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The impact of COVID-19 on children, young people, and families in Sihanoukville, Cambodia: the mitigating work of M'Lop Tapang

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Food poverty; Cambodia; COVID-19; Children's advocacy; Safeguarding

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WHAT THIS REPORT ADDS

- 1. This study provides insights into the challenges faced by children and families in Sihanoukville, Cambodia during the early part of the SARS-CoV-2 (COVID-19) pandemic in 2020-2021.**
- 2. The economic impact of COVID-19 on children and families living in Sihanoukville, Cambodia between 2020-2021 is reviewed.**
- 3. The learning from the pragmatic and rapid interventions of M'Lop Tapang, Sihanoukville during the early phase of the SARS-CoV-2 (COVID-19) pandemic, are of use in other countries around the world.**

REFLECTIVE QUESTIONS

These questions are provided to enable regulated professionals (predominantly in the UK but with potential applicability to other jurisdictions) to consider their learning from reading this paper and to reflect on how this learning could be useful to them in their work.

- 1. Having read this paper can you summarise the impacts of the COVID-19 pandemic on children and families in Sihanoukville, Cambodia during 2020-2021?**
- 2. What do you consider the short, medium, and long-term effects of the COVID-19 pandemic could be on the children and families of Sihanoukville, Cambodia?**
- 3. Having read about the effects of the COVID-19 pandemic on children and young people in Sihanoukville, Cambodia, in what ways could your learning from this paper be transferrable to your work (either inside Cambodia or in other jurisdictions)?**

ABSTRACT

Introduction

Globally, children have been adversely affected by the wide variety of impacts of SARS-CoV-2 (Coronavirus | COVID-19). Vulnerable children who depend on the support of education and health and social care systems were left unprotected as these systems were weakened by the pandemic. COVID-19 has exposed the already fragile situations that many children and young people live, and that thousands of children and young people would need support but remained invisible to authorities. COVID-19 has also been a stark reminder of the vulnerability of individuals and societies and it has exposed deep divisions, inequalities and injustices between different countries and groups of people. M'Lop Tapang is a local non-profit organization registered with the Royal Government of Cambodia. This report discusses the efforts of M'Lop Tapang following the declaration of the COVID-19 global pandemic in early 2020, to address the local community needs; to ensure the voices of children remained heard; and to promote children's rights remaining a priority throughout the remainder of the pandemic.

Methods

This report brings together data collected from three surveys conducted by M'Lop Tapang (in Southwest Cambodia) between May 2020 and June 2021. Data was collected from families using surveys that were administered via structured interview. The interviews were then manually analysed and transcribed. Quantitative data was entered into Excel for analysis. Qualitative data was extracted from the interview records by members of the research team and then analysed to establish themes.

Results

The data obtained from the surveys demonstrate four clear themes: financial insecurity, including less food; impacts on education, through lack of access or the perceived need to work to support the other family members; increased risk and reduced safety, through working on the streets or working at night; and increased vulnerability with less access to services and increased stress in the home.

Discussion

The local economic crisis in Sihanoukville, Cambodia, during the SARS-CoV-2 pandemic has put children at increased risk of separating from their families; living or working on the streets; health problems; drug use; social isolation; discrimination; lack of education or lack of access to safe employment; and various forms of abuse. The interventions of M'Lop Tapang, providing food and tailored support, undoubtedly ameliorated the adversity suffered by families in the Sihanoukville area who would certainly have suffered further were it not for this input.

INTRODUCTION

M'LOP TAPANG

M'Lop Tapang (MT), is a local non-profit organization registered with the Royal Government of Cambodia (**M'Lop Tapang, n.d.**). MT incorporates a comprehensive centre dedicated to the health, social care, safety, education, vocational training, and wellbeing of vulnerable children and young people living in Sihanoukville, Cambodia. The main MT centre provides shelter, medical care, education, sports, arts, vocational training, counselling, family support, and protection from all types of abuse. Through a wide variety of programmes focused on challenges across the community of Sihanoukville, MT supports at-risk children, young people, and their families (**Epic Foundation, 2021**).

The underlying philosophy of MT is to enable children and young people to grow up safely within their families and communities, where they are respected, treated equally, and have a choice in their future. MT works in partnership with the ChildSafe movement (**Friends International, n.d.**). The ChildSafe movement is a global effort aimed at recognising the abuse and neglect faced by millions of marginalised children across the world. The main objective of the movement is to do everything possible to make children and young people safe. The ChildSafe movement aims to achieve child safety through offering as many people as the movement can reach with the tools to protect children in their everyday environments through raising awareness and encouraging behavioural change.

MT has been operating in Cambodia since 2003, almost two decades before SARS-CoV-2 and COVID-19 were known, and well before the world entered a global COVID-19 pandemic. Marginalised children already faced significant difficulties before the

arrival of SARS-CoV-2 and organisations such as MT have witnessed the additional challenges COVID-19 has left in its wake.

Globally, children and young people have been adversely affected by the impacts of coronavirus and the lives of children and young people have been turned upside down due to the virus and the consequences of it (**UNICEF, 2020**). Vulnerable children and young people who depend on the support of education and health and social care systems were left unprotected as these systems were weakened by the pandemic. Organisations such as UNICEF have highlighted that their mandate (to uphold the UN Convention on the Rights of the Child (UNCRC) (**United Nations, 1989**)) became an increasing challenge during the pandemic. The UNCRC is the most widely and rapidly ratified human rights treaty in history. In total, 196 countries (including Cambodia and the United Kingdom) have ratified it – with the United States of America (USA) being noticeable by its absence of ratification. Indeed, the USA is the only United Nations member that has signed, but not ratified, the UNCRC. Arguments advanced by some as reasons why the USA should not ratify the treaty include that the primary safeguard for the well-being and protection of children is the family, and that the primary safeguards for the legal rights of children in the United States are the Constitutions of the United States and the several States. It is suggested – by some – that, because the use of international treaties to govern policy in the USA on families and children is contrary to principles of self-government and federalism, and that, because the UNCRC undermines traditional principles of law in the USA regarding parents and children, the President (of the USA) should not transmit the Convention to the Senate for its advice and consent (ie ratification) (**DeMint, 2011**).

The arrival of the pandemic reinforced the need for all governments, worldwide, to review how to respond to the existing needs of their population at the same time as determining how best to respond to unprecedented demand for support caused by or associated with the pandemic. Considering these challenges, this report discusses the efforts of MT in addressing these needs whilst ensuring the voices of children are heard, issues are identified and addressed efficiently, and that children's rights remain a priority.

THE IMPACT OF THE COVID-19 PANDEMIC ON CAMBODIA AND M'LOP TAPANG

On 27 January 2020, Cambodia confirmed its first cases of the SARS-CoV-2 virus (at that time known as nCoV) which leads to COVID-19. By the end of 2020 there had been 374 confirmed cases and 0 deaths. From January 2020 to 8 November 2021 there were 119,092 confirmed cases of COVID-19 in Cambodia with 2,829 deaths, clearly indicating an upturn in cases throughout 2021 (**World Health Organization, n.d.**).

