

# Information Management Network Meeting – 3<sup>rd</sup> November 2021

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Participants: UNHCR, UNICEF, UNDP, JICA, UNRCO, MCC, UNFPA, MIMU (12 participants from 8 organisations)

## 1 Rapid assessment of COVID-19 impact on gender-based violence essential services package provision in Myanmar – UNFPA & UNDP

Co-implemented by UNFPA and UNDP, final data collection of this assessment finished in June 2021 but planning and preparations started back in 2020. This aims to assess the impact of COVID-19 and political crisis on essential service provision for GBV survivors in Myanmar to improve service provision. Key research questions concern with the types of essential services and their status during COVID-19 and after 1<sup>st</sup> February events, modality of service provision and changes from pre COVID-19 period, gaps and challenges in terms of availability and accessibility. Three sets of questionnaires – for legal services/justice, social services, and healthcare – were developed based on key research questions.

Methodology is a mixed study design of qualitative and quantitative methods in combination with secondary data review. Qualitative data was collected in Nov 2020 and quantitative data between 20 April 2021 to 10 June 2021. Initially planned to interview 150 service providers but ultimately, several concerns allowed only 41 of UNFPA and UNDP's partners to be contacted and only 35 among those agreed to be interviewed.

Because of the ethical considerations, following WHO's recommendations, only the service providers were interviewed and not the survivors. Safety concerns and changing priorities of the partners under the circumstances limited the number of providers or facilities that could be reached than initially planned. There were also logistical limitations such as not being to conduct face-to-face interviews, unstable phone and internet connections, difficulty of recruiting enumerators in crisis context.

### Key Findings

**Impact on social services:** 11 out of 12 components in social services were examined. (refer to the attached slides for details of these components) Few facilities were affected in terms of services delivered and availability but there were some changes in hours and days of operation. There were stock outs of some items such as dignity kits, food and essential items, basic health items. There was no reduction in staff numbers or effects on referrals. It was also found that most facilities had protocols and guidelines and even for those that did not have, UNFPA can provide. As for the client numbers, it increased in 2020 (compared to 2019) but generally decreased in February 2021 (compared to January 2021). However, help lines services usage increased after 1st Feb 2021.

**Impact on social services delivery:** There were stock outs of dignity kits, basic personal and health care items. No facilities reported reduction in staff number.

**Referrals:** Other than 50% of helplines that documented referrals, all facilities that provided services involving referral of clients reported that they documented referrals. As a norm, these referrals are mainly either to health or legal services. After changing the service provision model or cessation of some services, some information and records had been lost and/or they did not update them in a timely manner.

Majority of the facilities reported that they always reported cases to the police, however, it is not clear if this is with or without consent from the survivors. This practice continued during COVID-19 and since 1<sup>st</sup> February 2021. However, because of the small number of respondents to this question, this finding may not be meaningful.

**Impact on health services:** Similar situation as social services with stock outs, disruption to referrals, and reduced operation hours and days. Nevertheless, all facilities continued to provide services. There was no reduction in staffing. Client numbers generally increased in 2020 (compared to 2019) but mixed evidence of service usage after 1<sup>st</sup> February 2021.

**Impact on legal services:** Just like other two services, majority continued to provide services during COVID-19. However, gaps emerged since 1<sup>st</sup> February 2021 and this became the most affected of the three services. There were evidence of considerable negative impact on availability with reduced operation hours/days and quality with disruption to referrals. Just like others, there were no reduction in staffing. As for the client numbers, mixed pattern in usage rates was found across the different service components in 2020 (compared to 2019) and also in February 2021 compared with January 2021.

### Challenges to deliver and access to social services

Travel and Movement Restrictions impacted all three services as survivors couldn't travel and access services in different locations, requirement of travel approval, interruption/pause of mobile services, inoperative Women and Girls Centres such as in Rakhine from travel and gathering restrictions. There were also concerns of safety and safe accommodations from travel restrictions, curfews, lockdowns, closure of hotels and the fact that quarantine centres do not offer a safe environment for survivors and created financial burden to survivors. In some cases, sexual violence and harassment during quarantine were reported. Also, up-to-date information on referrals is not available.

### Challenges to legal services

GBV and domestic violence incidents were often dismissed as police were prioritizing to enforce emergency laws and curfews. Less commitment by government institutions to GBV incidents meant that it was difficult to seek justice especially in a political sensitive context, such as in Rakhine. Closure of courts have reduced the number of hearings making the process lengthier than ever. All these factors may contribute to the demoralizing effect on survivors to take up their cases. These challenges are expected to have compounded under recent political situations, but it will require further examination.

