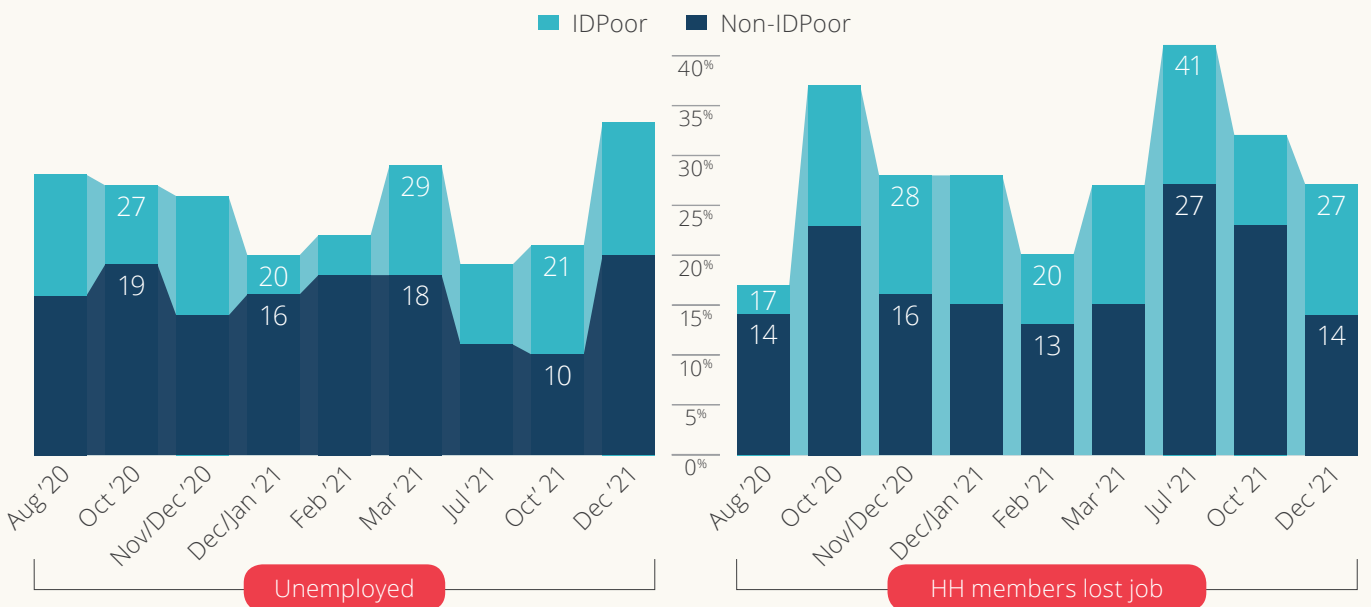


Figure 5. IDPoor vs. non-IDPoor unemployment rates

The financial situation of IDPoor households has been impacted most severely by COVID-19, with significantly higher unemployment rates, (figure 5), and with greater difficulties than non-IDPoor households to return to pre-COVID-19 income levels. IDPoor households had a higher likelihood to dropping into the lowest household income category (below 150 USD) as a result of prolonged impacts of COVID-19 on employment, as experienced by 47% of IDPoor households compared to 39% of non-IDPoor ones. As a result, 80% of IDPoor households reported an income below 150 USD in July 2021 compared to 64% among non-IDPoor households. Even though the general household income improved by end of 2021, IDPoor households showed more difficulties in recovering to pre-pandemic levels. Among non-IDPoor households, 46% had an income below 150 USD in December 2021, with 19% of households moving into the higher income categories. On the other hand, 68% of IDPoor households were still in the lowest income category (below 150 USD) by December 2021, with only 12% moving into higher income categories.

Respondents from non-IDPoor households were also found to be more likely to secure a job and business opportunities that could offer better salaries and benefits. In December 2021, the respondents from non-IDPoor households were more likely to have a contract-based employment in a private company or public institution (17%) or run a business (18%) compared to IDPoor households (11% and 9%). Overall, this indicates that IDPoor households were far more vulnerable and less resilient to economic shocks, and will most likely bear longer-term socio-economic impacts of COVID-19.

HOUSEHOLD INDEBTEDNESS AND LAND OWNERSHIP

Assessing households' depletion of assets and loan-taking behaviour can reveal the long-term impacts of financial shocks on household economies and livelihoods. Land ownership remained stable over time with most households reporting land ownership (80%). However, IDPoor house-

holds were less likely to own land (74%). A very small proportion of households (2-5%, across survey rounds) reported selling their land, of which the majority sold a fraction of the land and only one-quarter of these households reported that they sold all their land.

However, taking loans is a common coping strategy among Cambodian households. **6 in 10 households** have one or multiple loans, at a median value of 3,000 USD, and most (90%) having loans below 10,000 USD. Households with a **head of household with no formal education** were **50% more likely to have a loan** than those with higher education, while IDPoor households were 20% more likely to have a loan than their counterparts.

No significant difference was found in the overall distribution of values for loans, however, both rural and urban households had insignificant rise in the value, (figure 6). While households in rural areas were more likely to have debt (62%), the loan value was significantly lower than those in urban areas. An average household in rural areas had a loan of 5,700 USD, while in urban areas this increased to 10,000 USD.

Female-headed households, especially in urban areas, were more likely to have loans at higher values, compared to any other group. 62% of female-headed households had a loan compared to 58% of male-headed households. The mean loan value of female-headed households was 1.6 times higher than of male-headed households (9,737 USD vs. 6,091 USD) and was even higher among urban female-headed households, at an almost double mean value (10,864 USD).

27% of households had more than one loan in July 2021. However, this decreased to 17% and 12% by October 2021 and December 2021, resulting in the majority of households (88%) having only one loan. Even though the average number of loans decreased by December 2021, the average amount of loans did not change significantly over the monitored time. Even though respondents succeeded in decreasing the number of loans, the borrowed amount was similar across reporting periods, meaning that the value of existing loans might have increased.

Households took out loans primarily from Micro-finance institutions (50%) and Banks (35%), and only 15% came from other sources, such as friends or family and saving groups. About 5-10% of households used multiple sources to obtain loans and borrow money.

As a result of the financial stress and inability to pay for essential needs, 30-40% of households were likely to borrow money or take up a new loan between Aug 2021 and March 2021. In Phase II of the study, we concentrated on further understanding the new loans by investigating both their amount and their motives.

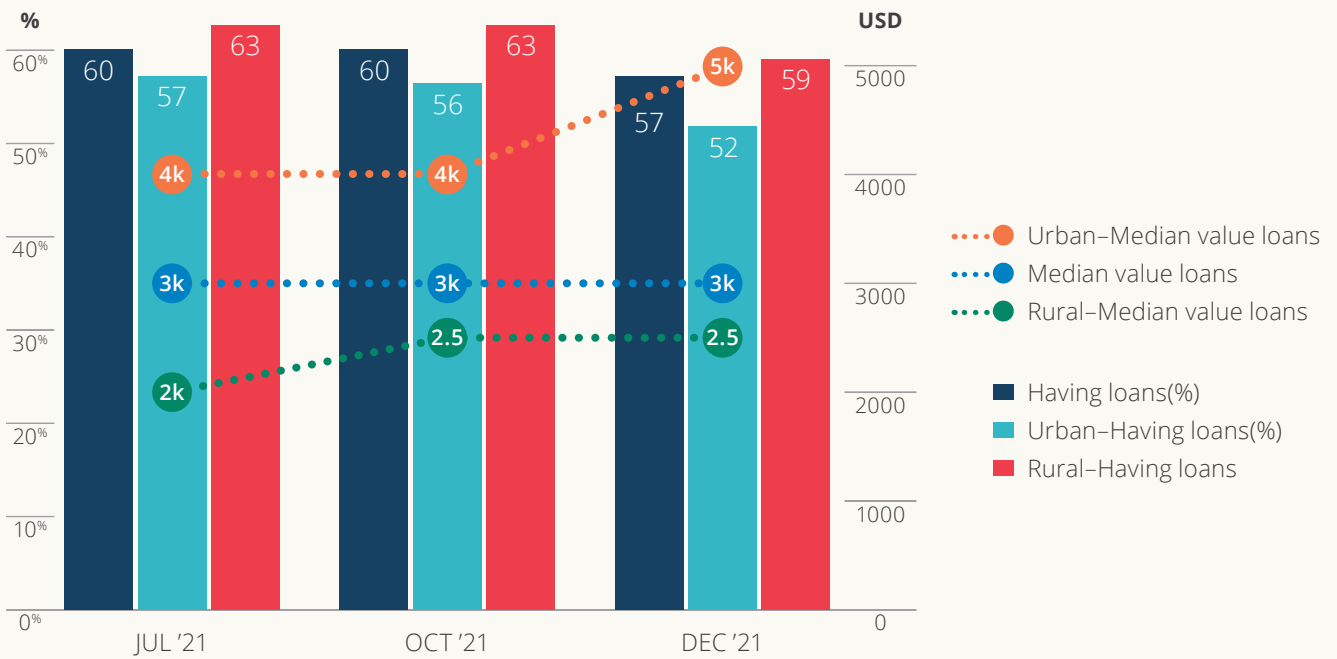


Figure 6. The proportion of rural and urban households having a loan including the median value

