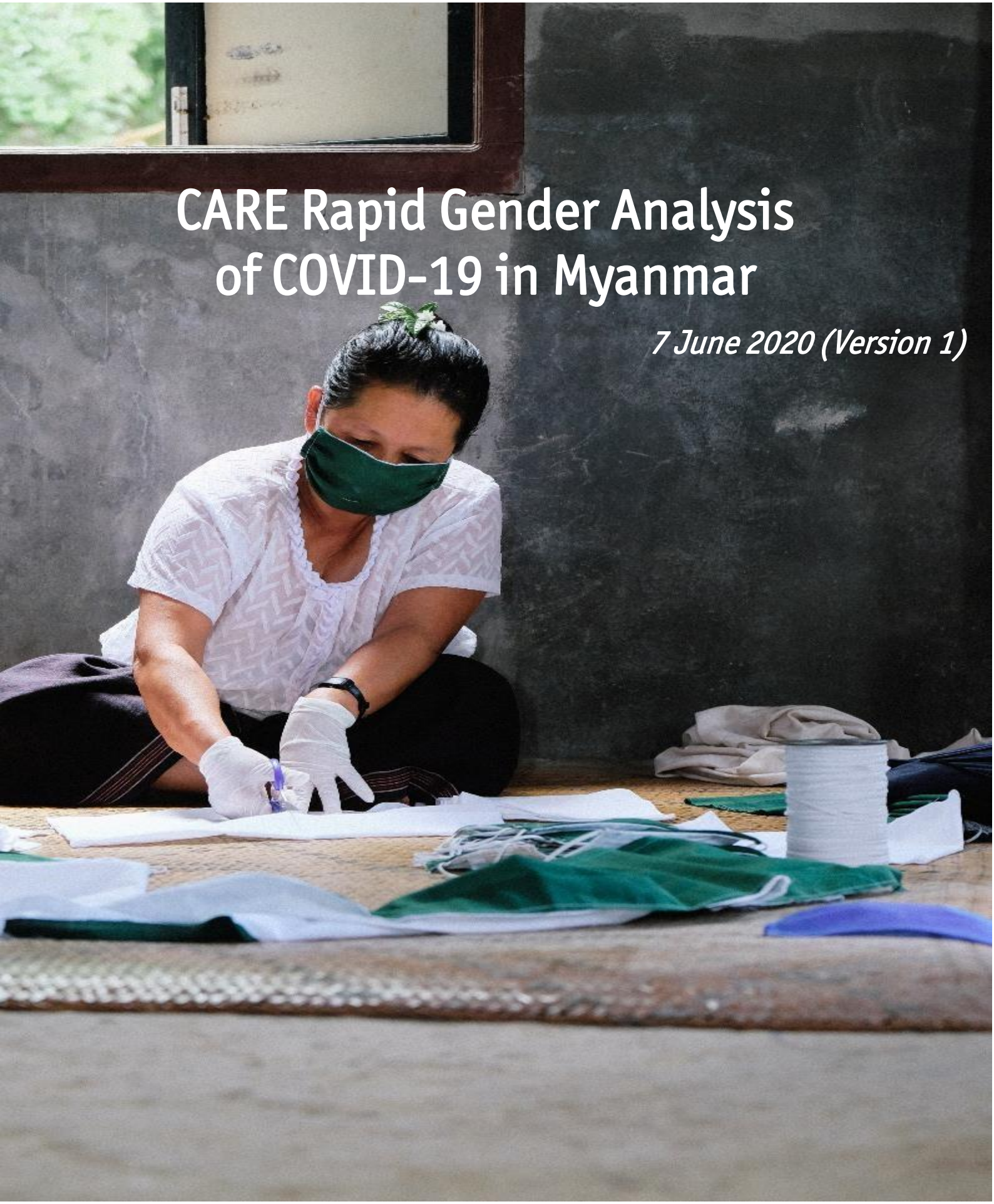
CARE Rapid Gender Analysis of COVID-19 in Myanmar

7 June 2020 (Version 1)



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Acknowledgements

This report was writen by Giselle Hall, on behalf of CARE Australia. The primary data collection was led by Nilar Tun, Gender Advisor at CARE International in Myanmar.

CARE International in Myanmar staff from Malamying, Lashio, Loikaw, Mandalay and Myinthar field offices conducted interviews with key informants and offered valuable insights as part of the collaborative data analysis process. This assssment has also benefitted from the leadership, ongoing technical advice, analysis and valuable reviewing contributions of Charlie Damon and Jordan Hoffmann (CARE Australia, Global Programs and Partnerships), Nilar Tun (CARE International in Myanmar) and Merit Hietanen (UN Women). It has also drawn on CARE's rapid gender assessment for the Mekong region, written by Athena Nguyen, Laura Baines, Ratha Ra, Rebecca Elias (CARE Australia, Global Programs and Partnerships).

We are very grateful to all of the healthcare workers, government officials, factory workers, informal sector workers, civil society organisation staff and other community members who gave us their time and shared their stories and experiences as part of this assesment.

Many thanks to UNICEF and UN Women for their financial contribution to this research.

The views in this assessment are those of the author alone and do not necessarily represent those of CARE or its programs, or the Australian government, or any other partners.

Cover image: A member of Thantaunggyi Women's Group makes masks in Kayin State.

Photo credit: UN Women/Saw Htee Wai Khing

Contents

Abbreviations 2

Executive Summary 3

- Introduction 5
  - Background information: COVID-19 & the humanitarian context 5
  - Rapid Gender Analysis Objectives 6
- Methodology 7
- Demographic profile 9
- Findings and analysis 11
  - Gender roles, decision-making and leadership 11
  - Health, including Sexual and Reproductive Health (SRH) 15
  - Water, Sanitation and Hygiene (WASH) 19
  - Economic impacts 22
  - Safety and Protection 27
- Conclusions and Recommendations 34
  - Recommendations for responding agencies: 35
- Endnotes 37

Annexes 45

- Annex 1: Gender in Brief 45
- Annex 2: Key informant interview tools 47

Abbreviations

COVID-19	Novel Coronavirus 2019
DSW	Department of Social Welfare
EVD	Ebola Virus Disease
FSW	Female sex worker
GBV	Gender-based violence
HNO	Humanitarian Needs Overview
ICU	Intensive Care Unit
IDP	Internally displaced people
KII	Key Informant Interview
KTV	Karaoke bar/club
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer or questioning & Intersex
NCD	Non-communicable disease
RGA	Rapid Gender Analysis
SRH	Sexual and Reproductive Health
SSB	Social Security Board
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Executive Summary

Key Findings

- At least 80,000 migrant workers (65% male) have returned to Myanmar since March.
- 50% of the 700,000 mainly women workers in the garment sector are at risk of either being suspended without pay or losing their jobs permanently.
- 90.7% of women who work are in the informal economy. They do not have access to social protections, and are highly exposed to the economic downturn.
- Both urban men and women expressed loss of livelihoods and food security as a key issue resulting from movement restrictions.
- The medical supply chain has been affected in some parts of the country, with reports of contraception stock outages.
- There are reports that fear of contracting COVID-19 is preventing expectant mothers from accessing services, which could increase the already high maternal and infant mortality rate.
- Drought and water scarcity in some areas is limiting hand-washing.
- With the closure of restaurants and karaoke bars, female sex workers are being forced onto the street, where they are more exposed to physical and sexual violence.
- The economic and social disruption of COVID-19 could provide a fertile recruiting ground for trafficking, and economic hardship may lead to a spike in child marriage.
- The court system is becoming overwhelmed, with major delays for GBV cases already in process.
- Government COVID-19 response strategies could give rise to, or further intensify, human rights abuses, including abuses of women's rights.

As of 7 June 2020, there have been 228 confirmed cases of COVID-19 in Myanmar,[1] and new cases continue to be confirmed.[2] Myanmar's humanitarian and conflict dynamics, high poverty rate, flow of returning migrants, high numbers of internally displaced people and urban slum-dwellers, and high proportion of workers in the informal sector present a range of challenges in the context of COVID-19. These factors tend to make prevention and control measures more difficult, while also intensifying the potential impacts of a larger outbreak, if it were to occur.

Despite the relatively low number of verified cases within its borders to date, the pandemic has already had an outsized economic impact in Myanmar. Migrant workers, informal sector workers including sex workers, and garment sector workers have all been disproportionately affected.

Women in Myanmar have traditionally been under-represented in public decision-making processes, a trend which is continuing in structures established to respond to COVID-19. This means that even as women are disproportionately affected by the crisis, they have less say in how their communities and country respond to it, increasing the risk of a COVID-19 response that does not adequately address the needs and priorities of the most vulnerable women and girls.

Key recommendations

Recommendations for responding agencies:

- **Recommendation 1:** Ensure availability of sex and age disaggregated data.[3]
- **Recommendation 2:** Provide emergency cash grants to vulnerable households, particularly women-headed households, who have lost their income, to enable them to meet their basic needs.

- **Recommendation 3:** Develop and prioritize mitigation strategies that specifically focus on the on livelihoods of the most vulnerable women and men, including informal sector workers, and build economic resilience to future shocks.
- **Recommendation 4:** Invest in existing peer networks and organisations for female sex workers, such as SWIM (Sex Workers in Myanmar).
- **Recommendation 5:** Ensure that safety and security in quarantine centres is considered more holistically. Ensure adequate Gender-based Violence (GBV) risk mitigation measures are provided in terms of safe shelter and WASH services and facilities, including access for people with disabilities.
- **Recommendation 6:** Ensure that existing resources for essential SRH services are not diverted due to the pandemic, and existing SRH services remain safely accessible given the changing context and country restrictions.
- **Recommendation 7:** Promote best practices for working with marginalised groups (such as sex workers and the LGBTQI community) in mainstream health services.
- **Recommendation 8:** Ensure continuation and strengthening of services for the prevention of and response to gender-based violence and other protection issues in communities affected by COVID-19.
- **Recommendation 9:** Make active efforts to engage women as leaders in agencies' responses, engaging women in decision-making around design, planning and implementation of programming for agencies. to re-address the disproportionate number of men represented in leadership positions.

Recommendations for regional and national Government bodies:

- **Recommendation 10:** Ensure eligibility criteria and targeting processes for activities 3.1 and 4.1 in the COVID-19 Economic Relief Plan[4] are fully inclusive of women, informal sector workers and other marginalized groups, such as sex workers and migrant workers, including returnee migrant workers.
- **Recommendation 11**: Continue to invest in extending social health protection, re-committing to the existing goal of achieving Universal Health Coverage by 2030, including Sexual Reproductive Health.[5] In tandem with short-term emergency solutions (such as cash grants), solving the underlying challenges remains key.
- **Recommendation 12**: Ensure meaningful engagement of women and girls in all decision making on COVID-19 preparedness and response at all levels, to ensure efforts and response are not further discriminating and excluding those most at risk.[6]
- **Recommendation 13:** Ensure continuation and strengthening of support to court and legal service provision for gender-based violence cases.

Introduction

Background information: COVID-19 & the humanitarian context

First detected in China's Hubei Province in late December 2019, Novel Coronavirus 2019 (COVID-19) has since spread to 188 countries or regions.[7] The World Health Organization (WHO) declared it a pandemic on 11 March 2020, and to date there have been 6,750,521 confirmed cases of COVID-19 globally, including 395,779 deaths.[8]

As of 7 June 2020, there have been 228 confirmed cases of COVID-19 in Myanmar[9] according to the Ministry of Health and Sports (MoHS), including six fatalities, and new cases continue to be confirmed.[10] Testing remains limited with overall 37,000 tests carried out thus far. The outbreak's epicentre is in Yangon, though cases have been confirmed in thirteen other states/regions, including in conflict-affected Shan, Chin, and Rakhine States.[11] While no cases of COVID-19 have been confirmed in camps or sites for internally displaced people to date in Myanmar,[12] more than twenty cases (including one fatality) have been confirmed in Rohingya refugee camps in neighbouring Bangladesh.[13] Following COVID-19 related lockdowns and widespread job losses in Thailand and other neighbouring countries, migrant workers (an estimated 65% of those returning through regular routes are men, but significantly more women are reported to be returning through irregular routes) are continuing to return home to Myanmar.[14] More than 80,000 migrant workers have returned to Myanmar though regular routes since March 2020.[15]

Given the country's weak health infrastructure and underlying public health vulnerabilities, prevention is key, and authorities have put in place various movement control measures (including stay-at-home orders, curfews, bans on public gatherings, closure of education facilities, public transport suspensions, and suspensions of visas and international flights) in order to curb the spread of COVID-19.[16] At the time of writing, some restrictions are beginning to ease, but may be reinstated in response to new cases, as has occurred elsewhere in the region.

While movement restrictions have been promoted by public health authorities around the world as an effective way to control the spread of the disease, when they are applied in humanitarian settings, these same restrictions can cut off people's access to livelihoods and basic goods and services, increase food insecurity and malnutrition, and leave people more exposed to violence, including gender-based violence (GBV).[17] These restrictions exacerbate existing vulnerabilities, and the risks are multiplied for groups who are already systemically disadvantaged, including women and girls.[18] In responding to COVID-19, Myanmar faces

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This formidable challenge is complicated by existing socio-economic, conflict and humanitarian dynamics. This year's Humanitarian Needs Overview (HNO) highlights that:

> Humanitarian needs in Myanmar are driven by multiple factors including armed conflict, inter-communal violence, and vulnerability to natural hazards. The situation is aggravated by chronic poverty, protracted displacement, food insecurity, limited social support networks, and underlying inequalities including statelessness, segregation, discrimination, and gender disparities that exacerbate the needs, vulnerabilities and marginalization of people in many parts of the country.[19]

Understanding the different ways that the COVID-19 crisis and associated restrictions affect the most vulnerable segments of society, including women and girls, people with disabilities, ethnic minorities, internally displaced people (IDPs), garment sector workers, and sex workers is key to ensuring an effective humanitarian response. It also presents new opportunities for continuing progress towards gender, economic and social justice in Myanmar.

Rapid Gender Analysis Objectives

The aims of the Myanmar COVID-19 Rapid Gender Analysis (RGA) are:

- To understand the different impacts that COVID-19 potentially has on women, men, girls and boys, people with disabilities and other marginalised groups in Myanmar, including garment workers and sex workers.
- To inform COVID-19 humanitarian programming in Myanmar based on the different needs of women, men, girls and boys and people with disabilities and other marginalised groups in Myanmar.
- To provide a set of recommendations to responding agencies for implementing COVID-19 response activities.

To supplement this country-level analysis, a separate RGA is being conducted for Rakhine State.

Methodology

This Rapid Gender Analysis is comprised of a secondary data review, and interviews with 82 people (62 females and 20 males, aged between 16 and 53 years old). CARE and partner teams conducted remote or face-to-face interviews with respondents in six states and regions: Mandalay region (10 interviews); Mon state (10 interviews), Kayah state (8 interviews), Kayin state (1 interview) Shan State (4 interviews) and Yangon region (47 interviews). Key informants included factory workers (29); sex workers (14); representatives of humanitarian, legal and women's organizations (13); government officials (8); health workers (6); and other members of the community (12) with diverse disability, LGBTQI, IDP and migration statuses.

Key informants were selected based on a purposive sampling approach. It is not intended to be a representative sample, but instead to offer a rapid snapshot and some key insights into the evolving situation. The primary data was collected between the 4th and the 20th of May 2020, and analysed through a participatory process, culminating in an online workshop attended by 26 CARE staff from five field offices.

Given the specific ethical and logistical considerations involved in conducting an assessment in the context of COVID-19, a 'Do No Harm' approach was taken and prioritised throughout the process. The majority of key informant interviews were conducted remotely, by phone, email or Facebook messenger.

Some limitations of this research included:

- **Challenges with the remote interviewing methodology.** Interviewers reported that it was sometimes difficult to be clearly understood on the phone, and poor phone/internet connectivity created disruptions. This may have affected the quality of the data collected. The absence of a face-to-face connection may also have affected the capacity of interviewers to build rapport and trust, and potentially limited the information respondents were willing to share, especially on sensitive topics such as GBV.
- **It was not always possible to have interviewers of the same gender as the respondents**, with 19 female respondents (including 10 sex workers) interviewed by men. This may have influenced the types of information interviewees were willing to share, especially in relation to sensitive information.
- **Given that this rapid assessment was conducted mid-crisis, some respondents were very time-pressed, which limited the level of detail they were able to provide.** This

was exacerbated by the remote methodology, with interviewers noting that the remote interviews took much longer than they would have face-to-face.

- Interviewers experienced **problems with translation**, as the interview questions were in English while interviews were conducted in Burmese and other languages. Translation from English was conducted by the CARE Gender Advisor, and discussions held with interviewers to ensure their understanding of the questions and interviews were then conducted in local languages, translated back to English from interview response forms. Due to this, language issues may have limited the data analysis.
- This RGA has a special focus on garment workers and sex workers, and contains **limited information specific to vulnerable populations living in areas outside government control, IDP sites, rural areas, and quarantine facilities in the border areas**. This focus is related to CARE's access to primary data.

Suggested areas for further research:

- Further consideration of the different impacts of COVID-19 on women, girls, men and boys and marginalised populations among different ethnic groups within Myanmar would be beneficial, as this was not a particular focus of this analysis.
- Further consideration of the effects on the agricultural sector and rural areas of Myanmar would also be beneficial.

Demographic profile

Myanmar's last census was conducted in 2014. At that time, Myanmar had a population of 50,279,900 people, with women representing just over half the population.