### Challenges to health services

Mobile health services were interrupted as Travel Authority (TA) couldn't be granted due to COVID-19 and other reasons. Since most health services operate with regular working hours, survivors had a hard time accessing the services outside working hours. There are also issues with confidentiality and privacy in public health services as survivors' information are shared with wrong people and there are usually no private rooms. Safety and security of health service staff in conflict-affected areas is also a major challenge. There is also very low GBV awareness among community members if any at all.

### Summary of findings

GBV essential services continue to be delivered despite impact across 3 services. There are challenges in remote service delivery. Client numbers fluctuated in usage across the different service components in 2020 (compared to 2019) and also in February 2021 compared with January 2021. All facilities experienced stock-outs. Referrals and availability of commodities mainly depends on context. The reason that staffing was not impacted was that many of the respondents are UNDP or UNFPA's partners that were still implementing the projects on behalf of the agencies.

Several programme recommendations were made. Services can be integrated under other categories as well as expansion. All front-line service providers can be trained to help standardize services including do no harm principles. Program plans can be adopted to ensure sufficient infrastructures for delivering services under the current situation. Innovative strategies for delivering prevention mechanism should be developed when unable to deliver in person. Helpline/hotline services with rotating hours that integrate well with referral services.

Since the sample size was reduced, further analysis and studies on the findings and recent political context is recommended. It is also suggested to repeat the quantitative study on a regular interval to monitor the evolution.

#### Discussions

It was discussed that an offline as well as online support to the survivors can be given using apps or other online platforms but security and sensitivity issues will have to be considered. Further assessment will be required to see the changes in the number and severity of GBV cases after Feb events.

## 2 Updates on National Initiatives

UNDP recently shared the results of their review of the impact of the current crises on human welfare through a webinar. Information was collected through UNDP's People's Pulse survey in May/June 2021. This captures information from interviews with 1200 households (HH) and considers urban/rural differences in all states/regions. Some data was derived from the 2017 MLCS and the 2020 Household vulnerability survey and a new sample was used. In terms of results, 39% of those who reported using savings (28%) said they had none left, and further 46% of those who had used savings would run out of savings in the coming 1-3 months. In terms of coping strategies, households were cutting back on food, especially in urban areas where more households had lost jobs due to COVID-19, whereas in rural areas 13% of interviewed households were selling crops that had been stored for household food in 2021. UNDP has revised its poverty estimate for Myanmar, anticipating that 46.3% of the population is likely to be in poverty by the end of the year (compared to the earlier pessimistic scenario of 48.2% calculated earlier in the year). This brings poverty levels in Myanmar back to 2005 levels with over half of the country's children living in poor families, a 3-fold increase in urban poverty and, in states/regions which were the poorest before, as many as two-thirds of the population were found to be living below the national poverty line (especially in Chin, Rakhine, Kachin, Sagaing, Magway and Ayeyarwady). It is estimated that to close the poverty gap would require spending 4.5% of 2019 GDP levels compared to actual current spend of 0.3%. UNDP has also highlighted the longer term impacts due to malnourishment, on health and education (for every 10% increase in poverty rates there are 6.4% less children entering the final grade of primary school).

Food security estimates of People in need indicate that the highest numbers are in Yangon, Shan, Ayeyarwady, followed by Sagaing, Rakhine and Magway. Work has been ongoing to calculate the number of People in Need (PiN) for the Humanitarian Needs Overview as the numbers varies across sectors and clusters. WASH cluster has calculated the PiN to be nearly 5.5 million with a targeted population of around 2.1 million for 2022. Nutrition cluster's calculated pinis based on UNDP and is about 2.1 million and targeted population is 1 million for 2022. For protection sector, PiN is 9.6 million and majority comes from other vulnerable crisis affected population which is estimated to be around 8.5 million. Out of those numbers, the targeted PiN for Protection sector is 2 million. As for Shelter/NFI/CCCM, the PiN is about 1.7 million and the target is a little over 600,000.

Of the 54 million population, an estimated 25 million people are expected to be in poverty in 2022 following the COVID pandemic and the February events. Increasing numbers of displacements are also being reported in South-East Myanmar with an estimated 155,600 people internally displaced as of the end of October.

