

Impact of COVID-19 on Child Poverty, Education, Protection and Health



Save the Children



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EXECUTIVE SUMMARY

The COVID – 19 pandemic has affected children’s lives and their rights in countries around the world. Sweeping measures such as school closures, home isolation, and social distancing have been implemented as a response to the pandemic, causing disruptions to children’s lives and impacting their right to survive, learn, and be protected.

Save the Children launched a global research study to generate evidence on how the COVID-19 pandemic and subsequent mitigation measures are affecting children’s health, nutrition, education and learning, protection and wellbeing, family incomes and jobs, and poverty. The research was implemented in 46 countries, making it the largest and most comprehensive survey of children and families during the COVID-19 pandemic to date.



This report presents findings from the survey undertaken in Cambodia, between June and July 2020, with data from a sample of 730 caregivers and 730 children from the provinces of Pursat (Veal Veng district), Kampong Chhnang (Kampong Tralach) and Tboung Khmum (Ou Reang Ov district).



Key Findings

84%



of households reported having trouble paying for **essential items / services**



67%

of the respondents reported losing their income due to COVID-19. 44% reported losing more than half of their income.

33%



of households had trouble paying for food. This includes a significantly larger proportion (57%) of households where one of the caregivers had lost a job, compared to those who did not lose a job (19%).



63%

of children reported that they **lack learning materials** to support their learning at home.

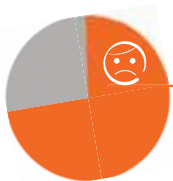
90%

of children and **87%** of caregivers reported that the child is learning only a little at home during school closures.



22%

of child respondents reported using the internet for educational purposes. 93% are still using textbooks.



73%

of child respondents reported an increase in negative feelings during the COVID-19 pandemic. 78% of caregivers reported reduced psychological wellbeing of their child.



93%

of households reported that access to healthcare services have been affected.

65%

of households did not have access to any healthcare services at all.



We are all together
fighting against
COVID-19”

Girl, 16 years old

Introduction

On March 11 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. The virus has spread rapidly, infecting millions of people and sparking health crises in countries across the globe. COVID-19 threatens children's basic rights and exposes them to potentially massive disruption to access to health and education, and basic needs like food, protection and social interaction with family members, teachers, peers and their broader communities. The number of cases and deaths from the corona virus outbreak continues to rise exponentially each day. At this time, COVID-19 has infected over 54 million people (23 November 2020) and killed over 1 million people¹.

The COVID-19 pandemic has affected countless children in countries around the world, who are experiencing greater inequalities and disproportionate effects caused by its hidden impacts. Sweeping measures such as school closures, home isolation, and social distancing have been implemented as a response to the pandemic, causing disruptions to children's access to healthcare, food and nutrition, education and learning, protection and wellbeing, and social interactions with family members, teachers, peers, and communities. This combined with the economic impacts of the pandemic, including income and job losses for households, are affecting children's right to survive, learn, and be protected.

Cambodia reported its first confirmed case of COVID-19 on 27 January 2020. As of 24 November 2020, there have been 306 confirmed cases, and no reported deaths. While the country has successfully controlled the spread of the virus, Cambodia has experienced the full socio-economic impacts of COVID-19. Cambodia as a country is highly vulnerable to these negative impacts due to its open economy, narrow economic base, and highly mobile population. Asian Development Bank expects Cambodia's economy to shrink by 5.5% in 2020 due to declines in tourism; low garment exports, footwear, and travel goods; and a slowing down in construction activities. These impacts expect to push an additional 1.3 million people into poverty².

The country overall has a weak health system, but is building its capacity to undertake proper surveillance, clinical capacity and proper quarantine and isolation centers during COVID-19. When comparing the country with its Asian counterparts in our global

COVID-19 research study, Cambodia has low access to healthcare services, with only Afghanistan (99%), Laos (98%) and the Philippines (94%) having lower levels of access to health care services. Most children are not at a high risk of direct harm from the virus, but pressures on healthcare systems could greatly reduce children's access to healthcare services. Poorer families facing financial barriers with children with disabilities and / or health related conditions are likely to be even more at risk.

Schools in Cambodia were closed intermittently between March and September 2020, leaving more than 3.1 million boys and girls without school³. Although the government has done a lot to support continuous learning, access has been limited across the country, in particular in rural areas, which account for 80% of the population. This undermines children's right to education and affects their overall ability to learn, protection and their wellbeing. The most marginalized children are the most likely to not have access to the internet with girls, children with disabilities and/or health related conditions and the poorest children, being disproportionately affected.

In light of the COVID-19 pandemic, Save the Children identified a need to consult with children and caregivers, to generate evidence on the impacts of COVID-19 on children's health, nutrition, education, wellbeing, poverty and protection needs, and to hear children's messages for leaders about their response to the pandemic.

This survey in Cambodia is part of a global Save the Children research process to better understand and capture the lived experiences of children and their families on how the COVID-19 pandemic is affecting their lives. The overall objective of this research is to generate evidence and learning on how the pandemic has affected children's access to health, education and learning, protection and wellbeing, and household economy across Save the Children Cambodia's geographic target areas. Specific objectives of the research is to: (i) identify health, education and learning, protection and wellbeing needs of children during the pandemic; (ii) learn more on how school closures and home isolation has affected children's health, education and learning, protection and wellbeing; and (iii) learn more on how the pandemic has affected households' income and jobs.

¹ World Health Organisation (WHO) COVID-19 Dashboard (23rd November 2020).

² Asian Development Bank Press Release, July 8th: <https://www.adb.org/news/adb-approves-250-million-loan-support-cambodias-covid-19-response>.