The World Bank's latest population estimates indicate that the population has grown to more than 53,708,395 people, with ratios between sexes remaining the same.[30]

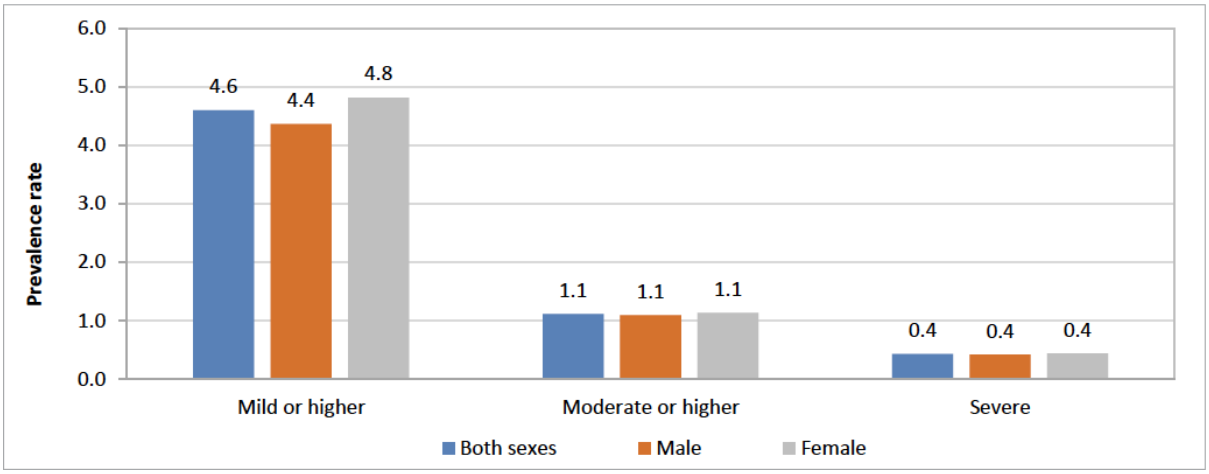
Myanmar: quick facts

- **Average household size:** 4.3 [20]
- **Median Age:** 29 [21]
- **Female-headed households:** 23.7% [22]
- **Adult illiteracy rate:** 13% for women, 7% for men.[23]
- **Fertility rate (average number of children per woman):** 2.3 [24]
- **Life Expectancy:** 65 for men, 69 for women [25]
- **Infant Mortality rate:** 62/1000 live births [26]
- **Non-communicable diseases** account for an estimated 68% of all deaths. [27]
- **Religions:** Buddhism (88%), Christianity (6%), Islam (4%). [28]
- **Ethnic groups:** There are 135 officially recognised ethnic groups, with the Bamar ethnic majority comprising an estimated 68% of the population. [29]

Population by sex and age[31]	**0-14 years**	**15-64 years**	**65-84**	**85+**	**Total**
Male	7,296, 904	15,722,510	1,209,300	81,813	**24,228,714 (48.2%)**
Female	7,102,665	17,260,258	1,688,263	149,213	**26,051,186 (51.8%)**
					50,279,900

Based on the 2014 census, an estimated 4.6% of the population is living with some form of disability, and over a quarter of this group have multiple disabilities.[32] The rate is similar for males and females:

Figure 1: Disability prevalence rates by degree and sex (2014 Census)[33]



The overall disability rate is significantly lower than global and regional averages, and is likely to be an underestimate of the true level.[34] In particular, it is likely to be an underestimate of disability prevalence in children under the age of 10, and does not fully cover psychological, social and intellectual disabilities, with only four out of six possible Washington Group disability questions being asked.[35]

Demographic profile of garment sector workers

Prior to the COVID-19 crisis, Myanmar's garment sector was booming, and functioned as a key driver of the increasing rate of women's workforce participation.[36] More than 700,000 people are employed in the garment sector in Myanmar,[37] and an estimated 90% of them are women.[38] The workers tend to be young, with the majority aged between 16 and 23 years old.[39] Most garment sector workers are Bamar, and the largest ethnic minority group in the garment sector are Rakhine.[40] The majority of garment workers are migrants to Yangon, coming from rural areas.[41] They tend to be comparatively well educated, with the level of education among women who work in garment factories higher than the national average for women in Myanmar.[42]

Demographic profile of female sex workers

There are an estimated 66,000 female sex workers (FSW) in Myanmar.[43] Many are internal migrants (recruited directly from rural areas, or among recent migrants to cities), and trafficking and forced labour are major issues.[44] Poverty is the key driver leading women in Myanmar to enter the sex industry, with debt (including related to health expenses) a commonly reported trigger for entering the sex industry.[45] A significant proportion of female sex workers are illiterate and sexual exploitation and abuse (as well as other forms of violence) is rife.[46] Female sex workers (and in

some cases, their children) face stigma and discrimination, which affects their access to healthcare, the rental market, and social and economic opportunities.[47]

Findings and analysis

Gender roles, decision-making and leadership

Traditional cultural norms in Myanmar emphasise the role of women as mothers, and highlight their domestic and care-giving responsibilities:

> *"traditions and customs not only expect a woman to bear and care for the children[,] but she is responsible for its general well-being, keeps order and discipline, provides love and sympathy, makes sure that each member of the family is healthy, happy and if possible, wise."*

- U Win Mra, Leader of the Myanmar Delegation to the 22nd Session of the Committee on the Elimination of Discrimination against Women, New York, January 2000.[48]

In line with these norms, women are typically expected to undertake the majority of household, childcare and other caring work, while men are traditionally expected to provide for and make decisions for their families.[49] However, changing economic conditions, particularly in urban areas, have meant that women increasingly work outside the home, with the female workforce participation rate reaching 48.5% in 2018.[50]

In line with global trends, women's increased work outside the home in Myanmar has tended not to be accompanied by a decrease in domestic work, and instead women have increasingly taken on a 'double burden' as they continue to uphold their domestic work while also working outside of the home.[51] Limited data is available on the gender gap in unpaid care work in Myanmar; however, in the Asia Pacific region as a whole, women spend more than four times as much time than men on unpaid care work.[52]

The COVID-19 pandemic has increased the demand for unpaid care work in Myanmar, with the closure of schools creating additional hours of childcare work. With more family members self-isolating at home and increased focus on hygiene, there is also likely to be additional cooking and cleaning work required. Based on existing gendered divisions of labour, this additional domestic and caring work is likely to be absorbed by women, further increasing their care burden and exacerbating existing inequalities in the gendered division of domestic work.[53]

Although this issue has received significant attention in the global discourse on COVID-19, it was not given a similar emphasis by female or male key informants interviewed as part of this assessment. The majority did not report any significant change in this area. Where female interviewees did report increased domestic work, they did not seem to consider it a significant

issue, likely because it often corresponded with the suspension or loss of paid jobs, which was a far greater concern. As one forty-eight-year-old woman in Kayah State explained:

> *"There are changes regarding paid and unpaid works during COVID-19 crisis. Because the income is decreased, I am concerned for the family. However, since paid work has been temporarily suspended, I can spare more time for house chores."*

However, there are also other changes in paid work that at times have amounted to an increase of duties. In at least one case, participation in the emergency response to COVID-19 (and the high value placed on this) resulted in less time spent on unpaid domestic labour:

> *"Time for work is changed both paid work and unpaid work. But for me I could not do the unpaid work and have to give more time for the paid work as our organization is responding to emergency so need to work on that."*
>
> - 38 year old woman in Yangon, working for a women's organisation.

Some key informants reported that with both women and men spending more time at home (due to job suspensions/losses as well as the lockdown), some men were taking on a greater share of the caring and domestic work, including childcare and cooking. However, this was often framed as men 'helping' women with work that was still perceived (by both men and women) to be the role of women, rather than a significant re-shaping of gender roles. As one 45 year-old woman from Yangon put it: "*While husbands are staying at home, they are helpful for wives."*

Nevertheless, men's greater familiarity with and engagement in domestic and caring work as a result of the COVID-19 pandemic is an opportunity that could be leveraged. In a context where *"men just hand over his salary and not engage in anything"* (as one 37-year-old migrant woman in Yangon explained), the engagement some women describe is an important starting point:

> *"During COVID-19 crisis, there are economic and income related changes due to business being shut down and [people] staying at home. As men stay at home long, they understand more about the burden of house chores on women and get engaged to help. Previously my husband and I discussed only on important issues, now, they are more at home and have more conversation, not only on business matters but also on children's education."*
>
> - 53-year-old woman in Mandalay.

Decision making at home, work and in public governance

In Myanmar, women are generally the primary decision-makers regarding the day-to-day running of the household, including matters to do with food preparation, household hygiene, children, elderly relatives, and other caring responsibilities.[54] Men are typically expected to provide for their

families, make high-level household decisions (especially economic decisions) and play leadership roles in the public sphere.[55] These general patterns were echoed in the key informant data in various ways, though many male and female key informants described more equal and collaborative decision-making between men and women on high-level household issues.

Key informants of both sexes overwhelmingly reported that COVID-19 had not resulted in any changes to decision-making patterns at household level, access to or control over resources at household level, or decision-making at community level. Only one interviewee reported a change in decision-making as a result of COVID-19, describing how economic pressure is resulting in her husband becoming more involved in household decision-making in areas that had previously been her realm:

> *"Major change since COVID-19 is household expenditure. My husband is changed. Previously, my husband never interfered in household expenditure. Now, he warned me to frugal and not to waste money on unnecessary matter."*
>
> - 46-year-old female sex worker, Mandalay.

Among garment sector workers who spoke about the gendered dynamics of decision-making in their factories, three interviewees (two male, one female) said they thought women participated more than men in decision-making in their factory, and one female interviewee said that men participated more than women. No changes as a result of COVID-19 were reported. The high proportion of female workers in the factories (an estimated 90% for the garment sector overall)[56] seemed to provide more opportunity for women to take on managerial roles. Interviewees tended to refer to supervisors and managers as the main decision makers, with one interviewee also mentioning factory owners, and another mentioning workers' representatives. Only one key informant (a 27-year-old female migrant worker) mentioned decision making at the factory dormitories, noting that *"for the matters relating to all, we all discuss and decide together."*

Myanmar is a leader in women's participation in the public sector, with women representing 63% of all civil servants.[57] However, this has not translated into more women in senior leadership roles: women held less than 30% of Director-General positions in all but three ministries.[58] Women are also under-represented in parliament, filling just 10.5% of seats in the national parliament, less than half the global average.[59] This makes it more difficult for women to influence law reform, and contributes to women's needs and priorities being sidelined in policies and legislation.

At the local level, representation of women is even lower. The most important elected position in local government is the Village Tract Administrator (VTA), and of 16,785 VTAs elected in

2014, only 42 (0.25%) were women.[60] Barriers to women's participation in public decision making include traditional gender norms, lower education levels, lack of family/community support for participation, and the high care burden of domestic work.[61]

The governance mechanisms established to respond to COVID-19 are largely drawn from existing governance systems at local and national level, reflecting the gender dynamics outlined above. Women's role on the healthcare frontlines and in socially prescribed care roles at home make it critical for women to be included in decision-making on COVID-19 prevention and response, yet they continue to be underrepresented in key decision-making forums. Women with disabilities, sex workers, and other marginalised groups are even more likely to be under-represented.

Key informants of both sexes recognised the participation and leadership of women in the COVID-19 response. One 37-year-old migrant woman noted, *"I think I now play a leading role in talking to other women about being safe from COVID 19. Nowadays, I think, women are participating in many places."* According to a 43-year-old male government official:

> *"Women participate as volunteers while men put up posters and disseminate the information using electric megaphone. The impact is that women and men share the responsibilities."*

However, another male government official interviewed acknowledged that while participation of women is high, women are not occupying leadership positions, which limits their ability to participate in decision making:

> *"Participation in decision making is based on the position rather than gender. The barrier is that women are not assigned for position and responsibility. Since they have no position and responsibility, they have no chances to make decisions."*

Other barriers to women's participation and leadership were highlighted by a 40-year-old woman working in the health sector: *"In the village, women are also interested, however, their responsibility of [caring for] parents and children at home, and financial constraints are barriers to participate in social matters."*

COVID-19 related job losses could create opportunities as well as risks for women's participation in the public realm. While having their own source of income and work outside the home increases women's bargaining power within the household and can give women more confidence to act in the public sphere, it may also limit the time they have available for leadership activities, and dis-incentivise certain types of advocacy.[62] It is possible that COVID-19 related pressures and conditions could motivate female garment sector workers to take on leadership roles in worker's associations and unions. Recent protests over dismissals, factory

closures and wage entitlements during this period have highlighted the role of female and male workers' rights advocates, though fear of reprisals remains an important barrier.[63]

Another potential opportunity to increase women's leadership and participation in decision making lies with women's organisations. Women's organisations in Myanmar focus on a range of issues, including peace and security, law reform, and violence against women.[64] They have played a critical role in the response to COVID-19, especially in relation to GBV, and are an important vehicle for women's leadership more broadly. Similarly, other organizations and associations including Disabled Persons Organisations (DPOs), LGBTQI organisations, sex worker networks such as SWIM (Sex Workers in Myanmar) and migrant workers organisations should also be supported.

Health, including Sexual and Reproductive Health (SRH)

Impact on non-COVID health services

Despite recent reforms, and additional resources marshalled to respond to the current COVID-19 crisis, Myanmar's underlying health infrastructure is weak, with low coverage of basic services, and major inequities in access to healthcare.[65] With just 6.8 physicians and 10 nurses and midwives per 10,000 people in 2018,[66] and a total of 59 ICU (Intensive Care Unit) beds across designated hospitals as of April this year,[67] it would be challenging for the Ministry of Health and Sports (MOHS) to respond to a larger scale COVID-19 outbreak.

Lessons learnt from the Ebola Virus Disease (EVD) outbreak suggest that in low-resource settings, limited resources (including funding, staff, equipment and hospital beds) are often redirected to address the crisis, further limiting already constrained routine health services, including sexual and reproductive health (SRH) services.[68] The COVID-19 emergency in Myanmar has already led to some disruption of routine health services in some locations, including the suspension of immunization activities and communicable and non-communicable disease (NCD) control measures.[69] Key informants interviewed as part of this RGA also reported some local clinics closing, and some mobile health services suspending their operations.

These closures disproportionately affect women and girls, who are more likely to have additional restrictions on their movements imposed by their families, according to some interviewees. They also disproportionately affect people living in rural areas, where there is less likely to be another service nearby if their local one closes. However, even when alternatives are physically accessible, there may be cultural, language, psychological, discriminatory and practical barriers to accessing a new service, especially in a different area, and especially for vulnerable groups.

Sex workers routinely face discrimination by health care providers, which can be a barrier to accessing healthcare.[70] One sex worker in Mandalay explained that she used to receive her antiretroviral treatment at an NGO-run drop-in centre (specialised in providing HIV related care to female sex workers), but now had to go to the General Hospital to receive the treatment. Although the treatment was still available to her, she emphasised that it was much more difficult to go somewhere she did not have a pre-existing relationship with the healthcare provider. Another barrier that emerged from the key informant interviews was loss (or fear of loss) of confidentiality when accessing health services, which was, again, a particular concern for marginalized groups. This impact on barriers to access health services and treatment for HIV may also extend to other groups in the community who require antiretroviral treatment, particularly from other groups who may feel stigma or discriminated against when accessing health services.[71]

The disruption to health services is also likely to disproportionately affect people living with non-communicable diseases (NCDs). NCDs such as diabetes, chronic respiratory diseases, cardiovascular diseases and cancer are common in Myanmar, particularly among older people, with a higher prevalence in women and in urban areas.[72] NCDs are estimated to account for 68% of all deaths in Myanmar.[73] One key informant working in the health sector reported challenges with NCD follow up and treatment due to COVID-19 mitigation measures, which indicates that people living with NCDs are doubly impacted by COVID-19. As well as having an increased risk of contracting severe COVID-19, they are also disproportionately impacted by routine healthcare services disruptions the pandemic is causing.[74]

Lockdowns and border closures designed to prevent the outbreak's spread also contribute to this disruption to health services, and have affected medical supply chains in some parts of the country, including Rakhine State.[75] Some key informants reported shortages of medicines at health facilities, though it is unclear if these are related to supply chain disruptions or pre-existing resource constraints.

Despite these disruptions and temporary suspensions of some activities, the health workers interviewed as part of this RGA indicated that overall, most routine health services (including SRH services) are continuing to operate. However, one health worker noted that patient numbers were down, and many key informants emphasised that people remain reluctant to attend health centres, for fear of contracting COVID-19 from the health facility, patients or staff. This fear emerged from key informant interviews as an important barrier to accessing healthcare, particularly for pregnant women.

Of course, these new COVID-19 specific barriers are compounded by pre-existing 'multiple or intersecting inequalities, such as ethnicity, socioeconomic status, disability, age, race, geographic location and sexual orientation.'[76] Conflict dynamics also shape access to healthcare in Myanmar. Populations in areas affected by conflict rarely accept referrals to governmental health facilities, because of a lack of trust and confidentiality.[77] Additionally, the lack of freedom of movement and access to healthcare for some communities in Rakhine State has the potential to seriously undermine public health goals, including any response to the COVID-19 pandemic.[78]

Sexual and Reproductive Health (SRH)

According to the key informants interviewed as part of this assessment, SRH services are being affected by COVID-19 along similar lines to the impacts on other routine health services. While overall, SRH services are continuing to operate, there have been some service disruptions and suspensions. Health workers reported that antenatal care had been suspended or reduced (for example, fewer opening days/hours) in some locations. Some SRH awareness sessions and events such as mothers' support groups have also been suspended.[79] One health worker confirmed that couples are still coming to rural health centres for family planning services, but cautioned this could change, while another healthcare worker in a different state reported that family planning may be considered non-essential or non-urgent and postponed.

Due to supply chain disruptions, there are already reports of contraception stock-outs in Myanmar, and with many contraceptives manufactured in areas badly affected by the pandemic, there could be major ongoing implications for contraceptive availability.[80] Coupled with disruption to family planning services, and reluctance to attend health centres for fear of contracting COVID -19, this is likely to limit women's control over their own fertility, and several key informants expressed concerns that the crisis would lead to an increase in unwanted pregnancies.