Although cases and deaths in Cambodia may have been lower than other countries in early 2020, the social and economic impacts of the pandemic for the people of Cambodia have been extensive. COVID-19 has had a negative hit on Cambodia's main drivers of economic growth – tourism, manufacturing exports, and construction attributed to COVID-19. An economic and social impact assessment by the United Nations Development Programme (**UNDP, 2020**) reported that the likely consequences of the pandemic would include more people clustering around the poverty line, potentially large increases in the poverty headcount, and high levels of household indebtedness. As is most often the case, it is those already living in poverty, the kinds of families that MT works with, that have been most adversely affected.

The COVID-19 crisis arrived on the back of a series of already bad economic news for the region and a survey amongst the families MT works with revealed that already vulnerable families were struggling more to meet the basic needs of their children because of increased financial hardships **(M'Lop Tapang, 2020)**.

Protecting and promoting children's rights, as enshrined in the UNCRC, is at the very heart of MT's values, services, and strategy. This has remained the case ever since the organization was launched and was no different throughout the pandemic. During the early part of the pandemic the MT team were very aware that school closures, social isolation, and economic hardships could lead to an increased risk for child abuse and neglect. From the point that the pandemic took hold there was a significant increase in the number of children and young people on the streets and beaches and this required re-assessment of their needs to monitor their situation, increase awareness of the MT centre, promote the child safety hotlines, and the delivery of emergency care where needed **(M'Lop Tapang, 2020)**.

Similar scenarios were also evident in the UK with UNICEF **(2020)** reporting that children and young people's health, wellbeing, and futures were at risk due to a wide variety of factors **(Figure 1)**.

School closures	Increased risk of online abuse
Poor nutrition due to food insecurity	Increased risk of abuse at home
Employment and financial losses	Social isolation
Reduced access to stretched healthcare systems	Voice of the child being absent from decisions made about their lives

Figure 1: Factors associated with compromised children's health, wellbeing, and futures during the pandemic

Like MT, many UK charities have safeguarding central to their core business and recognised the various political and policy responses to COVID-19 in heightening the risk of child maltreatment (**The Children's Society, 2019; NSPCC, 2020**). Both in the UK and in Cambodia, charities working with the most vulnerable recognise the protective factors offered by communities and education. With forced closures of schools and social isolation, this can magnify risk to children and young people already experiencing abuse and neglect at home and other contexts; having fewer interactions with the services and social institutions designed to help has the potential to weaken safeguards. The combined impact of increased stressors on caregivers, increased child vulnerability, and reduced safeguards increases the potential for new and recurring cases of abuse in all its forms (**NSPCC, 2020**).

This review report aims to bring together data collected by MT in 2020 and 2021 with a view to understanding the impact of COVID-19 on children, young people, and families in Sihanoukville, Cambodia. A discussion will bring together the key themes with comparison to the impacts of COVID-19 on children and young people in the UK. Learning from both countries will hopefully support strategies that promote the safety and wellbeing of children and young people from a global perspective.

ETHICS

In the UK, clinical audit, and service evaluation studies, such as this one, are not subject to review by a research ethics committee. This service-development review also fell outside of the inclusion criteria for assessment by the Cambodian Ministry of Health Ethics Committee. Nonetheless, MT has a robust child protection policy which is followed in all its work. This study was approved by MT's senior management team in accordance with its established local procedures to ensure the safety and appropriate treatment of, and dealings with, its clients (families and children). Anonymisation has taken place so that no individual family can be identified, without consent, from this report. Photographs are included and consent to use these photographs was obtained from the subject or their parent(s) at the time the photographs were taken. This consent was taken in accordance with the established process at MT, involving a member of its senior management team.

METHOD

This review brings together data collected from three surveys conducted by MT in May 2020 (*survey one*), October 2020 (*survey two*), and June 2021 (*survey three*). Survey one involved staff from MT conducting semi-structured interviews with families they worked with, asking them about the impact of the economic downturn during the early part of the COVID-19 pandemic. The interviews generated both qualitative and quantitative data. Survey two, using the same methodology, was conducted in October 2020. The final survey, utilising structured interview questions, took place in June 2021 and aimed to evaluate the impact of emergency food distribution during the COVID-19 pandemic.

This report brings together the results from all three surveys to enable comparisons to be made throughout the progress of the COVID-19 pandemic in Southwest Cambodia, not least because of the significant rise in COVID-19 cases in Cambodia in early 2021.

SAMPLE

Survey one

Survey one was undertaken in May 2020 and involved 154 families who were receiving services from MT at that time. These 154 families had a total of 533 children (a mean of 3.5 children per family).

Survey two

Survey two was a follow up survey, in October 2020, with 150 of the 154 families interviewed in survey one. The interviews conducted in survey two aimed to assess the impact of MT's emergency food distribution activities. These 150 families had a total of 734 family members living in their households.

Survey three

The final survey in June 2021 consisted of interviews with 214 individuals (including adults with caring responsibilities) that were among those that had received emergency food support from MT. On average, there were five family members living in the households of the people interviewed.

DATA ANALYSIS

Data was collected from families using surveys that were administered via interview. The interviews were then manually analysed and transcribed. Quantitative data was entered into Excel for analysis. Qualitative data was extracted from the interview records by members of the research team and then analysed to establish themes.

RESULTS

FINANCIAL IMPACT OF COVID-19

Survey one (May 2020)

97% of the families interviewed reported a decreased income over the preceding two months with 77% of families reporting a decrease in income of greater than 50%. One-fifth (21%) of families reported having no income whatsoever in May 2020, with significant worries being reported by some respondents, as exemplified by the quotation in **Figure 2**.

“Before COVID-19 I used to make about \$10 to \$12.5 a day, but now I can only make about \$5 a day, and sometimes nothing. If the situation stays the same as now, my family will have a lot more problems.”

Figure 2: Quote from an interview conducted in survey one, revealing significant worries for the future

The mean reported daily income dropped from \$14.70 USD pre-pandemic to \$5.40 USD in May 2020 in the early phase of the pandemic (**Figure 3**).

