UN Socio-Economics Response to COVID-19

Timeline: April 2020 - December 2021

1. Health First
   - Protecting Health Services and Systems During the Crisis

2. Protecting People
   - Social Protection and basic services
   - Protecting jobs, small and medium-sized enterprises, and the informal sector workers

3. Economic Response & Recovery
   - 保护 jobs, small and medium-sized enterprises, and the informal sector workers

4. Macroeconomic Response and Multi-lateral Collaboration
   - Protecting Health Services and Systems During the Crisis

5. Social Cohesion and Community Resilience

Percentage of activities based on each pillar

- Total activities of all Pillars: 207
  - 17% 25%
  - 8%
  - 24%
  - 26%

Total Fund Required Breakdown by Pillar

- Pillar 1: 23.02M USD
  - Fund to be mobilized: 27.60M USD
  - Fund available: 60.39M USD

- Pillar 2: 21.10M USD
  - Fund to be mobilized: 23.02M USD

- Pillar 3: 36.69M USD
  - Fund to be mobilized: 36.69M USD

- Pillar 4: 2.45M USD
  - Fund to be mobilized: 2.45M USD

- Pillar 5: 4.72M USD

Funding Snapshot

- Total Fund Required: 87.99M USD
  - 39% Repurposing
  - 43% New
  - 18% Old but relevant

Timeline: April 2020 - December 2021
1. Health First
Protecting Health Services and Systems During the Crisis

Agencies involved: IOM, UNAIDS, UNFPA, UNICEF, UNOPS, WHO, FAO

Funding: USD 23.02M

New: 34%
Repurposed: 17%
Existing but still relevant: 49%

Key Partners: MOH, MOI, MRD, NCHADS, GDAHP, MOP, MOWA, NAA, NSPC, MOSAVY, 6 provincial administrations

Key Donors: USAID, DFID, DTRA, FCTC, GAVI, UCSDC, Global Fund, Japan, Australia, South Korea, MFDS, UNPDF, WDF, GEF, EU, Russia, Netherland, BMFG, the UNMPTF, core resources of UN agencies

One of the key lessons from the previous Ebola outbreak was that while addressing the pandemic, maintaining essential health care services is critical to prevent deaths from preventable or treatable conditions, no longer managed by an overwhelmed healthcare system.

The UN is assisting the Royal Government to continuously provide essential health care services through the assessment and provision of additional capacity, as well as providing targeted support to the vulnerable groups for their continuous access to lifesaving healthcare services during the outbreak of COVID-19.

2. Protecting People
Social Protection and Basic Services


Funding: USD 36.69M

New: 44.5%
Repurposed: 54%
Existing but still relevant: 1.5%

Key Partners: CMAAC, ESWG, General Department of Prison, GS-NSPC, ICS–SP, MEF, MOCR, MOEYS, MOH, MOI, MOLVT, MOP, MORD, MOSAVY, MOWA, NCHADS, CENAT, NIS, National Working Group on Prison Health, Phnom Penh Municipal Court, Numbers of Provincial Governments, private sector, CBOs and CSOs, MAFF, CARD, MOE, MOC, NCDM, INGOs.

Key Donors: China, Denmark, EU, Global Fund to fight AIDS, tuberculosis and malaria, Global Partnership for Education, Japan, Republic of Korea, the Royal Government of Cambodia, Sweden, UN Recover Better Fund, UN SDG Fund, USAID, USDA, core resources of UN agencies, DFAT, Global Fund, SDC, SIDA, UNMPTF, UNHSTF, Danida, ECHO

To guide interventions, the UN conducted assessments, surveys, and analyses that reviewed overall impact of the pandemic as well as the situation of the most vulnerable and marginalized groups.

At macro level, the UN supports through the existing pro-poor social protection system, IDPoor, by rapidly scaling it up and rolling out an emergency response programme.