These COVID-19 related impacts are unfolding in a context where the maternal mortality ratio (282 deaths in every 100,000 live births) is already more than two times the Southeast Asia average.[81] One in five deaths among young women is a maternal death, and the consequences of unsafe abortions are one of the leading causes of maternal mortality.[82] Myanmar's infant mortality rate is also high at 62 per 1000 live births.[83] Maternal and infant mortality rates are significantly lower for women who give birth in a facility that can provide basic and emergency obstetric care.[84]

Based on lessons learned from past epidemics, humanitarian actors have taken steps to prevent and limit the diversion of resources away from SRH, for example by ensuring SRH teams also receive personal protective equipment.[85] This proactive approach has helped many critical SRH services

stay open during the pandemic, which is an important success. However, if fear of contracting COVID-19 is preventing expectant mothers from accessing these services, as key informants reported, the already high rate of home births is likely to go up, increasing maternal and infant mortality further.

Compounding the issue, movement restrictions and additional health screening points are in some cases making it difficult for midwives to reach women in need, and causing delays when women giving birth at home experience complications and need urgent transport to hospital. A midwife from Loikaw described how this played out with one patient who had a retained placenta, echoing global experiences from the Ebola Virus Disease (EVD) outbreak, where transportation delays related to EVD contributed to adverse maternal health outcomes.[86]

Impact on health workers

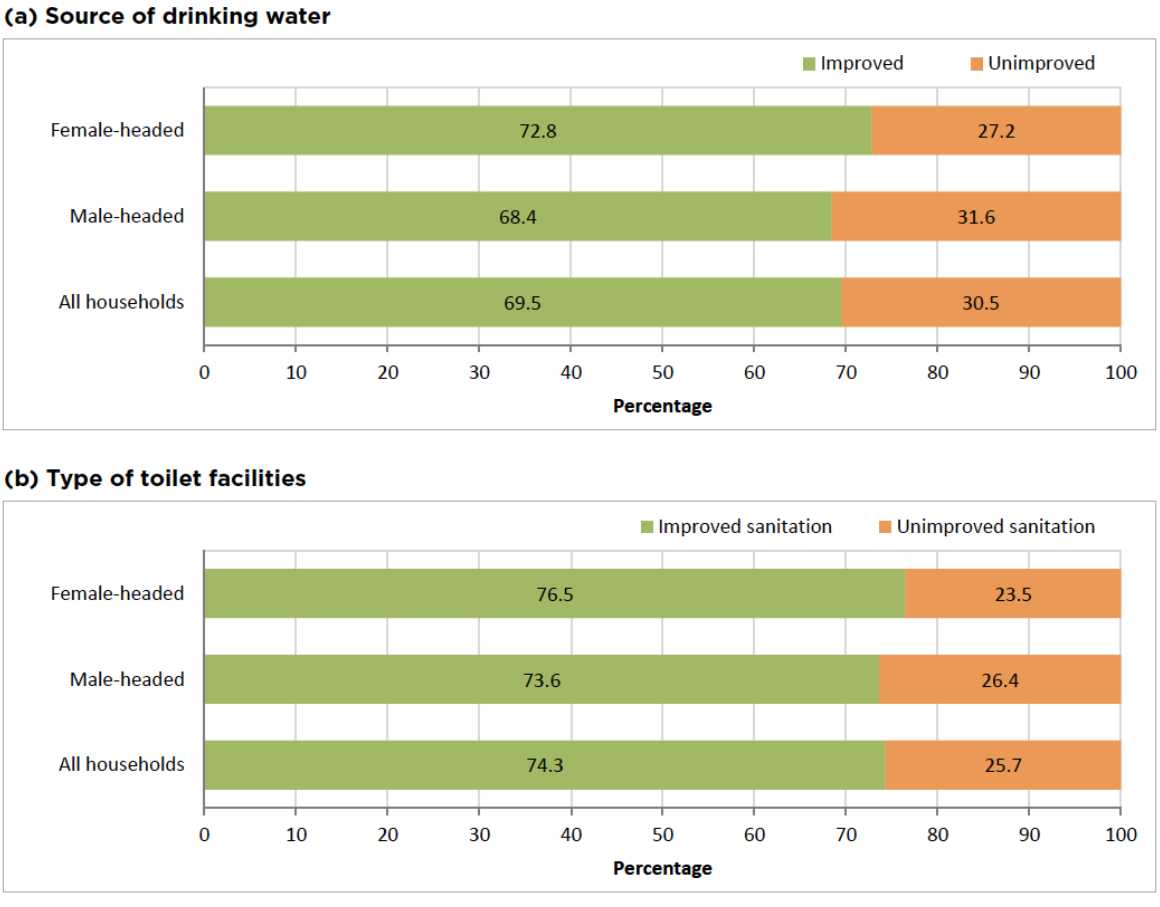
Health workers have an increased exposure to the virus, and this risk is disproportionately borne by women, who make up 75% of Myanmar's health workforce.[87] Where health workers are stigmatized by this increased exposure, it can create a flow-on effect affecting many aspects of their lives. For example, there are reports that frontline healthcare workers in Myanmar are being asked to vacate their homes, for fear they will contaminate the house.[88] Some health workers interviewed as part of this assessment spoke about experiencing stigma and discrimination, though one mentioned this was easing as panic subsided and people gained a better understanding of how the disease was transmitted.

The conflict context adds an additional layer of complexity and risk for healthcare workers. Those working in areas affected by armed conflict face the threat of violence as they go about their daily work. In April, a driver working for the World Health Organization (WHO) was tragically killed when the United Nations vehicle he was driving was hit by gunfire, while he was out collecting COVID-19 monitoring samples in Rakhine State.[89] This incident highlights the risks involved in responding to a pandemic in the context of an active conflict, though there is no evidence to suggest it was a targeted attack on health teams. However, the global experience of the Ebola Virus Disease (EVD) epidemic serves as an important warning of how a combination of armed conflict, mistrust of authorities, and health misinformation can potentially lead to targeted attacks on health workers.

Water, Sanitation and Hygiene (WASH)

Hand washing is central to the prevention of COVID-19. However, only 79% of households in Myanmar have basic handwashing facilities with soap and water.[90] This is a particular issue in rural areas, where the rate drops to 74% of households.[91] Interestingly, data from the most recent census does not indicate any significant disparity between female-headed households and male-headed households in access to household water and sanitation facilities:

Figure 2: Percentage of households by access to housing amenities by sex of household, 2014 census[92]



The graphs above indicate that female-headed households were more likely to have access to improved water sources (72.8%) than male-headed households (68.4%). Access to improved sanitation was also higher among female-headed households (76.5%) than male-headed households (73.6%). However, given that a higher proportion of female headed households live in urban areas, these differences may relate more to urban/rural dynamics than the sex of the household head.[93]

The low levels of access to improved sources of drinking water overall have specific consequences for women and girls. Only 4.1% of households have piped water into the dwelling, and it is typically the role of women and girls to collect water.[94] This means that hand-washing campaigns designed to prevent the spread of COVID-19 can inadvertently increase women's already high burden of domestic work, particularly in rural areas where fetching water requires walking long distances. This can also expose women and girls to GBV risks, on the journey. Fetching the additional water required to perform more frequent handwashing may also be a particular challenge for people with disabilities.

The WASH Cluster coordinator and six other key informants (four women, two men) reported challenges with water scarcity in some areas. This makes frequent hand washing more difficult for men and women living in these areas, potentially increasing their risk of contracting COVID-19. One 25-year-old female sex worker in Mandalay reported having to purchase water and needing to be frugal with it, highlighting the way shortages disproportionately impact marginalised groups, who are likely to have fewer social and economic resources to cope with water shortages.

Another theme that emerged from key informant data was difficulty in affording hygiene items, such as soap, hand sanitizer and masks. This is particularly affecting households who have lost their livelihoods or had their incomes dramatically reduced, such as migrant workers, garment workers and sex workers. One 30-year-old female sex worker in Yangon explained both the economic burden and imperative of purchasing hygiene items, highlighting the way that many of those who are most exposed to the virus are least able to afford hygiene items to protect them:

> *"We follow Covid-19 prevention and health care advices such as wearing facemask when going outside and handwashing when home. We bought soaps although we do not have enough money. We request some of the donors to get facemasks for those who cannot afford to buy them. The disease is an extremely dangerous infectious disease and I am afraid the disease will contract my family. Because we have to eat, I am responsible to go outside for work. It is a challenge to buy face masks and soaps as we do not have enough cash to eat."*

By contrast, many garment sector workers interviewed as part of this assessment reported that factories were providing them with masks, hand sanitizer, hand-washing facilities and water (though some still noted requiring additional supplies). Government health inspections of factories may have played a role in ensuring adherence to Ministry of Health and Sports (MoHS) guidelines, with both male and female garment sector workers reporting a range of measures being taken to mitigate COVID-19 risks in factories, and in the dormitories where workers often live. One 28-year-old male factory worker and union member in Yangon explained:

> *"In the factory, there is water available. For the prevention of COVID-19, at the factory, hostel and at home, we follow the instruction of wearing masks, using sanitizer, washing hands, and keeping the distance of 6 ft of each other. There are awareness posters in the factory. Basins are set up and we all have to follow [the instruction] to wear the mask."*

IDP settlements, quarantine centres and urban slums each present specific sets of challenges in terms of ensuring safe and accessible water, sanitation and hygiene (WASH) services for women, men, girls and boys and people with disabilities. One key informant noted some quarantine centres are not accessible for people with disabilities, while another key informant expressed concern that limited WASH facilities to could lead to protection concerns:

> *"The quarantine centre is located in school where the bathing place is not safe. All people at the quarantine centre now are relatives and it is still okay. But it will not be okay if there are both women and men in the same building that are strangers. I would want to keep them separate but there is no building to do so. The toilet is ok."*

However, WASH and other facilities at quarantine centres are likely to vary widely across locations. At least one quarantine centre reported having dignity kits available for women. For many women outside quarantine centres, the affordability of menstrual hygiene management items is likely to be a challenge, due to movement restrictions and reduced incomes.

In addition to the importance of hygiene items, one 51-year-old man with a disability from Yangon highlighted the importance of hygiene knowledge and information in the uptake of key practices:

> *"It depends on how the people have knowledge regarding to the health and COVID-19. Some people are wearing a mask systematically but some are not wearing a mask. Some are wearing mask but not systematically. Some people are washing their hands but some are not."*

Given movement restrictions and the suspension of many face-to-face awareness activities, there is a greater reliance on critical hygiene information being shared online and/or by telephone. This is likely to be less accessible to women, older age groups with weaker digital skills, those with low literacy levels, and those in Rakhine and Chin States where mobile internet has been blocked.[95] A further exploration of barriers to phone-based services for different groups is offered in the next section.

Economic impacts

Despite a substantial reduction of poverty over the last decade, 24.8% of Myanmar's population is poor.[96] A further 32.9% of the population live so close to the poverty line that they are vulnerable to falling into poverty as a result of economic shocks.[97] Another important dimension of the economic context is that 83% of workers in Myanmar are in informal employment, meaning they do not have access to social protection, such as paid sick leave, paid maternity leave, or health insurance.[98]

The rate of informal employment is higher among women than men (90.7% vs. 77.4%), and is higher in rural areas compared to urban areas (84.6% vs 78.7%).[99] It is most common among the youth and those aged over 60 years old, with lower rates for those in between.[100] Informal workers include street vendors, domestic labourers, taxi drivers and some sex workers. Typically, informal workers do not have employment contracts, though employees are also considered to have informal jobs if their employment relationship is, in law or practice, not subjected to national labour legislation or entitlement to certain benefits.[101] This means some garment sector workers (for example, daily wage workers and home-based workers) may in some cases be considered to be informal workers, though others are part of the formal sector. The vast majority of both groups of garment sector workers are women.

Though informal sector workers are especially vulnerable, it is important to note that the social protections provided to formal sector workers are very limited. Only 2.5% of the population is covered by Myanmar's Social Security Board (SSB) medical scheme.[102] SSB membership is currently limited to the formal sector, and only covers 116 of Myanmar's 330 townships.[103] Even among those eligible, the application process could constitute a major barrier, particularly as a third of the population do not have any form of identity documents, with women representing more than half of this group.[104] While many households try to create their own safety nets through savings, the poverty rate puts this out of reach of many, and 62% of the adult population (likely higher among women) reported not having any savings.[105]

Myanmar's high poverty rate and the lack of sufficient safety nets present a specific set of challenges, and underscore the devastating impact of the widespread COVID-19 related job losses across the country, including in the garment sector (approximately 90% women)[106] and tourism sector (also disproportionately affecting women, who represent 60% of employees engaged in food and accommodation services).[107] Male and female key informants across the different groups emphasised that loss of income was the most serious difficulty they faced as a result of the COVID crisis.

It is beyond the scope of this RGA to explore the impact of COVID 19 on all sectors of the economy. The garment and sex worker sectors were selected for further analysis as these are currently the focus of CARE International in Myanmar's work.

Garment workers

According to the United Nations in Myanmar, 50% of the 700,000 workers in the garment sector are at risk of either being suspended without pay or losing their jobs permanently.[108] One worker's association reports that more than 58,000 garment workers (an estimated 52,200 women) in Myanmar have already lost their jobs.[109] For some, this work was their household's only source of income. Others have a reduced household income with their spouse or other family members working, and still others are part of households where all working family members lost their jobs due to the COVID-19 crisis, leaving them especially vulnerable. Many of the garment workers interviewed as part of this assessment described how they were now struggling to meet their basic needs, including food and healthcare. They reported reducing expenditure, borrowing money, and selling household items to meet their basic needs.

When brands and retailers cancelled orders from their supplier factories, many factories closed immediately, sending workers home with little or no pay. Some of the factory workers interviewed as part of this assessment (a total of 23 women and 5 men) explained how they were paid only for days worked, not for the whole month, and therefore had little warning or safety net to absorb this sudden shock.

At the end of April, Myanmar's Ministry of Labour, Immigration and Population announced it would provide 40% of worker's salaries where factories had been closed awaiting health inspections.[110] However, only employees registered with the Social Security Board would be eligible, which likely limited the uptake of this support, and no factory workers mentioned it in their interviews.

Amid uncertainty and tension over who should bear the cost of orders that had been manufactured but not yet delivered, the secretary of Labour, Immigration and Population acknowledged that in 105 out of 175 factories that had stopped operations, workers were still owed wages for days they had already worked.[111] While this issue was not raised by any garment workers in this assessment, many remain vulnerable to exploitation over their employment status. A 2017 study of garment workers in Yangon found that only 29% reported having a written contract, and often these were just lists of rules that did not set out any protections.[112]

Some male and female garment workers in Yangon have initiated industrial action, including strikes, over issues relating to layoffs, withheld wages, and requests for additional COVID-19 prevention measures (such as supplying workers with masks).[113] Unions reported that some garment factories are using the pandemic as a pretext to target union members, and those reporting sexual harassment, pointing to the example of the Myan Mode factory in Yangon.[114] The factory's managing director said the layoffs were a result of the decrease in orders as a result of the pandemic, but fired workers were quick to point out that of the 571 workers who had lost their jobs, 520 had belonged to the union, while another 700 workers who did not belong to the union kept their jobs, and not one worker belonging to the union kept their job.[115] After a two month fight, some of the fired workers have now been reinstated.[116] The sex and age profile of those fired and reinstated is not available, but given the demographic trends in the sector, the majority of the affected workers are likely to be young women.

The last 18 months has seen a surge in union membership among garment workers in Myanmar, as well as a backlash against it.[117] It was only in 2011 that union organising was legalised, and the trade union movement is still developing, with only 54% of female garment workers in Yangon having even heard of unions in a 2017 study.[118] Among those who had heard of them, there was limited interest in them, with many unconvinced of the value of union activities. The rate of union membership is still low, with approximately 2% of garment workers belonging to a union (and no breakdown by sex available). [119] However, the economic impact of COVID-19 has the potential to be a turning point, and is already showcasing the role unions can play, as well as the risks of union membership.

During May, some factories were beginning to reopen. Garment sector workers interviewed as part of this assessment whose workplaces had reopened were relieved to have an income again, though in many cases it was reduced, due to fewer hours and/or fewer opportunities for overtime. In addition, while many respondents mentioned strong enforcement of COVID-19 prevention measures (such as mandatory wearing of masks and staggered lunch breaks), it is difficult to maintain physical distancing in factories and dormitories, and some were worried about contracting COVID-19 at work, a risk that they weighed up with the economic risks:

> *"The factory was closed due to COVID-19 and we had no income as an effect. We were stressed with difficulties in covering food and living expenses. Now, the factory is open, but we worry and are afraid of the risk of COVID transmission, although we follow the instruction for prevention of COVID. So we are not happy, and we are frightened. At first, we were not afraid of COVID-19. But when the factory closed due to COVID, we did not have income and started getting stress and tension. It really affected our economic [situation] as well as mental [state]."*
>
> - 26-year-old female garment worker in Yangon.

While factories that closed in response to public health orders are able to open, at least to finish orders that were already in process when the crisis hit, there is a high degree of uncertainty about what happens next. Despite the relatively low number of COVID-19 cases within its borders, the pandemic has had a major economic impact, which is likely to continue long term, with Myanmar now facing the slowest growth rate since the transition to U Thein Sein's government in 2011.[120] An Asia foundation survey found that an estimated 64% of businesses in Myanmar expect to face cash flow problems that threaten their survival, with garments and textiles and hospitality being at particularly high risk, all sectors where women represent the majority of workers.[121]

Female sex workers

Sex workers in Myanmar are forced to operate on the social and economic margins. With their work criminalised, they are very likely to be excluded from access to legal and social protections that other workers may have access to. They are also exposed to a high risk of violence, including beatings and sexual assault.[122] Women working on the street were the most vulnerable, while those who work at KTVs (Karaoke bars/clubs) or massage parlours were likely to have some type/degree of protection from their venue managers.[123]

All 14 female sex workers interviewed as part of this assessment reported that COVID-19 was having a critical impact on their lives and livelihoods. With KTVs, massage parlours and restaurants closed, and a curfew from 10pm- 4am imposed in some locations as part of COVID-19 prevention, it is extremely difficult for them to work. Some have no income at all, while others are continuing to work, but less, and at much greater personal risk. Three women who previously worked at KTVs and guesthouses that are now closed reported working on the street and/or going to clients' homes, which leaves them more vulnerable to violence and abuse, and with few avenues of redress. One woman shared a recent experience:

> *"Because the guesthouses are shut down, when I work, I had to follow the customer to his friend's place. His friend also joined us but paid for only one person. If I complain, I might be beaten, therefore I had to accept what they paid. If I report to the police, I will be the one who arrested."*
>
> - Female sex worker, Yangon.

