



REPORT

Rapid Assessment on Health and Social-Economic Impacts of COVID-19 to Victims of Mines/ERW in Cambodia

Introduction

Cambodia alongside countries in ASEAN and all over the world have been facing imminent impact from Corona Virus Disease (COVID)-19 pandemic in various aspects of life. Since first confirmed case¹ – a 60-year-old male in Preah Sihanouk Province, on 27 January 2020, Cambodia (as of 17 August 2020) reported 273 cases² in the country, with no fatality.

One aspect that is severely affected by the pandemic in Cambodia includes the work on Humanitarian Mine Action. With regards to this, some of ramifications identified amidst the pandemic are (i) the *suspension of mine/ Explosive Remnants of War (ERW) clearance*; (ii) the *risk of spreading COVID-19 during face-to-face explosive ordnance risk education (EORE) activities*; and *available (and adequate) assistance to the victims of mines/ERW who mostly face disabilities aftermath mines/ERW explosion* – in which according the UN Secretary-General, Antonio Guterres, “*people with disabilities are among the hardest hit by COVID-19.*”³

As of July 2020, there are in total of 64,900 number of victims in Cambodia who have received supports from Government and/or Non-Governmental Organisations. Under normal situation, victims likely face lack of access to healthcare, income, education and accessible facilities, and with the pandemic which intensifies these challenges, it is important for the Government and Organisations related to victim assistance to consider a disability-inclusive response and recovery during COVID-19 situation.

Hence, on 12-13 August 2020, ASEAN Regional Mine Action Center (ARMAC) and Cambodian Mine Action and Victim Assistance Authority (CMAA) joined efforts to conduct rapid assessment to identify health and socio-economic impacts of COVID to the victims of mines/ERW. Both ARMAC and CMAA aim to use the report to take into account challenges and/or new threats faced by victims of mines/ERW amidst the pandemic, so that projects/programmes can then better accommodate the needs required by these victims.

Methodology

¹ WHO, 28 January 2020, “Ministry of Health responds to first positive case of new coronavirus,” available at <https://www.who.int/cambodia/news/detail/28-01-2020-ministry-of-health-responds-to-first-positive-case-of-new-coronavirus> (accessed on 17 August 2020).

² Worldmeter, 20 August 2020, “Cambodia – Coronavirus Cases,” available at <https://www.worldometers.info/coronavirus/country/cambodia/> (accessed on 20 August 2020).

³ Guterres, António, 6 May 2020, “We have a unique opportunity to design and implement more inclusive and accessible societies,” available at <https://www.un.org/en/coronavirus/we-have-unique-opportunity-design-and-implement-more-inclusive-and-accessible-societies> (accessed on 17 August 2020).

The rapid assessment aims to identify challenges faced by victims of mines/ERW in Cambodia, particularly in both health and socio-economic aspects of life. Further, this rapid assessment can be used as reference for ARMAC and CMAA to develop a relevant victim assistance project/programme amidst COVID-19, and/or to consider COVID-19 disability-inclusive response and recovery in their current project/programme implementation.

The assessment involved a survey of 26 victims of mines/ERW in two provinces: 1) Kampong Chhnang – 3 victims, who are patients of Physical Rehabilitation Centre (PRC) ; and 2) Pursat – 23 victims, who live in Veal Veng District and were contacted by Disability Development Service Program (DDSP) to participate in the survey. From 1979 to July 2020, there are 976 victims in Kampong Chhnang Province, and 3,918 victims in Pursat Province. The sample may not be as representative as it should be, but in general, the assessment could capture the challenges faced and needs required by the victims.

In the process, more than 80% of the correspondents were male with aged of more than 50 years old participate in the survey. Meanwhile, among the total of 26 correspondents, 25 people face physical disability, a few of them (also) face visual, hearing and speech disability, and 1 person face (organ) internal problem as a result of mine/ERW explosion. The 23 correspondents were affected by landmine explosion, and the three correspondents were affected by ERW explosion.

The questionnaires were referred to “*Rapid Assessment of the Socio-Economic Impact of COVID-19 On Persons with Disabilities in Viet Nam*,”⁴ with adjustments made based on discussion between ARMAC and CMAA. It outlines inquiries related to personal information *i.e. disability and the cause, income before and during COVID-19, employment status, health status/insurance*, COVID-19 impacts to their health and socio-economic aspects and needs required to support their life. The questionnaires were asked during face-to-face visit to both PRC and Veal Veng District with safety protocols *i.e. social/physical distance, wearing mask and provision of hand-sanitizer*.

The number of correspondents may not be as representative as it should be. However, it could give a general point of view on both impacts (in health and socio-economic aspects) and needs required by victims of mine/ERW.

Findings

From the assessment, all the correspondents conveyed that they all are aware of COVID-19 threat in Cambodia and all over the world. Apparently, national television (TV) broadcast and Chief of Village play a big role in providing official information on promoting safety protocols regarding COVID-19. However, integrated EORE and risk education on COVID-19 can be re-enforced given 31% have never received EORE in their society.