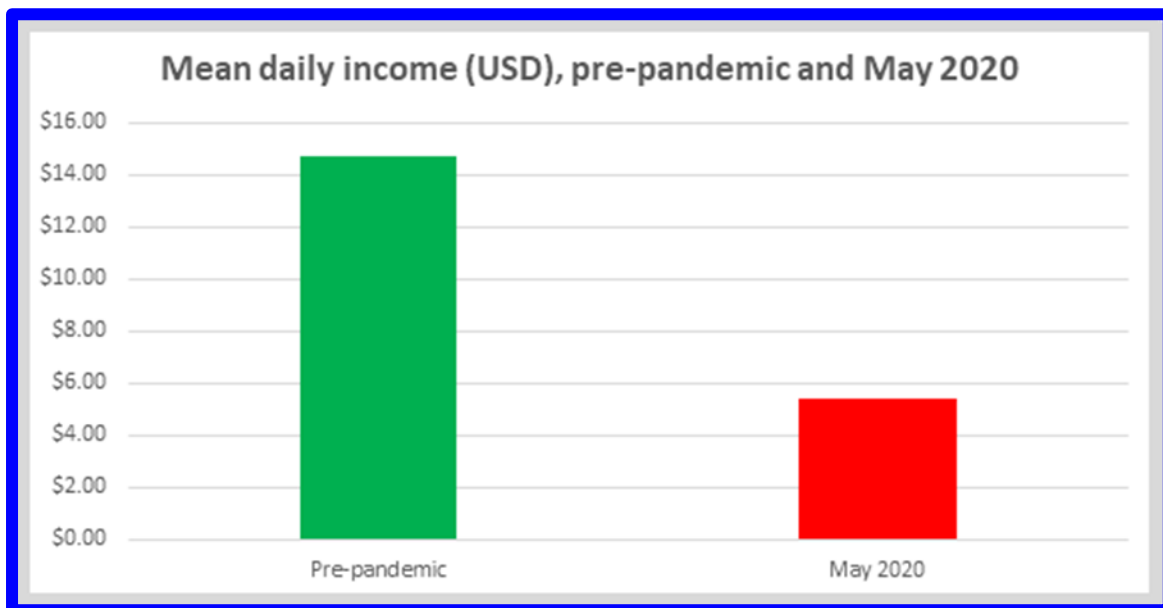


Figure 3: Reduction in mean daily income in the first three months of the COVID-19 pandemic in Sihanoukville, Cambodia

For those respondents who reported a decrease in income, the effects on the respondent and their family were stark **(Table 1)**.

Table 1: Reported impact on families of a decrease in income (Sihanoukville, Cambodia)
[Survey one; n=154 families]

Area of impact	Families reporting this impact [n (%)]
Less food for family or children	125 (81%)
Reduced quality of food	97 (63%)
Not enough money to pay back debts	49 (32%)
Not enough money to pay rent	43 (28%)
Not enough money to pay for transport to MT to obtain free healthcare	35 (23%)
Needed to borrow money	32 (21%)
Increased violence or arguments at home said to be due to stress	25 (16%)
Children now needing to work to help earn income for the family	20 (13%)
Not fixing urgent house repairs	17 (11%)
Started dangerous or illegal work	5 (3%)

Survey two (October 2020)

55% of the families interviewed reported that their economic situation had deteriorated over the previous four months. Only just over a third (38%) of families reported that their economic situation has stayed the same (**Figure 4**). Over half of those interviewed reported they did not have any idea about when the economic situation was expected to improve.

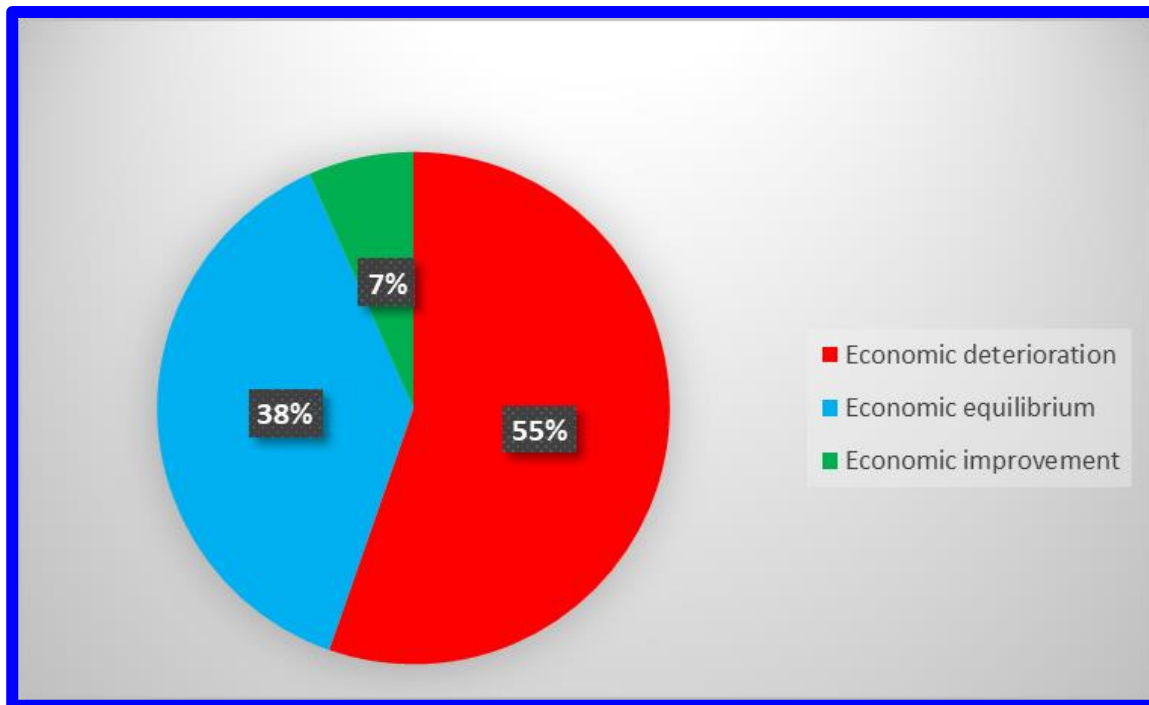


Figure 4: Reported economic situation for families in survey two (October 2020) compared with survey one (May 2020)

In response to increased family needs, since the COVID-19 pandemic began the teams at M'Lop Tapang have provided emergency food support to approximately 1,000 families that they work with. Most of these families have received this support multiple times since March 2020.

Sreymom (name changed for confidentiality purposes), a mother of five young children, is typical of the parents that MT's teams have been providing support to (**Figure 5**). Already living in poverty and struggling to get by day-to-day, the impact of COVID-19 has made their

situation even more bleak. Sreymom's husband is a construction labourer, but like many unskilled workers, had working possibilities reduced during the pandemic, resulting in lower income with which to support the family, including to obtain food (**Figure 6**).



Figure 5: Parent and child in the community in Sihanoukville, Cambodia

“Before, I used to be able to cook about 1kg of rice for each meal to feed my family. After Covid happened we now have less work and less money so we can’t do that anymore. With less money we could only buy 1kg of rice and had to make it last for two days. Sometimes it meant that we were still hungry. Now M’Lop Tapang is helping and my children aren’t hungry anymore.”

Figure 6: Quote from an interview conducted in survey two, revealing food poverty being ameliorated by the interventions from M’Lop Tapang.

The subjective, perceived impacts on families if MT stopped providing food support during the pandemic were explored with respondents (**Figure 7** and **Table 2**).

