



## Agenda

1. Impact of the twin crises on human welfare in Myanmar – *Presented by UNDP*
2. Rapid assessment of COVID-19's impact on gender-based violence essential services package provision in Myanmar – *Presented by UNFPA*
3. Updates on Sector/Cluster/Agency Initiatives
4. AOB and other discussions

## Attendance

Chair: Ei Ei Thein (MIMU)

Participants: PNTH, UNDP, PCM, WFP, MIMU, DRC-DDG, AN, SARA, VNG, CPI, Jhpiego, UNRCO, YFS, UNFPA, HAI, NRC, AMM, JOICFP, MSU, MEDG, UWS, LWF, UN Women, UNHCR, WF, ARC, AAR, AMDA, SPM, BS, PCF, SW, Malteser (40 participants from 33 organisations)

### 1. Impact of the twin crises on human welfare in Myanmar – *Presented by UNDP*

MLCS Poverty profile was produced based on. 20-17 Myanmar Living Conditions Survey. As a follow up to that survey, Household Vulnerability Survey (HVS) was conducted in late 2020 to assess the impact of COVID-19 on poverty. While that survey was being conducted and its data processed, events of February 2021 happened and to incorporate its impact, a report titled "Compounding negative shocks and their impacts on Human Development in Myanmar, April 2021" was created based on HVS data. Another follow up was People's Pulse phone survey in May/June 2021 to assess the impact of the twin crises on human welfare in Myanmar.

The results from the previous MLCS and HVS was briefly mentioned. From 2015 to 2017, poverty rate declined from 48.2% to 24.8% but vulnerable population remained high at 32.9%. Possible impact on Poverty based on HVS survey was explained based on the categories of lower bound, baseline and upper bound estimates. Shocks are also categorized as temporary and longer term. It was estimated that the compounded effect of two crises can put almost half of Myanmar's population in poverty.

An important disclaimer is that because of the hurdles in data collection after February 2021, estimates were relied upon but 2021 People's Pulse survey aimed to confirm earlier estimates and gain further insights.

This Impact of the twin crises on human welfare report contains the latest figures on Poverty in Myanmar. Methodology is based on four assumptions: reduction in income from non-farm businesses, reduction in agricultural income, reduction in wages, and reduction in remittances and social transfers. That fact that one kyat loss of income must be compensated by one kyat loss in consumption is having a profound on poverty.

By assuming that current shocks will be long-term, poverty head count was updated from the previous survey. Income reduction from non-farm businesses will increase the urban poverty three times. Child poverty will also be increased and may affect more than half of children in Myanmar. It was found that the impact will be worse in women-led households. Different impact levels for all states and regions was also discussed. Since the survey timeframe did not coincide with harvest times, the impact on farms could not be accurately measured.

Poverty depth/ gap was also discussed. Poverty gap is defined as the difference between actual consumption and the 2017 defined poverty line of less than 1590 kyat consumption per adult. That number was lowest in 2017 at 5.2% but it is expected to reach the highest of 18.5% in 2022. (even higher than the previous high of 14.2% from

2015) About 3.5 billion USD will be needed annually to fill that gap (4.5% of 2019 GDP). Different levels of poverty gap for states and regions was discussed.

Coping strategies such as reduced consumption of non-food items, reduced food consumption were found out through survey questions.

Long-term impact of poverty on nutrition, education and health was discussed.

Regarding nutrition, stunting especially in children can happen. Other possibilities include Inadequate intake of food rich with micronutrients, lack of sufficiently diversified diet, and skipping meals altogether.

Regarding education, impacts such as Inadequate stimulation at home, inability to pay fees, removing children from school as a (negative) coping mechanism. Also, for every 10 percent increase in the prevalence of poverty there was a 6.4 percent decrease of children entering the final grade of primary school.

Regarding health, one coping strategy is to not seek medical care for normal symptoms such as runny nose and coughing. Pediatric care, prenatal and antenatal care, vaccination will also be impacted. According to the survey, 60.6% of respondent household said it is more difficult to get medical help at the moment.

## Conclusions

These twin crises have a significant impact on poverty in Myanmar. The impact can put almost half of the population poverty; the level from 2005, erasing over 15 years of progress. Poverty depth will also go back to 2005 level and 4.5% of GDP will be needed to fill that. Child poverty will also be increased – impacting over half of children population. Urban poverty will be increased three times. Without remedial actions, Myanmar could see a slide in human development that may not be reversible within the 2030 SDG timeframe.

## 2. Rapid assessment of COVID-19 impact on gender-based violence essential services package provision in Myanmar – *Presented by UNFPA*

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.

### 3. Updates on Sector/Cluster/Agency Initiatives

**PNTH:** Batch 2 of Office Administrative Management Training will start from November 27 and it targets local NGOs for capacity-building.

**UN Women:** At the end of November, one-day Gender in Humanitarian Action (GiHA) Training will be given to partner agencies. Basic Gender and Gender Mainstreaming trainings can be requested.

**Food security cluster / sector:** 5W data for Q3 has been collected and analysis is underway. As IM products, partner presence map, month response, power BI based response dashboard were uploaded on [Food security cluster website](#).

**MIMU:** MIMU 3W Maps are out and overview report and comparison analysis will be released soon. In this round, 163 agencies contributed 3W updates, which is 4-5 agencies more than the previous round. Those 4-5 are mostly National NGOs. All 3W reports will be out before December 17. 3W comparison analysis will be presented in the next meeting. To summarize the comparison, even though the number of organisations increased, the project numbers actually decreased. Health sector has the most projects but there is significant drop in projects. Project focus data was additionally collected for Rakhine, Kachin and Shan States as well as other states and regions.

### 4. AOB and other discussions

The meeting will be in hiatus for a month in December and will resume in January.

#### Action Points

No.	Action Point	Responsible	Deadline
1	Give Gender Training to IM Network members in MMR Language	MIMU, UN Women	
2	Send meeting invite as calendar invite	MIMU	