Even those who were continuing to work wherever they could reported that their income was not enough to meet their basic needs of food, rent and healthcare. One woman in Yangon reported that she could no longer look after her two young daughters, so she sent them to live with her eldest daughter in Mandalay. Another female sex worker (25 years old, in Mandalay), whose husband had also lost work due to the COVID-19 crisis expressed anxiety about how she would be able to provide for her

child. This economic stress exposes whole families, including the children (especially where they are separated from their primary caregivers) to a range of protection concerns, including various forms of sexual abuse and exploitation. This is explored further in the following section on safety and protection.

The sex workers interviewed as part of this assessment were much more likely than other groups to identify negative effects of the COVID-19 crisis on their physical and mental health. Health issues can be complicated by pre-existing conditions (for example, sex workers have a higher chance of living with HIV), as well as challenges accessing healthcare related to stigma and institutional discrimination.[124]

Stigma and social exclusion can also function to limit access to social support services. None of the female sex workers interviewed mentioned receiving food aid, though two specifically mentioned missing out on it. This woman's story highlights the way elements of economic, psychological, legal and social disadvantage can interact and compound each other:

> *"There are a lot of changes. Since the beginning of COVID-19, the KTVs are closed down and we have no income or no tip. The KTV I worked made no support and I am facing economic difficulty. I am living on saving and selling small items I collected, but it is almost empty now. Due to the economic difficulty, I also have psychological impact…As we were abnegated by the community since the beginning, we were not included in the list of entitled households for distribution of food items. Besides, we are living as a tenant and have no legal family registration. Therefore, we have not received any distribution."*
>
> -28 year old female sex worker in Mandalay

A female sex worker in Yangon also reported missing out on a food distribution that took place in her neighbourhood:

> *I face difficulty for daily food. I have not received the food aid distribution directly, received only some shared by friends living in the same dormitory.*

This could be an indication of a more widespread problem, of marginalised groups (such as sex workers) being left off beneficiary lists. During April, the government set out to provide food parcels for each household "from the basic strata of society without regular income", with beneficiary lists drawn up by state and regional governments.[125] Reaching millions of informal sector workers (many of whom live in slum settlements without recognised addresses or documentation) is a formidable task, but understanding which groups are being left off with current processes and eligibility criteria would allow for adaptations during each successive round of relief planned as part of the government's 'Overcoming as One: COVID-19 Economic Relief Plan', as well as by other actors.

Beyond emergency support, finding alternative livelihood opportunities presents particular challenges for sex workers. For some, sex work was a livelihood of last resort in the first place, and they point to their lack of education and limited skills as barriers to leaving the sex industry.[126] With references required to find new employment, blacklists can also create barriers, but self-employment may be one type of opportunity that avoids this issue.[127]

Safety and Protection

Gender-based Violence (GBV)

Prevalence of Gender-based Violence

The 2015-16 Myanmar Demographic and Health Survey found that 15% of women aged 15-49 report ever experiencing physical violence since the age of 15, with 9% experiencing physical violence in the 12 months before the survey.[128] The rates were highest among women who had not received any formal education, and those from poor households. Among ever-married women, husbands were the most common perpetrators of physical violence, while among never married women the most common perpetrators were mothers and fathers.[129] In the same survey, 3% of women aged 15-49 reported ever having experienced sexual violence, with current and former husbands the most common perpetrators.[130] Under-reporting is likely, with the same survey noting that 37% of women experiencing spousal violence had never told anyone.[131]

With intimate partners (and parents, in the case of physical violence experienced by unmarried women) the most common perpetrators of violence against women, COVID-19 prevention measures that restrict people from leaving their homes have raised serious concerns about domestic violence. Globally, COVID-19 is having a multi-layered impact on gender-based violence (GBV): as economic pressure on households and social isolation increases, GBV is increasing, at the same time as movement restrictions force many women to 'lockdown' at home with their abusers, making it difficult to access help from services, whose operations are also likely to have been disrupted by the pandemic.[132]

In line with global trends, there are some indications that rates of GBV are increasing in Myanmar. However, quantitative data is limited, and the information gathered from key informants in this assessment was mixed. Of the 82 key informants interviewed, 22 people (17 women and 5 men) had jobs or community roles which involved tracking or responding to cases of GBV. Of these, 10 key informants (8 women, 2 men) referred to direct response experience and/or case numbers when sharing information about any changes in the prevalence

of GBV.[1] Of these ten key informants, four said that reports of GBV had increased, while six noted that reports of GBV had decreased or remained the same.

Two respondents from a legal clinic noted a spike in reports of domestic violence cases in March. Increased cases were also noted by one key informant in Kayah State, and a Department of Social Welfare (DSW) representative in Mon State. Akhaya Women Myanmar (not interviewed as part of this assessment) also reported a spike in domestic violence complaints associated with community lockdowns.[133] A decrease in reports of GBV was noted by one women's organisation active in GBV response and a few government representatives. A female health worker in Loikaw, a government official, and a GBV response group in Mandalay indicated that there had been no increase in reports of GBV.

It is important to note that a decrease in reports of GBV does not necessarily mean a decrease in incidences of GBV. It seems likely that at least part of the explanation for the lower number of reports (for some organisations) is that women are now less able to report and seek support, with movement restrictions making it more difficult to physically leave the house, or make a phone call without their abuser hearing. This is explored further in the next section.

Interestingly, there was a perception in some communities that incidences of GBV had actually decreased. Among key informants who were not representing organizations or government departments, perception of GBV prevalence was very split. The vast majority of respondents said they did not know of or hear of any change in GBV prevalence. Of those that did, six people (1 female sex worker, 1 male factory worker, and 4 female migrant garment sector workers) perceived GBV to have decreased since COVID-19, and five people (1 woman with a disability, 3 female sex workers, and 1 female factory worker) perceived an increase.

While the perception of GBV increasing is very much in line with research about how economic and social pressures impact the prevalence of GBV, those who perceived GBV to be decreasing highlighted other factors, like alcohol consumption, which is also correlated with GBV globally.[134] One female migrant garment sector worker, aged 27, in Yangon, explained:

> *"Men cannot get drunk and go around like before. Because there is a curfew at night, bars are shut down, less drinking alcohol due to decreased income, gender-based violence cases are also decreased. Women are more concerned about being robbed."*

[1] The others were either not asked this question, responded that they did not know, or responded without reference to their direct response experience and/or case numbers (for example, saying that they had 'heard about' changes without providing any further details). In general, these responses were excluded, but translation issues may have blurred this distinction between direct knowledge/experience and hearsay.

Other respondents also raised concerns about an increase in theft, such as bag-snatching, as economic pressure increases. A 24-year-old male factory worker in Yangon noted that women are the primary victims of this type of criminal activity too.

The mixed perception data and case numbers highlight the complex interplay of factors that impact the prevalence of GBV. They also offer some indication of how GBV affects different groups. For example, although this data is not intended to be representative, it may be indicative of broader trends that female sex workers and a woman with a disability were among those who perceived GBV to be increasing, with these marginalised groups at heightened risk of facing GBV during the pandemic.[135] The specific risks that sex workers face as a result of the economic impacts of COVID-19 are explored more fully in the section on economic impacts on female sex workers. Migrant workers, the LGBTQI community, ethnic minorities and people living in IDP camps are also more exposed to some forms of GBV.[136]

GBV is widespread in conflict-affected areas of Myanmar.[137] This includes intimate partner violence, as well as sexual violence perpetrated as a tactic of war in Rakhine, Kachin and Shan States.[138] Conflict related sexual violence is typically perpetrated against women and girls from ethnic minorities, but men and boys have also been targeted, particularly in detention settings.[139] A Rapid Gender Assessment for Rakhine State is currently ongoing, which will include a more in-depth discussion of the dynamics of GBV in conflict-affected areas.

Access to services for survivors

Key informants interviewed as part of this assessment indicated that GBV case management services and safe houses are generally remaining open, but with adapted services and some limitations. Some organisations are operating phone hotlines, which allow survivors to seek support even if they cannot travel due to movement restrictions**.** However, there are still barriers to access, especially for the most vulnerable.

One challenge is that the combination of movement restrictions and widespread job suspensions/losses has meant that many men and women are at home together all day and night, leaving few opportunities for women to make a phone call undetected. One staff member of a legal organisation in Yangon explained:

> *"Because of stay at home [orders], some women faced domestic violence. When they called and asked for help, we cannot discuss openly because their husbands were at home. Sometimes, when we called them, they said 'wrong number' because their husbands are around. Then, they called us back when their husbands are not around."*

Moreover, although mobile phone ownership has soared in recent years,[140] not all women have access to mobile phones. The gender gap in phone ownership remains, with women in Myanmar 28% less likely to own a mobile phone than men,[141] and rural and poor households least likely to have access to a phone.[142] Even for those that do own phones, key informant interviews highlighted that the affordability of top-ups can be a barrier to using them, especially for those who have lost livelihoods.

Another barrier to access (identified based on pre-crisis use of GBV hotlines in Myanmar) is that awareness of the existence of hotlines can be low.[143] This issue is compounded in the context of COVID-19, with many outreach and awareness-raising activities being suspended due to movement and social distancing restrictions.[144] One woman with a disability who works for an advocacy organisation for people with disabilities emphasised the importance of the information barrier forpeople with disabilities, and highlighted the way that multiple, intersecting disadvantages can reinforce each other, creating vicious cycles:

> *"Differently abled people could not access the WASH, SRHR and GBV services as they could not get any information related to those services. Most of the differently abled people are poor and do not have a mobile phone and TV so it is very difficult to get the information regarding services."*

In some cases, survivors of GBV are finding ways to report and seek help without relying on phones, but this is creating delays in accessing support. An employee in an organisation specialised in GBV response in Kayah State noted:

> *"The survivors cannot report [to] me immediately because the perpetrator controls [their movements and stops them from] go out. Usually, the survivor, or someone on behalf of them, can report [to] me 2-3 days after the occurrence."*

As well as the challenges some survivors face in accessing hotlines, one organisation focusing on GBV response in Kayah State highlighted how COVID-19 prevention measures constrain the types of practical support they are able to offer through hotlines:

> *"In the past, requisitions for GBV support may be taken as necessary, but the present time, it is only possible to receive phone calls, however, we cannot provide any help to the survivors. Moreover, we cannot take care or visit those who returned to their home. In the considerations of security, health care, protection issues, we cannot conduct the field visit activities."*

While GBV response organisations varied in terms of the type and degree of limitations they faced, with some organisations able to continue practical field support like facilitating transport to safe houses, the nature of GBV response means that even minor delays and disruptions could have serious consequences.

The biggest disruptions and delays reported by key informants related to policing and the court system. A 28-year-old female sex worker in Mandalay explained:

> *"Since the beginning of COVID-19, particularly police can put less attention to take responsibility on GBV for the community. They focus on COVID and could not spare time and effort for GBV."*

A women's organisation representative in Mandalay echoed this, adding that legal support organizations are also becoming overburdened:

> *"When we support GBV cases during this time, cooperation with the police department is very slow and a great challenge... Besides, regarding the legal support, in Mandalay Region, it is OK only in 7 townships. For the rest 21 townships, to link with the legal support organizations is a challenge. There are domestic [violence cases] during this period, but we have to postpone some cases like divorce. For the cases with need of immediate action like injury, we contact with others and provide service. Since all are busy with many different matters with urgent need, we cannot focus on the violence cases like before."*

Several organisations highlighted major delays in the court system. One organisation specialised in GBV response in Kayah state reported that "*at the court, they are trying to bring to a close the existing cases and not yet accepts new cases."* Another organisation working on GBV response in Mandalay highlighted some of the consequences of these delays, for women with cases already in progress and their families:

> *"The survivors in the safe house are facing delays in hearings due to COVID-19. They are quite apologetic about staying in the safe house for a long time, and they are worrying about their children left at home. Therefore, the survivors are requesting to resolve the case quickly. Although the survivors are safe in the safe house, they are worrying about the safety of their children left at home and they request me to support them so they are able to go home as soon as the jurisdiction has been made. Therefore, I have to counsel them that the hearings take longer than previously in this Covid-19 crisis."*

Although delays in other parts of the system were putting pressure on safe houses, there was still existing capacity, though likely not enough to cope with a sudden surge in demand. One female staff member in an organisation specialised on GBV response in Kayah State explained:

> *"Safe houses still have rooms to receive new survivors, but I am concerned about their capacity if there are more cases. Some do not accept new cases during the COVID-19 crisis."*

Interestingly, in at least one case, the constraint on safe house capacity seemed to be a small-scale resource issue, not directly related to movement restrictions or physical space available in safe houses. An organisation specialised on GBV response in Kayah State explained that donations have gone down, and therefore *"we cannot welcome the newcomers to the safe house because of scarce food resources."*

In addition to the impact on safe houses, hotlines, policing and the court system, COVID-19 is also impacting the more informal mechanisms women use to cope with GBV. One of the main coping mechanisms employed by women and girls in Myanmar is talking to friends, family or other community members about their experiences.[145] Under COVID-19 social distancing and movement restrictions, it would be much more challenging for these coping strategies to be used by women and girls who are experiencing violence.

Gender-based Violence

An overall economic downturn can result in a spike in sexual exploitation and abuse, where at-risk groups (particularly widows, single women living in poverty, children, adolescent girls, sex workers, LGBTQI populations, people with disabilities, internally displaced people and potentially returned migrants, among others) who are struggling financially may be forced or coerced into providing sex in exchange for food.[146] Emerging evidence globally suggests that the COVID-19 pandemic has the potential to increase risks of sexual exploitation and violence, though data to date is still limited.[147]

Children face additional protection risks. Several global anti-trafficking organisations have already noted a worldwide rise in child marriage, trafficking and forced labour, as families try to make ends meet.[148] In some contexts, where families are under increasing economic pressure, they may see child marriage as a way to relieve financial stress and/or provide a better life for their daughters.[149] Unfortunately, child and forced marriage increases the risk of domestic and sexual violence, curtails girls' education, and limits economic prospects.[150] While no data has yet been collected on the impact of COVID-19 on child marriage, this is a significant concern given its current prevalence, with 16% of girls in Myanmar married before the age of 18, and 2% before the age of 15.[151]

Children are also at particular risk from trafficking, especially when they are separated from their families and communities.[152] Traffickers often target groups who have experienced natural disasters or other kinds of shocks, and early indications suggest the chaos caused by COVID-19 across many sections of society could provide a fertile recruiting ground for traffickers.[153] Given the current prevalence of human trafficking in Myanmar, this is a major concern.[154]

Human Rights, Security and Conflict

Governments around the world have responded to the threat posed by COVID-19 by restricting freedom of movement, increasing surveillance powers and enforcing new border control

measures. These types of measures have clear implications for human rights, and affect men and women differently, with the gendered nature of these measures heightened in Myanmar by the exclusion of women from decision-making structures and processes on the COVID-19 pandemic.

Globally, many versions of these measures are widely considered necessary and proportionate to the public health risk, but there are also fears that government responses to the pandemic could give rise to, provide cover for, or intensify human rights abuses, including abuses of women's rights. Given Myanmar's long history of military rule, the allegations against it currently being heard at the International Court of Justice, and the armed conflict still ongoing[155], these fears have a particular immediacy for many men and women in Myanmar.

The government has avoided convening the National Defence and Security Council (NDSC), where the Tatmadaw holds the majority vote and could ultimately assume executive powers under crisis settings, instead forming the country's first-ever joint civil-military 'Emergency Response Committee' to enforce COVID-19 prevention and control measures.[156] The government has also made efforts to label measures as 'local ordinances' and 'non-curfews', with enforcement by local and regional governments, though a more widespread outbreak might require a greater role for the military.[157]

Given allegations of human rights abuses and the masculinised nature of the military and security forces, this has particular implications for women and girls and ethnic minorities. While the presence of military forces presents a specific set of issues, the increased presence of local police forces on the streets has its own risks and benefits, which are highly gendered. Despite strong progress towards a more gender balanced police force, men still comprise 80% of the police force in Myanmar.[158] Global experience indicates that increased policing to enforce lockdown measures and monitor the movement of people can lead to higher levels of sexual harassment and other forms of violence in public spaces.[159] Women from marginalised groups are especially exposed, with female sex workers in Myanmar reporting that abuse and violence from the police was common.[160]

Human Rights Watch has reported that at least 500 people, including children, returning migrant workers, and religious minorities, have been sentenced to between one month and one year in prison in Myanmar for violating curfews, quarantines, or other movement control orders.[161] Labour rights advocates have also been affected, with six people (two women, four men)[162] charged under the Prevention and Control of Communicable Diseases Law, for holding a protest outside a bag manufacturing factory in Yangon.[163] This may have implications for

male and female garment workers and the avenues available to them to advocate for their rights in the context of the major disruptions in the garment manufacturing sector.