³ Joining Forces Joint Public Statement, 1st June 2020. Page 1.



Methodology

This research is a part of the global research, and therefore follows a standard method developed by Save the Children International's Global Core Research Team, adopted across all the participating countries. The overall study was approved by the Save the Children US Ethics Review Committee (SCUS-ERC-FY2020-33). This chapter outlines the methodology used in Cambodia. The full report of the global research design methodology is available via the following link:

<https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>.

For the Cambodian survey, participants were selected through multistage sampling strategies, stratified and systematic random sampling, in order to obtain a representative sample of rural and urban across our program areas. Participants were identified through the following eligibility criteria: Adults aged 18 and above had to be parents and/or caregivers of children (aged 0-17) living in the same household and; Child respondents had to be between the ages of 11-17. Data collection was conducted by Provincial Office of Education (PoE)

and District Office of Education (DoE) technical officials, Village Volunteers, and Community Social Workers from the target provinces and districts through a single online survey (Survey Monkey Enterprise version).

A total of 730 caregivers and 730 children from primary, lower and upper secondary schools from Pursat, Kampong Chhnang and Tbong Khmum provinces participated in this survey⁴. Sample size was allocated equally between provinces and rural and urban areas to ensure a sufficient sample size for comparison. Face to face interviews were conducted with children and caregivers using tablets between the 15 of June and the 6 of July 2020. Consent from both children and caregivers was obtained before interviews were undertaken.

Save the Children recognizes that more could have been included in the survey. However, due to the global scope of this study and to ethical concerns, further questions on gender diversity, sexual orientation and other dimensions were not incorporated into this study.

⁴ After data cleaning, there are 679 caregivers and 596 children. This final sample size is still under the statistical assumptions for sample size estimate using a formula for large population and majority of variables measured at nominal level, with 95% confidence level, 5% margin error, and design effect of 1.5 for complex sampling.

Findings

Economic impacts on Cambodian households during COVID-19

While Cambodia has made significant progress in economic growth and poverty reduction⁵, multidimensional poverty remains high, with 35% of the population living in poverty (of which 45% are 19 years old or younger)⁶ and a significant amount of the population still living close to the poverty line⁷ prior to COVID-19. Malnutrition persists with stunting rates for children under five at 32%⁸. There are high rates of transient poverty with households coming out of poverty likely to fall back into it. Female-headed households and those with children and persons with disabilities are at a higher risk of falling back into poverty. There are risks that the COVID-19 pandemic could set back progress made and worsen existing inequalities.

The COVID-19 pandemic is having a significant impact on the economy of Cambodia, causing income and job losses that may push families and children into poverty or increase the severity of poverty experienced by families and children already identified as IDPoor⁹. The pandemic may also create barriers preventing them from accessing essential services and items, such as: healthcare, food and hygiene products. The barriers for accessing essential services and items could likely increase due to rising prices, which may further worsen food insecurity among the most vulnerable families and halter progress made in preventing stunting and malnutrition for children. The World Bank considers that the global epidemiological and economic crisis unleashed by COVID-19 poses the greatest threat to Cambodia's development in its 30 years of modern history¹⁰.



⁵ From 1995 to 2017 Cambodia was the sixth fastest growing economy in the world with a poverty rate that fell from 47%, 8% to 13%, and 5% where the economy has shifted from being a low to a low middle – low income country with an ambition of becoming a middle income country by 2030.

⁶ UNDP/OPHI Global Index Report 2018

⁷ Social Protection System Review of Cambodia, Organization for Economic Co-operation and Development (OECD) Development Pathways, November 2017.

⁸ National Institute of Statistics, (2015). Cambodia Demographic and Health Survey 2014.

⁹ IDPoor is an indicator tracking system in Cambodia used to identify the most poor households (those living below the poverty line). For more details: <https://www.idpoor.gov.kh/about/process>

¹⁰ Cambodia Economic Update, page 3, May 2020, World Bank.

Household Income Loss

The survey revealed households have experienced significant losses in income during COVID-19 due to losing their jobs.

More than two thirds of households (67%) reported losing their income with similar proportions between rural and urban (67% versus 69%). Of those respondents, about 44% of households reported losing more than half of their income, with no significant differences between rural and urban (44% versus 45%). Overall, 43% of caregivers experienced job losses with a significantly larger proportion in urban (54%) compared to rural (39%) areas. A slightly larger proportion of female caregivers reported job losses compared to males, but this was not statistically significant (42% versus 35%).

Households losing their income



Households' Ability to Pay for Essential Items and Services

Income losses during the COVID-19 pandemic have resulted in caregivers having trouble accessing and paying for essential items/services and food for their children. A majority of households (84%) reported having trouble paying for essential items/services, with a slightly larger proportion in urban than rural (90% versus 83%). A significantly larger proportion of caregivers that lost a job reported having trouble in paying for utility bills, compared to caregivers that did not lose a job (62% versus 19%). Similarly, a significantly larger proportion of caregivers that reported job losses had trouble paying for food, compared to those who did not lose a job (57% versus 19%), as well as having trouble paying for healthcare (37% versus 8%), learning resources for children (23% versus 11%), and fuel/transport (22% versus 2%). This indicates that job loss among caregivers has led to a significant loss in ability to pay for essential items, services, food, and learning resources (textbooks, reading books, and distance learning facilities) for children.

Furthermore, the COVID-19 pandemic has severely affected vulnerable and poor households who are losing income by experiencing greater food insecurity. A higher proportion of households who reported losing income indicated that they are in food insecurity 'stress' (25% versus 19%) and in 'crisis' (16% versus 8%), when compared to households that did not lose income.

84% of households reported having trouble paying for essential items/services.



