



**Research Report**

# **The Impact of Covid-19 Response Policies on Vulnerable Migrant Workers and Victims of Trafficking in Cambodia**

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**Bunthea Keo, Amira Abdelhamid and Eric Kasper**

**June 2022**

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## **Summary**

To date, the Government of Cambodia has issued at least 2,216 policies in response to Covid-19. These have largely been directed at limiting the spread of the Covid-19 within Cambodia, with clear attempts to mitigate the burden on economically- and socially-vulnerable groups. This study explored the ways in which the policy response to Covid-19 has been experienced by vulnerable migrant workers and people vulnerable to trafficking in persons. We interviewed seven social workers and independent experts, four migrant workers, and nine survivors of trafficking in order to gather evidence about gaps in the policies' abilities to protect people and to identify mechanisms by which they impacted vulnerability.

We find that, while the policies have attempted to provide protection to vulnerable groups, the majority of our respondents were not able to access it effectively. Workers in informal sectors have been particularly impacted by work stoppages since they have less bargaining power with employers and are much less able to access government unemployment support. Migrant workers trapped abroad faced hardships and discrimination, with many making risky journeys back to Cambodia or losing their regular migrant status. Border closure policies meant that many people were not able to safely return to Cambodia or travel for their livelihoods. This resulted in an increased reliance on brokers to cross borders illegally and to attempt to find work, which in turn increased risks of exploitation and trafficking at the very time when officials and non-governmental organisations (NGOs) were least able to monitor and identify violations.

### Keywords

Cambodia; Covid-19; human trafficking; migration; policy responses; vulnerable groups

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## Acronyms

ADB	Asian Development Bank
FAO	Food and Agriculture Organization of the United Nations
FCDO	UK Foreign, Commonwealth and Development Office
GDP	Gross Domestic Product
IDS	Institute of Development Studies
ILI	Influenza-like Illness
IOM	International Organization for Migration
IPC	Institut Pasteur du Cambodge
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
NIPH	National Institute of Public Health
RRT	Rapid Response Team
PCR	Polymerase Chain Reaction
ToT	Training of Trainers
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
WHO	World Health Organization

# 1. Introduction

Factors such as conflict, international isolation, the breakdown of many basic social services, the destruction of infrastructure, and the lack of basic healthcare and food security, among other reasons, have left Cambodia with a high number of vulnerable groups. The most vulnerable groups include ethnic minorities, commercial sex workers, people with disabilities, women and children, and migrant workers. Economic hardship and existing socioeconomic conditions have worsened since the emergence of the Covid-19 pandemic and have hit the most vulnerable the hardest. Covid-19 response measures have severely disrupted economic activities, leading to decreased working hours, or worse, loss of employment. According to an overview by the World Bank (2021), a resurgence of Covid-19 cases has slowed down recovery in the service, construction, and real estate sectors in Cambodia. Employment and income are still below their pre-pandemic levels, and only around 69 per cent of main household earners were employed in March 2021, 13 per cent below pre-pandemic levels. Out of the 69 per cent that are employed, about 45 per cent continue to experience loss in income. A recent report from the United Nations Development Programme (UNDP) (2021a) shows that in Cambodia, 1.35 million workers have temporarily lost their jobs, 58 per cent of them are female and account for 0.8 million of the population.

Amid the pandemic, the quality of, and equitable access to, health and education, and the protection of vulnerable groups remain important challenges, even more so than before the pandemic. While the Asian Development Bank (ADB) is now forecasting that Cambodia's formal economy will rebound by 5.5 per cent in 2022 (ADB 2021), its informal economy and related workers continue to face continuous difficulties. Ninety-three point one per cent of workers in Cambodia are in informal employment, at least three per cent higher than the average 90 per cent in other low-income countries (Vinh 2021). In July 2021, Cambodia's Minister of Planning warned that more than six million workers in the informal economy would either have lost their jobs to the pandemic, or are expected to lose their jobs (Kunthea 2021). Moreover, key findings by UNDP's



Survey on the Socioeconomic Implications of Covid-19 on Informal Workers in Cambodia (Vinh 2021), has shown that women continue to be disproportionately impacted by the pandemic: 22 per cent of women in informal work are reported unemployed, compared to their male counterparts whose unemployment stands at 13 per cent (Vinh 2021). Additionally, the government's food aid in what is referred to as red zones (Covid-19 hotspots introduced by Phnom Penh City Hall on 5 May 2021) was inadequate and insufficient to address the food emergency that has been taking place against the backdrop of Covid-19 response measures. In these so-called red zones, those living inside cannot leave the area and rely on government provisions. However, many have reported that the rules and regulations imposed on those who live in these red zones were inconsistent and varied from officer to officer. The inconsistency in enforcing the rules, which includes disciplinary action, has exacerbated the residents' inability to take control of their day-to-day conditions, as some residents were able to leave for food and healthcare, while others were trapped inside or punished for attempting to leave (Duncan 2021).

Cambodian migrant workers abroad have also experienced wage reductions and layoffs due to pandemic restrictions. As a result, since March 2020, more than 260,000 Cambodian migrant workers have returned home (IOM 2021). Another report puts that estimate at 322,000 migrant returnees (Migrants and Refugees 2021). Many returnees reported facing unemployment in Cambodia, a significant reduction in their household income, an increase in debts, a lack of mental health support, and insufficient psychosocial support for their social wellbeing, all issues that have been underrepresented in the Covid-19 discourse (Migrants and Refugees 2021). These socioeconomic conditions have significantly exacerbated the precarity of the most vulnerable in Cambodia and in many cases, has led them to seek informal and dangerous paths to migration, leading to even further vulnerability. Vulnerability in the context of Covid-19 is not simply associated with poverty. For instance, the UNDP tackles Covid-19-oriented vulnerability based on household location, size, presence of disability, gender, and the education of the head of the household (UNDP 2021b). Vulnerable populations are especially concentrated in rural areas, where there is less access to educational opportunities, making rural populations the most prone to migrant workers and

the most vulnerable to various forms of trafficking. According to the International Organisation for Migration (IOM) (2021), Cambodian 'migrants are considered one of the most vulnerable populations impacted by Covid-19 pandemic, with economic hardships and limited access to information constituting main barriers to their access to essential health services'.

Moreover, closed borders have given rise to new waves of trafficking in Cambodia. Brokers and criminal groups have used this compounded vulnerability, especially against those drowning in debt, to facilitate illegal border crossings and have exposed the most vulnerable to sexual and labour abuses (Bloomberg 2020). Brokers charge extortionate fees for finding jobs abroad, facilitating transportation, and issuing documentation for migrants, further trapping the most vulnerable in mounting debt and adding to their vulnerability.