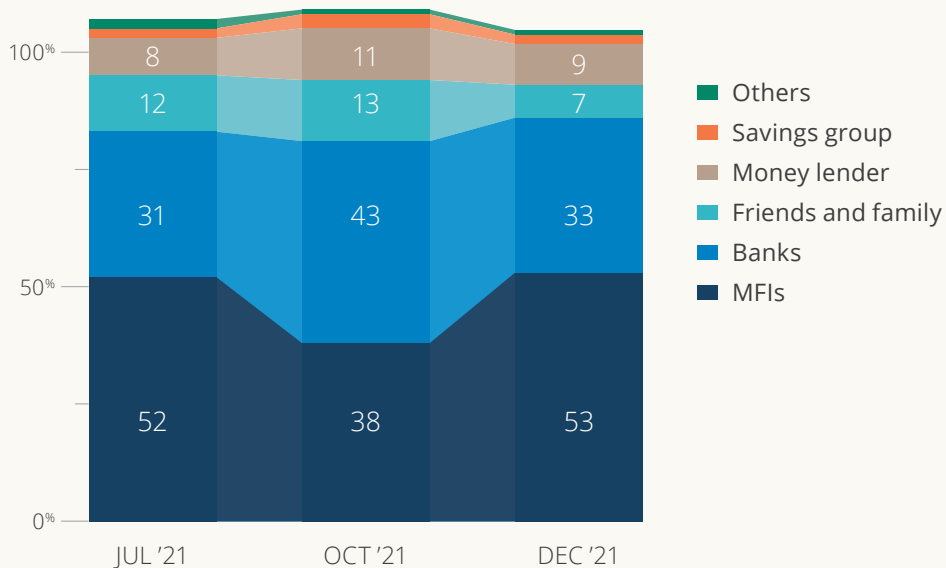


Figure 7. Sources of loans

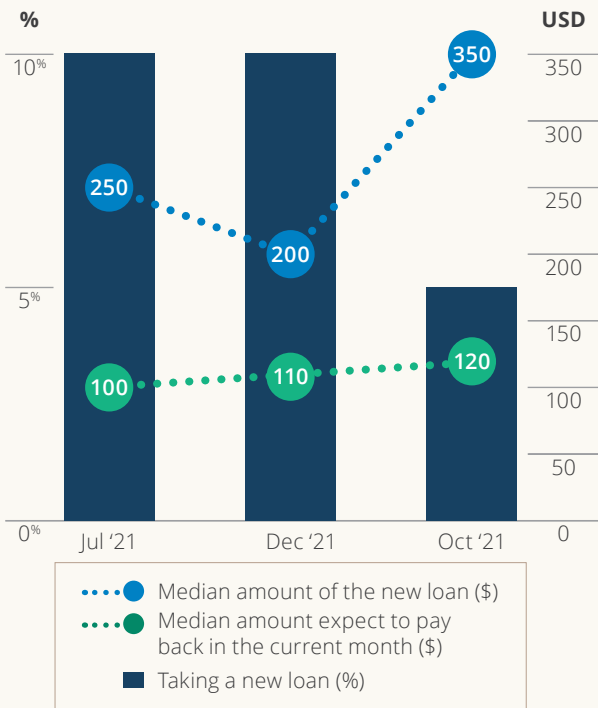


Figure 8. New loans with median value

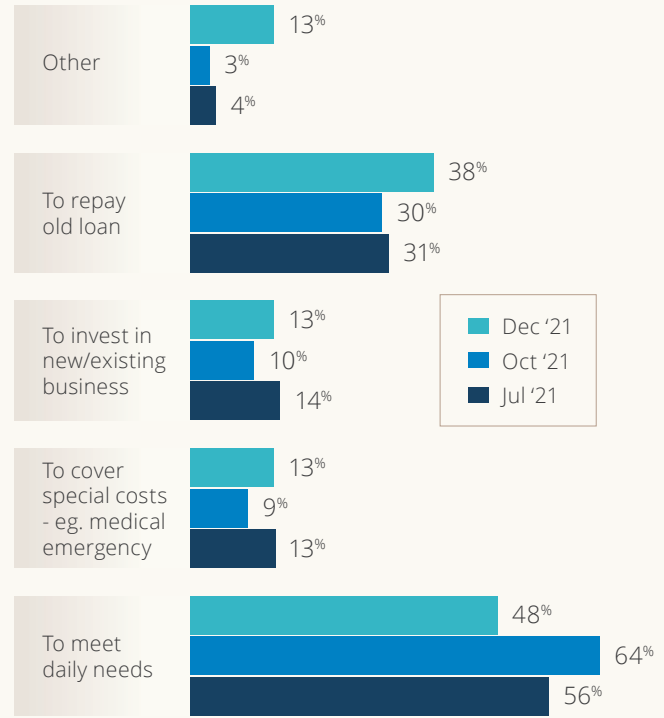


Figure 9. Reasons for taking new loans

In December 2021, 5% of households reported taking a new loan in the past 30 days, a decrease from the 10% as reported in July and October 2021. The amount of these new loans remained similar across the study, even though, the median value of the loan increased by 20% between July and December 2021. This difference can be largely attributed to the smaller sample size that influenced the deviation. Over half of the respondents reported that their main reasons to take out a loan were to meet daily necessities, followed by the need to repay an old loan. Households with loans planned to pay back on average 200 USD per month, at a median value of 100-120 USD.

IMPACTS ON ACCESS TO HEALTH SERVICES AND HOUSEHOLDS WITH CHILDREN

As the pandemic evolved in Cambodia, more pregnant women and children were unable to follow up with routine visits, ante-natal care, post-natal care, and vaccination, particularly towards the end of 2020.

There was no interruption of health services, however, the ability to access and utilize essential health services for mothers and young children was impacted by severe movement restrictions, financial limitations, and fears of contracting COVID-19. In October 2020, pregnant and lactating women were more likely to skip their appointment for ante- or post-natal care services due to fear of infection, but it did not impact the demand for health care services for children.

Households with 3 or more children, were hit harder by COVID-19. 75% of households had at least one child and 20% had 3 children or more. The financial stress was significantly higher among households with many (3+) children as these households were more likely to encounter negative changes in employment, such as wage reduction and job loss. This can be linked to the fact that children with many children were more likely positioned in Phnom Penh or Tonle Sap area, where loss of income was more common, and headed by a person with no formal education, which limits the employment opportunities. Moreover, land and asset ownership was lower among these families compared to households with no children, indicating lower resilience towards prolonged economic shocks and difficulties in coping with financial stress.

In order to deal with financial distress and a lack of resources, it was observed that households with many (3+) children were more likely to take out loans or borrow money. IDPoor households with many children (figure 10) were particularly more vulnerable to economic shocks with higher rates of unemployment, sales of productive assets, and indebtedness. As a result, these households are at risk of experiencing long term impact on household economy due to assets depletion and need to repay loans.

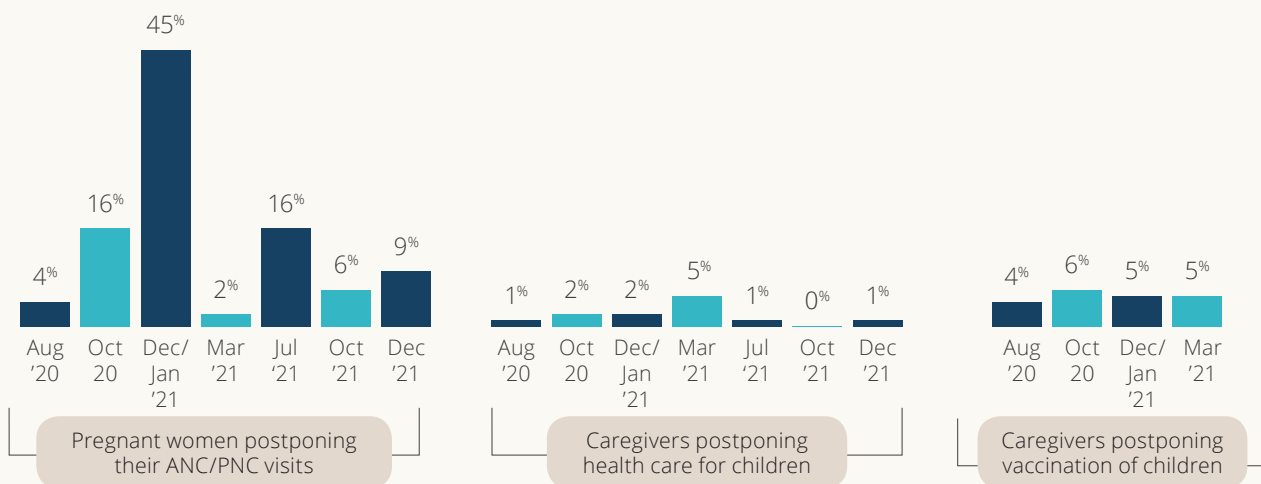


Figure 10. Troubles accessing essential health care services

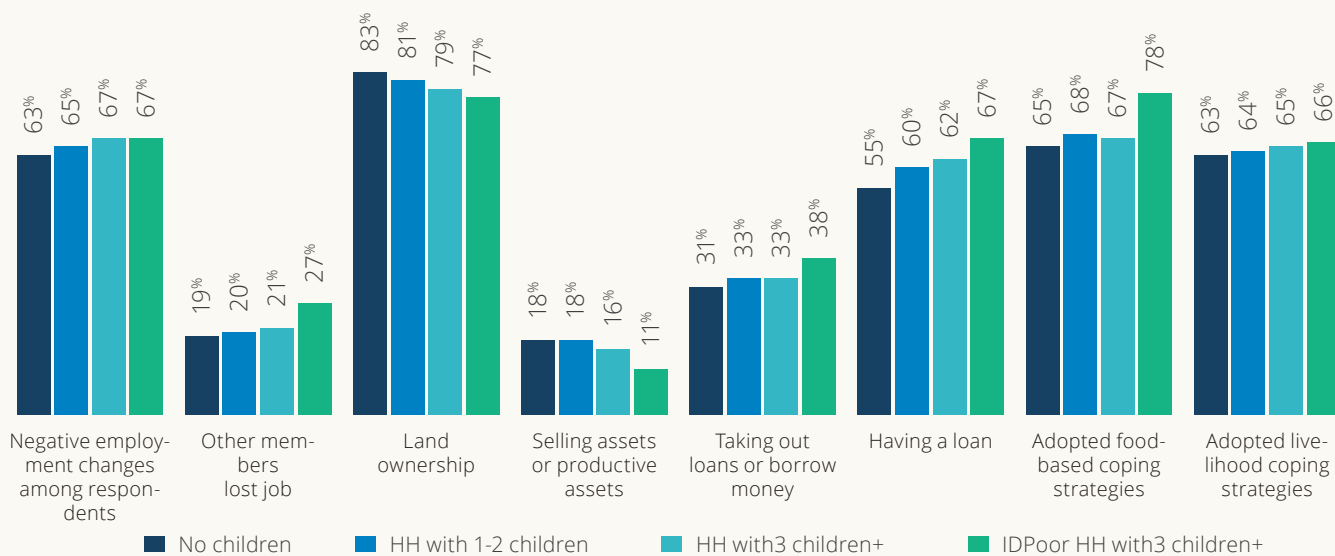


Figure 11. Differences between households with no children, few, and many children