57% of caregivers that reported job losses had trouble paying for food



Access to Healthcare

“ I would recommend that all kids follow COVID-19 preventative measures”

Girl, 15 years old

The COVID-19 pandemic is affecting the ability of global healthcare systems to provide universal health coverage and for populations to access medical services and supplies. Prior to the pandemic, Cambodia was already facing challenges with universal health coverage, which was not fully realized for all women and newborns. In addition, inequalities continued to persist in healthcare coverage where poor, rural and less educated families experience less access to health services, suffering from substantially worse health and nutrition outcomes. The country is therefore highly vulnerable to a potential outbreak, with only 1.4 health workers per 1,000 people- a level of shortage the World Health Organization (WHO) classifies as ‘critical’¹¹.

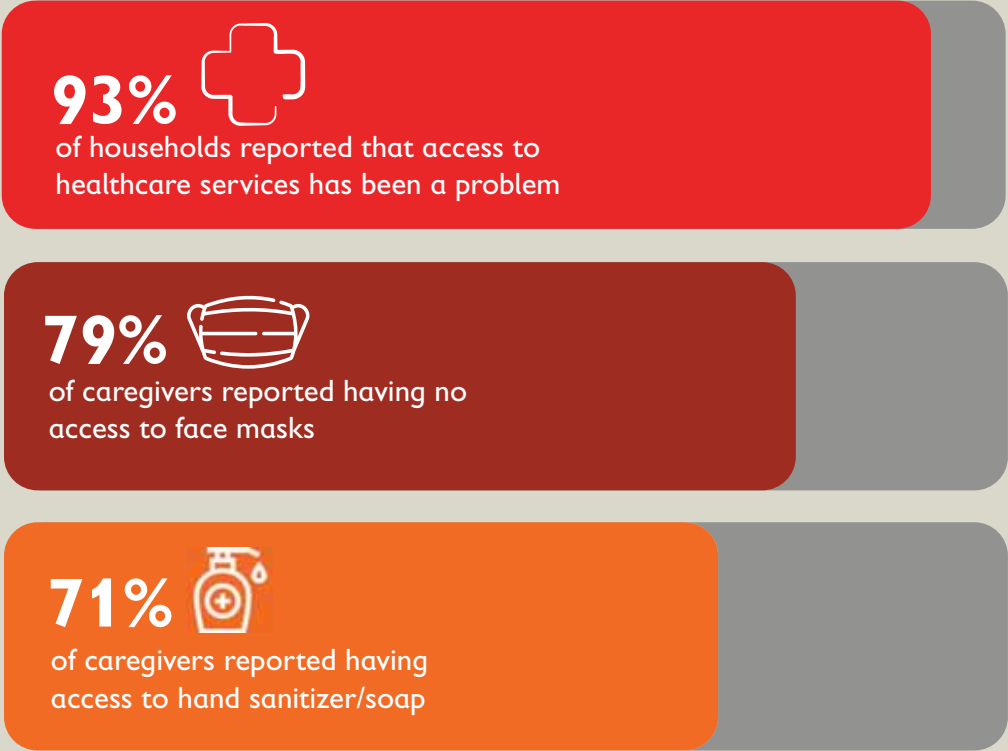
The Khmer-Soviet Friendship Hospital in Phnom Penh and 25 provincial referral hospitals provide administered tests and treatment for COVID-19 cases. However, the infrastructure of healthcare facilities is of concern, in particular at provincial level, with limited bed capacities and lack of proper quarantine and self-isolation areas. The Royal Government of Cambodia is still working to strengthen the supply of personal protective equipment, health distribution systems, health workforces and the referral system.




¹¹ <https://southeastasiaglobe.com/cambodian-healthcare-covid/>

Households' Ability to access Healthcare and Medical Supplies

A vast majority (93%) of households reported that access to healthcare services has been a problem during the pandemic. More than three quarters of caregivers (79%) reported having no access to face masks, which their households needed in order to stay safe during the pandemic, with a significantly larger proportion of caregivers that lost a job experiencing a lack of access to face masks, compared to those who did not (91% versus 71%). A very similar pattern has been observed for accessibility to hand sanitizer/soap, with an overall proportion of 71% (91% versus 72%). Moreover, a slightly larger proportion of households that had no access to face masks were in rural rather than in urban areas (81% versus 65%). Similar proportions have been observed for access to sanitizer/soap between rural and urban areas (80% versus 75%).





// I am worried I will not be able to go back to school and will fall behind in my education”

Girl, 14 years old

Education and Learning

Cambodia has made significant strides in increasing access to education, where the number of children enrolled in primary education increased from 82% in 1997 to over 97% in the 2017/18 school year. However, the country is still struggling to reach learning standards. Children living in rural and remote areas, ethnic minority children, those from lower socio-economic backgrounds, and children with disabilities face substantially greater obstacles in accessing education opportunities, particularly those accessing early childhood education. 36% of children in urban areas are more likely to attend an early childhood education (ECD) program compared to 11% of children in rural areas.¹² Furthermore, education for children with disabilities is an area of great concern: 56% of children with disabilities have either never attended school nor have completed primary school.¹³ Poorer families face significantly larger barriers in their children accessing education due to informal fees required for teachers and the need to choose work over schooling.

Schools in Cambodia were closed between mid-March and mid-September 2020, leaving more than 3.1 million children with limited access to education. While most schools have implemented online distance learning alternatives to support children’s learning from home, there continue to be great challenges in ensuring safe and continuous learning for hard to reach and vulnerable children given their lack of access to the internet, digital devices and teacher’s capacity to deliver continuous learning online. There are concerns that vulnerable families may not re-enroll their children in schools when they reopen due to reductions in household income, which could also lead to an increased risk of enrolment of children in Residential Care Institutions.

