

Community perceptions of the social and economic impacts of COVID-19 in Myanmar

Insights from round 4 of the National COVID-19 Community Survey (NCCS) – October 2020

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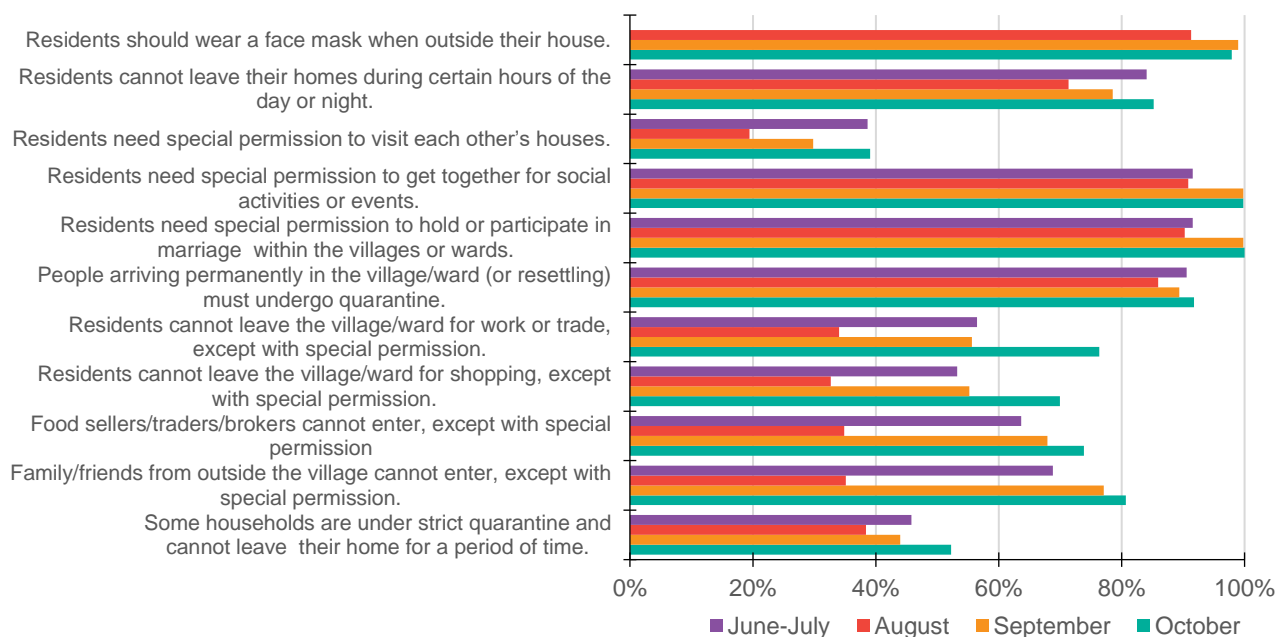
Introduction

To continue monitoring the economic and social impacts of the COVID-19 crisis on Myanmar's diverse rural and urban communities, a multi-round large-scale community telephone survey is being conducted. This report focuses on key findings from the fourth round of the survey conducted in October 2020. This survey round obtained information from community respondents that had participated in the June/July, August, and September rounds, as well as from additional communities. In total, the fourth round obtained responses from 190 townships across Myanmar: 57 from the Dry Zone, 67 from the Delta, 19 from Southeast Myanmar, 35 from North Myanmar, and 12 from West Myanmar.¹

Key findings

- COVID-19 prevention measures are at their highest level since June.** Almost all COVID-19 prevention measures have been applied in a larger share of communities than in any of the previous survey rounds (Figure 1). In nearly all communities, respondents reported restrictions on gatherings, such as weddings or other social activities, and mandates on wearing face masks outside the home. Many communities also implemented measures that interfere with employment and income generating activities; 70 percent of communities reported that residents cannot leave the village/ward for work or trade and 76 percent reported that food vendors and traders are not allowed to enter the village.