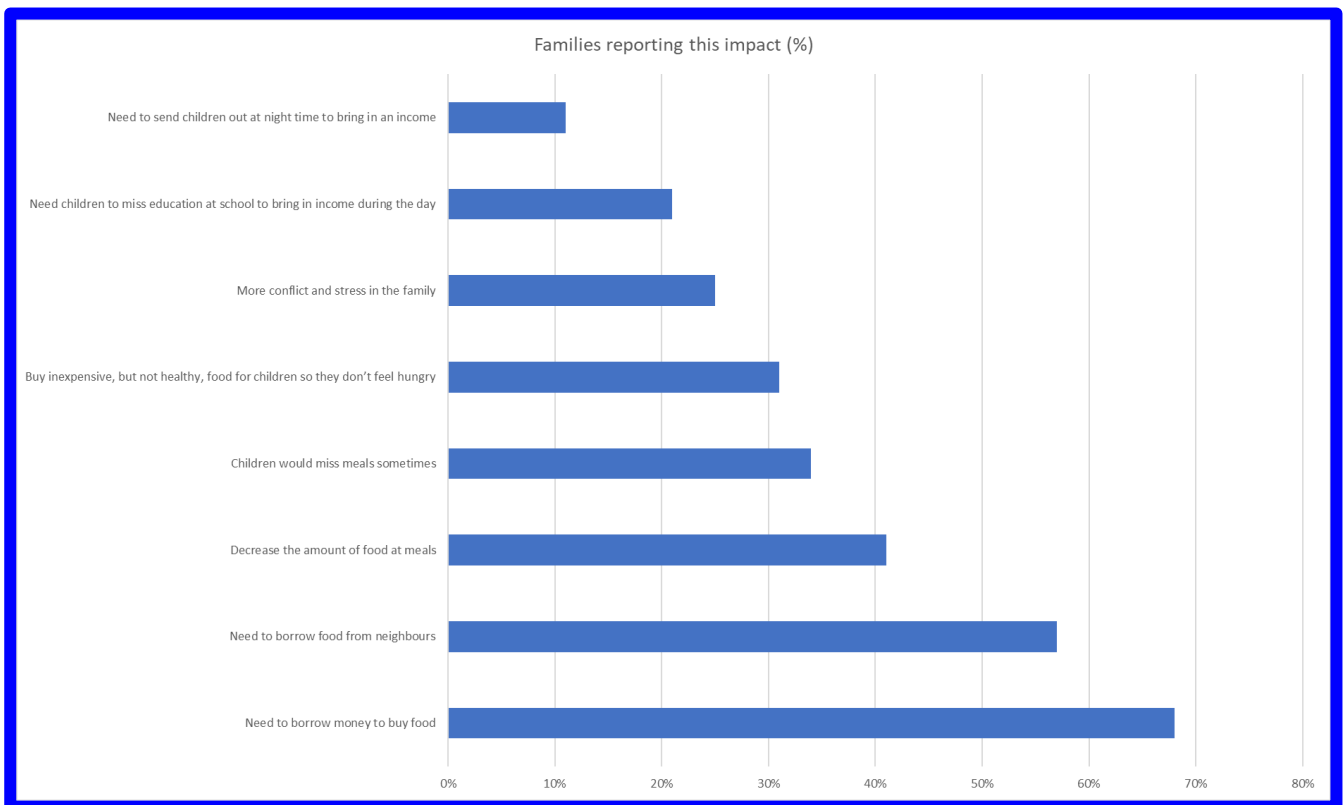


Figure 7: Reported subjective view of the likely impact if M’Lop Tapang withdrew food support during the pandemic [Survey two; n=150 families]

Table 2: Reported subjective view of the likely impact if M'Lop Tapang withdrew food support during the pandemic [Survey two; n=150 families]

Area of impact	Families reporting this likely impact (%)
Need to borrow money to buy food	68%
Need to borrow food from neighbours	57%
Decrease the amount of food at meals	41%
Children would miss meals sometimes	34%
Buy inexpensive, but not healthy, food for children so they don't feel hungry	31%
More conflict and stress in the family	25%
Need children to miss education at school to bring in income during the day	21%
Need to send children out at night-time to bring in an income	11%

Survey three (June 2021)

In June 2021, 214 individual respondents took part in survey three. Of these 214 individuals, 152 (71%) reported they were in a worse economic situation compared to six months previously; 66 (31%) of respondents reported having zero income at that time with examples of dire social circumstances (**Figure 8**); and 58 (27% of respondents reported that their economic situation had stayed the same compared with six months previously. Significant impacts of the June 2021 economic situation were reported (**Figure 9**).

“I do not have a job now because the shop I worked in closed. I have no income at all, and it has been 2 months already that I have not paid my rent, electricity, or water. I feel ashamed when I see the landlord, but I do not have any money yet. I am so happy that we have food support from M’Lop Tapang. I never had to ask for that before.”

Figure 8: Quote from an interview conducted in survey three

Area of impact	Respondents reporting this impact (%)
Buy less food than before	66%
Have borrowed money to buy food	60%
Borrowed food from neighbours	56%
Sometimes decrease the amount of food at meals	54%
Not paid some debts or bills because need to buy food	35%
More debt than before	31%
Run out of food or miss meals	29%
Buy food on credit from neighbour-seller	27%
More stress in family	25%
Sometimes cannot pay rent	21%
Children have started working on streets	8%
Have had to move because cannot pay rent	4%

Figure 9: Reported impact of the economic situation (June 2021) in Sihanoukville, Cambodia (Survey three; June 2021. n=214 individuals)

LIMITATIONS

A limitation of this study is that only families that were already involved with MT were included. It is possible, therefore, that the conclusions may not be generalizable outside of the Preah Sihanouk province. The results may not be generalizable to the wider population of Cambodia. In addition, the surveys were carried out by staff working for MT. Whilst this had advantages in that the participants trusted the staff; the validity of the findings may be affected by researcher bias (**Parahoo, 2014**).

There are also recognized limitations when drawing comparisons from the three surveys over time. Survey two was a follow-up from survey one and included 150 of the original 154 families that were interviewed. However, survey three details collecting data from individuals in receipt of emergency food from MT, rather than families. This may therefore affect the way in which data can be compared over time, due to the differences in the sample population. There are also some differences in the way the survey questions are asked, for example in surveys one and three the respondents are asked about the direct financial impact upon them, whereas survey two asked respondents what they think would happen if they did not have the support from MT. Surveys and questionnaires often work best when the focus of the question is on the present – what are you doing now? (**Bourque and Fielder, 2002; Bourque and Fielder, 2003**). This is only the case in two of the three surveys. Surveys are one of the most utilized research methods, particularly in healthcare research, they can collate data that provides context for a topic, highlights issues and suggests areas for future research (Levin, 2006). However, it is recommended that for robust research data, the same rigour must be applied, that is found in other research methodologies (**Latour and Tume, 2021**). Surveys utilized must demonstrate face, construct validity, and follow a rigorous process (**Latour and Tume, 2021**)

DISCUSSION

IT TAKES A VILLAGE TO RAISE A CHILD

The proverb, “*it takes a village to raise a child*” (whose origins are unknown) can help us to understand the philosophy that underpins MT. It is recognised that children and young people are usually connected to larger kinship groups and communities that help with childcare and other tasks (**Seymour, 2013 in Quinn and Mageo, 2013**). Although the origins of the proverb are unknown, similar proverbs are found in cultures around the world. For example, in Swahili the proverb, “*Asiye funzwa na mamae hufunzwa na ulimwengu*” roughly translates as “*he who is not taught by his mother is taught by the World.*”

Identifying the ‘village’ that surrounds and advocates for children and young people is helpful when there is increased diversity and challenge due to environmental and resource limitations on family life (**Demaria et al, 2020**). That village, of course, does not need to be a physical place and it can be the people, the values, and the ethics that surround a child during their upbringing.