Our findings confirm the above and show that Covid-19 response measures, while successful in curbing the spread of Covid-19 in Cambodia, have caused mass unemployment among Cambodian migrant workers as they return from Thailand, the largest host of Cambodian migrant workers. Many lost their job and had no option but to risk their lives during the outbreak and illegally cross the border to Cambodia. A few also reported that the main factor that forced them to leave Thailand, in the circumstances of the pandemic and concomitant restrictions, was mounting debt. Moreover, upon their return, migrant workers faced more hardships due to the stigma of contagion associated with Covid-19, which reduced the economic opportunities available to them in Cambodia, to the extent that some attempted to find their way back to Thailand amid the outbreak.

Below, we outline the objectives of the research, situate the specific research area within the larger Cambodian context, and discuss key findings on the impact of Covid-19 response measures on one of the most vulnerable populations in Cambodia, namely migrant workers.

## 2. About this study

### 2.1 Objective

This research aims to highlight the specific impact of the implementation of Covid-19 response measures on some of the most vulnerable communities, including migrant workers and survivors of human trafficking. The research does not seek to provide a full reading of the issues faced by migrants at borderlands during the Covid-19 pandemic and should not be read as a comprehensive account.

### 2.2 Motivation

In a previous research study carried out in the early months of the Covid-19 pandemic, we found borderland communities in Cambodia to be facing particular economic and social challenges which intersected with Covid-19 response measures and which were exacerbating the difficulties that survivors of human trafficking faced on their journeys of reintegration. This project, part of the Covid Collective<sup>1</sup>, offered us the opportunity to work with the same team of local researchers to further explore what was happening in these severely affected borderland communities – focusing especially on vulnerabilities amongst migrant workers and survivors of trafficking. We recognised that in responding to Covid-19, the Cambodian government and the governments of the surrounding states (especially Thailand) were attempting to address an unprecedented public health challenge. While policy responses tended to include measures to mitigate the adverse effects of border closures, economic shutdowns, and mobility restrictions on people and businesses, we saw a need to explore the extent to which these responses had been designed with the particular needs of vulnerable groups in mind as well as to explore what the actual impact has been for those groups.

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<sup>1</sup> For more information on this programme of research projects please see [the programme website](#).

## 2.3 Methodology

From September to December 2021, researchers conducted interviews with seven social workers and independent experts, four migrant workers, and nine human trafficking survivors, most of whom live in the northern part of Cambodia near Thailand's border, while a few others are from different provinces in Cambodia. Interviewees included undocumented migrant workers and survivors who had returned to Cambodia throughout the outbreak of Covid-19, including key informants who are working on the protection and promotion of migrant rights. Researchers mainly asked open-ended questions, focusing primarily on the impact of Covid-19 response measures on migrant workers and survivors at borderlands. Interviews were conducted in person and through telephone calls, as some migrants were still working in Thailand at the time of interview, while others had already returned to Cambodia. Researchers have also gathered and analysed official data, such as government policies issued over the course of the pandemic from early 2020 to late 2021. Our findings point to the necessity of devising actionable policies that specify the rights of undocumented workers, returned migrant workers, and survivors of trafficking.

However, there were several limitations, particularly in choosing sample participants. First, due to lockdown conditions and travel limitations, some interviews had to be undertaken via phone. Covid-19 restrictions also meant that researchers mainly relied on their personal and professional connections in choosing the sample. Second, gathering information around borderlands is difficult, especially when it comes to migrants who work on vessels as there is no sufficient information on Cambodia's policies at sea pertaining to the Covid-19 context.

### 3. Cambodia's Covid-19 response

According to the World Bank (2021), Cambodia has made considerable progress in its goal of reaching middle-income status in 2015 and aspiring to achieve upper middle-income status by 2030. The country's economy is driven largely by garment exports and tourism and has been able to sustain an average annual growth rate of 7.7 per cent between 1998 and 2019, making it one of the fastest growing economies in the world (World Bank 2021). Between 2004 and 2011, Cambodia successfully reduced its poverty rate by more than 27 per cent (dropping from 53 per cent to 20.5 per cent in seven years) (World Bank 2014), yet a large percentage of the population remains barely above the poverty line, and despite the fact that poverty reduction continues in Cambodia, the bottom 40 per cent are increasingly doing less well than before (*ibid.*). The deterioration of the living conditions of the bottom 40 per cent is further exacerbated by the advent of the Covid-19 pandemic.

Cambodia's implementation of Covid-19 response measures has resulted in the maintenance of a relatively low level of Covid-19 infections and deaths since the start of the pandemic. As of early March 2022, Cambodia has reported 132,072 infections and 3,040 Covid-19-related deaths since the pandemic began (*Reuters* 2022a). Compared to neighbouring Vietnam, with overall Covid-19 infections at 4,059,262 and deaths at 40,664 (*Reuters* 2022b), Cambodia appears to have been successful in its response measures. As of early March 2022, the country was experiencing an average of 360 new cases each day (compared to an average of 134,137 new daily infections in Vietnam) (*ibid.*) and has administered at least 35,670,692 doses of Covid-19 vaccines so far, enough to administer two doses of the vaccine for over a 100 per cent of its population (*Reuters* 2022a). However, despite how well the country has managed Covid-19, the pandemic and related response measures have had a significant impact on the country's overall socioeconomic situation and particularly among vulnerable groups. Migrant workers at borderlands, and particularly women and child migrant workers, constitute some of the most vulnerable populations in Cambodia. To understand the impact of Covid-19 response measures on the

most vulnerable, we need to shed some light on the timeline of Covid-19 response measures between 2020 and 2021.

### 3.1 Cambodia's Covid-19 response timeline

In March 2020, the Cambodian government set in place several health emergency management mechanisms for the coordinated management of the Covid-19 pandemic, which include the establishment of the National Committee for Covid-19 (China.org.cn 2020). Led by Prime Minister Hun Sen, the committee's main responsibility is to manage the spread of the virus by devising Covid-19 response policies and strategies, in addition to responding to any and all socioeconomic and political effects associated with the virus and concomitant policies (WHO 2020a). Shortly after in April of the same year, the Cambodian government under the auspices of the Ministry of Health (MoH) established the Inter-Ministerial Committee to Combat Covid-19 at a national level, which was later replicated on a provincial level by the governors of each province. Between the end of March and mid-April 2020, the Cambodian government implemented a number of policies that have had a positive impact on reducing the number of infections and deaths caused by Covid-19, but that have had a lasting negative impact on the most vulnerable. This impact will be discussed in detail in the section on findings, here, we outline these policies. A timeline of Cambodia's major Covid-19 response policies can be found in Table 3.1 below.