**COVID-19 IMPACT
ON HOUSEHOLD
FOOD SECURITY
AND NUTRITION**

FOOD CONSUMPTION

Findings show that household food consumption improved towards the end of 2021 after dropping in July and October. Overall, pulses and dairy products were the least consumed food groups (approximately one day per week). The household diet was largely composed of staples (rice, grains), protein-rich foods (fish, eggs, organ and flesh meat), and vegetables, and was consumed on a daily basis. Fruit consumption appeared to be correlated with seasonality – data shows that fruit intake is lowest during the agricultural lean season (August 2020 and June 2021) and highest during harvesting (March and December 2021).

These results are largely in line with the situation prior to COVID-19, except for sugar consumption which averaged more than four days a week in 2019/20² and only two days in December 2021 hinting at potential affordability issues during the pandemic or an underestimation in reporting.

Improvements in consumption levels were visible for all food groups (see figure 12) and were likely driven by the incipient recovery of the Cambodian economy. Despite improvements, it is important to note that **average fish and red meat consumption in Cambodia surpasses the recommended dietary targets, while the intake of other key foods** including legumes (4% of recommended intake), nuts (6%), dairy products (10%), whole grains (13%), fruit (24%), and vegetables (39%),³ was below recommended levels.

Households classified as IDPoor (5.6%) and with a household head without formal education (5%), consistently consumed lower than average amounts of food, during the survey period, compared to the general population (3.7% with poor/borderline consumption levels). On average, households in urban areas consumed pulses, fruits, protein-rich foods, dairy products, and sugar more frequently than households in rural areas.









	Aug '20	Nov/Dec '20	Mar '21	Jun '21	Oct '21	Dec '21
 Staples	6.8	6.6*	6.9	6.6*	6.8	6.9
 Protein	6.8	6.6*	6.7	6.7	6.7	6.9
 Vegetable	6.1	5.8*	6.1	6.2	6.0	6.3
 Fat	4.4*	4.7	4.7	4.7	4.6	5.0
 Fruit	2.7*	3.1	4.0	2.8*	3.2	3.6
 Sweet	2.5	1.7*	3.2*	2.0	2.1	2.3
 Dairy	1.3	1.0*	0.9*	1.2	1.2	1.4
 Pulses	1.0*	0.8*	1.0	1.0	1.0	1.3

Figure 12. The average number of days households consumed 8 main food groups during the past 7 days (* indicates p<0.01)

2 Cambodia Socio Economic Survey (CSES) 2019/2020. As CSES and COVID-19 impact survey followed different sampling strategies and data collection methods (facet-to-face versus phone-based interviews) comparison of results over time is only indicative.

3 <https://globalnutritionreport.org/resources/nutrition-profiles/asia/south-eastern-asia/cambodia/#:~:text=Cambodia's%20obesity%20prevalence%20is%20lower,women%20and%207.5%25%20for%20men.>

QUALITY OF DIETS

Along with enhanced food consumption, **households showed an improved intake of important macro- and micronutrients at the end of 2021** including Vitamin A (primarily from orange fruits and vegetables), protein (fish, pork, eggs, organ meat), and heme-iron (fish, pork, organ meat). In December 2021, most households consumed these nutrients daily (between 96% for protein, 84% for Vitamin A, and 87% for heme-iron see figure 13).

However, trend analysis shows that **nutrient intake is volatile and deteriorates in times of shock** – as evidenced during large-scale floods in November/December 2020 and movement restrictions associated with the COVID-19 variant Delta by July 2021. Analysis of the data suggests that Vitamin A intake is linked to the educational level of the head of household – households headed by a person with no formal education tend to consume Vitamin A-rich foods less frequently (80% of households consumed Vitamin A-rich foods daily), increasing the risk of infectious diseases and mortality for children below the age of five. Protein intake was observed to be lower in rural areas (94% daily consumption) than in urban areas (99% daily consumption).

Despite improvements throughout 2021, **only 21% of households met the standards for high dietary diversity at the end of the year, i.e., they consumed seven food groups during the past seven days.⁴ 12% of all households still consumed diets of low diversity** (see figure 14) consisting of four or lesser food groups (typically rice, morning glory, pork or fish, and vegetable oil) **compared to only 8% of households prior to the pandemic.⁵** Households that are classified as IDPoor (19%), with a head of household with no education (15%), and/or are living in rural areas (13%) were found to be more likely to have low dietary diversity.

WOMEN'S DIETARY DIVERSITY

Trends observed were particularly worrying for the most nutritionally vulnerable groups, including women of reproductive age, pregnant women, and children under 2 years of age. Though household dietary diversity increased towards the end of 2021, findings show that **the share of women meeting the standards for minimum dietary diversity⁶ has gradually deteriorated since August 2020.** In December 2021, only 55% of women – and less than half (49%) in rural areas – had minimum dietary diversity compared to 68% in urban area and 64% in rural areas as showed by data from August 2020 (see figure 15); this hints towards a potential gender dynamic in intra-household food sharing that puts women at a disadvantage. These findings may also reflect the fact that **women's livelihoods were particularly affected by COVID-19** due to their high representation in the garment, footwear, and travel goods (GFT) and tourism sectors, which were hit hardest by the pandemic.⁷

4 For the calculation of the Dietary Diversity Score (DDS), seven out of eight standard food groups are considered as sugar is discarded.

5 CSES 2019/20

6 Consumption of at least 5 food groups out of 10 in a 24-hour recall period

7 <https://www.khmertimeskh.com/701601/covid-19-impacts-garment-workers-in-cambodia/>

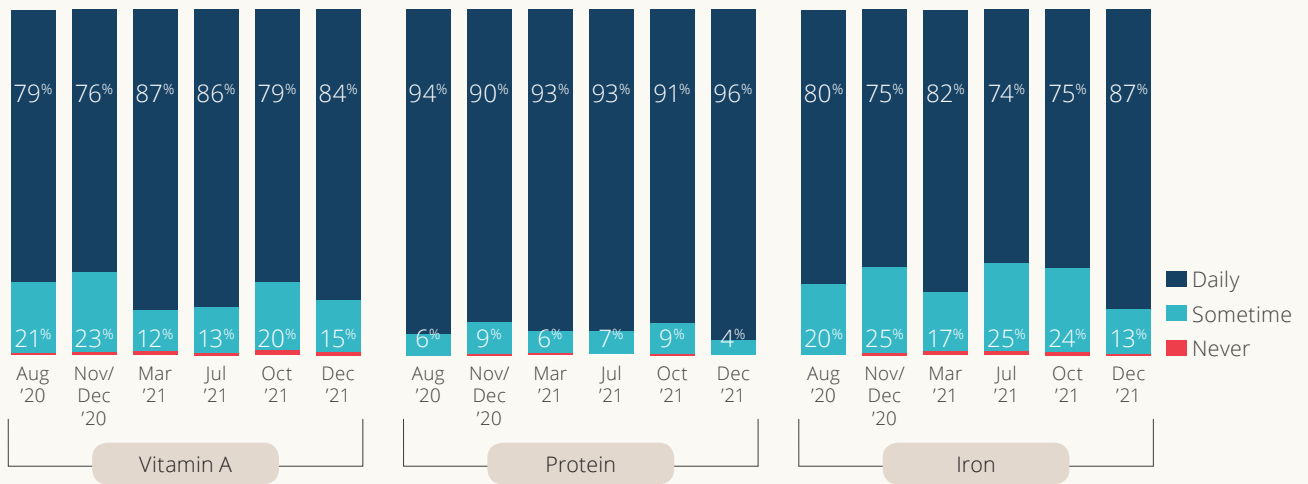


Figure 13. Percentage of households consuming foods rich in Vitamin A, protein, and hem-iron