MT’s mission is to enable children and young people to grow up safely within their families and communities, and the arrival of the global COVID-19 pandemic immediately challenged the environments in which the children and young people of Sihanoukville, Cambodia lived. The resources available to their families also rapidly diminished.

The aim of this report was to review the impact of COVID-19 on children, young people, and families of Sihanoukville, Cambodia and to review the contribution of MT in helping to meet the needs of a community during the biggest threat to health and wellbeing so far during the 21st century.

THE ECONOMIC IMPACT OF COVID-19 IN SIHANOUKVILLE

COVID-19 fell into like the world's agenda like a bomb, reminding us of a long-forgotten entity: pandemic, 'Pan' meaning 'all' and 'demos' meaning 'people' **(Karcigoglu et al, 2020)**. History has shown us that pandemics can have significant impacts on the economy, society, public policy, and science. The children, young people, and families of Sihanoukville, Cambodia were not untouched by the compounding impacts of the pandemic.

COVID-19 had a negative impact on Cambodia's main drivers of economic growth - tourism, manufacturing, and construction which accounts for more than 70% of the country's growth and almost 40% of paid employment. The COVID-19 crisis arrived on the back of an already adverse economic situation in the region. Sihanoukville had been experiencing a development and construction boom fuelled by investments in the hotel and casino sector. However, in mid-2019 the Cambodian government announced that online gambling would be banned resulting in construction projects ceasing. This led to businesses closing and job losses. The economic impacts of COVID-19 in 2020-2021 further exacerbated the economic downturn **(M'Lop Tapang, 2020)**.

A report from 2020 identified that the economic slowdown due to COVID-19 resulted in a reduction of income in both rural and urban households in Cambodia **(The World Bank, 2020)**. As is most often the case, it is those already living in poverty that are most adversely affected by such situations. The local economic crisis in Sihanoukville, Cambodia put children more at risk of separating from their families, living, or working on the streets, health problems, drug use, social isolation, discrimination, lack of education or access to safe employment, and various forms of abuse **(M'Lop Tapang, 2020) (Figure 10)**.



Figure 10: Risks to children in Sihanoukville during the 2020-2021 phase of the COVID-19 pandemic

IMPACT OF COVID-19 ON ALREADY FRAGILE COMMUNITIES

It is evident that the area around Sihanoukville, Cambodia was in a fragile state even before the arrival of COVID-19 (**UNICEF, 2020**). This fragility resulted from the compounding effects of the economic downturn, job losses, reduced tourism and the effects of prohibition of online gambling on the construction industry. With the arrival of COVID-19, MT's services and mode of operation needed to change almost overnight to meet the striking new needs of the families it serves. UNICEF (**2020**) also highlighted other countries such as the UK were seeing how COVID-19 was exposing the already fragile situations in which many children and young people live, and that thousands of children and young people would need support during the pandemic but remained invisible to authorities. The pandemic has not only created but exposed and exacerbated the numerous challenges faced by children and young people who already live precarious situations. Save the Children (**2020**) highlights that the pandemic has been a stark reminder of the vulnerability of individuals and societies and that it has exposed deep divisions, inequalities and injustices between different

countries and groups of people. It endorses that experiences in childhood matter and that they can have lifelong impacts on health and wellbeing. It is therefore imperative that the rights of children are recognised and should be a fundamental goal of all policies and interventions. However, the critical issue of children and their rights is compounded by the multi-layered presentation of COVID-19 and the growing crisis it poses for the most seldom heard (marginalised) groups in society.

EMERGING THEMES

Reflecting on the data collected from surveys conducted by MT in May 2020, October 2020 and June 2021, some clear themes emerged from the impact of COVID 19 on the children, young people, and families in Sihanoukville, Cambodia (**Figure 11**).



Figure 11: *The impact of COVID-19 on children, young people, and families living in Sihanoukville, Cambodia*

One of the most striking findings from this study was that within the first eight weeks of the COVID-19 pandemic having been declared by the World Health Organization, 97% of the families interviewed reported a decreased income. Within the same period, 77% of the families interviewed reported a greater than 50% decrease in their income and 21% of the families interviewed report having zero income at the time of interview. To cope with the income losses, households reduced both food and non-food consumption. This sudden drop in income is of significance for children, young people and families who are already on the

edges of poverty and will have life changing significance if they are already in debt, have no savings or no bank account A report by the United Nations Development Programme **(UNDP, 2021)** estimated poverty to have almost doubled in Cambodia due to the COVID-19 pandemic, climbing to 17.6% of the population. It showed that households have increasingly adopted coping strategies to access food including reducing food intake, relying on cheaper options, and borrowing money **(UNDP, 2021)**. In comparison, UNICEF **(2020)** reported that families in UK also faced uncertain financial futures because of the economic crisis triggered by COVID-19, explaining that children in the UK faced food insecurity because of the impact of job losses and debt on family finances. Access to sources of emergency food was under pressure due to the loss of donations and volunteers **(UNICEF, 2020)**.

By Oct 2020 55% of the families interviewed by the MT team reported that their economic situation had deteriorated over the previous last four months. 38% reported that their economic situation has stayed the same and over 50% reported they did not have any idea about when the economic situation was expected to improve **(M'lop Tapang, 2020)**. This level of uncertainty and consequent reduced ability to plan for the future must have contributed to higher levels of stress. If appropriate support services were to be available in the future to respond to issues identified, further research should be conducted into the impact on physical and/or mental health from uncertainty during a pandemic. As a result of the COVID-19 pandemic and poverty forecast to almost double in Cambodia, the government, alongside partners which include UNDP and the UN Children's Fund (UNICEF), strengthened the level of social protection in the country by introducing an emergency social protection program. The first-of-its-kind scheme introduced government-issued identification cards ("poor cards") that entitled eligible families to cash to buy food as well as supporting access to medical treatment, care, and medicine free of charge. However,

of the 150 families interviewed by MT, only 40% reported that they held government issued poor card identification.

Food insecurity can have a detrimental impact on education and learning. More than one third of the families interviewed by MT reported that if food provision by MT stopped, their children would sometimes have to miss meals. Missing meals and experiencing hunger impairs a child's concentration and performance (**Figure 12**).

“Chamroeun (name changed for confidentiality purposes), a 7-year-old boy, was in one of the classrooms at our Education Centre drawing pictures with some other children. The staff in the room noticed that he could barely keep hold of his colouring pencils and could not focus on the task very well. The teacher sat down to talk with him and learned that although he did have some ‘bor-bor’ (porridge) at our centre earlier in the morning, Chamroeun was still very hungry. The night before, with almost no food left in their house, he, his six siblings, and his parents had almost nothing to eat. The entire meal for the nine family members consisted of only three packages of instant noodles shared between all of them.”