On 16 March 2020, all education institutions closed nationwide and moved to distance learning (WHO 2020b). On 22 March the MoH required Cambodian migrant workers arriving from Thailand to quarantine for 14 days upon arrival. Between 9-16 April of the same year, the Cambodian government-imposed travel restrictions in Phnom Penh, between provinces, and between districts, with few exceptions (WHO 2020b). Against the backdrop of the pandemic, modelling by UNDP and the Ministry of Economy and Finance in Cambodia anticipated that the poverty rate could double as the gross domestic product (GDP) falls by more than four per cent (UNDESA 2021). Therefore, in June 2020 the Cambodian government announced a cash transfer scheme for the very poor (IDPoor 1 Card Holders) and the poor (IDPoor 2 Card Holders), as well as children under five, the elderly, people with disabilities, and people living with HIV/AIDS (WHO

2020b). The scheme aims at providing ‘the digital tools needed to ensure that almost 700,000 households listed on the scheme’s database receive funds in cashless form, either through their phone or via a card’ (UNDESA 2021: np). The IDPoor Programme was originally launched in 2006 by the Ministry of Planning as an effort to reduce poverty and support development (The Royal Government of Cambodia n.d.).

Between August and October 2020, the country saw a gradual opening up of educational institutions and the lifting of other restrictions. However, in April 2021 and with another wave of Covid-19 that saw a spike in cases by almost ten-fold, the government introduced two weeks of lockdown in Phnom Penh, where most individuals were only allowed to leave their homes for work, food shopping, or medical treatment (*Reuters* 2021). Shortly before this new lockdown was announced, the government introduced a new law that meant that Cambodians who break lockdown and Covid-19 prevention rules could face up to 20 years in prison (Johnson 2021).

### Table 3.1 Timeline: Cambodia’s Covid-19 response measures

January 2020	27 January: First case of Covid-19 in Cambodia.
	The Institute Pasteur in Cambodia (IPC) Virology Unit is designated by the Cambodian Ministry of Health (MoH) as the first line laboratory for the diagnosis of Covid-19.
February 2020	12 February: Cambodia agrees to accept a cruise ship that had been turned away from 5 ports, over fears that passengers might have Covid-19.
	An woman from the United States who had been on a cruise ship that docked in Cambodia, tests positive for Covid-19 after flying to Malaysia.
March 2020	14 March: Travellers from the United States, France, Germany, Italy, and Spain are temporarily banned.
	17 March: Public and private education facilities nationwide are

	closed, with distance learning measures implemented. World Health Organization (WHO) guidelines on schools and workplaces reopening are incorporated into national guidelines.
	22 March: MoH requires Cambodian migrant workers returning from Thailand to put themselves in 14-day quarantine upon arrival.
	22 March: Largest daily increase in positive cases (31) linked to a French tour group in Preah Sihanouk, with intensive contact tracing efforts supported by WHO leading to a further 8 locally acquired cases among 631 contacts traced.
	27 March: The National Institute of Public Health (NIPH) is announced as the second Covid-19 testing lab after training and capacity building from IPC.
	27 March: Travel restrictions for foreigners issued by Ministry of Foreign Affairs and International Cooperation.
April 2020	3 April: Ministry of Interior limits mass gatherings during the Khmer New Year celebration.
	7 April: The 3-day Khmer New Year public holiday (14-16 April) is cancelled.
	9 April: Travel restrictions until 16 April, no movements allowed outside of Phnom Penh, between provinces, and between districts.
	10 April: IPC Virology Unit designated as one of 17 WHO Global Reference Laboratories for Covid-19.
	17 April: The Ministry of Labour and Vocational Training issues quarantine measures for any garment workers or other enterprise employees who took leave during Khmer New Year.
May 2020	Covid-19 case definition modified and approved by MoH.
	16 May: The country records a 100% recovery rate as the last active case is discharged from the hospital.
	21 May: First new case recorded since 11 April (second wave).



	Travel restrictions banning nationals from six countries (the United States, France, Italy, Iran, Germany, and Spain) are lifted.
June 2020	11 June: Strict entry requirements for all nondiplomatic foreigners now include negative Covid-19 health certificates, medical insurance, testing upon arrival, 14-day quarantine, and further testing on day 13.
	12 June: The government announces a cash transfer scheme for IDPoor 1 and 2 Card Holders, children under 5, elderly persons, disabled persons, and people living with HIV/AIDS, providing a monthly stipend to support vulnerable groups as part of Covid-19 relief.
	22 June: National Training of Trainers (ToT) of Rapid Response Teams (RRTs) takes place. RRTs of 2,910 public health staff at national, provincial, district and health centre levels are responsible for basic surveillance, contact tracing, specimen collection and manning the toll-free national 115 hotline, which has been scaled up to handle up to 10,000 calls per day.
	28 June: MoH begins national stage assessment for Covid-19 with support from the WHO.
July 2020	20 July: Guidelines for reopening schools are published, incorporating WHO recommendations. The first phase of the plan allowed 20 high safety standard private schools to reopen in August.
August 2020	1 August: Incoming flights from Malaysia and Indonesia are temporarily suspended after a significant increase in positive cases arriving from these countries.
	4 August: The WHO donates essential supplies to the MoH.
	13 August: Incoming flights from the Philippines are temporarily suspended.
	25 August: The Ministry of Education, Youth and Sport (MoEYS) issue guidelines for the second phase of school reopening. Public kindergartens and primary and secondary schools in 4