	<p>UNDP and UN Women implemented a joint programme to make sure that analyses on conflicts data be conducted from a gender responsive perspective. Thematic papers on four states and regions are currently under development for this programme and also a draft on gender responsive conflict analysis for the entire country. The analyses essentially seek to answer where the women are in a conflict, what else can be done, find ways to support them, to ensure that gender equality or woman leadership roles are not forgotten in times of crisis and conflict.</p>
3	<h3>Updates on Sector/Cluster/Agency Initiatives</h3> <p><b>WASH Cluster:</b> Quarterly 4W for Q3 has finished. WASH and Health joint analysis for Q3 has also finished. WASH cluster activated the cluster coordination in South-East and a meeting was held last week for that. Contact list has been initiated and discussions are underway to collect WASH response 4W or 3W from partners in the South-East. National WASH cluster coordination meeting will be held next week. WASH cluster has also initiated the coordination for Chin, Magway, and Sagaing – these regions plus Rakhine are being coordinated by Rakhine WASH cluster coordinator.</p> <p><b>Nutrition Cluster:</b> Finalized the PiN, targeted PiN and posting. There is a monthly reporting system called 3W and data collection has started for October Update.</p> <p><b>Protection, Shelter/NFI/CCCM:</b> Protection Incident Monitoring System Q3 report will be available in November. September's Cluster Analysis Report for Kachin, Shan State (North) has already been uploaded on various websites. Similarly for Rakhine, Q3 Cluster Analysis Report has also been uploaded. Camp profile products for Rakhine State (Central) will be available in November. Camp Profile Round 11 products for Kachin, Shan State (North) has already been uploaded.</p> <p><b>UNRCO:</b> UNRCO is coordinating and supporting of the UN Country Team for the achievement of their development priorities and the attainment of the SDGs at country level. November and December are the data collection period for an IMS annual survey which will contribute to the Global Report. The survey aims to collect information on the coordination and programmatic areas of the UNCT and RCO work including on human rights, advancing gender equality, youth and persons with disabilities, and the prevention of the sexual exploitation and abuse. It is also supporting the strategic decision making of UN country level and the development of the report to the UNSDG.</p> <p><b>MIMU:</b> Myanmar Language IM network meetings have been held on every last Wednesday of the month with 6 meetings so far. The attendance is higher (averaging about 50 participants) compared to English language IM Network meetings like this. The meeting format is similar to the English session with technical presentations, information sharing, updates by agencies etc.</p> <p>For MIMU 3W (Who does What Where + When and for Whom), starting from 2021, the When has some changes with subcategorizations in Suspended status. The Whom category which tracks project beneficiaries, i.e. whether the project focuses on IDPs, IDP and host communities, vulnerable populations, or development focus was collected for Rakhine, Kachin, northern Shan and more recently for southeastern Myanmar. For 2021, there have been two 3W rounds: May and October. 159 agencies provided inputs in May and 163 in October. Information is collected from all agency types (UN, Red Cross, NGOs, CSO, Border Based Organisations /BBOs). The largest category of contributing organisations is INGOs. Currently agency names are no longer shared in the publicly available products and the 3W dataset is available only on request to contributing agencies and for inter-agency coordination purposes. Now, all the data is in the final process of being checked and the products will come out individually in the coming weeks.</p> <p>MIMU recently released the first bulletin to showcase the activities of MIMU in 2020 and 2021 so far – MIMU's work to put</p>

	<p>villages on the map using GPS coordinates is highlighted. Even though 78% of the villages have been mapped, around 15,000 villages still do not appear on maps due to lack of coordinates and contribution from partners is requested to fill that gap.</p> <p>A reminder was made to join the MIMU orientations which are monthly sessions on what MIMU has to offer. MIMU Orientations are held every first Tuesday of the month. An online version is currently under development.</p> <p>QGIS online training recently finished. PowerBI training will be conducted next week. Another capacity building exercise is IM Workshop and the last one was in October. The next one will be in February 2022. Three trainings are planned for early 2022 by MIMU's 3W data team including the IM Workshop, advanced Excel training, tableau training.</p> <p>The GIS working group meeting has been resumed. The GIS Working Group is comprised of staff of humanitarian and development agencies and discusses aspects of common interest for organizations involved in the management and creation of geospatial data and tools. Updated <a href="#">QGIS training videos</a> will be uploaded soon. <a href="#">MIMU Map Maker</a> platform has been launched for agencies to easily create maps. Basic Mapping training was conducted recently (for beginners in mapping who have little to no experience in mapping) and Basic GIS training will be in next year.</p>
4	<p><b>AOB and other updates</b></p> <p>Next IM network (English language) meeting will be in early January 2022. Contact MIMU Manager if your agency has any presentation to share with the group.</p>