The assessment results also reveal that all correspondents relatively have a very high concern on both their health and socio-economic situation amidst COVID-19. However, socio-economic situation is their biggest concern.

a. Health Impact

With regard to responses of COVID-19, 70% correspondents opted to stay at home or limit going out, while the rest opted to do nothing (or do usual practice and go out as usual). There were 7 people had flu-like symptoms within these 6 months, but a few of them (3 people)

⁴ UNDP, KOICA, Australian Aid and Embassy of Ireland, May 2020, “Rapid Assessment of the Socio-Economic Impact of COVID-19 On Persons with Disabilities in Viet Nam,” available at https://www.vn.undp.org/content/vietnam/en/home/library/democratic_governance/ImpactPwDs.html (accessed on 5 July 2020).

received healthcare and none of them were tested COVID-19 (both neither rapid and *polymerase chain reaction* – PCR).

Among all the correspondents, 8 people did not have health insurance, while 18 people have health insurance – either National Social Security Fund (NSSF) for former soldiers or Identification of Poor Households (ID Poor) for non-former soldiers. Nonetheless, it has been challenging for them to get healthcare given that their insurance (under NSSF and ID Poor) only covers in-patient treatment. However, with almost half of correspondents are facing non-communicable diseases (i.e. high blood pressure, diabetes and cardio-vascular), health insurance with out-patient coverage is of importance to prevent the risk of those disease.

Challenges in regard of health are mainly the lack of access to personal protective equipment (e.g. mask, soap), difficulty to access to medical supplies, medicine and/or drugs, health clinic and check-up services, as well as psychosocial support – based on more than 50% correspondents' advice. Meanwhile, 5 correspondents identified their challenge to accessible facilities; 3 correspondents had lack of access to official information regarding safety measure; and 1 correspondent identify a challenge to obtain health insurance.

b. Socio-Economic Impact

With regard to socio-economic aspect, 18 out of 26 correspondents have been facing extreme reduction of their income from March 2020, when COVID-19 situation escalated. More than 50% of them are self-employed i.e. farmer or farm labor, owner of small and medium enterprise (SME) and carpenter, while the rest are un-employed and either received retirement fund from Government as former soldiers or supported by their children. Training and/or education can possibly support them in generating income, but unfortunately only 23% received skill/vocational training.

In response to COVID-19, (i) circa 45% among correspondents have use their savings; (ii) 2 correspondents both use savings and loan money from bank and/or their family/friends; (iii) 4 correspondents loan money from bank and/or their family/ friends; (iv) 4 correspondents try to find other job; (v) 2 correspondents have received financial incentive; and (vi) 3 correspondents managed to store essentials including foods.

Further, socio-Economic challenges faced by the victims of mine/ERW are: (i) reduced to no income during COVID-19 which is the biggest challenge and faced by 22 correspondents); (ii) 14 correspondents mentioned that they have no enough money to purchase essentials (e.g. food); (iii) 9 correspondents identified their lack of access to financial incentive; (iv) 7 correspondents become and/or feel more dependent and insecure when family income is severely affected; (v) 3 correspondents have lesser working hours - which affect to lesser income; (vi) 2 correspondents have lack access to ongoing education for their children; (vii) 2 correspondents face discrimination (amidst COVID-19); and (viii) 1 person identified job as the challenge

c. Supports to Victims of Mines/ERW

During the assessment, 24 correspondents advised that they have received risk education on COVID-19 and 3 correspondents among them have received health/safety training. With support from Government and Organisations, 16 correspondents received personal protective equipment (e.g. mask, hand sanitizer), though the need of personal protective equipment remain very high.

In the period of March – August 2020, there are 14 correspondents who received foods/other essentials, while only 1 correspondent received medical supplies, medicine and/or drugs. As informed by a few correspondents, prosthetic maintenance for them is needed in every 5-6 months, and they have not been able to access this supply. Further, 3 correspondents claimed

that they received psychosocial support, 5 correspondents mentioned that they received financial incentive, and 1 other correspondent also received clothes donation.

Based on information provided during assessment, personal protective equipment, financial incentive and medical supplies/medicine/drugs remain very highly needed. Meanwhile, the need of food/other essentials, health/safety training, risk education on COVID-19 and psychosocial supports are highly needed.

Recommendations

The following recommendations can be considered by ARMAC and CMAA in developing new victim assistance project/programmes amidst COVID-19, and/or COVID-19 disability-inclusive response and recovery in their current project/programme implementation, in Cambodia:

- a. To continue providing personal protective equipment (e.g. mask, soap), medical supplies/medicine/drugs and foods/other essentials to the existing beneficiaries (or victims) and other victims-in-need, as an emergency response;
- b. To continue disseminate information on COVID-19 via TV, chief of village and social media (e.g. *facebook*) to provide risk education to the community;
- c. To continue providing health/safety training to the existing beneficiaries (or victims) and other victims-in-need, in order to increase hygiene and sanitation among their community;
- d. To continue providing financial incentive to the existing beneficiaries (or victims) and other victims, who are facing reduced to no income amidst COVID-19 situation (this is more relevant for the Government);
- e. To support with access to education for the victims' children, and consider alternative ways of education and/or vocational training which will help both victims and their family (children/wife) to generate income;
- f. To consider the coverage of out-patient treatment for the existing beneficiaries (or victims) and other victims, particularly for those who live with chronic non-communicable disease (this is more relevant for the Government);
- g. To interlink the victims and/or their family to private sector and/or any form of income opportunities; and
- h. To consider inclusive response and recovery of COVID-19 to the victims through development of project/programmes and/or contingency of recent project/programme implementation.