	<p>low-risk provinces were allowed to open in September, while Grades 9 and 12 were allowed to reopen across the rest of the country.</p> <p>27 August: Testing at the new laboratory in Siem Reap begins, the first of three provincial sites to establish Covid-19 testing capacity using GeneXpert technology with strong support from the WHO.</p> <p>State of Emergency legislation was promulgated into law on 29 April 2020 (not enacted).</p>
September 2020	<p>7 September: The number of tests performed within the country reaches 100,000, with more than 80,000 individuals tested using real-time polymerase chain reaction (RT-PCR) at a positivity rate of 0.34%.</p> <p>14 September: Battambang province conducts the first provincial stage assessment with support from the MoH and the WHO.</p> <p>19 September: 8 clusters of Influenza-Like Illness (ILI) symptoms were confirmed as influenza A H3N2 outbreaks, with 575 cases reported among monks, prisoners, and community members. All samples tested negative for Covid-19, supporting existing evidence that SARS-CoV-2 is not circulating in the community.</p> <p>21 September: The ILI sentinel site expansion begins with setting up of 5 new ILI sites across the country.</p>
November 2020	<p>2 November: All schools to reopen in Phase 3.</p> <p>8 November: Closure of all schools in Phnom Penh and Kandal province, due to a new community cluster identified. Ban on all social gatherings and activities.</p> <p>18 November: Cinemas and museums reopen.</p>
December 2020	<p>29 December: Schools reopen; some social gatherings and events were allowed.</p>
January 2021	<p>25 January: 82 Covid-19 cases involving returnees from Thailand were reported.</p>

	10 February: Cambodia starts to vaccinate its population.
February 2021	20 February: The 20 February Community Event marks the largest community outbreak in the country.
	20 February: The MoEYS issued a press release on restrictions on the implementation of health and safety measures at public and private educational establishments in Phnom Penh.
	21 February: The MoH announced the implementation of a QR Code system 'Stop Covid-19', developed by the Ministry of Posts and Telecommunications.
March 2021	1 March: Cambodia records the first Covid-19 Delta variant.
	5 March: The draft law 'Measures to Prevent the Spread of Covid-19 and other Dangerous Infectious Diseases' was approved by the National Assembly.
	11 March: Cambodia recorded its first official death from Covid-19.
	22 March: More than 401,000 vaccine doses had been administered.
	24 March: The MoH announced the mandatory use of masks in five areas/provinces: Phnom Penh Capital, Preah Sihanouk Province, Kandal Province, Prey Veng Province, and Siem Reap Province.
	229,079 individuals had been vaccinated with the first dose and 67,070 had been vaccinated with the second dose through the MoH system.
	26 March: Cambodia received a new batch of 1.5 million doses of the Sinovac vaccine. This batch was purchased by RGC from China's Sinovac Biotech. At least 400,00 doses of Sinopharm are expected to arrive before Khmer New Year.
	Vaccination services (Sinopharm) are now provided in all public hospitals across provinces and operational districts.
April 2021	A total of 3,542 Covid-19 cases (6 imported and 3,536 locally acquired), including 34 deaths are recorded.

	All registered private clinics in Phnom Penh were allowed to provide care and treatment for Covid-19 patients.
	19 April: 1.3 million doses of vaccine in donation from the Chinese government were received, 324,000 doses of COVAX Facility's supported vaccine and 2 million doses procured bilaterally.
	22 April: The MoH approved the use of antigen rapid tests by all registered health care providers across the country.
	25 April: Inter-provincial travel bans were lifted, except for Phnom Penh and Takhmao city.
	1,295,660 and 732,308 target individuals received the first dose and the second dose of the Covid-19 vaccine respectively.
May 2021	2,625,338 and 1,988,224 target individuals received the first dose and second dose of the Covid-19 vaccine respectively.
	The coverage among the total target population for the first dose is 26%, and for the second dose is 15.6%.
	5 May: Cambodia introduces a 3-colour lockdown (Red, Orange, Yellow).
June 2021	19 June: Phnom Penh's Capital Administration decided to temporarily suspend high-risk businesses or activities including public or individual gatherings of more than 15 people for another 14 days, from 20 June to 3 July.
	28 June: 27 imported cases of the B.1.617.2 (delta) variant were detected amongst returning migrants.
	4,019,751 (Female: 49%) and 2,938,144 (Female: 47%) target individuals received the first dose and second dose of the Covid-19 vaccine, respectively.
July 2021	A total of 5,730 Covid-19 cases, including 177 deaths, were reported in a week. Of the 5,730 cases, 45.9% (2,628/5,730) were imported and 54.1% (3,102/5,730) were locally acquired.
	26 July: The government received 17,356,000 doses of Covid-19 vaccines.

	A total of 6,839,109 (Female: 50%) and 4,540,445 (Female: 49%) target individuals received the first dose and second dose of the Covid-19 vaccine, respectively.
August 2021	A total of 2,975 Covid-19 cases, including 84 deaths, were reported.
	1,752 Delta cases (886 females) were detected between 31 March and 30 August, affecting 23 municipalities and provinces.
	The government received 27,106,600 doses of Covid-19 vaccines as of 30 August.
September 2021	A total of 5,210 Covid-19 cases, including 138 deaths, were reported.
	3,731 Delta cases (1,904 females) were detected between 31 March and 9 September.
	The government received 35,606,640 doses of Covid-19 vaccines as of 27 September.
	Booster dose vaccination coverage for frontline health workers and civil servants.
	1,563,688 children were vaccinated with the first dose of Covid-19 vaccine (82% of the target population from 6 to under 12 years old).
October 2021	1 October: Cambodia stopped counting positive results from Rapid Antigen Tests, and only counter results from the Polymerase Chain Reaction (PCR) test.
	20 October: Minister of Health and Chair of the Inter-Ministerial Committee to Combat Covid-19 introduced standard operating procedures for quarantine measures for fully vaccinated travellers entering Cambodia.
	21 October: MoEYS expanded the scope of teaching and learning clusters to all general education institutions, public and private higher education institutions, and teacher training institutions as part of a move forward toward a full-fledged reopening of schools in line with the new normal context from 1 November.

	23 October: Inter-Ministerial Committee to Combat Covid-19 lifted the ban on direct flights from Malaysia, Indonesia, and the Philippines.
	The government received 37,731,440 doses of Covid-19 vaccines.
November 2021	A total of 208 Covid-19 cases, including 30 deaths, were reported.
	The government received 40,055,400 doses of Covid-19 vaccines.
	265,396 (87.2%) of children aged 5 were vaccinated with the first dose and 25,874 (8.5%) with the second dose of the Covid-19 vaccine.
	2,252,792 (22.5%) people aged $\geq 18$ , people aged 60 years and older, and immunocompromised persons, were vaccinated with a booster dose.
	29 November: In response to Omicron, the government banned travellers or those with a history of travel in 10 African nations from entering Cambodia, effective from 1 December.
December 2021	A total of 100 Covid-19 cases, including 25 deaths, were reported.
	Received 40,783,600 doses of Covid-19 vaccines, as of 6 December.
	288,651 (94.9%) of children aged 5 were vaccinated with the first dose and 185,356 (60.9%) with the second dose of the Covid-19 vaccine.
	2,860,685 (28.6%) people aged $\geq 18$ , people aged 60 years and older, and immunocompromised persons were vaccinated with a booster dose.
	5 December: Ban on travellers from areas affected by Omicron lifted, with additional testing and quarantine requirements.
	5 December: The government introduced standard operating procedures for the management of arriving passengers, requiring fully vaccinated travellers to have a negative Ag-RDT

	result on arrival to freely travel in the country, or confirm with PCR test result if they test positive on Ag-RDT. A 14-day quarantine is required for non-fully vaccinated or unvaccinated travellers.
	14 December: The MoH detected the first case of the Omicron coronavirus variant on a 23-year-old Cambodian woman travelling from Ghana.
	20 December: The Prime Minister announces the end of the 20 February Community Event, the largest Covid-19 community outbreak, and the first time in ten months where Cambodia records no deaths from Covid-19.

