



Impact of COVID-19 on Women/ Gender



COVID-19
RESPONSE



Request

PLEASE



Turn on your camera
&
Mute your microphone

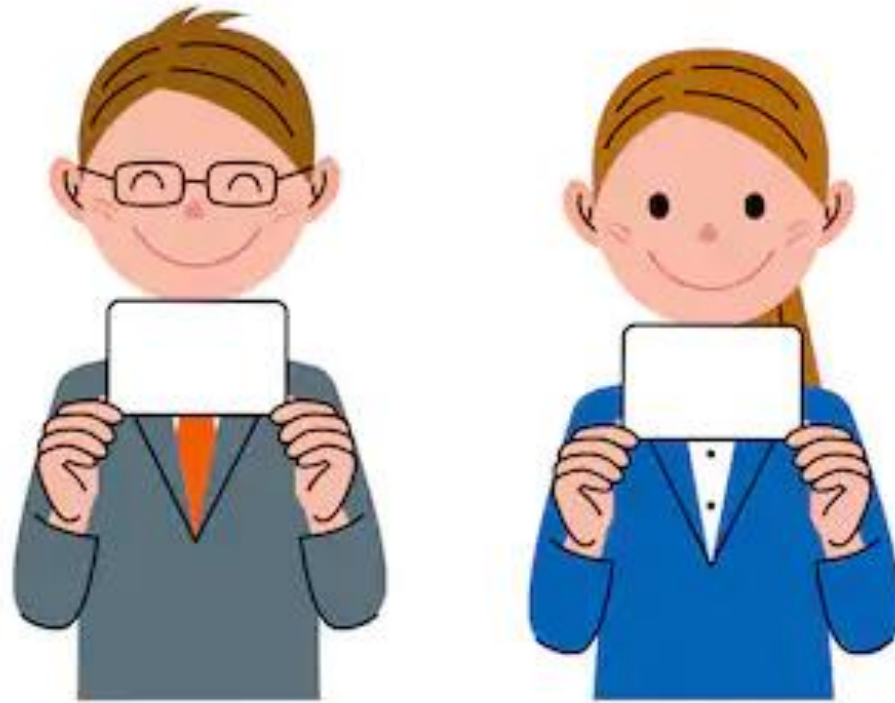


QUESTIONS?

Please write them in the chat box
and we will answer them at the end.

Self Introduction

Name, Position, Area of work



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Ground Rules

1

Confidentiality

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Respect

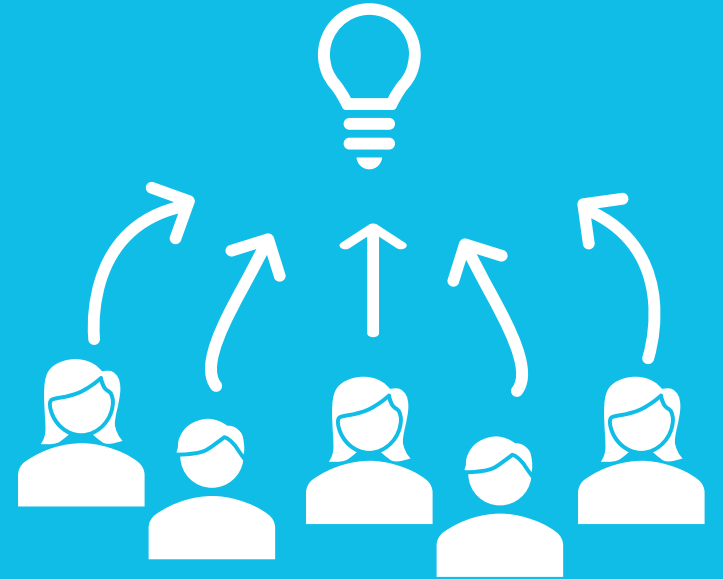
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Contribution

4

Feedback

WELCOME, EXPECTATIONS & OBJECTIVES



Learning objectives

1

Enhance knowledge of gender and development

2

Learn the impact of COVID-19 & Gender in health & economy sector

3

Enhance awareness the importance of inclusion WPS/Social Cohesion for effective Covid-19 response

4

Gain knowledge on the government's Covid-19 Economic Response Plan (CERP), and how to respond with Gender perspectives



Gender & Development

Gender and Development

What is Development?