The pandemic may also inflame existing tensions or prejudices against ethnic or marginalised communities, where they are perceived to be spreading the virus. Key informants interviewed as part of this assessment reported that returning migrant workers (45% female)[164] were most likely to face COVID-19 stigma, and that the stigma extended to the families and communities of returning migrant workers. There were some reports of returning migrant workers being prohibited from re-entering their home community even after having completed quarantine procedures, due to fear and mistrust. One key informant mentioned this also applied to internal migrants in some areas, with some rural villages not allowing workers to return from Yangon. In the context of ongoing ethnic and religious tensions and armed conflict, COVID-19 may fuel further eruptions of violence.[165]

Health crises create both risks and opportunities in ongoing armed conflicts. While in some parts of the world, COVID-19 has led to reduced conflict activity and increased cooperation, in Rakhine and Chin States conflict and displacement have intensified.[166] The complex interactions between conflict, health and gender dynamics will be explored in the separate rapid gender assessment currently being conducted for Rakhine State.

Conclusions and Recommendations

COVID-19 is unfolding in Myanmar amid persistent gender inequalities, complex conflict, and humanitarian dynamics, which shape and intensify the impacts of the pandemic on different groups. Women and girls have been disproportionately affected, and face greater risks to their livelihoods, health and safety. These risks are compounded by 'multiple or intersecting inequalities, such as those related to ethnicity, socioeconomic status, disability, age, geographic location and sexual orientation.'[167] Migrant workers, informal sector workers including sex workers, and garment sector workers are particularly exposed to the economic downturn arising from the pandemic.

The traditional under-representation of women in Myanmar in public decision-making processes is continuing in structures established to respond to COVID-19. This is increasing the risk that even though women are disproportionately affected by the crisis, they will have less say in how their communities and country respond to it, leading to a response that does not adequately address the needs and priorities of the most vulnerable women and girls.

Recommendations for responding agencies:

- **Recommendation 1:** Ensure availability of sex and age disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse[168] and analyse and use disaggregated data to inform prevention and response programmes and approaches to COVID-19.
- **Recommendation 2:** Provide emergency cash grants to vulnerable households who have lost their income, to enable them to meet their basic needs.
- **Recommendation 3:** Develop and prioritize mitigation strategies that specifically target livelihoods of the most vulnerable women and men, including informal sector workers, and build economic resilience to future shocks. Consider the increased care burden when designing strategies or programmes, as well as the target group and such roles will impact women, men and at-risk groups' access to, and the effectiveness of such initiatives.
- **Recommendation 4:** Invest in existing peer networks and organisations for female sex workers, such as SWIM (Sex Workers in Myanmar). Provide resources and support to sex worker-led organisations to design and lead interventions to improve sex worker health and economic resilience.
- **Recommendation 5:** Ensure that safety and security in quarantine centres is considered more holistically: ensuring codes of conduct are available, staff/volunteers trained and Feedback and Accountability Mechanisms (FAM) are in place and communities are consulted and sensitised on final reporting mechanisms. Ensure adequate GBV risk mitigation measures are provided in terms of safe shelter and WASH services and facilities, including access for people with disabilities.
- **Recommendation 6:** Ensure continued contraceptive access for women and girls through ensuring that existing resources for essential SRH services are not diverted due to the pandemic, and existing SRH services remain safely accessible given the changing context and country restrictions.[169]
- **Recommendation 7:** Promote best practices for working with marginalised groups (such as sex workers and the LGBTQI community) in mainstream health services. Health and humanitarian actors with experience running specialised services may be well placed to share their skills and experiences with staff working at mainstream health services, to work towards creating safe and supportive environments for all in all health facilities.
- **Recommendation 8:** Ensure continuation and strengthening of services for the prevention of and response to GBV and other protection issues in communities affected by COVID-19. Work closely with grassroots GBV response organisations, ensuring they have the necessary funding, human resources and technical support to continue responding effectively in the context of COVID-19, and are adequately resourced for a surge in demand. Consider investing in awareness raising and outreach activities to ensure community members (including the most marginalised segments) are aware of the services available.
- **Recommendation 9:** Considering women's limited participation in decision making bodies, all programming must make active efforts and space for women and girls, particularly those from at-risk groups, to meaningfully participate in the design,

implementation and feedback mechanisms of services and programmes. Active efforts to engage women as leaders in agencies' responses should be made, to re-address the disproportionate number of men represented in leadership positions; guiding the response.

Recommendations for regional and national Government bodies:

- **Recommendation 10:** Ensure eligibility criteria and targeting processes for activities 3.1 and 4.1 in the COVID-19 Economic Relief Plan[170] are fully inclusive of women, informal sector workers and other marginalized groups, such as sex workers and migrant workers. This may include:
    - Establishing alternative processes for identifying people who do not have access to civil or legal documents, as reliance on this as the sole method is likely to exclude the most vulnerable.[171]
    - Working closely with representatives of marginalised groups to conduct community outreach ahead of planned distributions
    - Ensuring there is a complaints and feedback process available for people who were not included in a distribution to register their name for future rounds.
- **Recommendation 11**: Continue to invest in extending social health protection, re-committing to the existing goal of achieving Universal Health Coverage by 2030, particularly Sexual Reproductive Health.[172] In tandem with short-term emergency solutions, such as cash grants to individuals, as well as ensuring mechanisms are in place to support women-led SMEs and barriers to their businesses caused by COVID-19), remains key.
- **Recommendation 12**: Ensure meaningful engagement and leadership of women and girls in all decision making on COVID-19 preparedness and response at the national, provincial and community levels, including their networks and organizations, to ensure efforts and response are not further discriminating and excluding those most at risk.[173]

Endnotes

[1] OCHA 2020, 'Myanmar: COVID-19 Situation Report No. 05 (1 June 2020)', https://reliefweb.int/report/myanmar/myanmar-covid-19-situation-report-no-05-1-june-2020, accessed 4 June 2020.

[2] World Health Organization 2020, 'Coronavirus disease (COVID-19) Situation Report 138', https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200606-covid-19-sitrep-138.pdf?sfvrsn=c8abfb17_4, accessed 7 June 2020.

[3] UN Women 2020, 'The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific', https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/03/ap-giha-wg-advocacy.pdf?la=en&vs=2145, accessed 1 June 2020.

[4] Government of the Republic of the Union of Myanmar 2020, 'Overcoming as One: COVID-19 Economic Relief Plan', https://www.moi.gov.mm/moi:eng/?q=news/28/04/2020/id-21511, May 20 2020.

[5] ILO 2020, 'Social Security Board Reforms Enhance and Extend Health Protection in Myanmar', https://www.ilo.org/yangon/press/WCMS_736183/lang--en/index.htm, accessed 25 May 2020.

[6] CARE Australia 2020, 'CARE Rapid Gender Analysis COVID-19 Pacific Region', https://reliefweb.int/sites/reliefweb.int/files/resources/Pacific%20RGA%20FINAL%20APPROVED%2026March2020.pdf, accessed 20 May 2020.

[7] Johns Hopkins University 2020, 'COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)', https://coronavirus.jhu.edu/map.html, accessed 7 June 2020.

[8] World Health Organization 2020, 'WHO Coronavirus Disease (COVID-19) Dashboard', https://covid19.who.int/, accessed 7 June 2020.

[9] OCHA 2020, 'Myanmar: COVID-19 Situation Report No. 05 (1 June 2020)', https://reliefweb.int/report/myanmar/myanmar-covid-19-situation-report-no-05-1-june-2020, accessed 4 June 2020.

[10] World Health Organization 2020, 'Coronavirus disease (COVID-19) Situation Report 138', https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200606-covid-19-sitrep-138.pdf?sfvrsn=c8abfb17_4, accessed 7 June 2020.

[11] OCHA 2020, 'Myanmar: COVID-19 Situation Report No. 05 (1 June 2020)', https://reliefweb.int/report/myanmar/myanmar-covid-19-situation-report-no-05-1-june-2020, accessed 4 June 2020.

[12] OCHA 2020, 'Myanmar: COVID-19 Situation Report No. 05 (1 June 2020)', https://reliefweb.int/report/myanmar/myanmar-covid-19-situation-report-no-05-1-june-2020, accessed 4 June 2020.

[13] UNFPA 2020, 'Asia and Pacific Region COVID-19 Situation Report No. 4, (14 May - 2 June 2020)', https://reliefweb.int/report/bangladesh/asia-and-pacific-region-covid-19-situation-report-no-4-14-may-2-june-2020, accessed 5 June 2020.

[14] OCHA and UN Resident and Humanitarian Coordinator for Myanmar 2020, ' UN supports Myanmar nationals returning from abroad', https://reliefweb.int/report/myanmar/un-supports-myanmar-nationals-returning-abroad, accessed 20 May 2020.

[15] OCHA 2020, 'Myanmar: COVID-19 Situation Report No. 05 (1 June 2020)', https://reliefweb.int/report/myanmar/myanmar-covid-19-situation-report-no-05-1-june-2020, accessed 4 June 2020.

[16] WorldAware 2020, 'COVID-19 Alert: Myanmar Extends Restrictions Through May 31', https://www.worldaware.com/covid-19-alert-myanmar-expands-restrictions-april-20, accessed 20 May 2020.

[17] IASC 2020, 'Interim Guidance: Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings (Version 1)', https://interagencystandingcommittee.org/system/files/2020-06/IASC%20Interim%20Guidance%20on%20Public%20Health%20Measures%20for%20COVID-19%20in%20Low%20Capacity%20and%20Humanitarian%20Settings_For%20circulation.pdf, accessed 4 June 2020.

[18] CARE International 2020, 'Balancing measures to contain COVID-19 with basic survival needs in low-resource contexts: a call for a localized and gender-responsive approach', https://care.ca/wp-content/uploads/2020/05/COVID19_BalancedMeasures_May2020.pdf, accessed 4 June 2020.

[19] OCHA 2019, 'Humanitarian Needs Overview 2020', https://reliefweb.int/sites/reliefweb.int/files/resources/MMR_HNO_2020_FINAL_131219.pdf, accessed 20 May 2020.

[20] Central Statistical Organization, Ministry of Planning and Finance of the Republic of the Union of Myanmar 2018, 'Myanmar Living Conditions Survey 2017: Report 1, Key indicators report', p.25, https://www.mm.undp.org/content/myanmar/en/home/library/poverty/MLCS.html, accessed 24 May 2020.

[21] Central Statistical Organization, Ministry of Planning and Finance of the Republic of the Union of Myanmar 2018, 'Myanmar Living Conditions Survey 2017: Report 1, Key indicators report', p.27, https://www.mm.undp.org/content/myanmar/en/home/library/poverty/MLCS.html, accessed 24 May 2020.

[22] Department of Population, Ministry of Labour, Immigration and Population 2017 'The 2014 Myanmar Population and Housing Census: Thematic report on Gender Dimensions - Census Report Volume 4-J', https://reliefweb.int/report/myanmar/2014-myanmar-population-and-housing-census-thematic-report-gender-dimensions-census, accessed 20 May 2020.

[23] Department of Population, Ministry of Labour, Immigration and Population 2017 'The 2014 Myanmar Population and Housing Census: Thematic report on Gender Dimensions - Census Report Volume 4-J', p. XVI,

https://reliefweb.int/report/myanmar/2014-myanmar-population-and-housing-census-thematic-report-gender-dimensions-census, accessed 20 May 2020.

[24] Ministry of Health and Sport (MOHS) 2017, '2015-16 Demographic and Health Survey: Key Findings', p. 3, https://dhsprogram.com/pubs/pdf/SR235/SR235.pdf, accessed 20 May 2020.

[25] World Health Organization 2016, 'Myanmar statistics', https://www.who.int/countries/mmr/en/, accessed 20 May 2020.

[26] UNFPA Myanmar, 'Sexual and Reproductive Health', https://myanmar.unfpa.org/en/node/15221, accessed 18 May 2020.

[27] WHO 2018, 'Noncommunicable disease country profile 2018: Myanmar', https://www.who.int/nmh/countries/mmr_en.pdf, accessed 1 June 2020.

[28] The Brookings Institution 2017, 'Peace in Myanmar depends on settling centuries-old ethnic conflicts', https://www.brookings.edu/blog/up-front/2017/03/20/peace-in-myanmar-depends-on-settling-centuries-old-ethnic-conflicts/, accessed 20 May 2020.

[29] The Brookings Institution 2017, 'Peace in Myanmar depends on settling centuries-old ethnic conflicts', https://www.brookings.edu/blog/up-front/2017/03/20/peace-in-myanmar-depends-on-settling-centuries-old-ethnic-conflicts/, accessed 20 May 2020.

[30] The World Bank, 'Population, total - Myanmar', https://data.worldbank.org/indicator/SP.POP.TOTL?locations=MM, accessed 20 May 2020.

[31] Government of Myanmar and UNFPA 2016, 'The 2014 Myanmar Population and Housing Census - Thematic Report on Population Dynamics - Census Report Volume 4-E', p. 36, https://reliefweb.int/report/myanmar/2014-myanmar-population-and-housing-census-thematic-report-population-dynamics-census, accessed 20 May 2020.

[32] United Nations Statistics Division 2017, 'Disability statistics in Myanmar: Highlight from 2014 Population & Housing Census', https://unstats.un.org/unsd/statcom/48th-session/side-events/documents/20170309-2L-Khaing-Khaing-Soe.pdf, accessed 20 May 2020.

[33] The Republic of the Union of Myanmar 2017, 'The 2014 Myanmar Population and Housing Census: Census Report Volume 4-K (Disability)', p. 18, https://myanmar.unfpa.org/en/publications/thematic-report-disability, accessed 20 May 2020.

[34] United Nations Statistics Division 2017, 'Disability statistics in Myanmar: Highlight from 2014 Population & Housing Census', https://unstats.un.org/unsd/statcom/48th-session/side-events/documents/20170309-2L-Khaing-Khaing-Soe.pdf, accessed 20 May 2020.

[35] United Nations Statistics Division 2017, 'Disability statistics in Myanmar: Highlight from 2014 Population & Housing Census', https://unstats.un.org/unsd/statcom/48th-session/side-events/documents/20170309-2L-Khaing-Khaing-Soe.pdf, accessed 20 May 2020.

[36] International Labour Organization (ILO) 2019, 'Weaving gender: challenges and opportunities for the Myanmar garment industry', p. viii, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-yangon/documents/publication/wcms_672751.pdf, accessed 25 May 2020.

[37] United Nations Myanmar 2020, 'UN strengthens efforts to reduce socio-economic impact of COVID-19', press release, https://myanmar.un.org/en/43177-un-strengthens-efforts-reduce-socio-economic-impact-covid-19, accessed 25 May 2020.

[38] International Labour Organization (ILO) 2019, 'Weaving gender: challenges and opportunities for the Myanmar garment industry', p. 4, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-yangon/documents/publication/wcms_672751.pdf, accessed 25 May 2020.

[39] Enlightened Myanmar Research Foundation and Andaman Research & Advisory 2017, 'The young women from rural villages powering an urban industry: a baseline survey of Yangon's garment sector workforce', p. 7, http://themimu.info/sites/themimu.info/files/documents/Report_A_Baseline_Survey_of_Yangons_Garment_Sector_Workforce.pdf, accessed 20 May 2020.

[40] Enlightened Myanmar Research Foundation and Andaman Research & Advisory 2017, 'The young women from rural villages powering an urban industry: a baseline survey of Yangon's garment sector workforce', p. 7, http://themimu.info/sites/themimu.info/files/documents/Report_A_Baseline_Survey_of_Yangons_Garment_Sector_Workforce.pdf, accessed 20 May 2020.

[41] Enlightened Myanmar Research Foundation and Andaman Research & Advisory 2017, 'The young women from rural villages powering an urban industry: a baseline survey of Yangon's garment sector workforce', p. 7, http://themimu.info/sites/themimu.info/files/documents/Report_A_Baseline_Survey_of_Yangons_Garment_Sector_Workforce.pdf, accessed 20 May 2020.

[42] International Labour Organization (ILO) 2019, 'Weaving gender: challenges and opportunities for the Myanmar garment industry', p. 19, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-yangon/documents/publication/wcms_672751.pdf, accessed 25 May 2020.

[43] National AIDS Program, Ministry of Health and Sports 2015, 'Myanmar Integrated Biological and Behavioural Surveillance Survey & Population Size Estimates Among Female Sex Workers (FSW)', P. 66, https://www.aidsdatahub.org/sites/default/files/highlight-reference/document/Myanmar_IBBS_and_Population_size_estimates_among_FSW_2015.pdf, accessed 20 May 2020.

[44] International Labour Organization 2015, 'Internal Labour Migration in Myanmar', p. 74, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-yangon/documents/publication/wcms_440076.pdf, accessed 1 June 2020.

[45] Esther Saville and Eleanor Brown 2015, 'Living on the edge: sex workers' lives in Myanmar', https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_brief_sex_workers_lives_in_myanmar_2015.pdf, accessed 1 June 2020.

[46] Esther Saville and Eleanor Brown 2015, 'Living on the edge: sex workers' lives in Myanmar', https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_brief_sex_workers_lives_in_myanmar_2015.pdf, accessed 1 June 2020.

[47] Esther Saville and Eleanor Brown 2015, 'Living on the edge: sex workers' lives in Myanmar', https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_brief_sex_workers_lives_in_myanmar_2015.pdf, accessed 1 June 2020.

[48] Women's League of Burma 2001, 'Opening the book on women from Burma's experiences of intersectional discrimination', p. 7, https://www.womenofburma.org/sites/default/files/2018-06/2002_Opening_the_Book_on_Women_from_Burma.pdf?__cf_chl_jschl_tk__=f954187880c36b0755c69cbdacfa0d09c94984fa-1592196157-0-AebyPm2WrFNN_QxachgTtJi-56Y38RfJPsu0H3ShKgMMaINtlkuwcuMomUvDl3TR6Gur1VFyu07GxJ8tqyHEom7LVvc_EISyJ-y9l7nSdNt-5DwGXI9p-1iJ0FoG9a6Vyg2CRIhaEvM6W9BANqS-ME3A8B1yOGjf0rz2GM8Fc8TMRGch2PW1evyF1zZyS0YrPQpSEV9OZ7-Qa4MWa3kRP2CjMOr9IkJmowIyozlXFbRUgrNcb084EsclpbHm3h5lp9NU_902LGY9GPGAQT1mo-FhuAe7WVmZ2955jFFlXGShbTXwYJsV3g1JM_Jrwe5yoMbMCvgr_R_ProR5ZeQWdGibnIxeisitFkNF9EtBlp2B-HmoyX3R8-S3rHHqfQQ9Ew, accessed 1 June 2020.