### 3.2 Reaction to the Covid-19 response policies

There were several dissenting opinions against Covid-19 response measures, particularly in respect to the law mentioned above as it ‘grants the government the power to ban or restrict any gathering or demonstration indefinitely’ (Johnson 2021: np). Some argued that the response measures mainly focused on curtailing freedom of movement, and human rights organisations have accused the government of using Covid-19 policies to expand the authorities of the Prime Minister rather than effectively address public health and the wellbeing of vulnerable groups.

While Covid-19 related policies in Cambodia have been successful in containing the spread of the virus, many communities - specifically migrant workers at borderlands - have been acutely impacted by the closure of borders and the loss of economic opportunity, and in some cases were exposed to infection due to the lack of flexibility during the implementation of such policies. For the most vulnerable and low-paid workers, this is not just a temporary situation; any disruption in wages or loss of income is likely to have a long-lasting impact as debt accumulates and leads to further vulnerability (Hutt 2021).

Border closures have had a particularly hard-hitting impact on border provinces and tourist hot spots, which suffered the greatest losses. Provinces near neighbouring countries faced the direct consequences of border closures, with

informal workers in Pailin (bordering Thailand) seeing the greatest decrease in their weekly earnings. The provinces of Koh Kong and Banteay Meanchey, also bordering Thailand, reported 31 per cent unemployment (UNDP 2021c). Along the Vietnamese border in Svay Rieng, weekly earnings for informal workers decreased by 38 per cent over three months (between July and October 2020). In Siem Reap, a resort town in north-western Cambodia whose economy is mostly based on tourism, informal workers continue to see a significant reduction in their weekly earnings. In Sihanouk, another tourist hotspot, informal workers have reported borrowing additional money due to their financial and food insecurities, exacerbating already existing debts (UNDP 2021c).

Most of our interviewees, especially undocumented migrants, reported that Covid-19 has worsened their livelihood. Typically, where they were able to sustain regular income before the pandemic, their incomes were already quite low. After Covid-19 hit, most ended up in a position where they had no access to cash (Danovaro, Laot and Barreras 2021). After the outbreak of the pandemic, new challenges appeared, particularly concerning restrictions on freedom of movement and the added risk of infection in case of arrest due to discrimination, migration status, or breaking border closure rules. Since the closure of the Thailand/Cambodia border in March 2020, and between March and December 2020, approximately 115,000 Cambodian migrant workers returned to Cambodia (Tamesis 2020). In July 2020, the UN Residence Coordinator in Cambodia expressed her concerns during a high-level meeting with the Cambodian government that Cambodians who had lost their jobs, incomes and livelihoods, which their families relied on, may risk crossing borders through illegal and unsafe channels, which would jeopardise the efficacy of the government's Covid-19 response efforts (Tamesis 2020).

It is important to note that out of a population of around 17 million (United Nations n.d.), at least 1.23 million Cambodian workers work abroad and contribute six per cent of GDP in remittances (The Royal Government of Cambodia 2018). Remittances are a crucial source of income for at least 0.9 million people in Cambodia, of which 75 per cent live in rural areas and more than 60 per cent are women (Gravesteyn 2020). In the past decade, the Cambodian economy witnessed a noticeable increase in the share of



remittances from the total GDP, with remittances reaching US\$1 billion in 2013, and up to US\$1.43 billion and US\$1.5 billion in 2018 and 2019, respectively (The Royal Government of Cambodia 2018). Overall, remittances have had a significant contribution to poverty reduction and the improvement of human development indicators. However, 2020 saw a sharp decrease in remittances due to measures taken by the government to prevent the spread of Covid-19. From US\$1.5 billion in 2019, remittances fell to US\$1.2 billion in 2020 (Kunmakara 2021).

Although the Cambodian Ministry of Labour recently announced that remittances saw a sharp increase in 2021, reaching US\$3 billion (about 11 per cent of Cambodia's GDP in 2020) (Yalirozy 2022) two main points need to be taken into consideration. First, the rise in the remittances received in Cambodia does not reflect an improvement in the labour conditions of Cambodian migrants, particularly for those who choose informal paths for migration. On the contrary, various reports as well as our findings reflect the dire reality that hundreds of thousands of migrants suffer. The Covid-19 pandemic has exacerbated human and labour rights violations, exploitation, and even trafficking. Second, official sources gathered by entities such as the National Bank of Cambodia, only track and record official transfers and are unable to account for the informal channels that most Cambodian migrants use to send remittances while working and staying abroad. Therefore, we have no official data to indicate whether remittances sent via informal channels have increased or decreased.

## 4. Key findings

The findings of this research are not aimed at framing the Cambodian government's Covid-19 response measures in a negative light. While the Cambodian government has adopted various policies, directives, and laws, which it believes alleviate the Covid-19 burden on economically and socially vulnerable groups, and supports their wellbeing, including the improvement of their mental health during the pandemic, we have identified several gaps that appeared during implementation. There have been at least 2,216 Covid-19-related policies issued by the government of Cambodia in the period between 10 January 2020, and 31 December 2021. These policies did not effectively address specific issues concerning migration at borderlands. The policies can be divided into four main categories: (1) imposing curfews and restricting business operating hours, (2) the suspension of domestic and international flights, (3) restrictions on the gathering of individuals, and (4) and the closure of schools and universities. These measures are arguably, indirectly or directly, affecting the mobility of migrant workers. For example, most of the workers in the informal sector - such as street food vendors, service delivery drivers, taxi and rickshaw drivers, and small-scale business workers whose income is below tax regulation requirements, and therefore, are not registered as a formal business - have been severely negatively impacted by curfews as their businesses had predominantly operated during the evening, which now falls during curfew hours. This meant that within this group, many were willing to risk crossing the border during the pandemic in search of employment elsewhere.

