

Rapid assessment of COVID-19 impact on gender-based violence essential services package provision in Myanmar

IM Network meeting 3rd Nov 2021

Aim of rapid assessment

**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 and questionnaire

- What essential services (health care, police, justice, social services and referrals) are provided in the states and regions? What services continued, ceased, and started during the COVID-19 outbreak? And after 1st February 2021
- What was the modality of service provision and what changed from the pre-COVID-19 period (e.g. in terms of opening hours, costs to the users, availability of supplies/commodities, etc.)
- What are the gaps and challenges in terms of availability of and accessibility of essential services package during COVID-19 and after 1st February?

Three sets of questionnaires (one for each sector) were developed base on the above key research questions.

Methodology

A mixed quantitative and quantitative methods study design.

Data collection techniques were composed of quantitative, qualitative component and secondary data review.

- i) Quantitative: survey among service providers

- ii) Qualitative component: Focus group discussions with service providers and if possible, in-depth interviews with women and girls who have accessed to safe houses and other services (only when we can ensure confidentiality and safety)

- iii) Secondary data review of available data

Sample size

- **Initial plan** to interview 150 service providers (mix government; private providers), across ten regions/states: Ayeryarwaddy; Bago; Mandalay; Sagaing; and Yangon; Kachin; Kayah; Kayin; Rakhine; and Shan (Northern and Southern)
- **Final plan:**
 - Only 41 service providers were contacted; 5 providers refused and 1 service provider had closed; 35 agreed to participate and completed interviews, of which 13 health, 11 social service, and 11 legal service providers for quantitative survey; two FGDs were conducted with service providers
 - Only focus on regions having UNDP and UNFPA interventions (Bago; Kachin; Kayin; Mon; Shan/Northern and Southern; Rakhine; Yangon (Government facilities were excluded from the sample frame because of security concern.)
- **Time of the fieldwork:** Qualitative data was collected in Nov 2020 and quantitative data between 20 April 2021 to 10 June 2021

Ethical Consideration

- All ethical and safety measures were adhered by following the recommendations outlined in the WHO's Ethical and Safety Recommendations for Research on Domestic Violence against Women
- The RA ensured do no harm, safety for both researchers and respondents, obtaining consent before the assessment and protecting confidentiality throughout the assessment process
- The main target respondents were service providers to understand the situation around GBV service provision during COVID-19 and after 1st February, rather than directly interviewing GBV survivors

Limitations

- Political context
 - Some service providers feared for safety and were unwilling to participate in the study
 - Priority of the implementing partners under the political contexts may have changed, and difficult to offer time for interview
 - This affected the number of providers or facilities we could reach than initially planned
- Logistics
 - In-person interview not feasible
 - Frequent interruptions to interviews in areas with unstable phone and internet connections
 - Difficulty in recruiting enumerators in crisis context
 - Challenge to contact respondents (they hid themselves because of their safety)

Key Findings: Quantitative survey

Social services during COVID-19 and since 1st February 2021

- Few facilities affected in terms of :
 - Services delivered i.e. components and associated activities
 - Availability i.e. number of days facility / hours of operation
- Mixed effects on quality:
 - Stock outs: dignity kits; food & essential services; and basic health needs
 - No reduction in staff numbers or effects on referrals
 - Most facilities had protocols and guidelines although not recent
- Client numbers increased in 2020 (compared to 2019) but generally decreased in February 2021 (compared to January 2021), utilization of help lines services however increased after 1st Feb 2021

Social services: 11/12 components in the delivery of social services were examined (the exception of #6) The total number of social service providers interviewed was eleven. Of these, 9 NGOs and 2 CBOs.

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|-----|---|
| 1 | Crisis information |
| 2 | Case management |
| 3 | Help lines |
| 4 | Safe accommodation |
| 5 | Material and financial aid |
| 6. | Creation, recovery, replacement of identity documents |
| 7. | Legal and rights information, advice and representation |
| 8. | Psychosocial support and counselling |
| 9. | Women-centred support |
| 10. | Children's services for any child affected by violence |
| 11. | Community information, education and outreach |
| 12. | Assistance towards economic independence, recovery and autonomy |

Impacts to social service delivery

- **Stock outs of dignity kits during COVID-19 and since February 2021:** 50% facilities providing DKs through case management and material and financial aid reported that during both COVID-19 and since 1st February 2021, they had experienced stock-out. 30% of the facilities providing safe accommodation had experienced stock-outs during COVID-19 and since 1st February; and 50% of facilities providing outreach had run out of DKs during COVID-19.
- **Stock outs of basic personal and health care items during COVID-19 and since February 2021** 66% of the facilities providing personal and health care items through case management, reported stock outs during COVID-19, and 66% providing the items through material and financial aid reported stock outs during COVID-19 and since 1st February 2021
- **No facility reported a reduction in staff numbers during COVID-19** for any of the service delivery components. 67% of the facilities reported all staff delivering that service component had received training.
- Eighty-eight percent facilities providing material and financial aid and help lines respectively, had protocols.