[49] CARE International in Myanmar 2020, 'Gender in brief: Myanmar', forthcoming version, shared in personal communication by CARE Australia, 15 May 2020.

[50] International Labour Organization (ILO) 2018, 'Labor force participation rate, female - Myanmar'. https://data.worldbank.org/indicator/SL.TLF.CACT.FE.NE.ZS?locations=MM, accessed 1 June 2020.

[51] CARE International in Myanmar 2020, 'Gender in brief: Myanmar', forthcoming version, shared in personal communication by CARE Australia, 15 May 2020.

[52] International Labour Organization (ILO) 2018, 'Women do 4 times more unpaid care work than men in Asia and the Pacific', https://www.ilo.org/asia/media-centre/news/WCMS_633284/lang--en/index.htm, accessed 1 June 2020.

[53] UN Women 2020, 'The first 100 days of COVID-19 in Asia and the Pacific: a Gender Lens', p. 18, https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400, accessed 19 May 2020.

[54] Alliance for Gender Inclusion in the Peace Process (AGIPP) 2015, 'Gender inequality in Myanmar', https://www.agipp.org/en/gender-inequality-myanmar, accessed 1 June 2020.

[55] Khin Soe Kyi & Thin Thin Oo 2014, 'Women empowerment and perception on gender equality at work in Myanmar', *Journal of Business and Management*, vol. 16, no. 8, pp. 39-44, http://www.iosrjournals.org/iosr-jbm/papers/Vol16-issue8/Version-3/F016833944.pdf, accessed 1 June 2020.

[56] International Labour Organization (ILO) 2019, 'Weaving gender: challenges and opportunities for the Myanmar garment industry', p. 19, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-yangon/documents/publication/wcms_672751.pdf, accessed 25 May 2020.

[57] UNDP Myanmar 2020, 'On International Women's Day, more women still needed at top decision maker level in Myanmar', https://www.mm.undp.org/content/myanmar/en/home/presscenter/articles/2020/international-womens-day.html, accessed 1 June 2020.

[58] UNDP Myanmar 2020, 'On International Women's Day, more women still needed at top decision maker level in Myanmar', https://www.mm.undp.org/content/myanmar/en/home/presscenter/articles/2020/international-womens-day.html, accessed 1 June 2020.

[59] Paul Minoletti 2017, 'Gender inequalities in a Decentralized Myanmar', pp. 3-4, https://www.idrc.ca/sites/default/files/sp/Documents%20EN/background-paper-minoletti-june-2017.pdf, accessed 20 May 2020.

[60] Paul Minoletti 2017, 'Gender inequalities in a Decentralized Myanmar', p. 4, https://www.idrc.ca/sites/default/files/sp/Documents%20EN/background-paper-minoletti-june-2017.pdf, accessed 20 May 2020.

[61] Paul Minoletti 2017, 'Gender inequalities in a Decentralized Myanmar', https://www.idrc.ca/sites/default/files/sp/Documents%20EN/background-paper-minoletti-june-2017.pdf, accessed 20 May 2020.

[62] Paul Minoletti 2016, 'Gender (In)equality in the Governance of Myanmar: Past, Present and Potential Strategies for Change', https://asiafoundation.org/wp-content/uploads/2016/05/Gender_in_Equality_in-the-Governance-of-Myanmar_ENG.pdf, 25 May 2020.

[63] The Irrawaddy 2020, 'Six Labor Strike Leaders Jailed for Breaking Myanmar's COVID-19 rules', Zaw Zaw Htwe, 5 May 2020, https://www.irrawaddy.com/news/burma/six-labor-strike-leaders-jailed-breaking-myanmars-covid-19-rules.html, accessed 1 June 2020.

[64] CARE Australia 2020, 'CARE Rapid Gender Analysis for COVID-19: Mekong Region', forthcoming, shared privately by CARE Australia, 1 June 2020.

[65] Alex Ergo, Thant Sin Htoo, Reena Badiani-Magnusson & Rivandra Royono 2019, 'A New Hope: From Neglect of the Health Sector to Aspirations for Universal Health Coverage in Myanmar', *Health Policy Plan* Vol. 1, No. 34, https://pubmed.ncbi.nlm.nih.gov/31644797/, accessed 22 May 2020.

[66] Compared to 15.6 physicians and 38 nurses per 10,000 people on average world wide. World Bank 2018, 'Physicians (per 1,000 people)', https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=MM, accessed 22 May 2020.

[67] Myanmar Ministry of Health and Sports 2020, 'Health Sector Contingency Plan: outbreak response on COVID-19 and other emerging respiratory disease in Myanmar', p. 27. Shared by email by CARE Myanmar on 9 June 2020.

[68] Vijay Kumar Chattu & Sanni Yaya 2020, 'Emerging infectious diseases and outbreaks: implications for women's reproductive health and rights in resource-poor settings', *Reproductive Health* Vol. 17, No. 43, https://link.springer.com/article/10.1186/s12978-020-0899-y, accessed 22 May 2020.

[69] OCHA 2020, 'Myanmar: COVID-19 Situation Report No. 04 (18 May 2020)', https://reliefweb.int/report/myanmar/myanmar-covid-19-situation-report-no-04-18-may-2020, accessed 20 May 2020.

[70] Esther Saville and Eleanor Brown 2015, 'Living on the edge: sex workers' lives in Myanmar', https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_brief_sex_workers_lives_in_myanmar_2015.pdf, accessed 1 June 2020.

[71]San Kyu Kyu Aye, Hlaing Hlaing Hlaing, San San Htay and Robert Cumming 2019, 'Multimorbidity and health seeking behaviorus among older people in Myanmar: a community survey', *PLOS ONE*, Vol. 14, No. 7, https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0219543, accessed 1 June 2020.

[72]San Kyu Kyu Aye, Hlaing Hlaing Hlaing, San San Htay and Robert Cumming 2019, 'Multimorbidity and health seeking behaviorus among older people in Myanmar: a community survey', *PLOS ONE*, Vol. 14, No. 7, https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0219543, accessed 1 June 2020.

[73] WHO 2018, 'Noncommunicable disease country profile 2018: Myanmar', https://www.who.int/nmh/countries/mmr_en.pdf, accessed 1 June 2020.

[74] Clark, Andrew & Jit, Mark & Warren-Gash, Charlotte & Guthrie, Bruce & Wang, Harry & Mercer, Stewart & Sanderson, Colin & McKee, Martin & Troeger, Christopher & Ong, Kanyin & Checchi, Francesco & Perel, Pablo & Joseph, Sarah & Gibbs, Hamish & Banerjee, Amitava & Eggo, Rosalind 2020, 'How many are at increased risk of severe COVID-19 disease? Rapid global, regional and national estimates for 2020', https://cmmid.github.io/topics/covid19/Global_risk_factors.html, accessed 1 June 2020.

[75] OCHA 2020, 'Myanmar: COVID-19 Situation Report No. 04 (18 May 2020)', https://reliefweb.int/report/myanmar/myanmar-covid-19-situation-report-no-04-18-may-2020, accessed 20 May 2020.

[76]UN Women 2020, 'Policy Brief: The Impact of COVID-19 on Women', https://www2.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406, accessed 20 May 2020.

[77] Data on populations affected by HIV/AIDS in Myanmar indicate that 19% of people living with HIV/AIDS are drug users, 7.7% prisoners and 5.6% women sex workers. HIV and AIDS in Myanmar Information, avert.org/professionals/hiv-around-world/asia-pacific/myanmar, accessed 20 June 2020.

[78] CARE Australia 2020, 'CARE Rapid Gender Analysis for COVID-19: Mekong Region', forthcoming, shared privately by CARE Australia, 1 June 2020.

[79] OCHA 2020, 'Myanmar: COVID-19 Situation Report No. 04 (18 May 2020)', https://reliefweb.int/report/myanmar/myanmar-covid-19-situation-report-no-04-18-may-2020, accessed 20 May 2020.

[80] UN Women 2020, 'The first 100 days of COVID-19 in Asia and the Pacific: a Gender Lens', https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400, accessed 19 May 2020.

[81] UNFPA Myanmar, 'Sexual and Reproductive Health', https://myanmar.unfpa.org/en/node/15221, accessed 18 May 2020.

[82] UNFPA Myanmar, 'Sexual and Reproductive Health', https://myanmar.unfpa.org/en/node/15221, accessed 18 May 2020.

[83] UNFPA Myanmar, 'Sexual and Reproductive Health', https://myanmar.unfpa.org/en/node/15221, accessed 18 May 2020.

[84] UNFPA Myanmar 2016, 'New census report: 2,800 women die each year in childbirth and pregnancy', https://myanmar.unfpa.org/en/news/new-census-report-2800-women-die-each-year-childbirth-and-pregnancy, accessed 20 May 2020.

[85] OCHA 2020, 'Myanmar: COVID-19 Situation Report No. 04 (18 May 2020)', https://reliefweb.int/report/myanmar/myanmar-covid-19-situation-report-no-04-18-may-2020, accessed 20 May 2020.

[86] Vijay Kumar Chattu & Sanni Yaya 2020, 'Emerging infectious diseases and outbreaks: implications for women's reproductive health and rights in resource-poor settings', *Reproductive Health* Vol. 17, No. 43, https://link.springer.com/article/10.1186/s12978-020-0899-y, accessed 22 May 2020.

[87] Ministry of Health and Sports 2018, 'Myanmar Human Resources for Health Strategy (2018-2021)', http://www.hrh.gov.mm/Main/content/publication/myanmar-human-resources-for-health-strategy-2018-2021, accessed 20 May 2020.

[88] UN Women 2020, 'The first 100 days of COVID-19 in Asia and the Pacific: a Gender Lens', p. 16, https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400, accessed 19 May 2020.

[89] BBC 2020, 'Coronavirus: WHO worker killed in Myanmar collecting samples', 21 April 2020, https://www.bbc.com/news/world-asia-52366811, accessed 21 May 2020.

[90] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene 2017 , 'People with basic handwashing facilities including soap and water (% of population)', https://data.worldbank.org/indicator/SH.STA.HYGN.ZS?locations=KH-LA-MM-VN-TH, accessed 20 May 2020.

[91] WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene 2017 , 'People with basic handwashing facilities including soap and water (% of population)', https://data.worldbank.org/indicator/SH.STA.HYGN.ZS?locations=KH-LA-MM-VN-TH, accessed 20 May 2020.

[92] Department of Population, Ministry of Labour, Immigration and Population 2017 'The 2014 Myanmar Population and Housing Census: Thematic report on Gender Dimensions - Census Report Volume 4-J', p. 117, https://reliefweb.int/report/myanmar/2014-myanmar-population-and-housing-census-thematic-report-gender-dimensions-census, accessed 20 May 2020.

[93] Department of Population, Ministry of Labour, Immigration and Population 2017 'The 2014 Myanmar Population and Housing Census: Thematic report on Gender Dimensions - Census Report Volume 4-J', p. 117, https://reliefweb.int/report/myanmar/2014-myanmar-population-and-housing-census-thematic-report-gender-dimensions-census, accessed 20 May 2020.

[94] World Health Organization (WHO) 2015, 'UN-Water Global Analysis and Assessment of Sanitation and Drinking Water: Myanmar', https://www.who.int/water_sanitation_health/monitoring/investments/myanmar-10-nov.pdf?ua=1, accessed 1 June 2020.

[95] LIRNEasia 2015, 'Mobile phones, internet and gender in Myanmar', https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2016/02/GSMA_Myanmar_Gender_Web_Singles, accessed 25 May 2020.

[96] World Bank 2019, 'Poverty Report - Myanmar Living Conditions Survey 2017', https://www.worldbank.org/en/country/myanmar/publication/poverty-report-myanmar-living-conditions-survey-2017, accessed 1 June 2020.

[97] World Bank 2019, 'Myanmar Living Conditions Survey 2017 Report 03: Poverty Report', p. 12, http://documents.worldbank.org/curated/en/921021561058201854/pdf/Myanmar-Living-Condition-Survey-2017-Report-3-Poverty-Report.pdf, accessed 1 June 2020.

[98] ASEAN 2019, 'Regional Study on Informal Employment Statistics to Support Decent Work Promotion in ASEAN', p. 24, https://asean.org/storage/2012/05/13-Regional-Study-on-Informal-Employment-Statistics-to-Support-Decent-Wo....pdf, accessed 1 June 2020.

[99] ASEAN 2019, 'Regional Study on Informal Employment Statistics to Support Decent Work Promotion in ASEAN', p. 24, https://asean.org/storage/2012/05/13-Regional-Study-on-Informal-Employment-Statistics-to-Support-Decent-Wo....pdf, accessed 1 June 2020.

[100] ASEAN 2019, 'Regional Study on Informal Employment Statistics to Support Decent Work Promotion in ASEAN', p. 24, https://asean.org/storage/2012/05/13-Regional-Study-on-Informal-Employment-Statistics-to-Support-Decent-Wo....pdf, accessed 1 June 2020.

[101] ASEAN 2019, 'Regional Study on Informal Employment Statistics to Support Decent Work Promotion in ASEAN', p. 3, https://asean.org/storage/2012/05/13-Regional-Study-on-Informal-Employment-Statistics-to-Support-Decent-Wo....pdf, accessed 1 June 2020.

[102] ILO 2020, 'Social Security Board Reforms Enhance and Extend Health Protection in Myanmar', https://www.ilo.org/yangon/press/WCMS_736183/lang--en/index.htm, accessed 25 May 2020.

[103] ILO 2020, 'Social Security Board Reforms Enhance and Extend Health Protection in Myanmar', https://www.ilo.org/yangon/press/WCMS_736183/lang--en/index.htm, accessed 25 May 2020.

[104] CARE International in Myanmar 2020, 'Gender in brief: Myanmar', forthcoming version, shared in personal communication by CARE Australia, 15 May 2020.

[105] UNCDF 2016, 'Case study of savings mobilization in Myanmar: opportunities and challenges', https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjh3eO_1_npAhVjyDgGHUDVC-sQFjABegQIAhAB&url=http%3A%2F%2Fwww.uncdf.org%2Fdownload%2Ffile%2F127%2F4161%2Fsavings-mobilization-in-myanmar---opportunities-and-challengespdf&usg=AOvVaw2eYnJOAh7I3C38c8gkdJY8, accessed 1 June 2020.

[106] International Labour Organization (ILO) 2019, 'Weaving gender: challenges and opportunities for the Myanmar garment industry', p. 19, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-yangon/documents/publication/wcms_672751.pdf, accessed 25 May 2020.

[107] OCHA 2020, 'UN Strengthens efforts to reduce socio-economic impact of COVID-19', https://reliefweb.int/report/myanmar/un-strengthens-efforts-reduce-socio-economic-impact-covid-19-enmy, accessed 1 June 2020.

[108] United Nations Myanmar 2020, 'UN strengthens efforts to reduce socio-economic impact of COVID-19', press release, https://myanmar.un.org/en/43177-un-strengthens-efforts-reduce-socio-economic-impact-covid-19, accessed 25 May 2020.

[109] Reuters 2020, 'All my dreams are shattered: coronavirus crushes Asia's garment industry', https://www.reuters.com/article/us-health-coronavirus-garment/all-my-dreams-are-shattered-coronavirus-crushes-asias-garment-industry-idUSKBN22U34V, accessed 25 May 2020.

[110] The Irawaddy 2020, 'Myanmar Govt Offer to Pay Factory Workers 40% During COVID-19 Inspection Closures', Thazin Hlaing, 30 April 2020, https://www.irrawaddy.com/news/burma/myanmar-govt-offers-pay-factory-workers-40-covid-19-inspection-closures.html, accessed 20 May 2020.

[111] Myanmar Times 2020, 'COVID-19 leaves over 60,000 workers jobless in Myanmar', 28 April 2020, https://www.mmtimes.com/news/covid-19-leaves-over-60000-workers-jobless-myanmar.html, accessed 20 May 2020.

[112] Enlightened Myanmar Research Foundation and Andaman Research & Advisory 2017, 'The young women from rural villages powering an urban industry: a baseline survey of Yangon's garment sector workforce', p. 29,

http://themimu.info/sites/themimu.info/files/documents/Report_A_Baseline_Survey_of_Yangons_Garment_Sector_Workforce.pdf, accessed 20 May 2020.

[113] Business and Human Rights Resource Centre 2020, 'Myanmar: Dismissed garment workers accuse factories of using COVID-19 as pretext for union busting', 7 May 2020, https://www.business-humanrights.org/en/myanmar-garment-workers-allege-factories-are-using-covid-19-to-dismiss-union-members-incl-company-responses, accessed 30 May 2020.

[114] Business and Human Rights Resource Centre 2020, 'Myanmar: Dismissed garment workers accuse factories of using COVID-19 as pretext for union busting', 7 May 2020, https://www.business-humanrights.org/en/myanmar-garment-workers-allege-factories-are-using-covid-19-to-dismiss-union-members-incl-company-responses, accessed 30 May 2020.

[115] New York Times 2020, Elizabeth Paton, May 8 2020, 'Union garment workers fear "an opportunity to get rid of us"', https://www.nytimes.com/2020/05/08/fashion/coronavirus-garment-workers-asia-unions.html, accessed 18 May 2020.

[116] Business and Human Rights Resource Center 2020, 'Myanmar garment workers stand strong, win new pact', 4 June 2020,

https://www.business-humanrights.org/en/myanmar-garment-workers-allege-factories-are-using-covid-19-to-dismiss-union-members-incl-company-responses, accessed 6 June 2020.