Moreover, the lack of consultation and public participation in the implementation of Covid-19 response measures has seen the Cambodian government criticised by local CSOs and INGOs, including local media, for its lack of transparency. The immediate and sudden enforcement of lockdown measures has left many unprepared without access to adequate food, water, and health care. For example, the Prime Minister's decision to impose a lockdown in Phnom Penh in April 2021 came out on 14 April and went into effect at midnight on 15 April. The National Committee for Covid-19, whose mandate is to oversee the

implementation of public healthcare and related socio-economic issues, failed to provide public awareness of the lockdown before it went into effect. Instead, the committee has blamed and intimidated those who fled Phnom Penh to their hometowns. In some cases, police used violence against anyone who stepped outside their homes, and sometimes arrested residents accusing them of breaking Covid-19 response measures. This has compounded uncertainty among Cambodians and reports of the most vulnerable going hungry have emerged. This has further exacerbated vulnerability and increased the risk of informal and dangerous paths to migration and the risk of trafficking.

The closure of borders has resulted in migrant workers being stranded at the borderland, exposed to a high risk of Covid-19 infection. Local media frequently reported on such cases. One of the prominent examples was on 13 August 2021, when the border between Cambodia and Thailand had just reopened, hundreds of Cambodian workers, some pregnant, some carrying their children, some carrying bags and others carrying bulky items, rushed to cross the borderland to return to Cambodia. They had to walk through the forest, and some had to cross streams to return to Cambodian territory after being stranded in Thai territory. The story was confirmed by one of our interviewees who is a social worker. According to them, some undocumented migrant workers escaped and stayed in the forest due to fears of the spread of Covid-19 and/or arrest by Thai or Cambodian authorities. Indeed, the above gaps identified in the implementation phase were reflected in our interview material. Below we outline the different ways in which migrant workers were impacted by Covid-19 prevention measures.

## 4.1 Loss of employment

In December 2021, Cambodia's National Committee for Counter Trafficking announced that at least 260,000 Cambodian migrant workers found their way back home, mostly from Thailand, since the start of the Covid-19 pandemic and after a massive wave of job losses due to the closure of many industries (Samean 2021). Undocumented migrant workers, in particular, rushed to return home as they feared the implications of their (il)legal status and some of them

were reported to have been stranded at the borderland as a result of Covid-19 response measures enforced by both countries (Chakrya 2021).

Yet, the employment situation in Cambodia did not fare any better and business closures have left around 135,000 garment workers and 17,000 tourism workers unemployed in the first months of the pandemic (David 2020). Unemployment has put relentless pressure on both domestic workers and migrant returnees, and in some cases this has led both groups to risk their lives by illegally crossing the Thai border through an arrangement with brokers. Our interviews revealed that the majority of those who cross the border illegally do so hoping to earn some money to support their family members and pay off debts. Even returnees, when faced with a lack of employment opportunities in Cambodia, decided to cross the Thai border again in search of work due to social and economic pressure. One undocumented female migrant worker tells us, 'The border closed and we cannot find any local job in the communities; our kid cannot go to school, and we have to pay expenses every day without any income. We also need to pay the debt.'

Others in the resort town of Siem Reap told us that due to the Covid-19 lockdown:

*Restaurants and hotels are closed, and that is why we decided to go to Thailand by asking the brokers to bring us to the border. We all were arrested, but we were helped by ADHOC [(NGO)] to bring us back.*

Similarly, undocumented migrant workers stranded in Thailand also told the research team that the lack of economic opportunity and the fear of being arrested by Thai authorities over the period of the nationwide lockdown forced them to cross the border illegally to Cambodia. The data collected from migrant workers and survivors showed that there are two groups of migrant workers. One group comprises those who returned to Cambodia and found themselves jobless with social and economic pressure, and therefore, they attempted to return to Thailand through whatever means possible. This despite their awareness that Thailand was in a critical stage of the pandemic and that restrictions were still in place, 'We know Cambodia and Thai border is closed, but because we are

unemployed, we need to go. If we stay at home, we do not have money to pay back off the private loan.'

The second group comprises those who were in Thailand and had intentions to return to Cambodia due to job loss, fear of being arrested for overstaying, and more importantly, fear of the Covid-19 pandemic worsening. For example:

*I lost my job because the restaurant I used to work for had been closed for a very long period of time since last year. I decided to come back to Cambodia because at least I would get some support from my family or relative[s].*

One social worker identified tourism migrants as the most vulnerable to job loss, 'For the migrant workers who work related to tourism such as hospitality, guest house, cooking food, or street food most of them are lost their job or unemployment.'

Many interviewees confirmed that increased police monitoring for the enforcement of Covid-19 policies has aggravated the vulnerability of undocumented workers, as one migrant worker explains:

*It has been very difficult for me and my brother to find a job [in Malaysia] since a lot of the factories have reduced their numbers of workers and the Malaysian police are looking to arrest undocumented migrants. To escape from the police, we have sometimes had to hide out in the forest near our employer's house without any food for a few days at a time.*

Even for documented migrant workers, Covid-19 response measures have proven harmful. One key informant we interviewed points to the increased burden on those who did not lose their jobs during the pandemic:

*Some factories reduce the staff, but they keep the amount of work and the target setting remain the same. It means the workers have to work harder. For example, before there are four staff for ten products, and now they reduce to two staff with the same ten products.*

Those who are employed by individual employers, and especially women and girls employed in domestic work also face the risk of unemployment. While there has been a constant demand for housekeepers and child carers, many have lost their jobs during the pandemic as their employers start working from home due to Covid-19 policies and therefore, do not require their services anymore, or the employers themselves lose their jobs and can no longer afford to pay them.