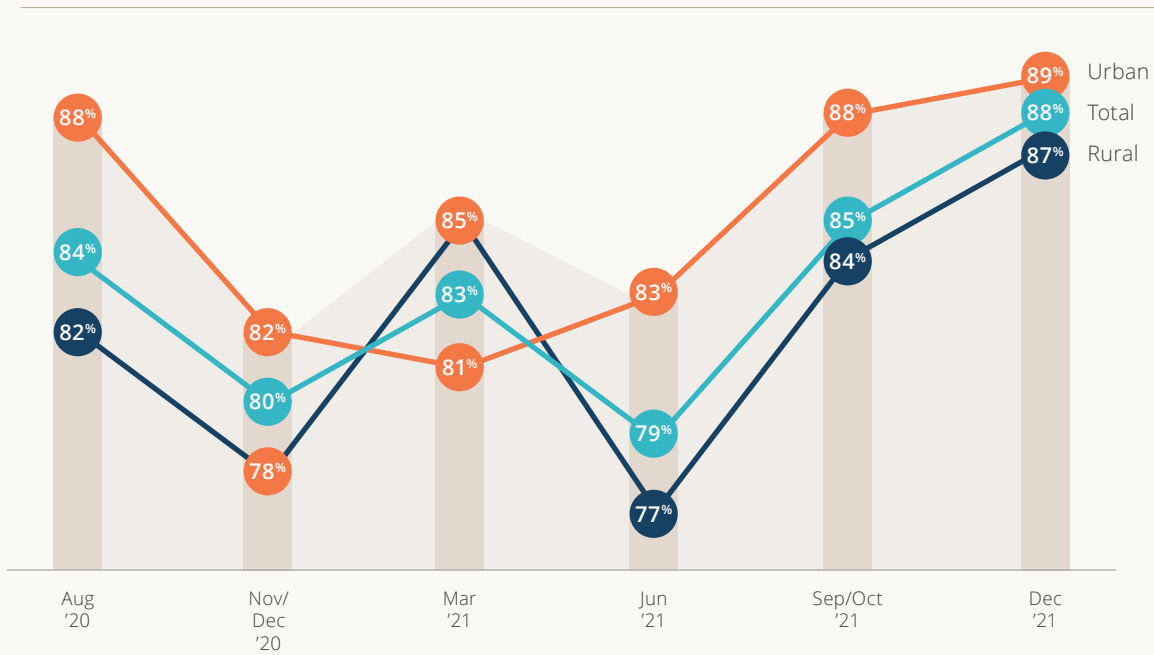


Figure 14. Share of households with high and medium dietary diversity (consuming <=5 food groups)

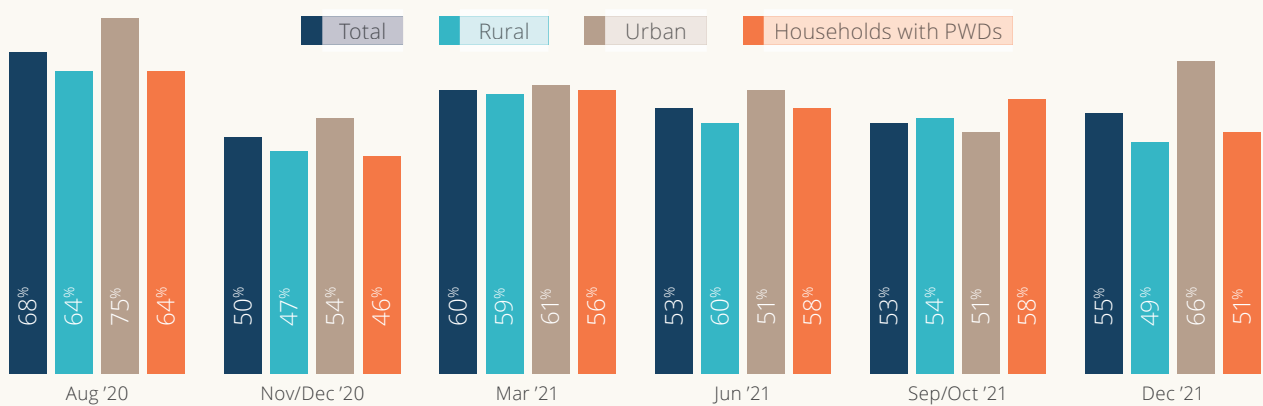


Figure 15. Percentage of women reaching Minimum Dietary Diversity (>=5 food groups in the past 24 hours)(PWD=people with disability)

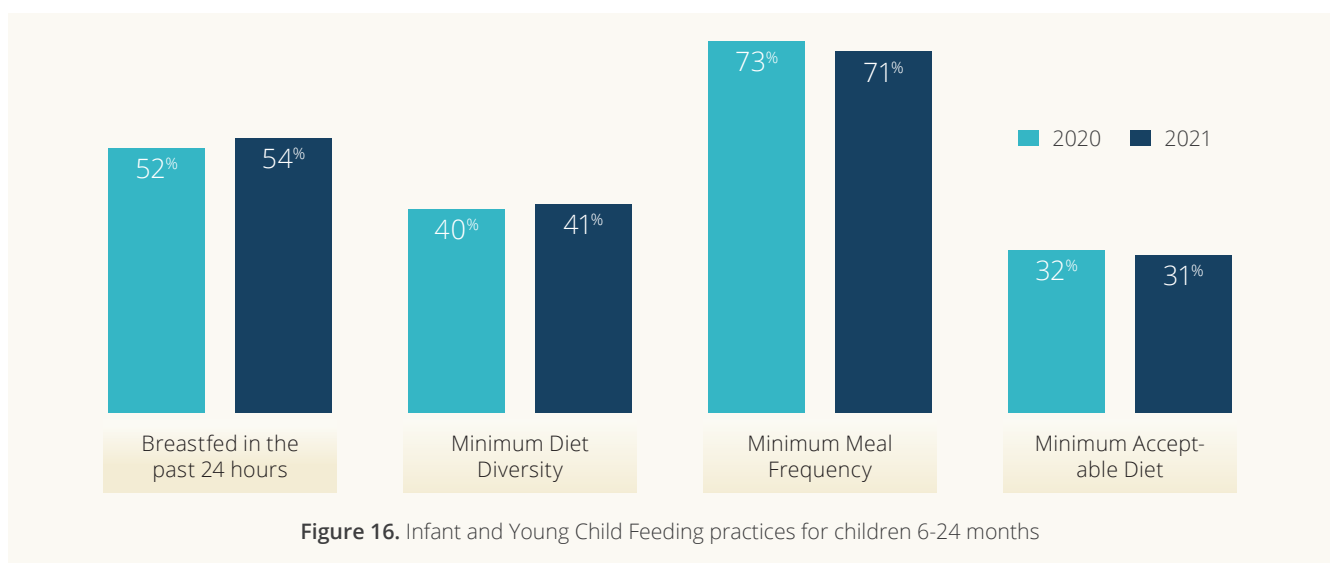
FEEDING PRACTICES AMONG INFANTS AND YOUNG CHILDREN

The percentage of children under the age of 2 that received a Minimum Acceptable Diet (MAD) remained quite low, as only one-third of children attained the criteria, which included adequate dairy feedings, diet diversity, and meal frequency⁸ (see figure 16). However, the caregiver adapted to the problems of household food security, by increasing the reliance on breastmilk as an affordable and nutritious source of food intake, while consumption of complementary meals decreased. Overall, 10% of households increased the frequency of breastfeeding, while 9% fed their children less frequently and 12% indicated that they fed them lesser amounts of food, with the impact of COVID-19 being higher in 2020 (see figure 17). In addition, caregivers from IDPoor households (15%) were significantly more likely to feed their children lesser amounts of food than those from non-IDPoor households (10%).

The fluctuations in children's diets can be attributed to altered feeding practices in response to the COVID-19 crisis. Over 50% of children between 6-24 months continued to be breastfed across all survey

rounds (see figure 18). Additional complementary feeding meals mostly comprised of grains (consumed by 90%), meat and flesh foods (62%), dairy products (66%), and eggs (52%). As such, the share of children aged 6-24 months achieving Minimum Dietary Diversity (MDD) remained low throughout the survey rounds (at 40-41%, see figure 16). Children from non-IDPoor households (42%), with a head of households who had a secondary school education or higher (44%), and from urban areas (51%) were more likely to achieve a minimum dietary diversity as the children were likely to consume fruits, vegetables, and dairy products.

Caregivers indicate that most children of 0-24 months have been breastfed at least once (80-85%) and 68% of them continued to be breastfed during 2021 (see figure 18). Mothers report that they decided to stop breastfeeding because they returned to work (40%), were not producing enough breastmilk (25%), or they considered the child too old to be breastfed (23%), while the fear of infecting the child with COVID-19 did not impact the breastfeeding practices. Trends in child feeding practices indicate that the drop in the proportion of children getting ever breastfed in 2021 has likely impacted the newborn children. The short maternity leave, together with a higher proportion of women needing to return to work might be among the reasons impacting the breastfeeding practices.



⁸ A child is classified as consuming a Minimum Acceptable Diet if they meet both (1) the minimum diet diversity (consumed more than 5/8 food groups in the last 24 hours) AND (2) the minimum meal frequency (3 semi-solid and soft food meals for breastfed children or 4 meals for non-breast-fed children). MAD quantifies the likelihood of both adequate macro and micronutrient intake amongst children under 2 years old. Data has a 24-hour recall period.