Figure 12: Case study of food poverty

In the UK, the additional pressures of children being at home instead of school, difficulties in buying an appropriate range of foods within their budget, and the likelihood of job insecurity is likely to see many families struggling to maintain adequate nutrition (**UNICEF, 2020**).

By June 2021 MT reported that 71% of families were in a worse economic situation compared to the previous six months, with 31% having zero income at that time. The

pandemic continued to affect the major sources of income for the economy such tourism, manufacturing for export, and construction. The ongoing impact on the economy affected everyone, but in particular the most vulnerable. A common thread for families working with MT was the inability to earn a living, with food security a major worry. Disruption to education also meant that children and young people were not only missing out on learning but were also cut off from access to daily nutritional support, hygiene, free medical care, and social support in a safe environment. Stricter lockdowns also meant families could not access food supplies and government interventions were inadequate in meeting all those that needed help.

Similarly, in the UK, UNICEF (2020) reported that the loss of free school meals and school closures will have far-reaching impacts on the health and well-being of children, especially the 1.7 million children who received free school meals prior to the arrival of the pandemic. School closures and loss of early years provision is likely to widen the attainment gap, which sees children from disadvantaged backgrounds achieve poorer results at school. This gap, which can lead to entrenched inequalities that follow children throughout their lives, is already a major concern in the UK with unacceptable levels of disadvantage suffered by children and young people in the UK's most deprived areas (Pickett et al, 2021). Inequality and vulnerability hold back educational attainment and social mobility and there is a stark disparity between the North and South of England, with those children and young people in the North facing continued poverty and health and social inequalities, worsened by the pandemic (Pickett et al, 2021). Such vulnerabilities are described in the "Child of the North Report" which also recommends a future recovery plan to help support children and young people to meet their full potential (Pickett et al, 2021). Such a recovery plan aligns well with the same underpinning philosophies as M'Lop Tapang and is supported by the rights described in the UN Convention on the Rights of the Child (UN, 1989). The UN Committee

on the Rights of the Child has made crystal clear that in their responses to COVID-19, States must adopt an effective, child rights-based response that protects and benefits those in most vulnerable situations while advancing efforts to respect, protect and fulfil children's rights **(UN Committee on the Rights of the Child, 2021)**.

Across all three surveys conducted by MT, the pandemic, and its associated consequences, resulted in increased risk and reduced safety for children and young people. The cause of this was multi-factorial including increased family stressors as result of reduced incomes, social isolation, and school closures. Families also reported their children needed to work to generate income due to reduced financial income and lack of job security. In May 2020, 16% of those interviewed said there was increased violence or arguments at home due to stress and 13% interviewed said children were then working to help earn income for family. Both circumstances involve abuses of children's rights with significant likelihood to adversely affect their wellbeing and/or development. In October 2020 conflict and stress in the family was reported by 25% of interviewees. 21% of respondents said children needed to miss education to generate income during the day and 11% said they needed to send children out to generate income at night. The dangers involved in children undertaking work at night are axiomatic and include risk of abuse (including child sexual exploitation). By June 2021, 25% of interviewees reported more family stress and a further 8% said children had then started working on the streets.

CAMBODIA'S SOCIAL WORK SYSTEM

Cambodia's social work system is still at an early stage of development, with few professionals and even fewer with formal training. UNICEF is working with partners to increase the number of trained social workers in the country. UNICEF Cambodia's Chief of Child Protection recognised that "*children are often the most vulnerable people in society*

during a crisis, and COVID has been no exception. Not only are they at risk from the virus itself, but they are also more at risk of violence and their parents or caregivers may be more anxious, stressed, and worried about their care and support. In such situations it is even more important than usual to make children feel safe and protected” (UNICEF, 2021).

With a social work system in its infancy, MT continues to partner with the ChildSafe movement (**Friends International, n.d.**) during the pandemic to create a ‘village’ of safe and trusted networks for children and young people. The ChildSafe movement is a global effort aimed at recognising the abuse and neglect faced by millions of marginalised children across the world. MT recognised that during times of crisis appropriate child protection services are more important than ever. With increased knowledge of families suffering additional stressors due to issues associated with the pandemic on top of the baseline level of adversity, MT reviewed their child protection strategies to increase protection and reduce risk. MT’s 24-hour confidential child protection hotline was publicised widely throughout Sihanoukville and in 2020 there was an increase of approximately 50% in the number of calls compared with 2019, and a further 50% increase in the period between January and June 2021. During the pandemic MT saw having strong community-based systems as helpful. One of those was the network of community ChildSafe agents and over the course of the pandemic, 126 new community ChildSafe agents in Sihanoukville were recruited, trained, and certified. The ‘Kids beach network’ is a ‘youth protecting youth’ programme and this was also strengthened by training more young people to help keep children safe who work on beaches (**M’Lop Tapang, 2020; M’Lop Tapang, n.d.**).

While working in the informal economy, children’s experiences of human rights are being violated along with the additional risks due to the nature of their employment which often includes employment-related specific risks, abuse, and exploitation. Street children, as a

group, tend to possess two distinctive characteristics – precarious family relations and an active economic life, to meet basic needs. To these children, a “job”, regardless of how exploitative and hazardous it may be, is critical and often the only mechanism for survival **(Reza and Bromfield, 2019)**.

MT through its survey and anecdotal experience (unpublished personal communication, 2021) has witnessed the impacts of the pandemic leading to increased street working for children and young people of Sihanoukville and with it, the increased risk of abuse, neglect and exploitation. For the team working at MT, any increase in street-working of children above zero percent is too high and the team recognises this as a fundamental breach of children’s rights **(UN, 1989)**.

ADVERSE CHILDHOOD EXPERIENCES

The UK has also seen an increase in stressors to families due to the impacts of COVID-19. Many families have faced financial insecurity, alterations to their routine, and the juggling of multiple responsibilities including work, full-time childcare and care for family members who may be shielding or ill **(NSPCC, 2020)**. Research conducted in the UK has found there to be differing stressors across household types, with working-age households, particularly those with young children, being particularly vulnerable to financial difficulties and household precarities during the pandemic **(Mikolai et al, 2020)**. When adequate support is not available, the tensions caused by the often-competing demands may lead to mental and emotional health adversity and the use of negative coping strategies. Children and young people living in households experiencing financial insecurity, and/or where a parent experiences a mental health disorder, are more likely to have a probable mental health condition themselves **(Mikolai et al, 2020)**. This causes further concerns for the health and wellbeing of children and young people as untreated mental health disorders in this age

group are linked to poor academic outcomes and poor health, including drug abuse, self-harm, and suicidal behaviour (**Children's Commissioner, 2020**). These impacts could be deemed as adverse childhood experiences (ACEs), which often persist into adulthood, and can have substantial personal and socioeconomic consequences. Research into the study of ACEs gained momentum in the late 1990's following the original CDC-Kaiser research and continues to date (**Felitti et al, 1998**). People who have experienced four or more ACEs are at a significantly increased risk of chronic disease, as well as mental illness and health risk behaviours (**Boullier and Blair, 2018**). Although the team at M'Lop Tapang has not yet specifically researched the mental health impacts of their children and families, it could be inferred that the cumulation of negative impacts from the pandemic and the already existing disadvantages of living in social deprivation, could result in future problems for children and young people due to these adverse childhood experiences.