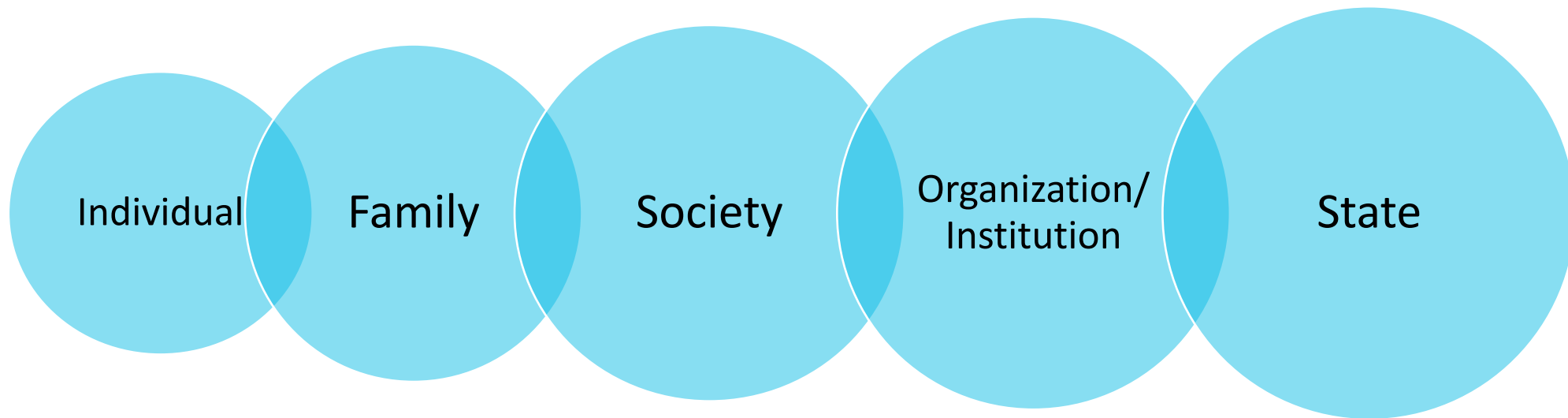
Areas of Development

Development indicators

Gender for sustainable development

What is development?

Stages of Development



Development Indicators

Individual	Family	Society	Organisation/ Institution	State
<ul style="list-style-type: none"> - Education, knowledge/Information - Skills - Confidence - Choice - Income - Access to decision making and ability to make decisions - Mobility in safety - Reproductive rights 	<ul style="list-style-type: none"> - Education - Income - Medical facilities - Participation in social and cultural activities - Equal treatment for all family members - Assets - Family acceptance - Cooperation - Family planning 	<ul style="list-style-type: none"> - Participation of boys and girls in education activities - Reduced early marriage - Women's participation in social activities - Mobility - Developed infrastructure - Cooperation - Security 	<ul style="list-style-type: none"> - Organisational policy and practice - Structure - Resources - Working environment - Organisational values and norms - Efficient human resource management - Team spirit 	<ul style="list-style-type: none"> - Increased rate of education - Increased per capita income - Increased average life expectancy - Reduced rate of infant and maternal mortality - Labour force - Reduced rate of violence against women - Good relations with other countries - Access to justice system

Development

- Development is a process
- Positive changes (progressing)
- inter-related and inter-dependent
- Women and men, girls and boys, disabilities, LGBT, elders, minority, etc.

Sustainable Development

- development that meets the needs of the present without compromising the ability of future generations to meet their own needs.
- women's equality and empowerment is one of the 17 Sustainable Development Goals (SDGs), but also integral to all dimensions of inclusive and sustainable development.
- all the SDGs depend on the achievement of **Goal#5 “Achieve gender equality and empower all women and girls”**

Why gender in development

- Representing half of the population (voices of half)
- Discriminatory laws and social norms remain pervasive
- Women continue to be underrepresented at all levels of political leadership

77
Cents

Women earn only 77 cents for every dollar that men get for the same work.