[117] New York Times 2020, Elizabeth Paton, May 8 2020, 'Union garment workers fear "an opportunity to get rid of us"', https://www.nytimes.com/2020/05/08/fashion/coronavirus-garment-workers-asia-unions.html, accessed 18 May 2020.

[118] Enlightened Myanmar Research Foundation and Andaman Research & Advisory 2017, 'The young women from rural villages powering an urban industry: a baseline survey of Yangon's garment sector workforce', p.8, http://themimu.info/sites/themimu.info/files/documents/Report_A_Baseline_Survey_of_Yangons_Garment_Sector_Workforce.pdf, accessed 20 May 2020.

[119] New York Times 2020, Elizabeth Paton, May 8 2020, 'Union garment workers fear "an opportunity to get rid of us"', https://www.nytimes.com/2020/05/08/fashion/coronavirus-garment-workers-asia-unions.html, accessed 18 May 2020.

[120] Myanmar Times 2020, 'COVID-19 shuts down a third of Myanmar businesses', Thomson Chau, 8 June 2020, https://www.mmtimes.com/news/covid-19-shuts-down-third-myanmar-businesses.html, accessed 9 June 2020.

[121] Myanmar Times 2020, 'COVID-19 shuts down a third of Myanmar businesses', Thomson Chau, 8 June 2020, https://www.mmtimes.com/news/covid-19-shuts-down-third-myanmar-businesses.html, accessed 9 June 2020.

[122] Esther Saville and Eleanor Brown 2015, 'Living on the edge: sex workers' lives in Myanmar', https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_brief_sex_workers_lives_in_myanmar_2015.pdf, accessed 1 June 2020.

[123] Esther Saville and Eleanor Brown 2015, 'Living on the edge: sex workers' lives in Myanmar', https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_brief_sex_workers_lives_in_myanmar_2015.pdf, accessed 1 June 2020.

[124] Esther Saville and Eleanor Brown 2015, 'Living on the edge: sex workers' lives in Myanmar', https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_brief_sex_workers_lives_in_myanmar_2015.pdf, accessed 1 June 2020.

[125] Frontier Myanmar 2020, 'Doomsday' for informal workers as COVID-19 rocks the economy', Kyaw Lin Htoon, 8 April 2020, https://frontiermyanmar.net/en/doomsday-for-informal-workers-as-covid-19-rocks-the-economy, accessed 24 May 2020.

[126] Esther Saville and Eleanor Brown 2015, 'Living on the edge: sex workers' lives in Myanmar', https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_brief_sex_workers_lives_in_myanmar_2015.pdf, accessed 1 June 2020.

[127] Esther Saville and Eleanor Brown 2015, 'Living on the edge: sex workers' lives in Myanmar', https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_brief_sex_workers_lives_in_myanmar_2015.pdf, accessed 1 June 2020.

[128] Ministry of Health and Sport (MOHS) 2017, '2015-16 Myanmar Demographic and Health Survey Key Findings', p. 15, https://dhsprogram.com/pubs/pdf/SR235/SR235.pdf, accessed 22 May 2020.

[129] Ministry of Health and Sport (MOHS) 2017, '2015-16 Myanmar Demographic and Health Survey Key Findings', p. 15, https://dhsprogram.com/pubs/pdf/SR235/SR235.pdf, accessed 22 May 2020.

[130] Ministry of Health and Sport (MOHS) 2017, '2015-16 Myanmar Demographic and Health Survey Key Findings', p. 15, https://dhsprogram.com/pubs/pdf/SR235/SR235.pdf, accessed 22 May 2020.

[131] Ministry of Health and Sport (MOHS) 2017, '2015-16 Myanmar Demographic and Health Survey Key Findings', p. 15, https://dhsprogram.com/pubs/pdf/SR235/SR235.pdf, accessed 22 May 2020.

[132] UN Women 2020, 'Policy Brief: The Impact of COVID-19 on Women', p.2, https://www2.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406, accessed 20 May 2020.

[133] Myanmar Times 2020, 'Domestic violence rises in Myanmar during community lockdown', 1 April 2020, https://www.mmtimes.com/news/domestic-violence-rises-myanmar-during-community-lockdown.html, accessed 20 May 2020.

[134] World Health Organization (WHO) 2014, 'Global status report on violence prevention', p. viii, https://www.who.int/violence_injury_prevention/violence/status_report/2014/en/, accessed 29 May 2020.

[135] CARE Australia 2020, 'CARE Rapid Gender Analysis for COVID-19: Mekong Region', p. 15, forthcoming, shared privately by CARE Australia, 1 June 2020.

[136] CARE Australia 2020, 'CARE Rapid Gender Analysis for COVID-19: Mekong Region', p. 15, forthcoming, shared privately by CARE Australia, 1 June 2020.

[137] Ministry of Health and Sport (MOHS) 2017, '2015-16 Myanmar Demographic and Health Survey Key Findings', p. 15, https://dhsprogram.com/pubs/pdf/SR235/SR235.pdf, accessed 22 May 2020.

[138] Office of the United Nations High Commissioner for Human Rights 2019, Human Rights Council 42nd Session, 'Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts', p. 3, https://www.ohchr.org/Documents/HRBodies/HRCouncil/FFM-Myanmar/sexualviolence/A_HRC_CRP_4.pdf, accessed 20 May 2020.

[139] Office of the United Nations High Commissioner for Human Rights 2019, Human Rights Council 42nd Session, 'Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts', p. 3, https://www.ohchr.org/Documents/HRBodies/HRCouncil/FFM-Myanmar/sexualviolence/A_HRC_CRP_4.pdf, accessed 20 May 2020.

[140] Bloomberg Businessweek 2017, 'The unprecedented explosion of smartphones in Myanmar', https://www.bloomberg.com/news/features/2017-07-10/the-unprecedented-explosion-of-smartphones-in-myanmar, accessed 22 May 2020.

[141] LIRNEasia 2017, 'Mobile phones, Internet, information and knowledge', p. 14, https://lirneasia.net/wp-content/uploads/2017/09/Mobile-phones-Internet-information-and-knowledge-Myanmar-2016.pdf, accessed 25 May 2020.

[142] LIRNEasia 2015, 'Mobile phones, internet and gender in Myanmar', https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2016/02/GSMA_Myanmar_Gender_Web_Singles, accessed 25 May 2020.

[143] International Rescue Committee (IRC) 2018, 'Feasibility and Acceptability of Mobile and Remote Gender-based Violence (GBV) Service Delivery: A study of innovative approaches to GBV case management in out-of-camp humanitarian settings', https://www.rescue-uk.org/sites/default/files/document/1772/mobileandremotegbvservicesresearchbrieffinal3.pdf, accessed 25 May 2020.

[144] OCHA 2020, 'Myanmar: COVID-19 Situation Report No. 04 (18 May 2020)', https://reliefweb.int/report/myanmar/myanmar-covid-19-situation-report-no-04-18-may-2020, accessed 20 May 2020.

[145] The Gender Equality Network 2015, 'Behind the Silence: Violence Against Women and their Resilience in Myanmar', p. 5, https://www.aidsdatahub.org/behind-silence-violence-against-women-and-their-resilience-myanmar-gender-equality-network-2014, accessed 20 May 2020.

[146] Inter-Agency Standing Committee (IASC) 2015, 'Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action', https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf, accessed on 1 June 2020.

[147] UKAid 2020, 'VAWG Helpdesk Research Report: Impact of COVID-19 Pandemic on Violence against Women and Girls', http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf, accessed 20 May 2020.

[148] CARE Australia 2020, 'CARE Rapid Gender Analysis for COVID-19: Mekong Region', forthcoming, shared privately by CARE Australia, 1 June 2020.

[149] CARE Australia 2020, 'CARE Rapid Gender Analysis for COVID-19: Mekong Region', forthcoming, shared privately by CARE Australia, 1 June 2020.

[150] CARE Australia 2020, 'CARE Rapid Gender Analysis for COVID-19: Mekong Region', forthcoming, shared privately by CARE Australia, 1 June 2020.

[151] Girls Not Brides 2018, 'Myanmar', https://www.girlsnotbrides.org/child-marriage/myanmar/, accessed 20 May 2020.

[152] World Vision, 'Traffick report: Myanmar', https://www.worldvision.com.au/docs/default-source/publications/human-rights-and-trafficking/trafficking-report-myanmar.pdf?sfvrsn=4, accessed 20 May 2020.

[153] Myanmar Times 2020, 'COVID-19 not deterrence to Myanmar human traffickers', https://www.mmtimes.com/news/covid-19-not-deterrence-myanmar-human-traffickers.html, accessed 20 May 2020.

[154] Human Rights Watch 2019, 'It's a booming business: trafficking Myanmar 'brides' to China', https://www.hrw.org/news/2019/03/21/its-booming-business-trafficking-myanmar-brides-china, accessed 25 May 2020.

[155] Andolu Agency, '**ICJ urged to make Rohingya genocide report public',** Md. Kamruzzaman, 19 June 2020, accessed 20 June 2020.

[156] The Diplomat 2020, 'Myanmar and COVID-19', Kyaw San Wai, 1 May 2020, https://thediplomat.com/2020/05/myanmar-and-covid-19/, accessed 20 May 2020.

[157] The Diplomat 2020, 'Myanmar and COVID-19', Kyaw San Wai, 1 May 2020, https://thediplomat.com/2020/05/myanmar-and-covid-19/, accessed 20 May 2020.

[158] The Irrawaddy 2020, 'Female Officers Now Make Up 20 Percent of Police Force', 2 October 2018, https://www.irrawaddy.com/news/burma/female-officers-now-make-20-percent-police-force.html, accessed 1 June 2020.

[159]UN Women 2020, 'The first 100 days of COVID-19 in Asia and the Pacific: a Gender Lens', p. 9, https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400, accessed 19 May 2020.

[160] Esther Saville and Eleanor Brown 2015, 'Living on the edge: sex workers' lives in Myanmar', https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_brief_sex_workers_lives_in_myanmar_2015.pdf, accessed 1 June 2020.

[161] Human Rights Watch 2020, 'Myanmar: hundreds jailed for COVID-19 violations', https://www.hrw.org/news/2020/05/28/myanmar-hundreds-jailed-covid-19-violations, accessed 1 June 2020.

[162] The Irrawaddy 2020, 'Six Labor Strike Leaders Jailed for Breaking Myanmar's COVID-19 rules', Zaw Zaw Htwe, 5 May 2020, https://www.irrawaddy.com/news/burma/six-labor-strike-leaders-jailed-breaking-myanmars-covid-19-rules.html, accessed 1 June 2020.

[163] Human Rights Watch 2020, 'Myanmar: hundreds jailed for COVID-19 violations', https://www.hrw.org/news/2020/05/28/myanmar-hundreds-jailed-covid-19-violations, accessed 1 June 2020.

[164] OCHA and UN Resident and Humanitarian Coordinator for Myanmar 2020, ' UN supports Myanmar nationals returning from abroad', https://reliefweb.int/report/myanmar/un-supports-myanmar-nationals-returning-abroad, accessed 20 May 2020.

[165] The Asia Foundation 2020, 'Peace and the pandemic: the imact of COVID-19 on conflict in Asia', 15 April 2020, Adam Burke, https://asiafoundation.org/2020/04/15/peace-and-the-pandemic-the-impact-of-covid-19-on-conflict-in-asia/, accessed 20 May 2020.

[166]Office of the United Nations High Commissioner for Human Rights 2020,

'Myanmar: Possible war crimes and crimes against humanity ongoing in Rakhine and Chin States', UN Special Rapporteur Yanghee Lee, 29 April 2020, https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25838&LangID=E, accessed 1 June 2020.

[167] UN Women 2020, 'Policy Brief: The Impact of COVID-19 on Women', https://www2.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406, accessed 20 May 2020.

[168] UN Women 2020, 'The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific', https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/03/ap-giha-wg-advocacy.pdf?la=en&vs=2145, accessed 1 June 2020.

[169] United Nations Foundation 2020, 'Addressing sexual and reproductive health and rights in the COVID-19 pandemic', https://unfoundation.org/blog/post/addressing-sexual-and-reproductive-health-and-rights-in-the-covid-19-pandemic/, accessed 1 June 2020.

[170] Government of the Republic of the Union of Myanmar 2020, 'Overcoming as One: COVID-19 Economic Relief Plan', https://www.moi.gov.mm/moi:eng/?q=news/28/04/2020/id-21511, May 20 2020.

[171] Pakistan Protection Cluster 2011, 'Beneficiary Selection and Targeting Inter-Sectoral Guidelines for Pakistan Endorsed Version August 2011',https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/Protection%20Cluster_Beneficiary%20Targeting%20and%20Selection_ENDORSED.pdf, accessed 1 June 2020.

[172] ILO 2020, 'Social Security Board Reforms Enhance and Extend Health Protection in Myanmar', https://www.ilo.org/yangon/press/WCMS_736183/lang--en/index.htm, accessed 25 May 2020.

[173] CARE Australia 2020, 'CARE Rapid Gender Analysis COVID-19 Pacific Region', https://reliefweb.int/sites/reliefweb.int/files/resources/Pacific%20RGA%20FINAL%20APPROVED%2026March2020.pdf, accessed 20 May 2020.

Annexes

Annex 1: Gender in Brief

Gender in Brief

Myanmar is a diverse country with many ethnic, cultural and religious groups. The majority (87.7%) of the population follow Buddhism, followed by Christianity (6.2%), Islam (4.3%) and other (1.6%).[1] Myanmar is the site of the world's longest-running civil war, which has been ongoing since the country gained independence in 1948.[1] In Rakhine state, ongoing conflict escalated into a series of attacks on police posts in 2017 by the Arakan Rohingya Salvation Army (ARSA), which in turn led to a severe military crackdown that caused hundreds of thousands of Rohingya to flee to neighbouring Bangladesh.[2] Armed conflict between the Arakan Army and the Myanmar Military is ongoing, and has led to significant displacement.[3] Additionally, thousands of civilians have been displaced by fighting in Kachin and Shan states.[4] The transition from military to civilian leadership has led to ongoing political, economic and social reforms. While this has created new opportunities to advance gender equality and women's empowerment, gender inequality remains pervasive. Discrimination against women is deep-seated and widespread. Poverty, land use, education, health, trafficking, violence (including sexual abuse) are key issues of concern. Women are profoundly under-represented in public and political life. Gender disparities are more marked in rural areas and amongst some ethnic groups.[5]

Gender roles and responsibilities: The perception of most people in Myanmar is that a woman's place is at home where they are expected to undertake the majority of household, childcare and overall caring work, while men are expected to provide for and make decisions for their families. Myanmar's national laws support equal property and inheritance rights for both men and women; however, where customary law differs it is usually given preference. For example, in Kachin and Chin communities, women are typically completely excluded from inheritance.[6] However, changing economic conditions, particularly in urban areas, has meant that women have increasingly had their burden doubled as they continue to uphold their domestic work while also working outside of the home. In rural areas, traditional gender roles remain the norm. There is a high rate of rural-to-urban migration to find work, with fairly equal percentages of men and women migrating internally, with the percentage of women migrating dropping substantially when international.

Education and Economic Empowerment: Gender and geography has an impact on secondary education in Myanmar. In rural areas many parents do not allow their daughters to travel outside their village to attend secondary school, while in urban areas, girls are better represented in secondary and tertiary education. However, this does not translate into greater employment and attainment of work within the labour force. Labor force participation rate for the union as a whole was 67.0% in 2014.[1] Female participation in the labour force is significantly lower (50.5%) compared to men (85.2%), and women are commonly paid a lower wage for equal work. The maximum rate at which women participated in the labour force, about 60 per cent, was at the ages of 20-24. At older ages, the female Labor Force Participation Rate dropped steadily as more women left the formal labour market to raise children and work in the home. [1] Many women from Myanmar migrate to neighboring countries in search of better-paying jobs. However, most end up as industrial, agricultural, or domestic workers, often in exploitative workplaces (including those where they are at risk of sexual exploitation). Despite laws prohibiting child labour, child labour is still commonplace particularly within informal employment arrangements, for example at teashops and for street vendors.

Government participation and legal frameworks: Traditional norms prevent women from taking part in local government, political parties, in high-level positions as well as at the village level where many believe that women cannot be village leaders. Despite the large increase in women's parliamentary representation following the 2015 elections, parliamentary

representation remains highly gender-unequal. Women currently fill only 10.5% of Pyidaungsu hluttaw [7]seats and 9.7% of state/region hluttaw seats.[8] Women are also underrepresented in senior government positions and are thus limited in their abilities to influence law reforms and other societal changes. A large portion of the population does not have a secure legal identity. Nearly a third of the population do not have a form of identity document; over half of these are women.[1] While it can be difficult for both men and women to obtain citizenship and identity documents, gender norms increase the level of difficulty for women, including limited access to information and contacts, family preference for prioritizing men's citizenship, and restricted ease of travel.[9] The Gender Equality Network and Department of Social Welfare is attempting to enact a law preventing violence against women; CARE Myanmar is an active participant in the working group drafting the legislation. Currently, this law is at the National Rule of Law Committee, which is led by the state counsellor, and will be submitted to parliament. Sexual and reproductive health and rights (SRHR) outcomes in Myanmar are among the worst in the Asia-Pacific region and abortion remains illegal with UN Women reporting that nearly 10 per cent of all maternal deaths are related to abortion, which is often undertaken by untrained attendants.[10] While women are inadequately represented in politics, decision-making and formal peace architecture, many women and increasing numbers of men are beginning to recognise women's value in the peace process due to their unique understanding and desire for peace, understanding of the impacts of armed conflict on themselves and their families, and unique breadth and depth of peacebuilding skills.[11]

Gender-based violence and Protection: Women from Myanmar face many forms of violence throughout their lives, often simultaneously; women often experience both physical and psychological violence.[12] According to the 2015-16 Demographic and Health Survey, sixteen percent of women aged 15-49 have ever experienced physical or sexual violence; however, under-reporting is likely and the same survey notes that 7 of 10 women who have ever experienced sexual violence have neither sought help nor told anyone about it.[13] Sex workers and migrant women are at particular risk of gender-based violence both in the workplace and at home. LGBTIQ+ people and people living with disability are also marginalised by society. They are not accepted by their family members or by society, and subsequently face many forms of violence. Gender inequality exists throughout Myanmar, and affects all ethnic and religious groups. For example, amongst Buddhists, men have a higher status than women. In some ethnic groups, women cannot inherit from the family. It has also been recorded that military and other government forces have confiscated land and subjected minority populations to a number of human rights abuses, including forced labour, portering or conscription, arbitrary detention, torture, rape and extrajudicial killings.[14] Children from these ethnicities are routinely deprived of their right to access education and basic healthcare.