¹² National Institute of Statistics, (2015). Cambodia Demographic and Health Survey 2014, p 165.

¹³ National Institute of Statistics and Ministry of Planning, (2013). Cambodia Inter – Censual Population Survey Final Report.

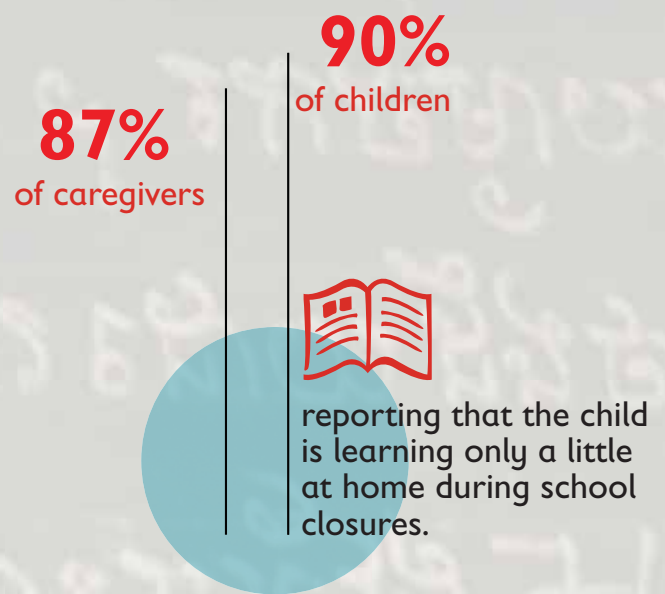


My online learning is too difficult to understand. I want to go back to school soon."