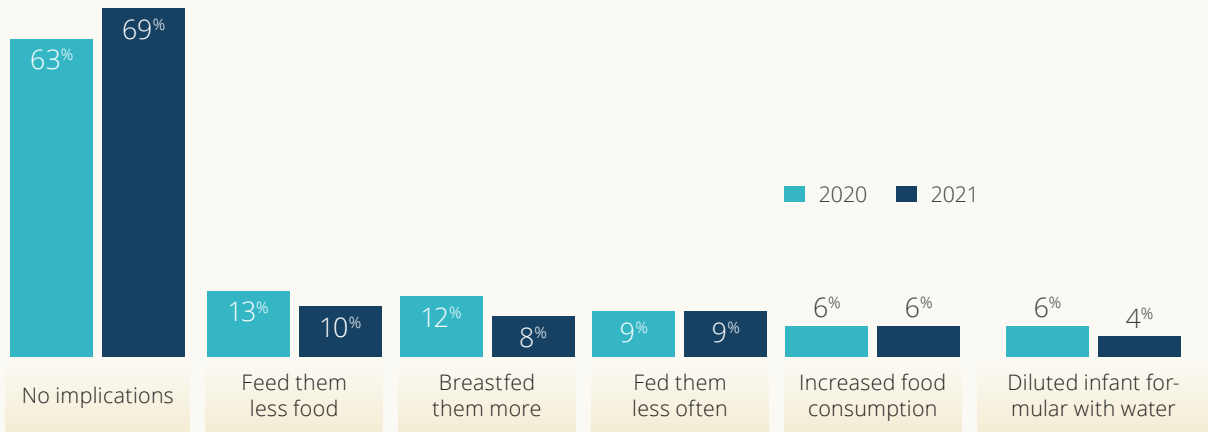


Figure 17. Caregivers' perception of the impact of COVID-19 on their child feeding practices

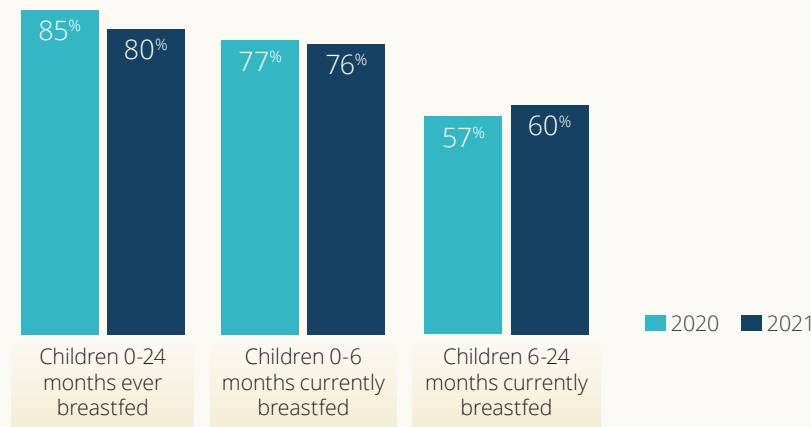


Figure 18. Breastfeeding practices

NEGATIVE COPING STRATEGIES ADOPTED BY HOUSEHOLDS

Along with the incipient beginning of an economic recovery towards the end of 2021, there were improvements in the proportion of households having to adopt negative coping strategies, but these gains are less pronounced and remain fragile. The share of households reverting to negative coping mechanisms remained higher in December 2021 than at baseline (August 2020) and pre-COVID (2019/20)⁹, indicating continued stress on households to meet their food needs.

Analysis of food-based coping strategies shows that around half of households (49%) reported relying on less preferred and/or less expensive foods, two out of five households (41%) reduced the portion sizes of their meals to make ends meet, and a third (34%) had to reduce the quantities consumed by adults, presumably, mostly women/mothers, to provide sufficient food to their children in December 2021 (see figure 19).

Not surprisingly, the adoption of food-based coping strategies (as measured by the reduced Coping Strategy Index, rCSI)¹⁰ is highest among ID Poor households and households that experienced income shocks during the COVID-19 pandemic (see figure 20).

9 CSES 2019/20

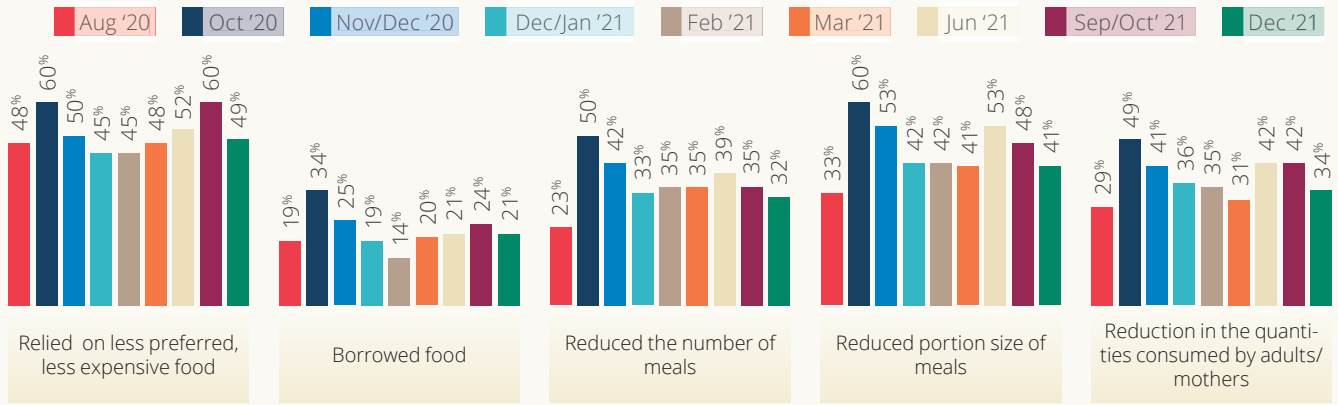


Figure 19. Percentage of households adopting food-based coping strategies

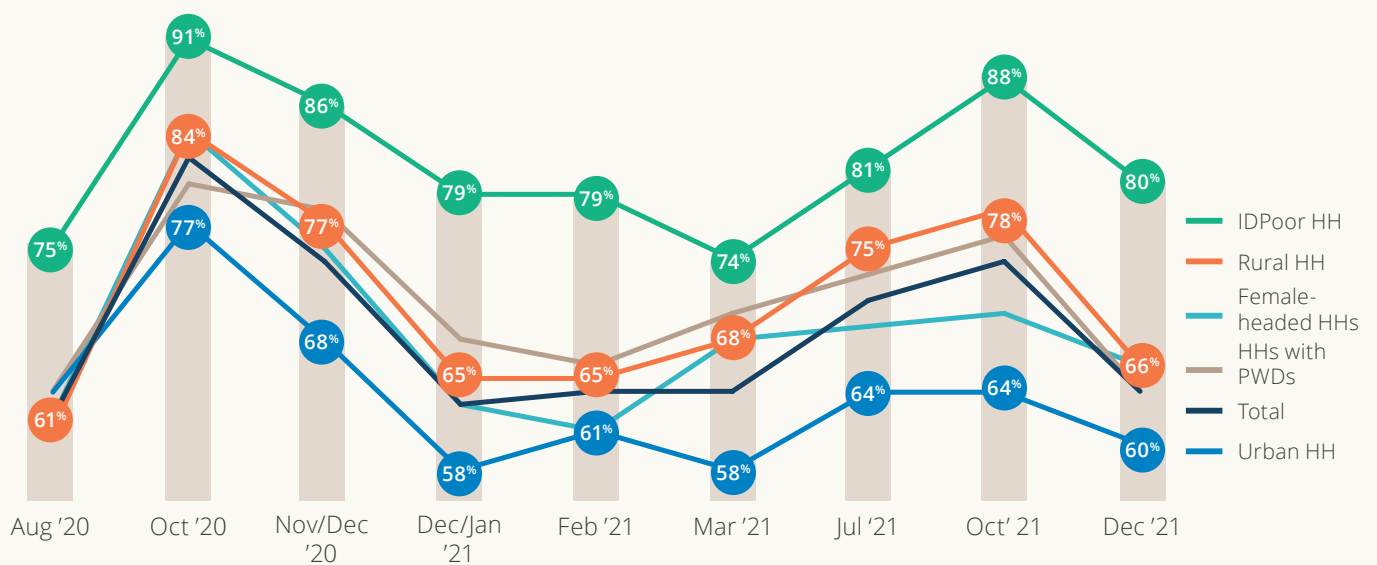


Figure 20. Percentage of households engaging any of the food-based coping strategies under reduced Coping Strategy Index (rCSI) by vulnerability group

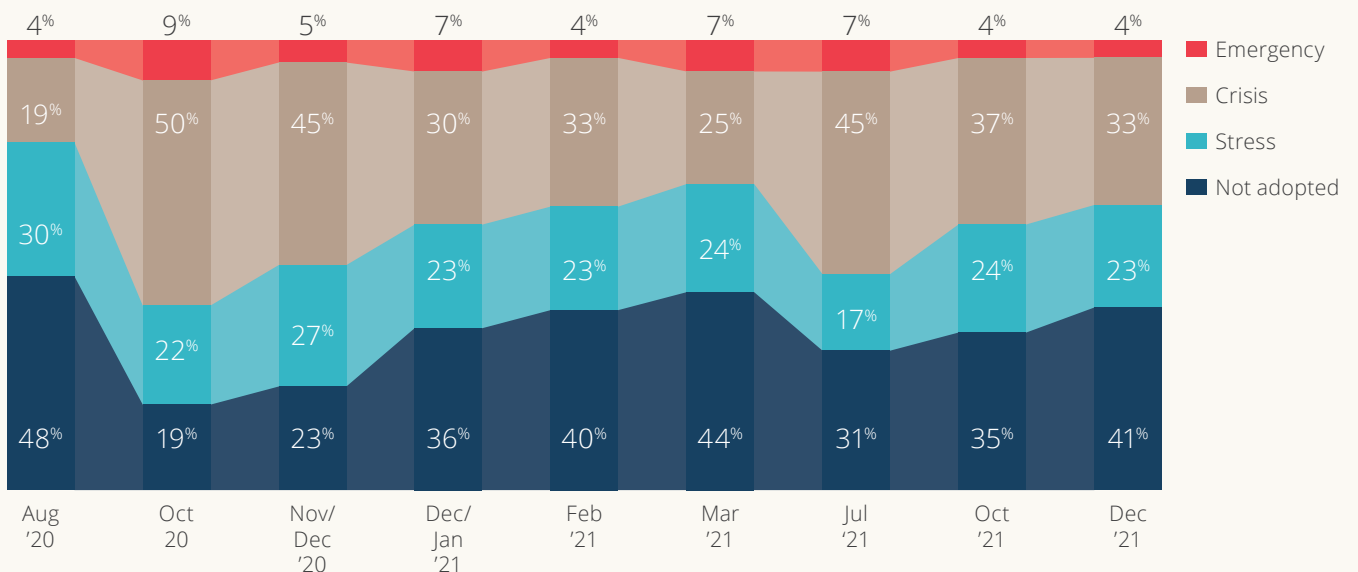


Figure 21. Percentage of households categorized by the Livelihood Coping Strategies Index (LCSI) categories