The UN focuses on protecting the most vulnerable and marginalized groups from the impact of the pandemic. For all children and adolescents, the UN provided prevention supplies and raised awareness to protect them from COVID-19, as well as facilitated to secure sustained learning through adapted modalities such as digital platforms.
To ensure continuity of essential social services in the context of the pandemic, the UN supported strengthening social service providers who in turn can protect the people of Cambodia. Where there are risks of disruption in such services, the UN engaged to protect the vulnerable and marginalized groups, such as survivors of gender-based violence, key populations, pregnant women, and vulnerable caregivers.

The UN also continued to defend human rights to protect the most vulnerable groups from further exclusion and marginalization during the pandemic.

3. Economic Response & Recovery
Protecting jobs, small and medium-sized enterprises, and the informal sector workers


Funding: USD 21.10M

Key Partners: CDC, Fisheries Administration, MAFF, MEF, MISTI, MLMUPC, MME, MOC, MOCFA, MOE, MOI, MOLVT, MOT, NSDC, NCDD, MRD, NEA, GSSD, MOWA, GDCE, Techno Start-up Center

Key Donors: EU, GEF, Japan, Republic of Korea, Switzerland, USAID, core resources of UN agencies, SIDA, Russia, SDC, PROMISE, TRAC

In the wake of the COVID-19 outbreak, the UN immediately launched a series of assessments and surveys to review its impact to jobs including informal sector workers and enterprises to better plan economic response and recovery.

Under the overarching goal of building back better, the UN is promoting and supporting innovative solutions and green recovery of the economy and society after COVID-19.

During this challenging time, the UN has been facilitating and ensuring safe working environment and continuation of micro and small businesses, as well as safeguarding food security and providing livelihood support for the smallholder farmers and the vulnerable families who have lost their income due to COVID-19.

4. Macroeconomic Response and Multilateral Collaboration

Agencies involved: FAO, IOM, UNCDF, UNDP, UNOPS, WFP

Funding: USD 2.45M

Key Partners: MAFF, MEF, MLMUPC, MME, MOE, MOP, NIS, NBC, NCDD, CSX Thai, Moodys

Key Donors: USDA, funding partners to core resources of UN agencies, RGC, 50x2030 Initiative, CIF, UNSDG Fund, DFAT
5. Social Cohesion and Community Resilience

Agencies involved: OHCHR, UNESCO, UNFPA, UN Women, IOM, UN Habitat, UNAIDS, UNDP, UNEP, UNICEF, WHO, WFP

Funding: USD 4.72M

- New: 78%
- Repurposed: 10%
- Existing but still relevant: 12%

Key Partners: MOH, MOI, MOWA, MOCR, MOE, MOSVY, CHRC, MOAF, MEF, Provincial Administration, MOLVT, MOC, MOT, NEA, DAC, CDPO, NCDDS, NCHADS, NAA, Key Population Networks, MRD, Chambers of Commerce

Key Donors: DFAT, USAID, EU, SDC, SIDA, Japan, Danish Government, UNMPTF, UNHSTF, funding partners to core resources of UN agencies, UNESCO (Australia, Norway, and Germany)

The UN’s interventions on macroeconomic response and multilateral collaboration are underpinned by two principal studies on “Modelling of economic shocks from COVID-19 and potential buffering mechanisms” and “Analysis on the social impact of the COVID-19 outbreak in Cambodia, especially on poor and vulnerable groups”. Additional sector-specific policy responses for COVID-19, informed by sectoral assessments, are being developed or mainstreamed in food security, nutrition, agriculture, environment, industrial development sectors, among others.

Working closely with the Royal Government, the UN has been supporting the coordination of Development Partners, together with Asian Development Bank, around assessments, policy and programmatic responses, including through the existing Thematic Working Groups. The UN is also assisting in strengthening institutional capacity of the Royal Government for regular surveys, data and knowledge management and policy making for timely and effective response to COVID-19.

To support social cohesion and community resilience in the context of COVID-19, the UN has been taking the whole of society approach.