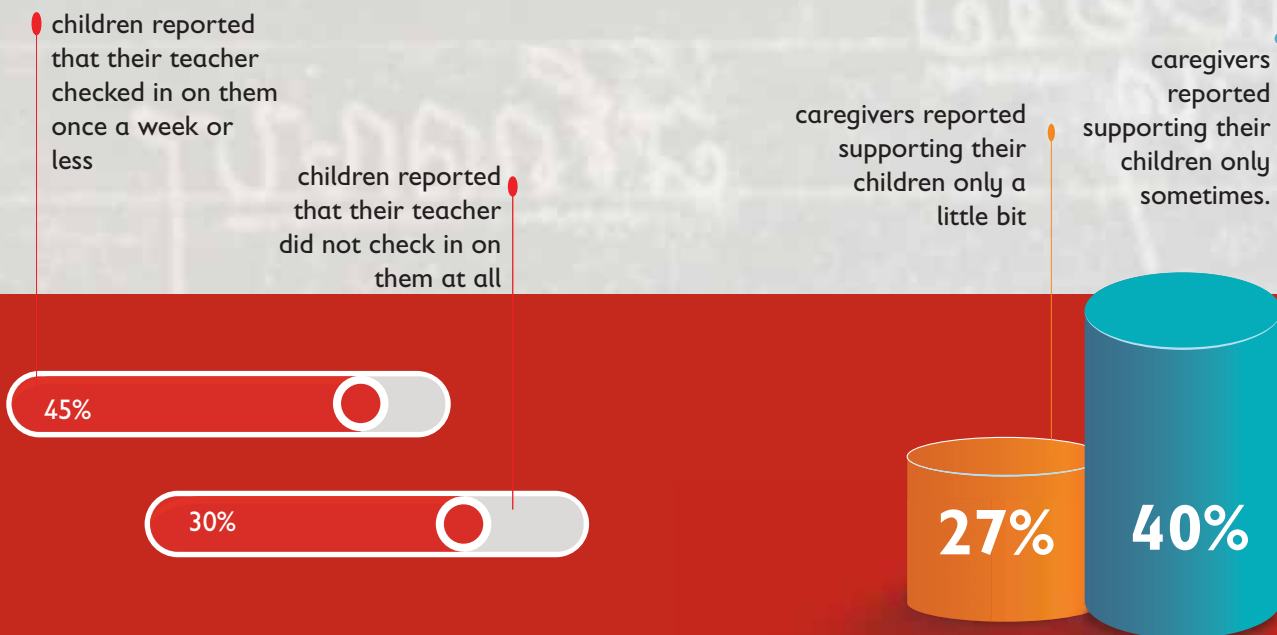
Girl, 16 years old

Perceptions and Obstacles to Distance Learning

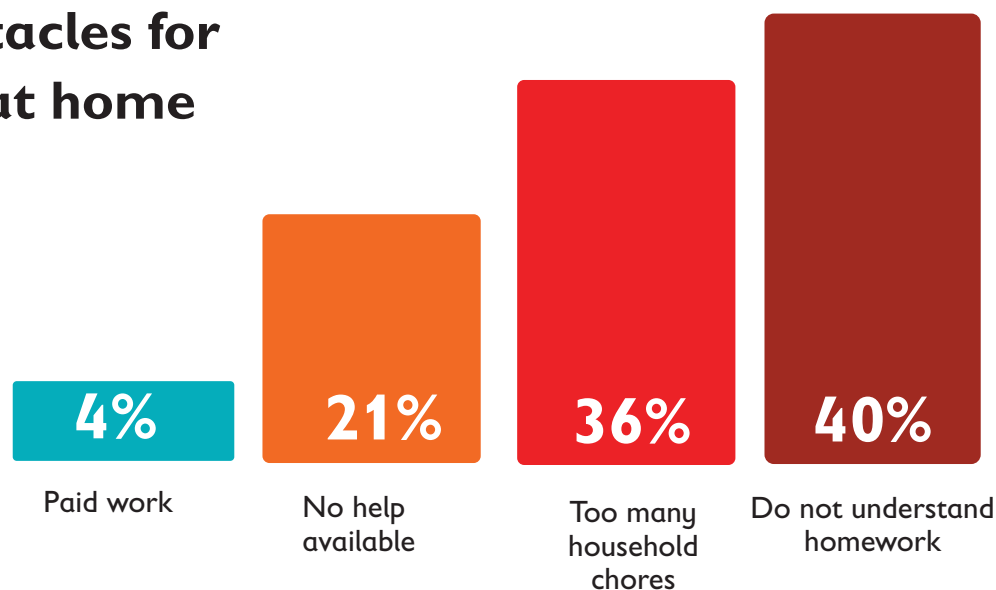
The survey revealed a vast majority of both children (90%) and caregivers (87%) reporting that the child is learning only a little at home during school closures. Children whose parents lost their jobs reported learning less than those whose parents were able to keep their jobs (96% versus 85%) perhaps reflecting that they are facing other challenges. A larger proportion of girls reported learning only a little when compared to boys, but it is not significantly significant (92% versus 87%). Within this group of respondents who reported a little learning at home, older children expressed that they learned slightly more than younger children did. In total, this accrued to 93% for primary education children saying they learned a little, 92% for lower secondary education, and only 84% for upper secondary education.



About half of the children (45%) reported that their teacher checked in on them once a week or less during school closures, and 30% of the children reported that the teacher did not check in on them at all. Caregivers were at the same time facing challenges in supporting their children's learning at home, with 40% of caregivers reporting that they support their children only sometimes, and 27% of caregivers reporting that they support their children only a little bit. Among the respondents, those caregivers that lost their job were finding it harder to support their children, where a significantly larger proportion of them reported that they could support their child only a little bit, compared to caregivers that did not lose a job (38% versus 19%). Similarly, female-headed households were finding it more difficult to support their children, with a significantly larger proportion of female-headed households who reported that they could support their child only a little bit, compared to mixed households (33% versus 22%).

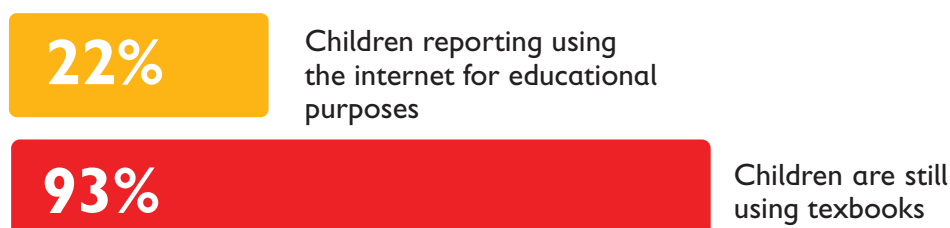


Main obstacles for learning at home



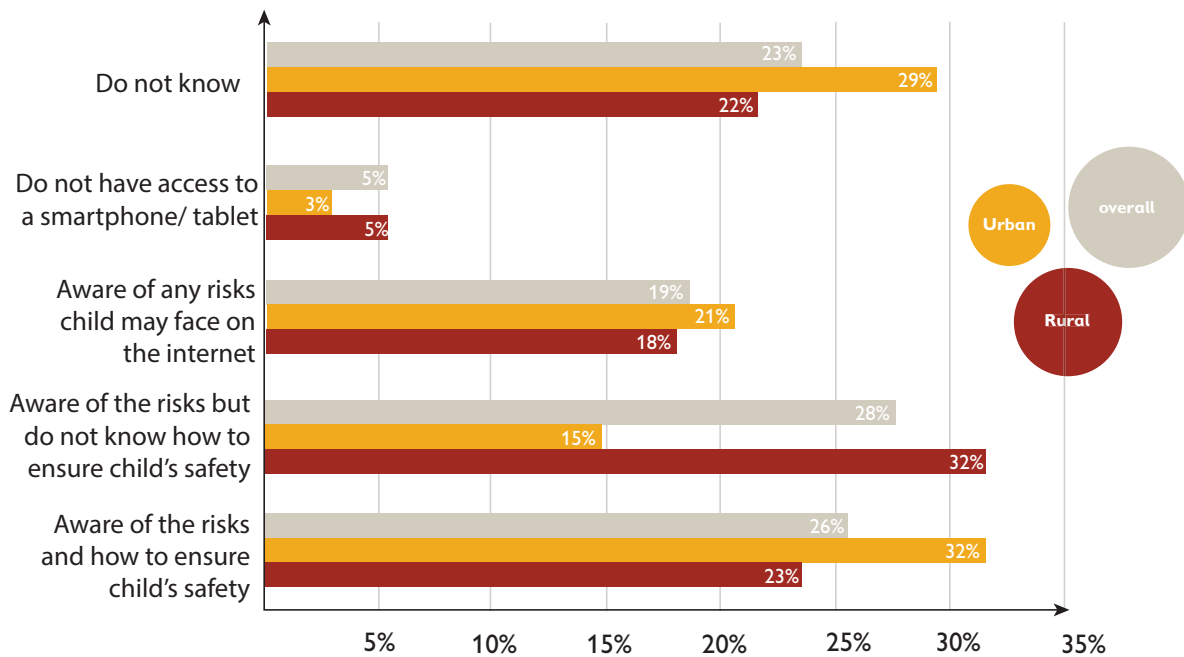
Children reported that the main obstacles for learning at home were that they did not understand their homework (40%), that they had too many household chores to do (36%), no help available (21%), and that they had paid work to do (4%).¹⁴ There were no major differences between boys and girls and among rural and urban areas. A significantly larger proportion of children with disabilities reported to not understand their homework when compared to children without disabilities (75% versus 39%). Similarly, a significantly larger proportion of children with a health condition reported to not understand their homework when compared to children without a health condition (67% versus 39%). Furthermore, a larger proportion of children with a caregiver that lost a job reported having too many household chores as an obstacle to learning, compared to those where the caregiver did not lose a job (48% versus 27%). These results indicate significant obstacles to children’s continuous learning that have emerged due to COVID-19, indicating children are not being supported or understanding their homework.