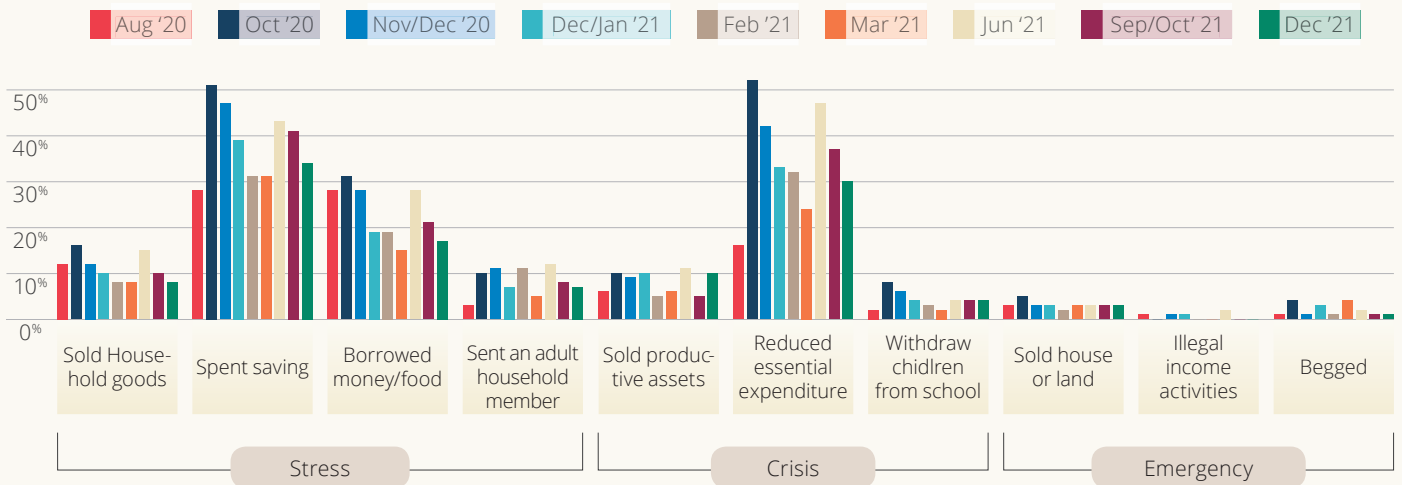


Figure 22. Percentage of households adopting different livelihood-based coping strategies by round

Similarly, the share of households reverting to livelihood-based coping strategies decreased towards the end of 2021 – but more than a third of households (37%) are still relying on harmful (crisis and emergency level) coping mechanisms to meet their food needs (see figure 21), considerably more than during the first measurement of this survey in August 2020 (23%). These findings are indicative of the persistent pressure households face to meet their essential needs as incomes have only started to recover and food prices have been steadily rising towards the end of 2021.¹¹ Throughout the different survey rounds, the most reported livelihood coping mechanisms include households reducing their essential non-food expenditure, borrowing money, or spending their savings to buy food (see figure 22).

10 The reduced Coping Strategy Index (rCSI) is an indicator that measures the level of stress faced by a household during food shortages, calculated by combining the frequency and severity of the food consumption-based strategies that households engaged in, over a 7-day recall period.

11 The livelihoods-based coping strategies module is used to study the longer-term coping strategies and productive capacities of households and their future impact on access to food and other essential needs, such as housing, health, and education.



**COVID-19 IMPACT
ON CHILDREN'S
WELLBEING**

CHILDREN’S EDUCATION, LEARNING, AND ACTIVITIES DURING COVID-19

As schools remained closed in Cambodia for a majority of the survey period due to COVID-19, children incrementally made more use of online learning and materials. At first, children were more likely to use materials prepared by the national MOEYS program, community sessions, and worksheets. The children’s access to technology was reported to be low in August 2020, with only 43% having access to a tablet, smartphone, or computer and 6% having a reliable internet connection. Responding to the evolving health situation since the new outbreak in February 2021, more schools began preparing their own online class sessions and materials, and the children’s reliance on these materials increased. Worksheets and national educational programs on TV and radio played an important role particularly for those without access to technology or internet connection.

The dropout from the schooling system was reported to be roughly 5% among households with children of school age during each wave of the study. Some caregivers (2-8%, figure 24) were forced to withdraw children from school for a short period as a coping strategy to save money. However, as schools opened with a blended learning model at the end of 2021, most children (96%) returned to school, with one-third (32%) continuing to make use of online materials. Despite schools being reopened at the end of 2021, 13% of children continued to attend school less frequently than before COVID-19, a decrease from 70% reporting this observation in February 2021 and 33% as reported in October 2021.

Children from IDPoor families were more negatively impacted in terms of both access to and quality of their education and learning, owing to the heightened economic vulnerability of IDPoor households. 6% of children in IDPoor families had to be withdrawn from school as a coping mechanism because of limited household finances. As children from IDPoor households generally had lower access to TVs, smartphones, and tablets, their ability to access online educational material or TV-based educational programs was limited. In August 2020, only one-third of children in IDPoor households had access to TV (27%) or smartphones and tablets (30%), compared to 37% and 48% for children from non-IDPoor households. Altogether, children from IDPoor households were 16% less likely to use any type of online materials than those from non-IDPoor households. Limited access to online learning programs, sessions, and materials might be another driver that explains the higher rates of children from IDPoor households being withdrawn from school (on average: 6% vs. 3%).

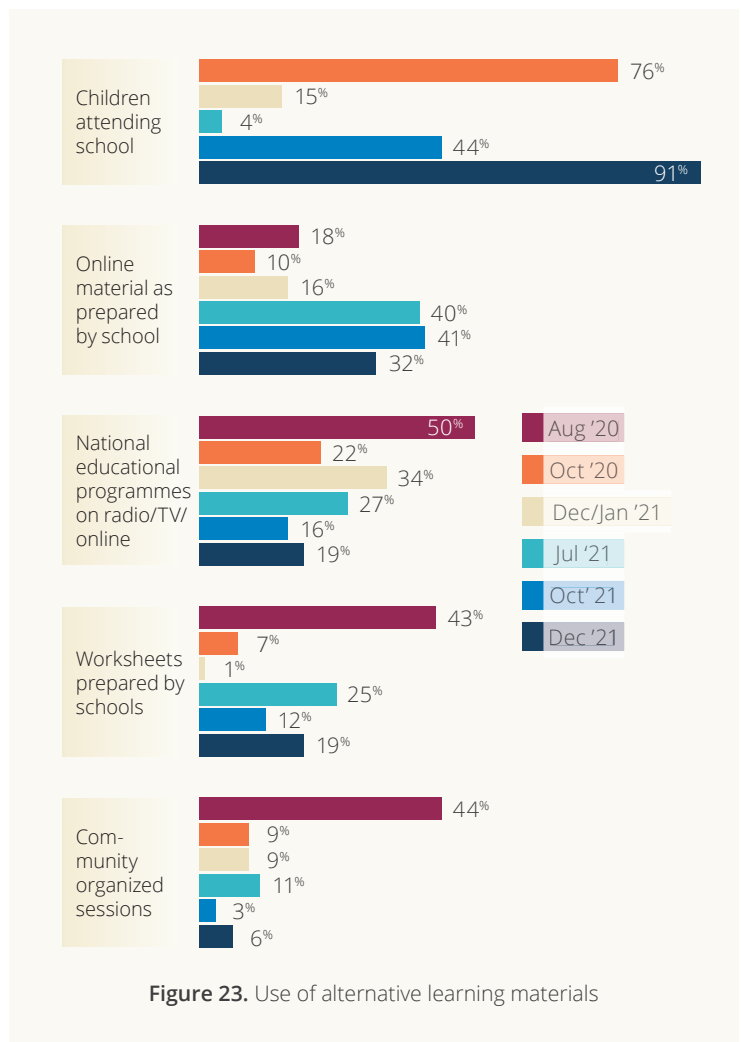


Figure 23. Use of alternative learning materials

Parental/caregiver engagement in their children's learning continues to be limited, with 3 in 10 caregivers at each wave spending time almost daily to support children's learning, while 4 in 10 caregivers reported that they did not support their children's learning. The engagement of caregivers appears to be higher since schools reopened in December 2021. The support received for children's learning is associated with the educational level of the head of the household, as half of the households led by a member with no formal education reported they didn't support their children's learning.

Caregivers in Cambodia frequently resorted to violent methods¹² to discipline their children, and this became more common particularly in the beginning of COVID-19 outbreaks, as showed by data from August 2020, November-December 2020 and February 2021. In these periods the financial concerns and stress were likely highest due to job loss and lower household income. Households under financial stress due to reduced incomes were more likely to engage in a violent discipline method. On average, 46% of households that experienced a 50% or higher reduction of income used violent methods, while 38% of households that maintained their income engaged in violent discipline methods. The psychological punishment methods, including

shouting and name-calling, were most commonly used, while severe physical punishment was seldom engaged in disciplining the child.

As COVID-19 impacted the economic situation of households and children's possibility to attend school, children, particularly those between 12-18 years old, started to work both for payment or for free at family businesses or farms, as well as outside the household. The highest figures were observed in July 2021, when 29% of 12-15 years old children and 33% of 15-18 years old children started to work, as households faced severe financial stress due to loss of income, mobility restrictions, and inflation. In the same period, children of all ages were more likely to engage in more chores at home compared to the pre-COVID situation. Economically disadvantaged households, such as IDPoor, were more likely to have their children start working. With data pooled across waves, households in rural areas and IDPoor households were more likely to have children starting or continuing to work at a difference of 3 percentage points compared to urban households and non-ID-Poor households. As schools reopened and children started to attend school, noticeable improvements in children being engaged in these activities were seen since October 2021.