PSYCHOLOGICAL EFFECTS RELATED TO THE PANDEMIC

In the UK, the mental health of children and adolescents was deteriorating prior to COVID-19, but there was significant rise in adverse mental health during the pandemic. Many parents and families have experienced higher levels of depression and stress during the pandemic, this is noticeably higher in low-income families (**Loades et al, 2020**).

A recent literature review, which examined the effects of quarantine on individuals across the globe, may very well be relevant to people living in the UK or Cambodia. The review highlights the negative psychological effects that quarantine has on individuals. These effects may include confusion, anger, and post-traumatic distress. Additionally, the study identified that participants had anxiety regarding the duration of quarantine or lockdown; fear of infection; boredom; frustration; lack of necessary supplies; lack of information and or control; uncertainty about their future; and stigma (**Brooks, et al, 2020**).

For children and young people, the exacerbation of existing stressors and the introduction of additional ones for their parents and care givers could increase the risk of physical, emotional, and domestic abuse, neglect, and online harm **(NSPCC, 2020)**. Furthermore, there may be additional risks to unborn babies, babies, and young children, as the stressors described may contribute to parents being unable to provide the positive experiences (warm, nurturing care from securely attached caregivers), required to support children in meeting their developmental milestones and be able to thrive **(NHS Digital, 2020)**. The need for this safe, nurturing environment is supported by the World Health Organization as in 2018 it recommended the nurturing care framework (NCF) for member States, which provides the evidence-based blueprint to support the attainment of holistic growth and development of children **(WHO, 2018)**. The framework is underpinned by scientific evidence, demonstrating the importance of early, positive nurturing and a baby's brain development in the first three years **(WHO, 2018)**.

An example for increased risk in older children could be that of criminal or sexual exploitation. For example, street work increases the risk of both criminal and sexual exploitation for children in developing countries. The risk of criminal exploitation and sexual exploitation is higher for children who are not in an educational setting (for example missing from home, missing from education, or school closures introduced by government(s) as a method of purportedly reducing COVID-19 transmission) as this makes them more accessible to those in the community who would exploit them **(Reza and Bromfield, 2019)**.

Without the structure and adult supervision that educational settings traditionally provide, young people may be more vulnerable to adults who would take advantage and exploit them for criminal or sexual purposes. While there are indications that county lines activity may

have decreased during lockdown, there are also signs that this period has created new recruitment opportunities for gangs and the potential of a spike in renewed exploitative activity when lockdown eases **(NSPCC, 2020)**.

INTERNATIONAL COMPARISON

From both a UK and Cambodian experiential point of view, COVID-19 conditions have seen the potential to increase opportunities for abuse, neglect, and exploitation through increased susceptibility (social isolation, loneliness, loss, and/or risk-taking behaviours) and reduction of protection by trusted people (educators, extended family, peers, social services, charities, and/or youth workers). As with the core principle of the Children Act **(1989)** in the UK, MT's underpinning philosophy is that the best place for children to grow up is with their families, and if this is not safe, then in an alternative family-like setting **(M'Lop Tapang, 2020)**. Alongside the 24-hour hotline and ChildSafe agents, MT offered an alternative care programme and Outreach and family strengthening services. The alternative care programme offers safe shelter for children to remain protected whilst the reintegration team finds solutions to reintegrate the child to their family and community. They also offer a transitional home, providing safe night-time services to children and young people in need immediate shelter on a temporary basis.

The outreach service not only met the immediate emergency needs of families during the pandemic but also increased efforts in helping families set up small income generating businesses. These small business ventures lead to a more longer-term, sustainable way for families to earn an income and provide for the needs of their children **(M'Lop Tapang, 2020)**.

The services offered by M'Lop Tapang before the pandemic and continuing are crucial in supporting children, young people, and their families. The effects and potential future effects

discussed regarding the impact of adverse childhood experiences on physical and emotional wellbeing, through to adulthood, appear to be understood by the senior leadership team at M'Lop Tapang and acknowledged through the services provided. M'Lop Tapang provides interventions, education, and support programmes, that can help to reduce the burden and stress on families, thus improving the chance of parents being able to provide the nurture and care for their children. One such programme – the strengthening families and communities programme – supported 2000 vulnerable families to be provided with Government Identification (ID) cards. Whilst in the UK an ID card may not appear hugely significant, in Cambodia this is required to receive any financial support from statutory services. Furthermore, M'Lop Tapang's outreach social worker team provided services to more than 1800 families, demonstrating a real commitment to child protection during an extremely challenging time. These programmes and their further development are key to helping children and young people build resilience and overcome any adverse childhood experiences. This is supported by Hardcastle et al (2020) in their book on “inspiration from ACE's interrupters in Great Britain”, as they highlight how those individuals that overcome traumatic events in childhood do so through the support, direction, and hope from a trusted individual or service. On a more global scale, a literature review on the nurturing care for early childhood development during the COVID-19 pandemic, concluded that the support required for families and communities should include cash transfers; food packs; and/or mobile health and nutrition services, as well as regular support and monitoring by child protection teams (Shumba et al, 2020), all of which M'Lop Tapang currently provides.

This report documents the difficulties faced for vulnerable families, particularly those living in remote areas, experiencing poverty and examines ways in which support can be provided to enable families to nurture and care for the children and young people in their family units. Educating parents and caregivers on the importance of responsive parenting, brain

development, and promoting maternal and infant mental well-being is also crucial (**Shumba et al, 2020**).

At the time of writing this report (December 2021) the global COVID-19 pandemic continues and there has been the recent emergence of a new variant of concern of COVID-19 (OMICRON) whose full impact is yet to be determined. One thing that is certain, however, is that whatever challenges lie ahead, M'Lop Tapang will continue to do everything possible to serve its communities, with nothing being more important than the welfare of children (**Figure 13**).



Figure 13: Video showing some of the work of MT during the COVID-19 pandemic

<https://youtu.be/8ve09pD3vgM>

CONCLUSIONS

This review report aimed to bring together data collected by MT in 2020 and 2021 with a view to understanding the impact of COVID-19 on children, young people, and families in Sihanoukville, Cambodia. Globally, vulnerable children who depend on effective social structures have been adversely affected by the wide variety of impacts of SARS-CoV-2 (Coronavirus | COVID-19).