Figure 1. COVID-19 prevention measures in place, percent of communities by survey round



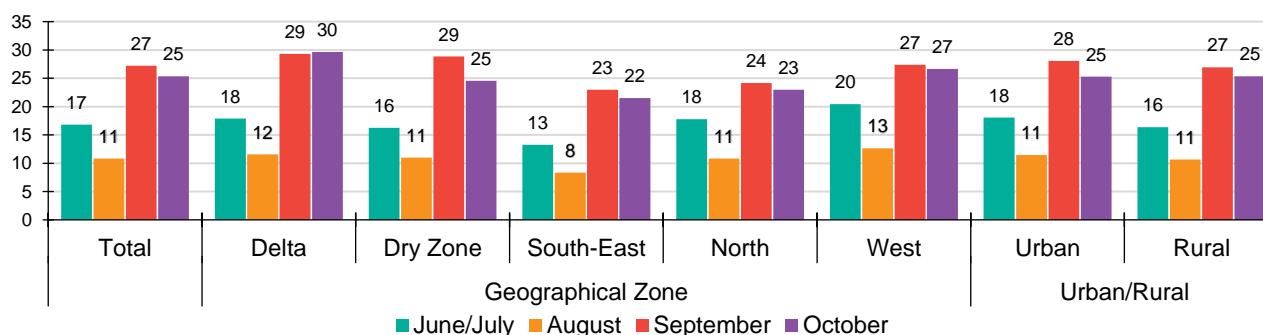
- Community respondents perceive a quarter of households to be extremely poor.²** Respondents to the October round of the survey reported that on average 25 percent of households in their communities

¹ Dry Zone (Mandalay, Magway, Sagaing, and Nay Pyi Taw); Delta (Ayarwaddy, Yangon, and Bago); Southeast (Mon, Kayin, Kayah, and Tanintharyi); North (Kachin and Shan); and West (Chin and Rakhine).

² Extremely poor households are those by the respondent's estimation to be suffering from hunger and in urgent need of assistance.

are extremely poor (Figure 2), which is similar to levels reported in September (27 percent), but much higher than was reported in the June/July (17 percent) and August (11 percent) rounds. Reduced income due to less work or lower wages for non-farm workers and less income from non-farm businesses are mentioned as the primary reasons for the high prevalence of extremely poor households in the most recent round.

Figure 2. Average estimated percentage of households in need of urgent assistance in each community, by survey round and geography



- **Cash-based assistance reaches 90 percent of communities.** In June/July, government assistance came mostly in the form of food, but since August has changed to predominantly non-food assistance. Twenty percent of communities reported receiving non-food assistance in June/July. Respondents reported in October that on average 90 percent of communities received cash or non-food assistance from the government, a level similar to that reported in September.
- **Agricultural production and marketing, particularly sales of agricultural commodities, continues to face challenges.** One-third of the surveyed communities reported that the production of farmers in their community were lower than normal in October and September, compared with 48 percent of communities in June/July and 42 percent in August. Communities reported that bad weather and pests were the reasons for lower production. In October, 48 percent of communities also reported disruptions to agricultural sales, mainly due to closures of town/city markets, low output prices, insufficient traders or brokers, and other COVID-19 related mobility restrictions. This is the highest share of communities reporting disruptions since the start of the telephone survey in June/July.
- **Barriers to healthcare facility access and delays to healthcare seeking.** Respondents from 11 percent of communities reported being unable to visit healthcare facilities when they wanted to, and respondents from 25 percent of communities reported postponing visits to healthcare professionals out of fear of contracting COVID-19. Additionally, 19 percent of respondents mentioned knowing people in their community who had felt ill and would normally have visited a healthcare provider but chose not to do so due to fear of being suspected of carrying COVID-19. Fortunately, fewer villages reported medication scarcity than was the case in the June/July survey round.

Policy recommendations

- Despite a high share of communities receiving government assistance, poverty continues to rise. It is critically important to scale up both social protection support for the most vulnerable in the population and the monitoring of these programs to ensure they are reaching the vulnerable.
- Creating job opportunities and resuming non-farm business operations under COVID-19 are also needed to reverse poverty trends.
- Disruptions to agricultural marketing continue to be a major concern. It is important to implement prevention measures where feasible and to allow commercial agricultural transactions to proceed as smoothly as possible to enable farming households to maintain their livelihoods and all households to access food.
- Communities are afraid of contracting COVID-19 and delay seeking health care. The Myanmar Ministry of Health and Sports and other stakeholders should encourage communities to seek healthcare, extend mobile fever clinic services, and disseminate messages about healthcare seeking through social media, television, or other digital platforms.