The UN also strengthened our efforts to advocate freedom of expression and the right to impart and receive information in the context of COVID-19.
Key highlights of progress UNCT’s Contribution to support RGC on Socio-Economics Response to COVID-19

Timeline: April 2020 - November 2020

1. Health First: Protecting Health Services and Systems During the Crisis

- 189,460 people accessing essential (non-COVID-19 related) health services through vaccination programmes
- 27,344 people accessing essential (non-COVID-19 related) health services through mental health programme
- 110 community health workers receiving UN support through training on essential MNCH services and provision of PPE and RCCE material to maintain essential services since COVID-19 disruptions

2. Protecting People: Social Protection and Basic Services

- 3,918,803 people reached with critical WASH supplies (including hygiene items) and services.
- 397,776 people (Female: 197,432) benefited from food and nutrition schemes
- 397,333 primary school children receiving meals or alternatives to meals, such as takehome rations
- 448 people (Female: 165) benefited from cash for work programme
- 165,000 children supported with distance/home-based learning
- 650,000 poor households (more than 2.5M individuals), including children, elderly, people living with HIV, people with disabilities and returning migrant workers benefited from cash transfer programme

The RGC has measures in place to address GBV during the pandemic, which:
- integrate violence prevention and response into COVID-19 response plans
- provide options for women to report abuse or seek help without alerting perpetrators
- raise awareness through advocacy and campaigns, with targeted messages to both women and men

The RGC has measures in place to address GBV during the pandemic, which:
- integrate violence prevention and response into COVID-19 response plans
- provide options for women to report abuse or seek help without alerting perpetrators
- raise awareness through advocacy and campaigns, with targeted messages to both women and men

- Supported RGC to mitigate devastating socio-economic impacts of the COVID-19 pandemic and to build back better:
  - providing technical assistance in the forms of economic modelling and policy analysis
  - undertaking baseline and social impact assessed
  - in order to identify policy options for lessening the socio-economic impact and adapting policies to meet the needs of the most vulnerable

- Capacity of Financial institutes and Business Development Service providers assessed; value chain investment support mechanisms and framework developed;

- Food safety capacity assessed; food safety systems framework established; action plan for food safety implementation developed;

- 173 government officials and private sector enhanced institutional capacity for policymaking and expanded knowledge and experience of global good practice

- Monitoring and Evaluation system for Cambodia Industrial Development Policy is developed and implemented

4. Macroeconomic Response and Multilateral Collaboration

- Supported RGC to develop an Integrated National Financing Framework (INFF) which aims to:
  - Establish an evidence base on finance sources
  - Provide policy and technical advisory to the RGC
  - Generate data for performance-based budgeting and SDGs resource tracking

- Policy brief on COVID-19 Economic and Social Impact Assessment in Cambodia: CGE & GTAP Simulation Exercises is launched

- The second development finance assessment (DFA) which helps RGC map and project the flows of financial resources available for financing the medium and long-term development needs of the country, will be completed soon

- Strengthened RGC capacity to regain its monetary policy management via the issuance of Khmer Riel bonds, as well as to establish the Credit Guarantee Corporation of Cambodia (CGCC), to support MSMEs
5. Social Cohesion and Community Resilience

5,067 children and adults (Children: 2,564) have access to a safe and accessible channel to report sexual exploitation and abuse.

38,665 people (Female: 6,905) were reached with the messages to prevent Covid-19 through the Ministry of Cult and Religion, and religious leaders.

Strengthened the data and statistical architecture and capabilities across the line ministries, particularly the Ministry of Planning, focusing on building data exchange platforms and supporting the national census and surveys. As a result:

- Data Exchange platforms (called CAMSTAT) with line ministries have been established and launched.
- Data from the national census and the report of the Cambodia Inter-censal Agriculture Survey 2019 are expected to be released in December and the much awaited Cambodia Demographic Health Survey is planned for 2021.