Yet, returning home during the pandemic has proven difficult for many, and even when the most vulnerable request the help of the Cambodian government, they are often ignored or threatened. One key informant tells us:

*I remember that I assisted and facilitated a pregnant woman who requested to return to Cambodia at the Cambodian Embassy in Thailand, but the Embassy told us that it is the policy that they closed the border. So, there is no solution for you; you have to follow the restrictions during Covid-19. They do not care or find solutions, but they try to stop them or threaten them not to say anything through the media or try to contact others for help.*

Not all migrants who lost their job were able to return to Cambodia. While border closures were a factor, loss of employment during the pandemic also meant that many did not have the money to go back home, and social pressure to return to their families with money sometimes resulted in migrants staying abroad without any social protection. One migrant worker describes his experience in Malaysia:

*We do not want to go back without any money in hand... We learned that to go back to Cambodia, we would have had to pay for the Covid-19 test, fines for overstaying without legal documents, and an expensive flight ticket [from Malaysia to Cambodia]... We weren't sure [if] we'd be able to come back, so we decided to take the risk of staying here as undocumented workers.*

Moreover, the closure of training centres due to lockdown restrictions has also contributed to vulnerability. For example, those who worked in the tourism industry but lost their job as a result of Covid-19 have not been able to improve

their skills nor gain new ones in order to find another employment, leaving them with little to no income:

*We do not have stable jobs in the communities. We just go to work in the construction field, which, if there is work, we will get some pay. So, one week we can do only one or two days, with which we cannot support our family. We do not have time to improve our skill of finding a better way for our family, because when the pandemic came everything was closed, even other training or social services.*

## 4.2 Exploitation by brokers

According to data provided by the respondents, the majority of migrant workers in Thailand or Cambodia were not aware of existing Covid-19 policies in both countries. The lack of access to information increased the probability of exploitation by brokers. One social worker told us:

*... in Thailand, I do not see any policies that protect all migrants. They only announced to delay the visa, but the announcement seems not to have reached or not been understood by all migrant workers. For documented and undocumented migrant workers, including employers themselves, the announcement has given an opportunity to brokers to exploit migrant workers.*

On this point one migrant worker told the research team:

*I know all the workers would pay a lot for brokers if they were sure that they could get back home safe, but this time we need to pay more because we are not sure of the information, and we are not sure what policy changes will happen, because it changes so fast that I cannot follow.*

Our respondents also mentioned that brokers take advantage of border closures and charge high fees to transport migrants across borders. One migrant worker

told the research team, 'I had to pay a high price for brokers to bring me back to Cambodia because the border is closed.'

The loss of income due to loss of employment has meant that migrant workers often resorted to their families to assist in paying broker fees, increasing the financial burden on whole families and in a lot of cases, increasing debt. One migrant worker recounts, 'Since I lost the first job, I needed some money from my family to send me back to find a new job. But now I have no job, and I also lost the money on the brokers.'

Border closures have also made crossing riskier, as one migrant worker tells us, 'We crossed the border through the mountains. From 8 am until early morning, we did not have time to rest, because we decided on the risky border crossing since the authorities said it is closed.'

Others in Cambodia have decided to go to Thailand to seek employment and have also sought the assistance of brokers. One undocumented migrant told us that, despite being in jail in Thailand for years because the brokers she sought out provided her with a fake visa and fake travel documents, she decided to reach out to brokers again as there were no employment opportunities in Cambodia:

*... we decide to ask the brokers to help us to cross the border, because we got clear information from the employer in Thailand that they will provide us jobs and will prepare the legal documents for us in Thailand. Now we are in Thailand working as a seller in the food stores along the street. We had borrowed a lot of money – around 20,000 baht – and we had to pay it back, but we did not have any money... When we asked the brokers to help us, we had to pay them around 20,000 baht. We have jobs now, but we are still undocumented migrants. We will get around 300 baht to 400 baht per day. It is better than staying in Cambodia without any income. That's why we risked paying the broker to get here even though the border was closed because of the pandemic.*



Some migrants who lost their job decided to stay in the host country and look for a new job, often seeking the help of brokers in finding them new employment and preparing the supporting documents required by employers. After losing his job, one documented migrant worker was forced into a more precarious informal situation after deciding to stay in Thailand to look for another job to be able to support his family back in Cambodia. He told us:

*When the border closed, I felt very hesitant about whether to go back home or find a new job here, because my previous factory (related to [manufacturing or fixing] vessels) had prepared a document for me to resign. After resigning from the factory, I tried to find a new job in Thailand by hiring a broker to look for new job and preparing the documents to change the workplace and boss for me. They need[ed] a lot of supporting documents and it is very complicated for me, but in the end, I did not get a job even though I already paid the broker. Because the border was closed, I felt unsafe going back home on my own, even though I have a passport and an MOU document. So, I had to pay another broker to transport me and prepare the documents for me to make sure I could get back to see my wife and my two kids.*

Even though the Thai government has given migrant workers the chance to extend their work permits under Covid-19, due to the lack of information and resources, migrant workers seek out brokers to help them with the visa extension process:

*Some migrant workers who really want to extend their work permits or pink cards need to pay a lot for a broker to facilitate the documents for them, which all needs to be done in Thailand. This leads migrant workers to pay a lot for that, since they are not feeling [confident] enough to prepare proper documents on their own.*

### 4.3 Lack of access to social protection

In addition to the loss of employment, migrant workers' exposure to risk has seen a significant increase due to Covid-19 response measures. We have identified other factors that have had a serious impact on migrant workers' wellbeing. Many workers (especially in Thailand) were not able to get a vaccine, and they were not able to work without a vaccination card. They also faced additional restrictions on movement without a vaccination card. Further, NGOs, particularly those working on the identification and support of victims of human trafficking, have been unable to access their target groups due to lockdown restrictions. Finally, migrant mothers face challenges due to the closure of schools. All of these risks are further exacerbated by the existence of discriminatory behaviours and attitudes against migrants. One migrant worker told the research team, 'I have faced a lot of discrimination because people are always of the opinion that migrant workers are the source of outbreaks and that we spread Covid-19.'

Our respondents noted that many migrant workers, regardless of their legal status, were unable to get vaccinated against Covid-19 in their host countries. The lack of access to vaccination not only increases the risk of infection, but also affects the ability of migrant workers to work and move freely. For instance, one key informant tells us: 'If they work in the factories or some related industries, they have to show their vaccination card to the company before entrance'. One migrant worker in Thailand tells us that they were not allowed to go outside freely without having been vaccinated, 'We are not allowed to have it, because our factories do not provide it to us. We just got the vaccine in October 2021.'

Migrant workers in both Malaysia and Thailand have confirmed that undocumented migrants have no access to free vaccines:

*I do not have a job to do, and I live in fear. Sometimes the Chinese people here give us some food. I do not have documents, but I had to pay 30,000 riels to get a vaccine. But I have the name in the system.*

Moreover, even when documented migrants were able to access the vaccine, they were not prioritised, and this allowed for the spread of the virus amongst the migrant population:

*The negative is the two governments [Cambodia and Thailand] do not have any policy to provide the vaccine for migrant workers, and they do not provide it on time. Therefore, the number of positive cases amongst migrant workers increased.*

The fact that migrant workers were not able to work or move freely without vaccination cards, and that undocumented migrants had no claim to get vaccinated in the host country, increased their reliance on brokers. One key informant tells us:

*The undocumented migrant workers cannot get access to the proper vaccine in Thailand, especially children and older people who come and stay with their families. They do not have personal migration documents or identification documents to submit for the free vaccine in Thailand.*

One migrant worker suggests that ‘they [governments] should have law enforcement related to the brokers who cheat the migrant workers and some employers as well who take their money – around 300 to 400 baht – just to get vaccine in Thailand.’