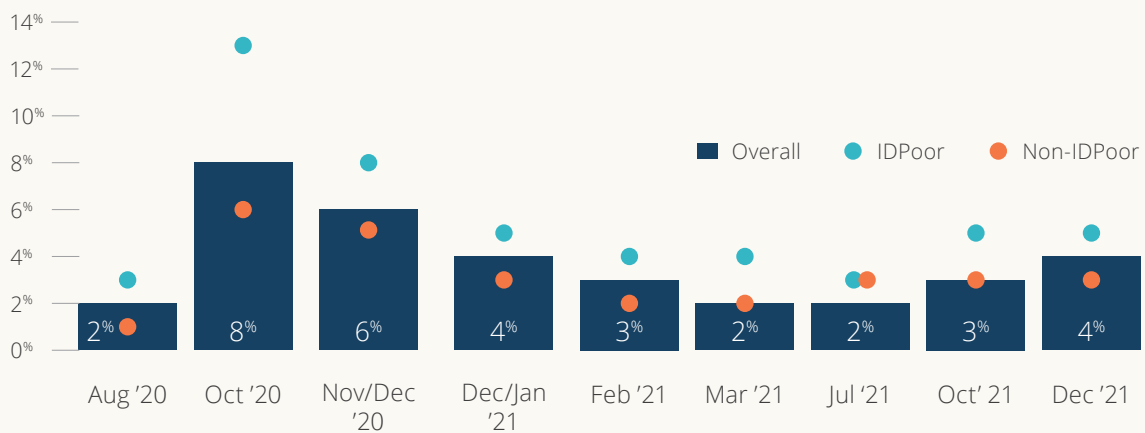


Figure 24. The proportion of households withdrawing children from school in the past 30 days due to financial constraints