As much as 63% of children reported that they lack needed learning materials to support their learning at home. Access to the internet for children is lacking, with only 25% of households reporting to have access to the internet. Furthermore, a majority of children (93%) are still using textbooks, with less use of online learning materials. For instance, only 22% of children reported using the internet for educational purposes. This indicates a further obstacle persisting in the digital gap, where children cannot access online distance learning provided by official sources and are not using these resources in an educational way.



¹⁴ There have been concerns that children may take on paid work and be engaged in child labour to support family finances during the COVID – 19 pandemic. As discussed above, one reported source of income losses for households have been that of the child in the household losing a job (5%) and as noted above 4% of children reported paid work as an obstacle for learning. Further data collection and analysis is however needed on to what extent and how children may have been engaged in child labour and paid work.

Parents/Caregivers reporting knowledge on children's internet safety



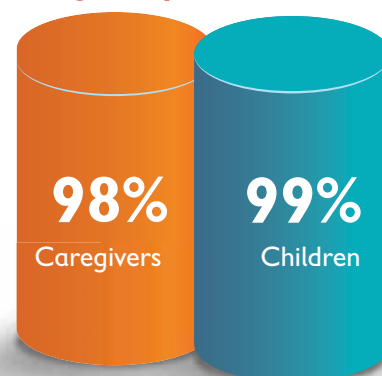
There were some differences in internet usage between education levels, with 42% of children in upper secondary education using the internet, compared to only 12% of children in primary and 16% of children in lower secondary education. 31% of children in upper secondary education said they are using educational mobile phone applications compared to 15% of children in primary and 12% of children in lower secondary education. Similarly, 42% of children in upper secondary education reported using online learning materials compared to only 12% in primary and 16% in lower secondary education. There were no major differences to report on between boys and girls and rural and urban areas. Moreover, it is important to note that children whose caregivers lost a job had less access to online learning materials, compared to those with caregivers who have a job (6% versus 36%).

Caregivers were asked to what extent they felt able to ensure that the child is accessing online learning materials safely: 26% responded that they are aware of the risks and know how to ensure the safety of the child; 28% responded that they were aware of the risks but did not know how to ensure the safety of the child; and 23% reported that they did not know at all about how to ensure the safety of the child. Internet safety is therefore an additional risk if children are able to access online learning.

Back to School

While there have been concerns that caregivers may not re-enroll their children in schools once they reopen, nearly all caregivers (98%) and children (99%) reported that they would return to school when the government reopens them. Very similar proportions could be observed between rural and urban caregivers (99% versus 97%) and children (99% versus 97%). There was no differences in the proportion of children whose caregivers lost jobs and those who did not, nearly all of them stated that they would return to school when they reopen.

Plans to return to school once they re-open





Protection and Wellbeing

Violence against children in Cambodia is still prevalent, with more than 50% of children having suffered from violence¹⁵; 61% of girls and 58% of boys between 13 to 17 years old having reported at least one experience of physical violence¹⁶; and 24% and 27% of boys between 13 - 17 years old having reported multiple instances of emotional violence¹⁷. The COVID-19 pandemic has significantly increased stress, in the case of Cambodia stress is linked to a loss of income and jobs, affecting household family relationships and the protection and wellbeing of children. There are further concerns that protection risks such as violence against children, child marriage, and child labor may increase during the pandemic. There is therefore a need to ensure the continuity of child protection systems and social services during the COVID-19 pandemic, in particular for vulnerable children. The protection of children requires the involvement of actors across all sectors (such as: health, education, social welfare, justice, and law enforcement) and levels (individual, family, community, sub-national, and national).

“I am afraid of being infected and not being able to hang out with my friends anymore”

Boy, 13 years old

¹⁵ Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention, (2014). Cambodia's Violence Against Children Survey 2013.

¹⁶ Ibid.

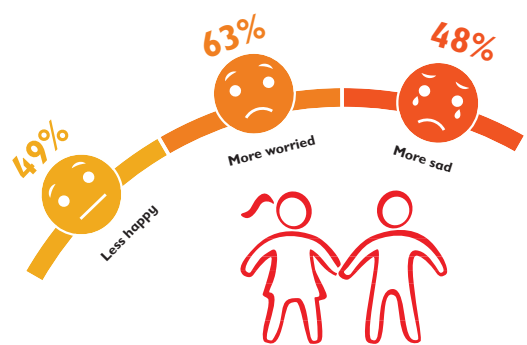
¹⁷ Ibid.