Referral

- ✎ With the exception of help lines (only 50% of help line providers documented referrals,) all facilities that provided services involving referral of clients reported that they documented referrals.
- ✎ Cross-sectoral referrals: Social facilities mainly referred clients to either health or legal services
- ✎ Information relating to referral pathways and service providers have not been updated in a timely manner when the organization changed their service provision model or ceased some services because of the impact of COVID-19.
- ✎ Four (80%) facilities providing 1st line support reported that they always reported cases to the police, however, it is not clear if this is with or without consent from the survivors, and this practice continued during COVID-19 and since 1st February 2021. Three facilities reported that they always reported cases of sexual assault to the police, and this reduced to two facilities since 1st February 2021.

Health services during COVID-19 and since 1st February 2021

- All facilities continued to provide services during COVID-19 and since 1st February 2021, although some reductions in activities
- Evidence COVID-19 and military coup have had a negative impact on availability and some aspects of quality
 - **Availability:** service scale back i.e. reduced number of days / hours
 - **Quality:** prolonged stock-outs of medicines/commodity; disruption to referrals
- Staffing: No reduction in staffing or numbers of trained staff
- Client numbers generally increased in 2020 (compared to 2019) but mixed evidence of service utilisation post military coup

Legal services during COVID-19 and since 1st February 2021

- Majority continued to provide services during COVID-19. However, gaps emerged since 1st February 2021 (the most affected sector among the 3).
- Evidence that military coup have had considerable negative impact on availability and some aspects of quality
 - **Availability:** service scale back i.e. reduced number of days / hours
 - **Quality:** disruption to referrals
- Staffing: No reduction in staffing or numbers of trained staff
- Client numbers: mixed pattern in utilisation rates 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 Services

- Travel and Movement Restrictions: Impacted on all three sectors
 - The ability of survivors to travel and access services in different locations is impacted.
 - Travel approval required survivors to disclose their information to authorities.
 - Mobile service delivery has been interrupted/paused especially in conflict affected areas and internally displaced camps
 - Women and Girls Centres cannot be operational such as in Rakhine because of travel restrictions and requirement of gathering limited numbers

Challenges to deliver and access to Social Services

☞ Safety/Safe accommodation

- Travel restrictions, hotel closures during the pandemic
- Quarantine centres do not offer a safe environment for survivors or delivering services in a safe space and created financial burden to survivors. Some incidents of sexual violence and harassment during quarantine were reported.

☞ Referral: Up to date information on referring to the services not available

Challenges for legal sector

- Police prioritized their efforts in emergency law of travel restrictions and stay at home order, GBV and domestic violence incidents were often dismissed (during the pandemic)
- In a political sensitive context, such as in Rakhine, seeking justice services are more challenging due to less commitment by government institutions to GBV incidents
- Legal proceedings are lengthier than ever due to the pandemic as they have reduced the frequency of court hearings
- The challenges are expected to have compounded under recent political context, which requires further examination.

Challenges for Health care sectors

- Mobile service interrupted
- Most non-public and non-profit health services operate with regular working hours, which makes it harder for the survivors to access the service outside working hours.
- Confidentiality is a major issue while referring to public health services
- Usually no private room for survivors to share the experience
- Safety and security of health service staff in conflict-affected states due to geographic insecurity in the region
- The lack of GBV awareness among community members

Summary of Findings

- ➡ GBV essential services continue to be delivered but social services least impacted; Legal services most impacted
- ➡ Evidence of challenges to remote service delivery i.e. outreach affected
- ➡ Client numbers: mixed pattern in utilisation rates across the different service components in 2020 (compared to 2019) and also in February 2021 compared with January 2021
- ➡ All facilities experiencing stock-outs during COVID-19 and since 1st February 2021
- ➡ Context affects referrals and availability of commodities

Programme recommen dations

- Promote service integration to:
 - Expand health sector response to GBV
 - Help overcome delivery of social services as health services can be offered under emergency category
 - Integrate legal services in other sectors whose availability and accessibility may be less affected
- Train all front-line service providers in delivering remote services to help standardize services and to support those who does not have SOPs, including do no harm principles
- Adopt program plan to ensure sufficient infrastructures for delivering services under the current situation e.g. safe space for talking to survivors while providers are working from home
- Implementing agencies should develop innovative strategies for delivering prevention mechanism when unable to deliver in person
- Adopt help line/hotline services in different locations with rotating operating hours. This should be well coordinated with referral services

Research recommendations

- Further analysis and studies on the findings and recent political context is recommended.
- Suggest quantitative study be repeated on a regular intervals to monitor the evolution of how essential services are being delivered in line with guidelines



Thank you for your attention!