Worse yet, the inability to access vaccines in host countries has led some migrant workers to cross the border illegally, often with the help of brokers, to go back to Cambodia:

*... because most of the hospitals at that time were busy and not accepting migrant workers, and even when some did [accept migrants] but they didn't have proper beds in the hospital for treatment, that is why they felt forced to return to Cambodia to get the vaccine or maybe other treatment.*

Even when migrant workers are vaccinated in the host country, they still face specific problems. For example, while migrant workers themselves get the

vaccine, their families who might have moved with them to the host country do not necessarily have the same access. One key informant tells the research team, 'Sometimes we notice that they provide only the migrant workers, but their family who stays with them cannot get the vaccine.'

Moreover, the absence of sufficient access to official and medical information has led to the spread of misinformation amongst migrant worker communities. One of our key informant respondents told us:

*I noticed that the vaccine is not provided for all the migrant workers in Thailand or other destination countries for free – neither documented nor undocumented migrants... Some migrant workers who are getting vaccinated are not really sure whether what they eat or drink afterwards will cause any health problems. It seems that they do not have any clear introduction of what they should eat or drink or what they should not eat or drink. They just know the rumours from one to another.*

Furthermore, in some cases, although migrant workers were vaccinated, they were not provided with a identification card or certificate by the health authority in Thailand. In such cases, many of them faced difficulties and were unable to answer most of the questions by the health authority in Cambodia upon their return, such as the date of vaccination, the type of vaccination, and the number of doses. One key informant told us:

*Once migrant workers get the first dose of Sinovac from Thailand and they do not have the card for getting the first dose, when they return to Cambodia, they do not remember even the vaccine they got or the date they got it or for how long they should wait until getting the second dose... These are the issues that happened to most of the returned migrants that I have interviewed. And they also are not sure whether the vaccine was a good one to get or if they need to do any health check-up before getting it.*

Other social protection measures are also compromised due to Covid-19 response measures. Specifically, there has been a problem when it comes to

identifying victims of trafficking at the borders, as quarantine centres for returnees are most concerned with whether the migrant workers have tested positive or negative for Covid-19. One key informant says:

*When they are in the quarantine centre, they are asked only their name, age, address in Cambodia; in Thailand, phone number, positive or negative. They do not even do the victim identification [questionnaire] or ask whether they got one or two doses of the vaccine or which vaccine.*

Finally, school closures and the move to online learning pose a specific challenge to women migrant workers. Mothers and their children might not have access to smartphones or computers, but also, school closures meant that mothers either cannot go to work (in order to care for their children) or they must leave their children in unsafe environments to be able to go to work. One key informant tells us:

*We notice that the Covid-19 policies do not effectively protect minors or students during Covid-19 because most of them cannot access school. Some do [schooling] online, but they do not have a smartphone or technology which enables them [to access online learning]. Their families are in a difficult situation; migrants worker families especially do not have time to... support their children for online or offline study. When they come up with the Covid-19 policies they should have to make sure that the children can still continue their studies and their parents, especially mothers, still can go to work properly too.*

## 5. Recommendations

Despite government efforts to control the spread of the Covid-19 virus in Cambodia, this research has found that there is a lack of specific policy measures that address the issue of migrant workers, and this has put their health as well as their social and economic wellbeing at high risk. The lack of economic opportunity and social support in foreign countries drove many migrant workers into more vulnerable and precarious positions, including exploitation by brokers and the increased risk of incarceration and human trafficking. Migrant workers play a key role in contributing to Cambodia's economic growth. The government should pay specific attention to their wellbeing. Therefore, we suggest the Cambodian government should take the following steps:

- Carry out victim identification procedures when migrants arrive at the border, and if they are found to be a victim of trafficking, the government should provide the social assistance that victims of human trafficking are entitled to.
- Devise actionable policies specifying the rights of undocumented workers, migrant returnees, and survivors of trafficking.
- Existing policies can be enhanced through a number of initiatives. For example, overseas support for migrant workers aboard during the pandemic can provide and could have provided them with logistical information regarding their return, food, allowance, and so on. Covid-19 testing and treatment for migrant workers should also be disseminated through a wide range of social media.
- The Cambodian Embassies in foreign countries should play a proactive role to ensure that all information related to Covid-19 containment is widely shared with both documented and undocumented migrant workers. More importantly, they should know where to turn for help.
- Vaccines and healthcare should be provided to all migrant workers and their families.

- Special social provisions should be put in place to support migrant workers who are parents, and mobile devices should be given to children to facilitate online learning during lockdowns.
- NGO workers should be given safe access to their target groups even during lockdown measures.
- Social workers should support migrant returnees to provide them with new skills training, in order to help them qualify for whatever employment might be available.

## 6. Conclusions

This study has explored the ways in which migrant workers and survivors of trafficking have been particularly impacted by Cambodia's Covid-19 response policies. Even as Cambodia's Covid-19 response has been relatively successful in limiting Covid-19 cases and preventing death, migrant workers – both in Cambodia and abroad – have struggled to access the limited forms of social support that were offered to workers who suffered from economic shutdowns and closed borders.

Migrant workers faced the impossible choice of whether to remain in their host countries illegally and face reduced wages, reduced bargaining positions relative to employers, reduced access to health care, and the risk of being prosecuted as illegal migrants or to make their way back to Cambodia to languish in unemployment and growing debt. As migrants faced these realities, they have increasingly turned to brokers to help them illegally cross closed borders, which has only pushed them further into economic hardship and increased their vulnerability to trafficking.

Meanwhile, both government and non-government authorities have been severely limited in their abilities to identify people being trafficked and to provide them with support services. These unique conditions faced by vulnerable migrant workers and victims of trafficking were not effectively accounted for in Cambodia's Covid-19 response policies. These vulnerable groups have been made worse off as a result.

Every effort must be made to make up for this oversight and to urgently address the needs of the most vulnerable. Otherwise, needless suffering will continue, and inequalities that are exacerbated now will become entrenched to pose significant lasting development challenges extending well beyond the end of the pandemic.



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