Gender in Emergencies: Humanitarian emergencies impact women, men, boys and girls in different ways and can rapidly change their needs and vulnerabilities. Steps to address the harm emergencies cause need to appropriately understand and respond to these differences. While specific needs vary across regions, a 2019 UNWomen report found that key issues in ongoing conflict situations include: women's meaningful participation in camp management; girls' limited access to education, particularly for children with disabilities; limited sexual and reproductive health services; lack of livelihoods opportunities for women and girls; gender inequalities in intra-household food distribution and sharing; widespread gender-based violence and human trafficking, particularly for women and girls; forced recruitment of boys and, to a lesser extent, girls to armed groups; restricted freedom of movement, particularly for women and girls, due to military presence, lack of documentation, and restrictive socio-cultural norms; limited and insufficient WASH facilities, including latrines, hygiene products and water supply, impacting women and girls in particular; lack of privacy and sense of safety, especially for women and girls, in and around shelters due to overcrowding; and women's limited access to cash and markets, contributing to the occurrence of corrosive coping mechanisms such as survival sex, reduction of food intake, re-sale of humanitarian assistance and borrowing of money.[15]

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[1] Brookings Institute. Peace and war in Myanmar. 6 December 2019
[2] BBC News. Myanmar: What sparked latest violence in Rakhine? 19 September 2017
[3] Reliefweb. Conflict between the Arakan Army and the Myanmar Military - Update on humanitarian needs and response in Rakhine (as of 1 November 2019). 1 Nov 2019
[4] Human Rights Watch. Myanmar: Events of 2018. 2019
[5] UN WOMEN. CEDAW and Women's Human Rights: Myanmar
[6] Minoletti, Paul. Gender Budgeting in Myanmar. ActionAid, CARE, Oxfam, and WON (forthcoming 2016).
[7] National or Union level lower house of Parliament
[8] Back Ground- Paper- Minoletti, Gender inequalities in a Decentralized Myanmar, By Paul Minoletti, May 2017, Yangon)
[9] NRC - Norwegian Refugee Council; The Seagull Human Rights Peace Development; ISI - Institute on Statelessness and Inclusion; and SNAP. A gender analysis of the right to a nationality in Myanmar.
[10] UN Women: Convention on the Elimination of All Forms of Discrimination against Women
[11] Swisspeace, Gender and Development Initiative and UNWOMEN. Why gender matters in conflict and peace: Perspectives from Mon and Kayin States, Myanmar. 2015.
[12] *Behind the Silence* Briefing Paper, Gender Equality Network - Myanmar (2014)
[13] Ministry of Health and Sports (MoHS) and ICF. 2017. Myanmar Demographic and Health Survey 2015-16. Nay Pyi Taw, Myanmar, and Rockville, Maryland USA: Ministry of Health and Sports and ICF.
[14] Oxford Burma Alliance. Ethnic Nationalities of Burma: http://www.oxfordburmaalliance.org/ethnic-groups.html
[15] UNWOMEN. Gender profile for humanitarian action, and across the Humanitarian-Peace-Development Nexus. Rakhine, Kachin and Northern Shan, Myanmar. 24 January 2019

Annex 2: Key informant interview tools

Key Informant Interview – Community Member - COVID-19

Purpose: *To discover information about people's needs, priorities, opinions, beliefs and practices relating to the COVID-19 crisis*[2]*. This KII is designed to collect information about changes within the community as a result of COVID-19, available services, and present protection concerns. This is likely to be conducted remotely. Remote interviews tend to be shorter than in-person ones. This KII has been developed for community members. Please refer to a second KII tool specifically for community leaders, service providers, women's groups, civil society groups and health professionals.*

Tool Notes: *This tool uses the format of semi-structured interviews. Some topics are culturally sensitive; make sure they are adapted to your context and review the RGA COVID-19 Ethical Considerations Tool. Choose the questions that will fill the gaps identified during the secondary data analysis (STEP 1-FIND). Plan for a short interview of no more than 30 minutes. Only ask those questions that are relevant and essential.* ***There are more questions here than may be needed. Please adapt based on the needs of the KII and the respondent's profile****. If questions are being collected as part of the CARE MEAL Needs Assessment, other RGA tools, or other partners' assessments, these can be removed/adapted to ensure triangulation of data but not repetition. If you would like examples of tools for specific key informants e.g. organisations working with people with disabilities or sexual and gender minorities please contact Isadora Quay at Quay@careinternational.org.*

Further supplemental questions can be found in the Sector Specific document.

Geographic Location:

Name (optional):

Interview date:

Place of interview:

Translation necessary for the interview:

Method of interview (e.g. phone, Whatsapp etc):

Specify the type of community:[3]

Introduction

1. Thank the participant(s) for the interview
2. Explain the objectives and expectations of the interview

2 CARE Gender Toolkit, 'Surveys and Interviews,' <http://gendertoolkit.care.org/Pages/surveys%20and%20interviews.aspx >.

[3] For example: an organized IDP/Refugee camp, host community, unorganized settlement, public building, returnees

3. Outline the amount of time interview will take
4. Obtain the informant's informed consent to record / write notes from the interview

Sex of key informant: Male Female Other Prefer not to say

Age of key informant:

Key informant's role in the community:

Specific situation of the individual (e.g. do they identify as having a disability, are they of a specific ethnic/religious group, refugee/IDP etc)[4]

Key informant interview questions

<u>Gender roles and relations</u>

1. Since COVID-19 has there been a change in the work (both paid and unpaid) that men and women do in your family? Please describe the change and the impacts of this change (positive and negative)?

2. Who is in control over the family resources and assets (e.g. financial, livelihood, household)? Has this changed since COVID-19? If so how, and has the change been positive or negative, and for who?

3. How are you/your family coping with changes that have taken place since COVID-19?

4. How are you and your family, adapting to follow the guidance on COVID-19? (*Note for facilitator: e.g. Wash hands frequently with soap and water; Maintain Social Distancing, at least 1.5-2 meters; If you have a fever, cough and difficulty breathing, seek medical care early*)

Access to Basic Services

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5. What services are safely available to you as a [insert gender]?

[4] This should only be recorded if useful for the analysis ie. if the analysis is look at the specific realities of individuals or groups in the crisis

6. Is this the same for [other gender, boys and girls] in this community? (*Prompt: Food aid/distributions, shelter assistance, non-food items, health care including SRHR, hygiene / dignity kits, education, women-friendly spaces, clean water, latrines, other*), If not please describe any differences.

7. Have there been changes in women, men, boys and girls safe access to services since COVID-19? (*Prompt: specifically for health, WASH, SRHR and GBV services*)?

8. If yes, can you describe why? (*Prompt: use the following options as prompts; do not read out*. *For each reason given, please specify the service the respondent is referring too and the group it affects e.g. men, women, people with disabilities)*

   ☐ Priority is given to men

   ☐ No female staff providing services

   ☐ Lack of sufficient medicines at health facilities

   ☐ Girls/women not permitted to access services by their families

   ☐ Not safe for girls/women to travel to the service sites

   ☐ Locations of services are not convenient for girls/women

   ☐ The Government/Authorities have put in place quarantine and social isolation measures

   ☐ The service is not deemed an 'essential' service since COVID-19 and is therefore limited/restricted

   ☐ Fear/ loss of trust in the health system

   ☐ Loss (or fear of loss) of confidentiality when accessing services (e.g. due to greater/increasing restrictions on movement)

   ☐ Hours are not convenient for girls/women

   ☐ Other: _____

9. What have been the effects (if any) on levels of stress, tension, anxiety for you or your family since COVID-19? Are there specific groups in the community who are impacted more by this?

10. Can you access mental health and psychosocial support services if you need to? Has your access to these changed since the COVID-19 crisis and how?

Information and technology

11. How do you prefer to communicate with others and receive information about health since COVID-19? Is this type of communication (e.g. radio/phone/face to face) available to you? How is this different to how [insert other gender] prefer to communicate / receive information?

12. Are men and women using different forms of technology since the COVID-19 crisis? Is this positive or negative and why?

13. Are there any health beliefs, cultures or practices in your community? What impact, if any, do these have on how people are preparing themselves for, or responding to COVID-19? (*Prompt. For example beliefs and practices related to marriage, family planning, pregnancy and birth, menstrual hygiene management, disposal of dead bodies, hand washing, water use and management*).

14. Are any of these health beliefs, cultures or practices, harmful for women, men, girls or boys?

Decision-making and leadership

15. Who usually makes decisions about who, how and when family members access healthcare, in the household? Has this changed since the crisis? (Positive or negative?)

16. **[For female respondents only]** Do you feel you have influence over and can make decisions about your sexual and reproductive health, including family planning and maternal health (as relevant)?

17. Do you participate in community decision-making structures/spaces/forums? How? How does it compare to how [insert other gender] participate in these structures/spaces/forums? Has your participation, or the structures/forums themselves, been impacted by COVID-19?

18. Are you part of any formal or informal groups/networks/movements in your community? Are you still involved since the COVID-19 crisis?

Protection Concerns

19. Do you or your family have any safety or security concerns since the COVID-19 crisis? If so, do you feel comfortable describing what types of concerns or incidents and who is affected (men, women, boys, girls, specific groups, without giving personal details of anyone involved)? (*Note for facilitator, not to be read out: e.g. violence in the home, sexual exploitation, violence at water points or accessing health services etc.)*

20. If you have a safety concern, are there people or services in the community you can go to? If yes, who/what are they? If not, why not?

21. Do you think the new coronavirus disease is increasing stigma against specific people? If yes, which group is being discriminated in your community because of the new coronavirus disease?

22. What are the main rumours/beliefs, concerns, questions you hear in your community? *(For facilitator: if asking this question it will be important to have up-to-date messaging to dispel myths and rumours, or to answer questions from the respondent).*

Opportunities

23. What are the skills and capacities or opportunities for [insert gender of respondent] to contribute to the COVID-19 preparedness and response efforts?

24. How can humanitarian actors, like CARE, support these efforts further?

Key Informant Interview – Non-Community Member

COVID-19

Purpose: *To discover information about people's needs, priorities, opinions, beliefs and practices relating to the COVID-19 crisis*[5]*. This KII is designed to collect information about changes within the community as a result of COVID-19, available services, and present protection concerns. This is likely to be conducted remotely. Remote interviews tend to be shorter than in person ones. This KII has been developed for community leaders, service providers, women's groups, civil society groups and health professionals. Please refer to a second KII tool community members.*

Tool Notes: *This tool uses the format of semi-structured interviews. Some topics are culturally sensitive; make sure they are adapted to your context and review the RGA COVID-19 Ethical Considerations Tool. Choose the questions that will fill the gaps identified during the secondary data analysis (STEP 1-FIND). Plan for a short interview of no more than 30 minutes. Only ask those questions that are relevant and essential.* ***There are more questions here than may be needed. Please adapt based on the needs of the KII and the respondent's profile****. If questions are being collected as part of the CARE MEAL Needs Assessment, other RGA tools, or other partners' assessments, these can be removed/adapted to ensure triangulation of data but not repetition. If you would like examples of tools for specific key informants e.g. organisations working with people with disabilities or sexual and gender minorities please contact Isadora Quay at Quay@careinternational.org.*

Further supplemental questions can be found in the Sector Specific document.

Geographic Location:

Name (optional):

Interview date:

Place of interview:

Translation necessary for the interview:

Method of interview (e.g. phone, Whatsapp etc):

Specify the type of community:[6]

Introduction

5 CARE Gender Toolkit, 'Surveys and Interviews,' <http://gendertoolkit.care.org/Pages/surveys%20and%20interviews.aspx >.

[6] For example: an organized IDP/Refugee camp, host community, unorganized settlement, public building, returnees

5. Thank the participant(s) for the interview
6. Explain the objectives and expectations of the interview
7. Outline the amount of time the interview will take
8. Obtain the informant's informed consent to record / write notes from the interview

Sex of key informant: Male Female Other Prefer not to say

Age of key informant:

Key informant's role in the community:

Specific situation of the individual (e.g. do they identify as having a disability, are they of a specific ethnic/religious group, refugee/IDP etc)[7]

Key informant interview questions

<u>Gender roles and relations</u>

25. Since COVID-19 has there been a change in the amount of time women and men are engaged in paid and unpaid work? Please describe the change? Have there been any economic, social, physical or psychological impacts of these changes?

26. Who has access to and control over family resources and assets? Have there been changes since the COVID-19 crisis?

27. What new coping mechanisms are individuals / families adopting, to fulfill their roles and responsibilities?

28. How are people adapting to follow COVID-19 prevention / health care seeking practices? (*Note for facilitator: e.g. Wash hands frequently with soap and water; Maintain Social Distancing, at least 1.5-2 meters; If you have a fever, cough and difficulty breathing seek medical care early)*

[7] This should only be recorded if useful for the analysis ie. if the analysis is look at the specific realities of individuals or groups in the crisis

Access to Basic Services

29. What services are safely available to men, women, boys and girls in this community? (*Prompt: Food aid/distributions, shelter assistance, non-food items, health care including SRH, hygiene / dignity kits, education, women-friendly spaces, clean water, latrines, other*).

30. Have there been changes in women, men, boys and girls safe access to services in the community since COVID-19? (*Prompt: specifically for health, WASH, SRHR and GBV services*)

31. If yes, can you describe why? (*Prompt: use the following options as prompts; do not read out*. *For each reason given, please specify the service the respondent is referring too and the group it affects e.g. men, women, people with disabilities etc)*

    ☐ Priority is given to men

    ☐ No female staff providing services

    ☐ Lack of sufficient medicines at health facilities

    ☐ Girls/women not permitted to access services by their families

    ☐ Not safe for girls/women to travel to the service sites

    ☐ Locations of services are not convenient for girls/women

    ☐ The Government/Authorities have put in place quarantine and social isolation measures

    ☐ The service is not deemed an 'essential' service since COVID-19 and is therefore limited/restricted

    ☐ Fear/ loss of trust in the health system

    ☐ Loss (or fear of loss) of confidentiality when accessing services (e.g. due to greater/increasing restrictions on movement)

    ☐ Hours are not convenient for girls/women

    ☐ Other: _____

32. How (if at all) is COVID-19 impacting levels of stress, tension and anxiety levels of men and women, adolescent boys and girls, and children (boys and girls) in the community? Is this impacting certain group over others?

33. Is there safe access to mental health and psychosocial support services? And if so can everyone access them during the COVID-19 crisis?

Information and technology

34. Do women and men talk about and/or receive information about health differently? How about adolescent boys and girls? Has there been a change since COVID-19?

35. Are there specific local beliefs and practices that impact how messages around COVID-19 are being received by the community? *(prompt: for example influences from non-traditional health workers, religious leaders)*

36. Has this impacted health-seeking behavior of men, women or specific groups? *(Prompt. For example beliefs and practices related to marriage, family planning, pregnancy and birth, menstrual hygiene management, disposal of dead bodies, hand washing, water use and management)*. Are any of these harmful for women, men, girls or boys?

37. How are different forms of technology being used to increase access to information? Are there groups of people who cannot access information through these forms of technology? (*Prompt: e.g. men, women, adolescent girls/boys, children, single female parent HHs, people with disabilities*)

Decision-making and leadership

38. What (if any) changes have occurred regarding who in the household makes/influences decisions on family/individual access to healthcare (including family planning and maternal health)?

39. What social/cultural structures does the community use to make decisions? How do women and men participate in these? How have these structures been impacted by COVID-19?

40. How are women and men and at-risk or minority groups engaged in the (formal) local and national preparedness and response mechanisms for COVID-19? What are the key barriers to meaningful participation of women in these forums?

41. What informal groups or networks were present in the community pre-crisis? Are these still active now? Are they (and how are they) adapting to different ways of interacting/communicating? (*prompt: for example women's groups, civil society groups, social movements*).

Protection Concerns

42. Has there been an increase in safety and security concerns / incidents since the COVID-19? Do you feel comfortable describing what types of concerns or incidents and who is affected (men, women, boys, girls, specific groups, without giving personal details of anyone involved)? (*Note for facilitator, not to be read out: e.g. violence in the home, sexual exploitation, violence at water points or health facilities etc.)*

43. Who can community members go to for help, when they have a safety concern or experience violence? (both individuals and services). Are these still accessible since COVID-19, e.g. with the imposed restrictions on movement?

44. Do you think the new coronavirus disease is increasing stigma against specific people? If yes, which group is being discriminated in your community because of the new coronavirus disease?

45. What are the main rumours/beliefs, concerns, questions you hear in your community? (*For facilitator: if asking this question it will be important to have up-to-date messaging to dispel myths and rumours, or to answer questions from the respondent*).

Opportunities

46. What are the different skills, capacities and opportunities for women, men, boys and girls to contribute positively to the COVID-19 preparedness and response efforts?

47. How can humanitarian actors, like CARE, support these efforts further?

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CARE works with poor communities in developing countries to end extreme poverty and injustice.

Our long-term aid programs provide food, clean water,basic healthcare and education and create opportunities for people to build a better future for themselves.

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We have 70 years' experience in successfully fighting poverty, and last year we helped change the lives of 65 million people around the world.