1 in 3

35 percent of women have experienced physical and/or sexual violence.

13%

Women represent just 13 percent of agricultural landholders.

24 %

Only 24 percent of national parliamentarians were women as of November 2018.

How to measure gender equality

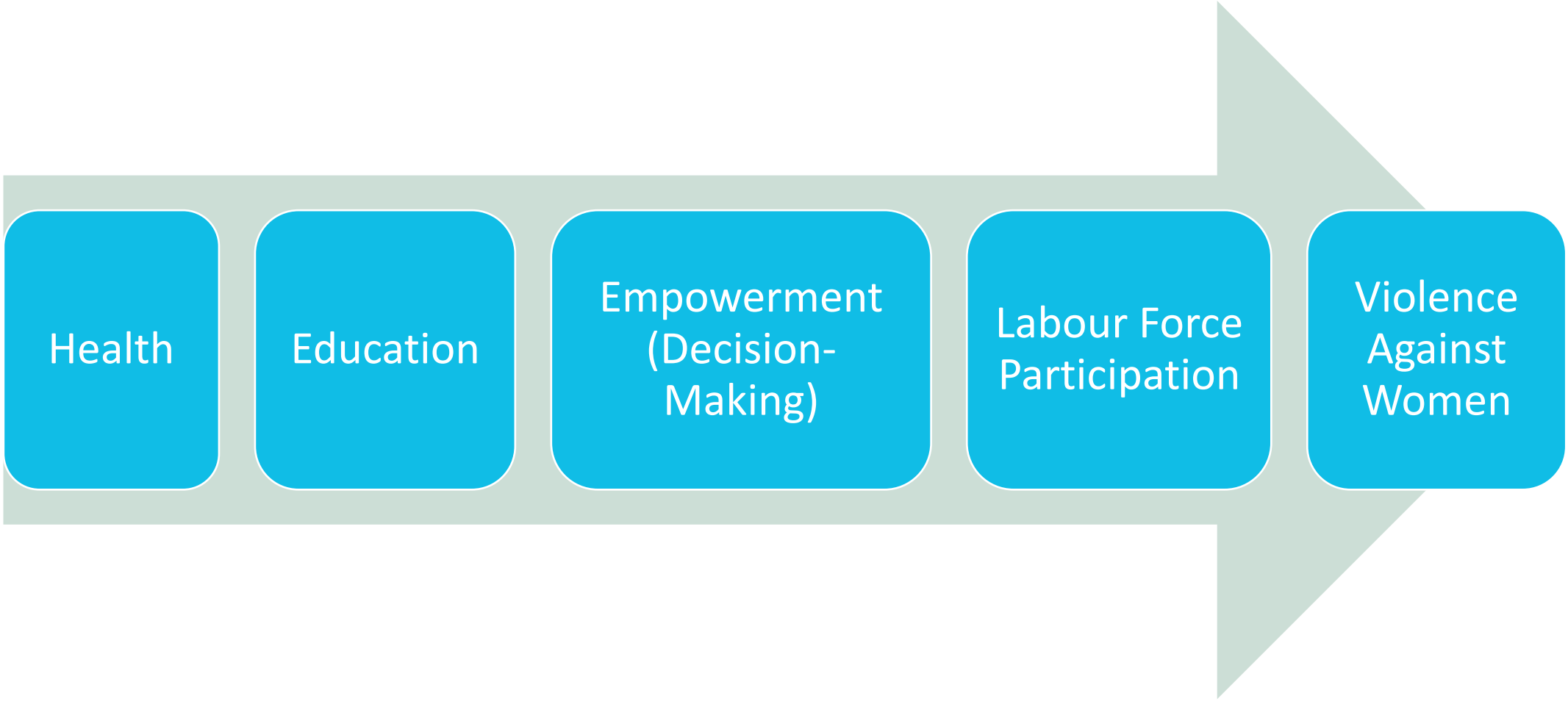
Gender Development Index (GDI)