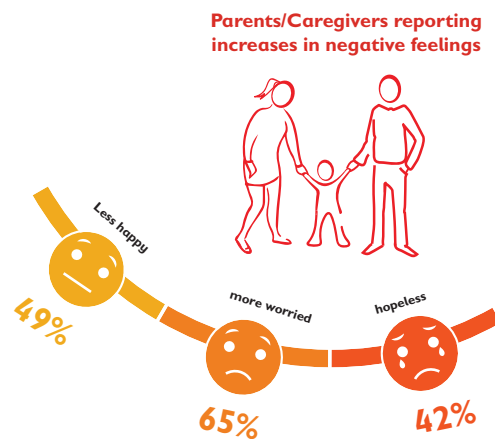
Mental Health and Psychosocial Wellbeing

The survey revealed that the pandemic has increased negative feelings for both children and caregivers. A majority of children (73%) reported an increase in negative feelings during the COVID-19 pandemic. Around half (49%) of children noted to be feeling less happy, 63% were more worried, and 48% felt more sad than before the COVID-19 pandemic (with no major differences between boys and girls). A larger proportion of children with a caregiver that lost a job reported to be feeling sad (58% versus 45%), compared to that of children with a caregiver that had not lost a job.

Caregivers also reported on changes in their feelings since the outbreak of COVID-19, including feeling less happy, more worried, nervous, hopeless and depressed. Around half (49%) of caregivers reported feeling less happy, more worried (65%) and hopeless (42%), while 44% reported that doing anything, even simple tasks, felt like an effort.



Children reporting increases in negative feelings



Parents/Caregivers reporting increases in negative feelings

“I am worried about falling behind in my studies and that my family could be infected with COVID-19”

Girl, 12 years old

Overall, 78% of caregivers reported reduced psychosocial wellbeing of their child compared to before the pandemic. 60% of children reported an increase in chores to do at home¹⁷ 34% said that they cared more for their siblings than before, and 40% did less exercise. At the same time, children reported that they played (43%) and slept (45%) more than before the COVID-19 pandemic.



60%
Children reporting more chores to do



34%
Children reporting caring more for siblings

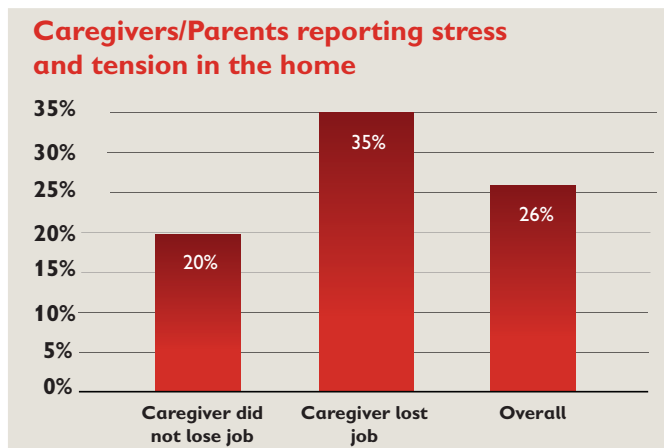


40%
Children reporting less exercise

An important factor in improving children’s psychosocial wellbeing is whether children can connect with their friends and play. Often the activities that children and caregivers engage in further influence children’s feelings (such as telling stories, reading books, playing etc.). The amount of parental engagement further impacts children’s levels of happiness, sadness, and worry. A majority of children (70%) reported to hang out in person with friends, followed by playing together with friends (53%) and keeping in touch by messaging on the phone (43%).

¹⁷No major differences to report on between boys and girls.

Changes in Household Relationships



A significantly larger proportion of caregivers that lost a job reported more stress and tension in the home compared to those that did not lose a job (35% versus 20%). Caregivers further reported their child to be expressing worry (60%) and fear (65%). A significantly larger proportion of caregivers that lost a job reported their child to be expressing fear (74% versus 59%) and worry (69% versus 54%), compared to those that did not lose a job.

Caregivers indicated that they felt less able to adequately care for their child (9%) and less confident in their parenting abilities (8%) during the COVID-19 pandemic. A significantly larger proportion of caregivers that lost a job reported feeling less confident in their parenting abilities compared to those that did not lose a job (14% versus 4%). Households were interviewed together (men and women), therefore, the results could be likely impacted due to the nature of the survey.

Caregivers also indicated that the child showed them less love and affection (30%) and spent less time with them (12%). A significantly larger proportion of caregivers that lost a job reported that the child was showing less love and affection to them compared to caregivers that did not lose a job (41% versus 24%). These results further indicate effects on a child's psychosocial wellbeing, especially when household dynamics negatively change.

There are concerns that the number of children who are separated or at risk of being separated from their primary caretakers will increase due to COVID-19. This is due to short-term containment measures, illness caused by the pandemic, long-term socio economic impacts of the pandemic, and the capacity of households to care for their children. However, results show that there have been limited reports on family separation (3%).



Violence at Home

Violence from caregivers is the most common form of violence experienced by children. Stressors related to COVID-19, such as concerns over restrictions, health, food security, income and job losses may exacerbate the risk of violence against children both by increasing the risk to children already in abusive and neglectful households and by increasing the potential for overstressed parents to become violent or abusive.¹⁸

However, limited violence was reported by both children and caregiver respondents in the survey. Some violence at home was reported by caregivers (5%) and 10% of children reported that some violence had occurred¹⁹. There were no major differences to note on violence reported between boys and girls or between female and male caregivers. Some differences may however be noted between rural and urban areas with 7% of children in rural areas reporting that violence had occurred compared to 2% for children in urban areas. Furthermore, 8% of children with a caregiver that had lost a job reported violence occurring when compared to 4% of children with a caregiver that did not lose a job. Low instances of violence reported by respondents could be explained by the fact that the survey did not provide a definition and that generally violence is frequently underreported. In addition, compared to other countries, Cambodia had limited movement restrictions, no home confinements or lockdowns compared with other countries, which are generally factors that have triggered violence in other contexts.

10%
of children



reported that some
violence had occurred
at home

¹⁸ The Alliance for Child Protection in Humanitarian Action et al, (2020).