‘COVID-19 has been likened to an x-ray, revealing fractures in the fragile skeleton of the societies we have built. It has exposed fallacies and falsehoods everywhere: The lie that free markets can deliver healthcare for all; The fiction that unpaid care work is not work; The delusion that we live in a post-racist world; The myth that we are all in the same boat. While we are all floating on the same sea, it is clear that some are in super yachts, while others are clinging to the drifting debris.’ (UN, 2020 in Oxfam 2021)

The arrival of COVID 19 on top of an already adverse economic situation in Sihanoukville, Cambodia, only served as a stark reminder of the precarious tightrope children and families in the region segue daily. The fragility of the region and the immediate impacts of the pandemic had and continue to have for children and families was recognised by MT and they highlighted increased risk in the following areas: drug use, discrimination, social isolation, child abuse and neglect, separation from their families, living and working on the streets or beaches, adverse physical and/or mental health, lack of education or access to safe employment. This also reflected the situation in the UK where fragile conditions were noted, in which many children and young people live, and that thousands of children and young people were at risk of similar risk such as increased abuse and neglect, sexual exploitation, social isolation, and lack of education.

Early intervention by MT to mitigate some of the challenges faced by children and families was crucial. Reports by MT over the course of 2020 and 2021 enabled them to understand some of the emerging themes that adversely affected the health and wellbeing of the community i.e., reduced safety, financial insecurity, increased risk of harm, adverse impact on education. A fledgling social care system in Cambodia only highlights the gaps in which vulnerable children and young people fall, increasing their risk of further adverse childhood experiences. In the UK, it is recognised that this gap can lead to entrenched inequalities that can follow children throughout their lives, and for both Cambodia and the UK, these unacceptable levels of disadvantage suffered by children and young people is of significant concern. The programmes offered by MT during the pandemic were not only provided for the immediate humane requirements of children and families but to help further build resilience with an aim of preventing and overcoming further adverse childhood experiences. It is recognised that to interrupt adverse childhood experiences, and overcome traumatic events, support, direction and hope from people and services that surround children and young people is needed; how this looks on a practical level involves cash, food, access to health, education on child development, responsive parenting, and regular monitoring.

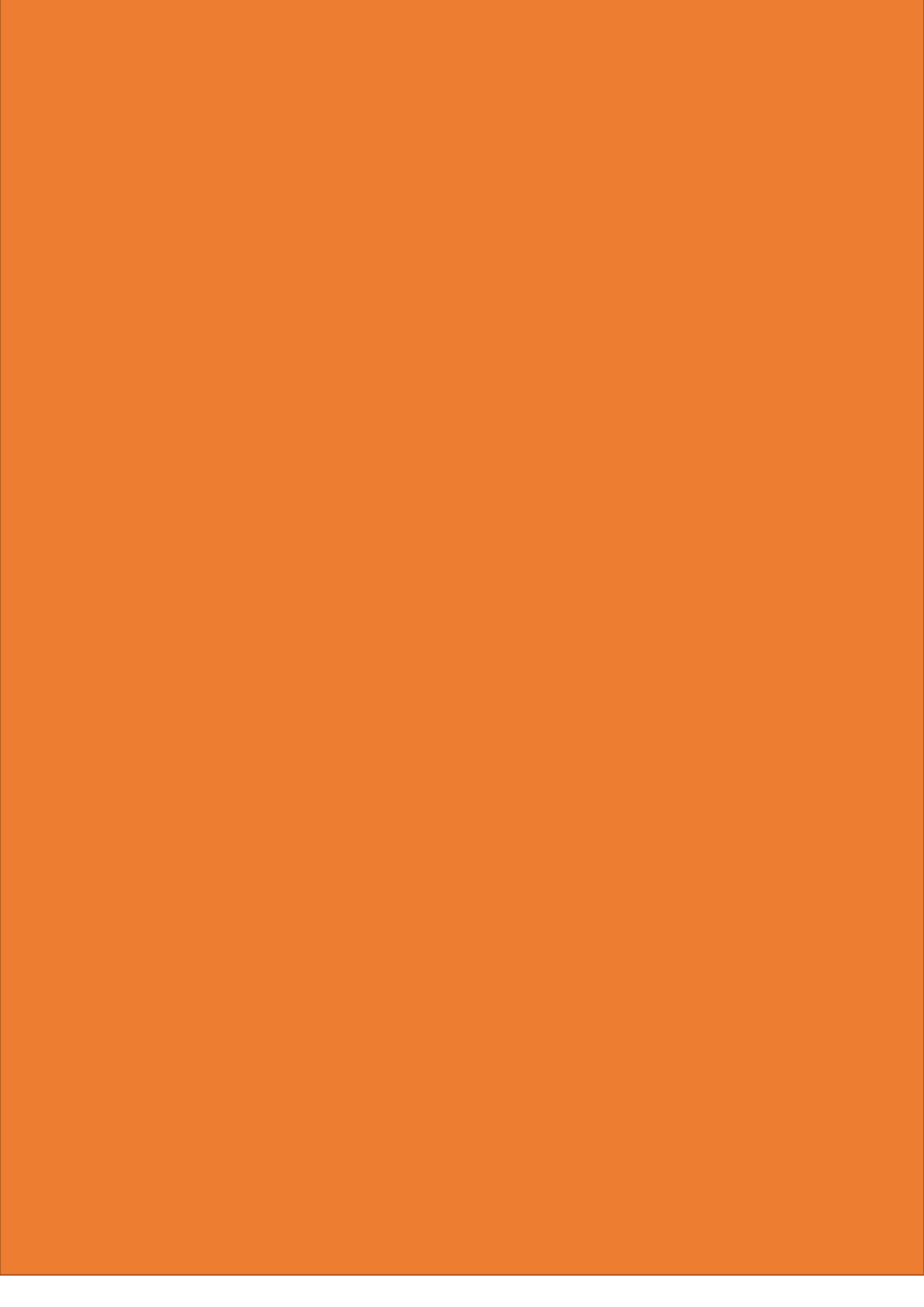
The idea that a 'village raises a child' or a child 'is taught by the world' appears to have been lost as communities have changed, families dispersed and fragmented and technology advances. However, it is crucial we return to the philosophy of MT in that 'children and young people should grow up safely within their families and communities, where they are respected, treated equally, and have a choice in their future.' In doing so, we reconnect with the foundations in which children and young people need to be nurtured in creative and safe ways, to reduce the adverse impacts of their environments and lived experience. The pandemic has reminded us that a global crisis requires a global response and how interdependent we all are; it has exposed a collective fragility. The pandemic has shone a light on how hard the most vulnerable have been hit and the need to work harder to increase

resilience. It has also shown the vital importance of government action to protect our health and livelihoods and the need for transformative policies to create a more equal and sustainable world **(Oxfam, 2021)**.

'Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers, and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.' **(Roy, 2020 in Oxfam, 2021)**

ABBREVIATIONS AND GLOSSARY

Coronavirus	SARS-CoV-2
COVID-19	Coronavirus disease caused by SARS-CoV-2
CSE	Child sexual exploitation
ISBN	International Standard Book Number
MT	M'Lop Tapang
OMICRON	Variant of SARS-CoV-2
UK	United Kingdom
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USA	United States of America



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Figure 14: Railway line shop in an area of Sihanoukville, Cambodia

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