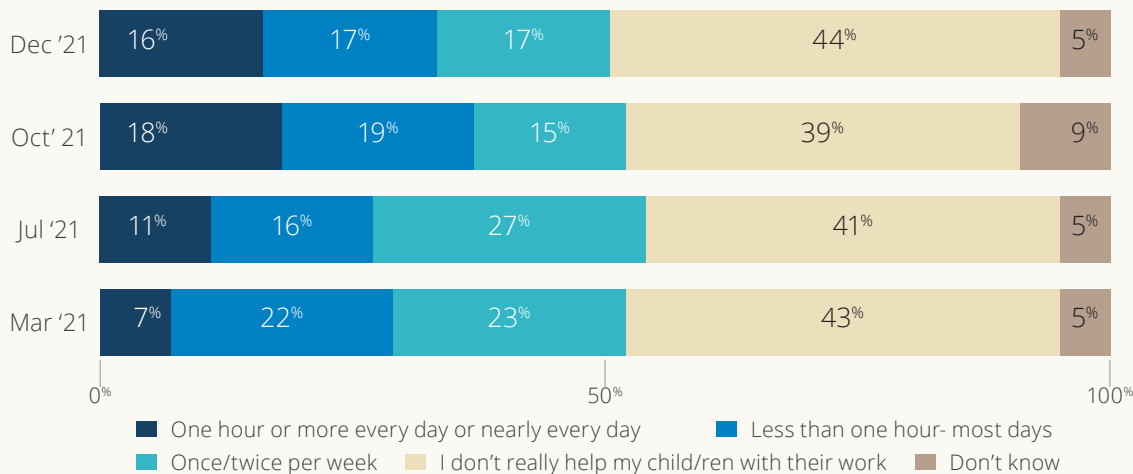


Figure 25. Caregivers level of support towards children's learning

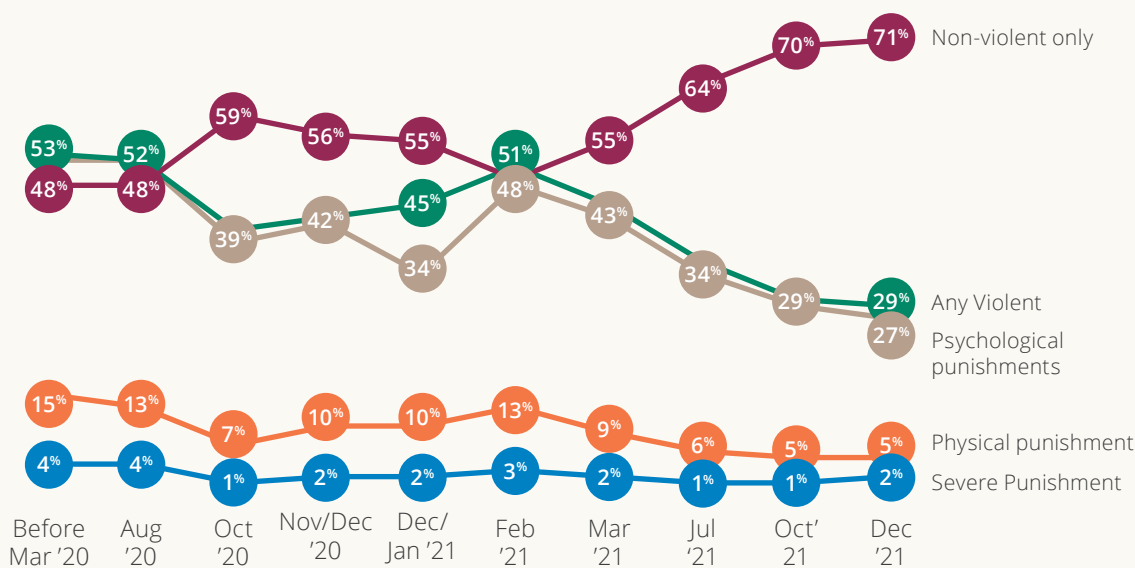


Figure 26. Discipline methods used with the children¹²

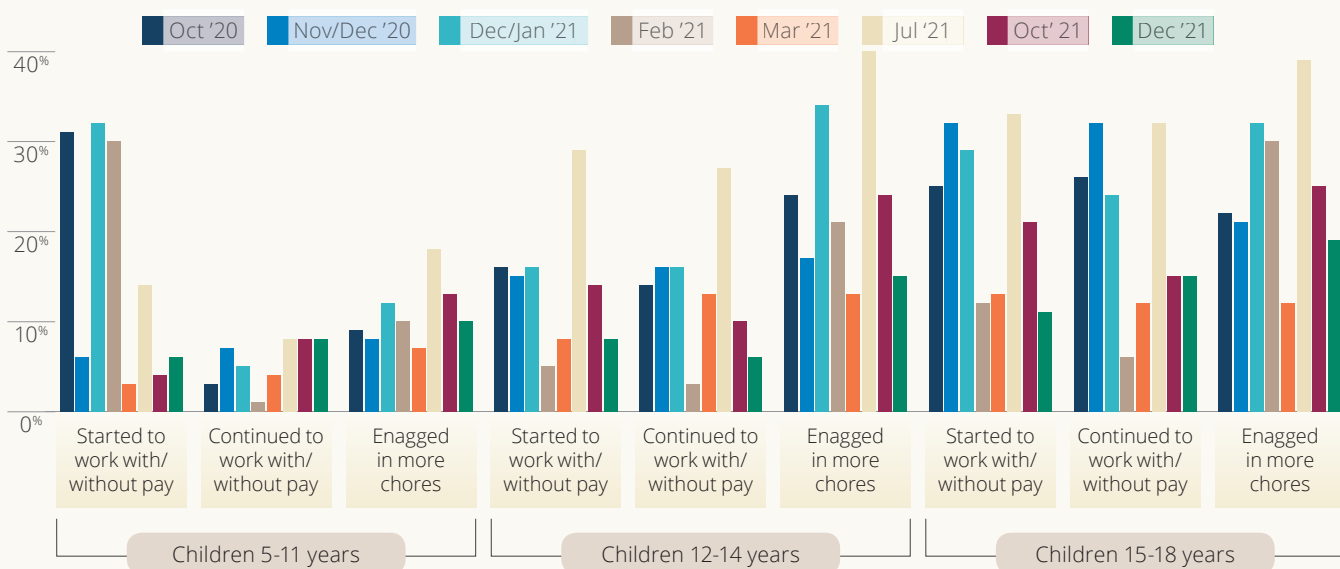


Figure 27. Children's activities

12 Violent discipline indicators categorized according to DHS and MICS definition: Violent discipline - UNICEF DATA

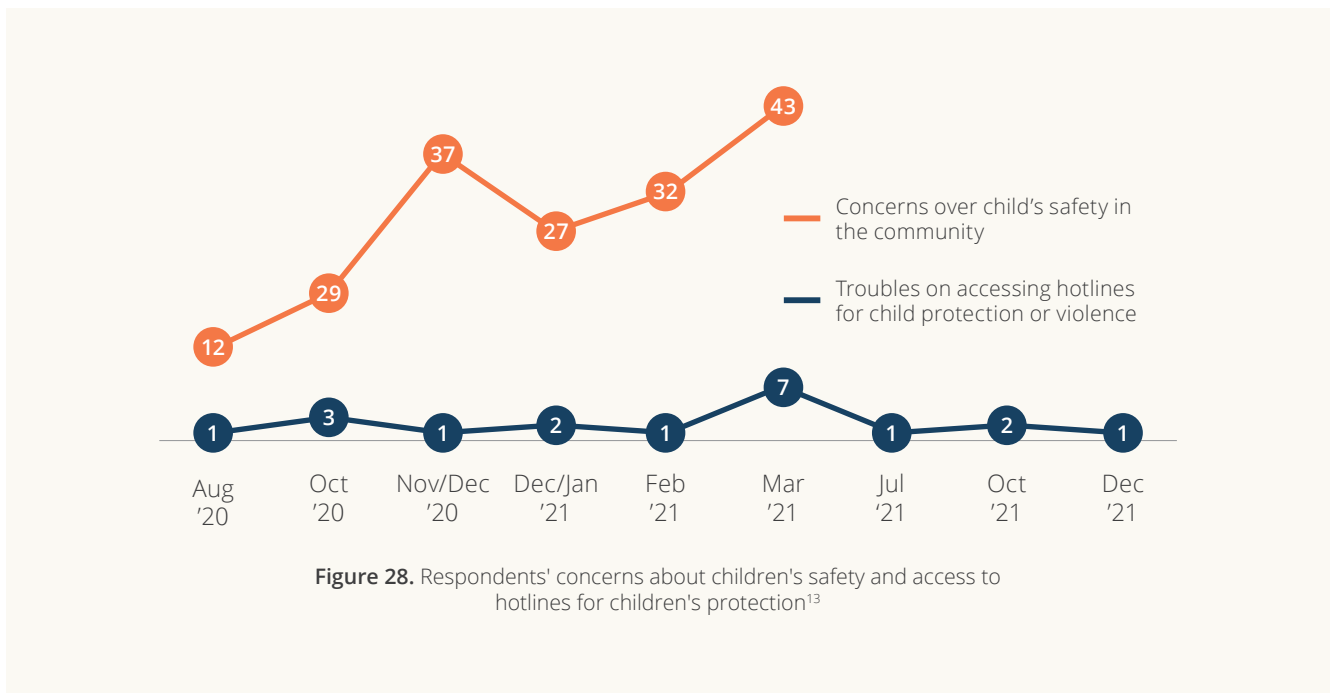
CHILDREN AND ADULT WELLBEING

Once mobility restrictions were imposed in March 2021, increasingly more caregivers were worried about their children's safety in their community, an 11-percentage point increase since February 2021. At the same time, more caregivers had trouble accessing hotlines for child protection and domestic violence; however, since July 2021, the situation improved to similar rates as before the outbreak (figure28).

The mental health of adults and children started to be monitored in July 2021, when a high proportion of respondents reported feeling anxious, worried, sad, and depressed. The situation worsened in October 2021 when 44% of adults reported feeling anxious on a daily basis. With limited job opportunities and a reduced income, respondents from IDPoor households were significantly more likely to report feeling consistently anxious (56% vs 34%) or depressed (23% vs 17%). Findings show

improvements in December 2021, when levels of anxiety and depression decreased particularly among adults. By December 2021, children were less likely to ever feel anxious in the last 30 days, a 6 percentage points increase since October 2021, and less likely to ever feel depressed, a 12-percentage points increase. Improvements in mental health were possibly related to an improvement in the household economy, the reopening of businesses and schools, and the reduction of strict preventive measures.

Adult respondents were in general optimistic about the future, while the largest improvements were seen in December 2021, when 72% of respondents felt strongly or moderately optimistic about the future.





Feeling anxious or worried

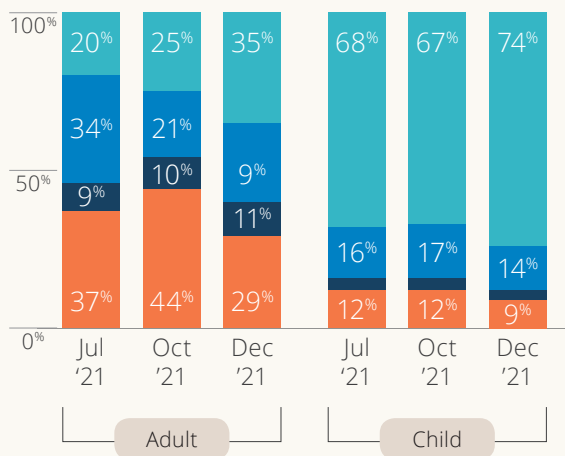


Figure 29. Adult respondents and children feeling depressed or sad

Depressed or sad

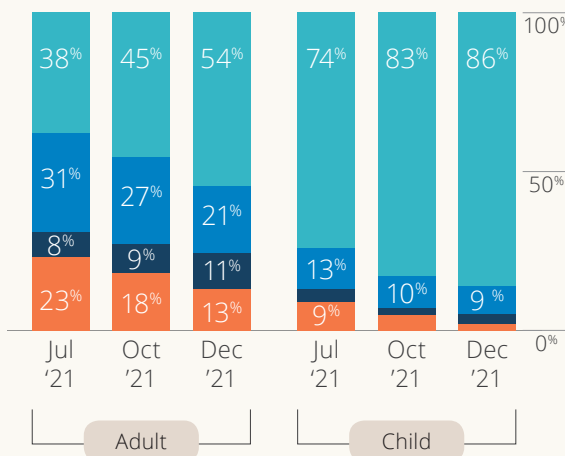


Figure 30. Adult respondents and children feeling anxious or worried

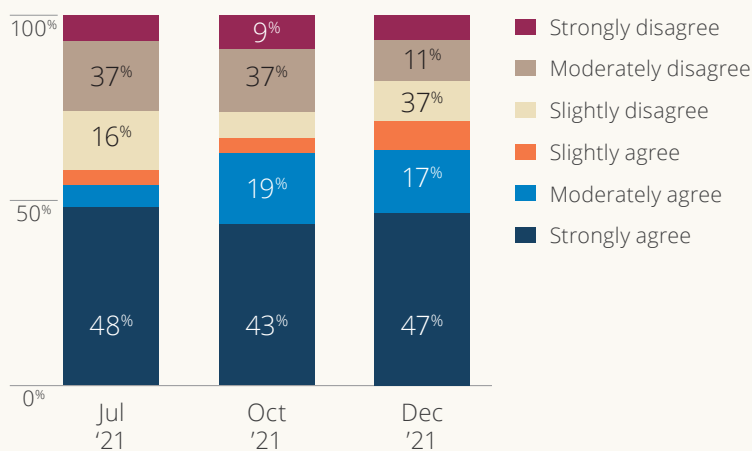


Figure 31. Feeling optimistic about future



METHODOLOGY

STUDY DESIGN

UNICEF Cambodia in close partnership with the World Food Programme (WFP) and the Asian Development Bank (ADB), with input from other UN agencies in Cambodia, initiated and conducted a study aiming to understand and analyse the impacts of COVID-19 in Cambodia. The study took the shape of a high-frequency longitudinal study starting with 2,034 participants' households recruited during a face-to-face data collection in August 2020. In addition to this baseline data, the study included another 8 rounds of follow-up collected by phone.

STUDY AIM:

To ensure the availability of robust evidence on the short-, mid-, and long-term impacts of COVID-19 in Cambodia on households' and children's livelihoods, with a focus on particularly vulnerable populations, based on poverty and vulnerability status.

STUDY POPULATION

The study sample included households recruited from all 25 provinces in Cambodia. As the study concentrates on the domain of vulnerability, the proportion of IDPoor households on level 1 or 2 was oversampled at 30% of all households, a slightly higher proportion than the national rate of 20%. The sample also included 65% of representation of rural households and 27% representation of female-headed households. Even though the participation rates changed over time, the representation of vulnerable groups did not significantly change between rounds. More details on methodology can be found in our previous report.

Main thematic areas of the questionnaire:

- Household characteristics
- Household income, employment, indebtedness, and cash transfers
- Children's education, learning and wellbeing
- Household food security and nutrition
- Women and children under two years of age diet
- Access to essential services and goods
- General mental health and wellbeing

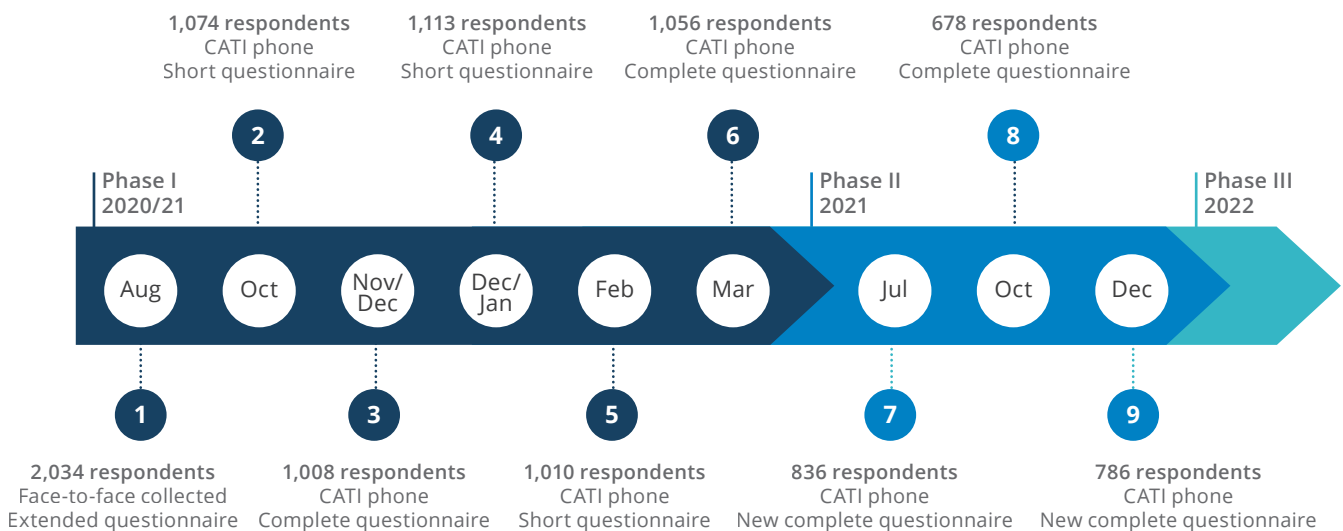


Figure 32. Timeline of the study including questionnaire type and number of respondents



COVID-19 IN CAMBODIA

COVID-19 IN CAMBODIA