¹⁹ 'Violence in the home' was measured by caregivers reporting that they were yelling and / or using physical punishment and / or more aggressive behavior towards children and / or that there had been some violence in the home. Children reporting that there was some violence in the home involved either the child or the adult being hit or verbally abused (for further information please see https://resourcecentre.savethechildren.net/node/18174/pdf/the_hidden_impact_of_covid-19_on_child_protection_and_wellbeing.pdf).



“I hope that all kids living around the globe are free from COVID-19 and are practicing good hygiene such as wearing masks, washing hands, and keeping social distance.”

Boy, 17 years old

Conclusion and Recommendations



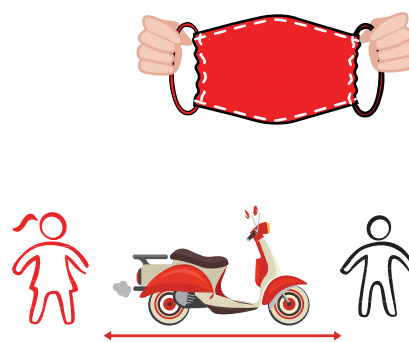
1. Expansion of social protection coverage: The survey confirmed that the economic fallout from the COVID-19 pandemic is having a significant impact on households' incomes. A large number of households have lost jobs and income as a result of the pandemic. Families are struggling to pay for essential items and services, especially utility bills, food, health care, and learning resources for children. Based on the global evidence, it is critical to urgently support an expansion of the national program in social protection coverage for children and their caregivers (predominantly women) working progressively towards universal child benefits (UCB). UCBs are regular, unconditional transfers in the forms of cash or tax, which are paid to caregivers of children from the time of pregnancy up until the child turns 18.²⁰ The Royal Government of Cambodia has expanded its Cash Transfer Programme for Poor Pregnant Women and Children (0-2 years old) to all IDPoor households, known as the “COVID-19 Cash Transfer Programme for IDPoor Households”. This was Cambodia’s first nationwide program providing direct financial support to its most vulnerable citizens, a true game changer in advancing social protection development.²¹ Finally, ensuring that child protection risks are understood and integrated into social protection program, with the objective of helping prevent and mitigate violence against children, exploitation and family separation, and to promote adequate care.

²⁰ Save the Children, A Foundation to End Child Poverty, October 2020. <https://resourcecentre.savethechildren.net/library/foundation-end-child-poverty-how-universal-child-benefits-can-build-fairer-more-inclusive>

²¹ UNICEF Cambodia “COVID-19 Cash Transfer Programme helping families with the most basic needs” <https://www.unicef.org/cambodia/stories/crisis-breakthrough-supporting-cambodia-reach-social-protection-milestone>

2. Improved availability and use of protective items:

Given the fact that more than two thirds of caregivers reported not having access to masks and hand sanitizers/soap, ensuring the availability and accessibility of protective equipment (such as reliable facemasks and hygiene items) is critical towards preventing the spread of COVID-19. This is especially true when social distancing cannot be practiced and when children return to schools. To ensure that protective equipment is understood and used effectively by families and children, it should be accompanied by risk communication and community engagement (RCCE) strategies, which are designed and implemented in collaboration with communities, adapted to the needs of young and old, men and women.



3. Strengthen a blended distance learning approach:

While it is important to invest in devices and internet coverage across the country to enable online learning as a long term goal, this strategy is resource intensive and will risk missing the most hard to reach children where less than a quarter of children reported being able to access online distance learning materials. Therefore, it is critical for the government, development partners and CSOs to explore multiple distance learning approaches to ensure all boys and girls across different education levels and abilities are able to learn. Using TV, radio and social media for children with access to devices should be combined with small group learning arrangements at schools using paper-based strategies, and ensuring social distancing is practiced. Supporting teachers in providing these blended learning techniques, including the use of technology, facilitation of small face to face learning groups and learning assessments, is indispensable to ensure they can then meaningfully support children's learning. Schools should advocate to caregivers (through School Management Committees and Classroom Committees) to also invest in their own children's learning, including home-made play-based learning materials, and locally market purchased materials. While the Ministry of Education, Youth and Sport (MoEYS) has made significant efforts during this period, complementarity efforts by communities, NGOs and others, who often work hand in hand with schools and families are fundamental to ensure children's learning stay on track during COVID-19. Finally, with the vast majority of children in the survey reporting they learned only a little during school closures, it is critical that MoEYS, development partners and CSOs provide remedial and accelerated support for children to catch up in their learning.



4. Promoting online digital safety and literacy: COVID-19 has resulted in many children and their households turning to digital solutions to support children’s learning, socialization and play. With the opportunity this provides, there is also an increased risk of harm online²² (sexual online abuse, bullying, etc.). The survey revealed that only 26% of the surveyed caregivers were aware of the online risks and how to ensure their child’s safety while studying online. Therefore, promoting internet safety among children and caregivers is an imperative to ensure that children are safe online.



5. Invest in mental health and psychosocial support: COVID-19 has negatively affected the mental health and psychosocial wellbeing of many caregivers and children, as well as disrupting dynamics and relationships within many households, especially among caregivers experiencing a loss in income. Given the limited social service workforce in the country, it is of paramount importance to expand the number and quality of social workers and designate the social service workforce – both formal and informal – as essential workers. The social workforce will also need support to adapt social work practices and norms to continue safely providing essential services to children and households in the community using personal protective equipment, remote communication strategies and so forth. In addition, it is critical to provide urgently needed funding to support child protection programming, including for children and caregivers’ mental health and psychosocial support, gender-based violence response services, hotlines and helplines that will help in identifying and addressing cases of violence.



²² WeProtect Global Alliance, 2020.



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