- The GDI measures gender inequalities in achievement in three basic dimensions of human development:
 - Health (measured by female and male life expectancy at birth),
 - Education (measured by female and male expected years of schooling for children and mean years for adults aged 25 years and older) and
 - Command over economic resources (measured by female and male estimated GNI per capita)

How to measure gender equality

Gender Inequality Index (GII)

- Reproductive health (maternal mortality ratio and adolescent birth rates)
- Empowerment (proportion of parliamentary seats occupied by females and proportion of adult females and males aged 25 years and older with at least some secondary education)
- Economic status (labour force participation rate of female and male populations aged 15 years and older)
- The higher the GII value the more disparities between females and males and the more loss to human development.
- The GII - the position of women in 162 countries



Quiz - Gender Statistics in Myanmar

- GDI (Myanmar)
- GII (Myanmar)
- Health
- Education
- Empowerment (Decision making)
- Labour Force Participation
- Violence Against Women

Health

Maternal Mortality Rate in Myanmar is

A. 282

B. 156

C. 120

MMR in

Lao: 220

Cambodia: 170

Vietnam: 49

Thailand: 26

Singapore: 6

Education

According to the 2014 Myanmar Population and Housing Census, Adult literacy rates for male in Myanmar (Union) is 93% and female is

a) 78

b) 87

c) 95

Empowerment (Participation in Decision Making)

Women's representation at Lower House in 2015 is

A. 18%

B. 12%

C. 43%

Empowerment (Participation in Decision Making)

Out of nearly 17000 wards/village tracts in Myanmar, women represents as ward/village tract administer (WVTAs) (2017).

A. 101

B. 103

C. 115

Labour Force Participation

According to the 2014 Myanmar Population and Housing Census, Labour force participation by male is 85.2% and by female is (at Union level)

A. 43

B. 51

C. 60

Equality



Substantive Equality



Equality

Vs

Substantive
equality ?



COVID-19 Sustainable Development - Gender Equality

COVID-19 Pandemic

Sustainable Development – Gender Equality

There has been progress over the last decades:

- More girls are going to school,
 - Fewer girls are forced into early marriage,
 - More women are serving in parliament and positions of leadership, and
 - Laws are being reformed to advance gender equality.
- The effects of the Covid-19 reverse the limited progress that has been made on gender equality and women's rights.

IMPACTS ON SDGs



Poverty

POVERTY INCREASE

40-60 million people will be pushed into extreme poverty because of the economic shocks from COVID-19^a



Gender Equality

COVID-19 IMPACT ON WOMEN

On average, women make up to 70% of health care workers and social care sector in 104 countries^b

Women already do three times as much unpaid care work as men. With COVID-19, unpaid care work has increased, with children out-of-school, heightened care needs of older persons and overwhelmed health service^c



Education

STUDENTS OUT OF SCHOOL

Nearly 1.2 billion learners (or 68% of the total students enrolled) are affected by school closures^e

144 countries still have nationwide closures in place



Social Protection

LACK OF ADEQUATE SOCIAL PROTECTION

55% of the world's population (as many as four billion people) are not covered by social insurance or social assistance. Globally, only 20% of unemployed people are covered by unemployment benefits, and in some regions the coverage is much lower



IDPs

INTERNALLY DISPLACED PEOPLE (IDPS) AT RISK

1/3 of the world's IDPs live in 10 countries most at risk to the COVID-19 socio-economic impacts^f



Slum Dwellers

SLUM DWELLERS

Over 90% of COVID-19 cases are happening in urban areas.

With over one billion people living in informal settlements and slum-like conditions, COVID-19 is exacerbating the vulnerability of these population groups^g

IMPACTS ON SDGs



Jobs

INCOME AND JOBS LOST

About 1.6 billion informal workers lost 60% of their income, with little to no savings and no access to social protection^h



Remittances

REMITTANCES FLOWS REDUCTION

Remittances to LICs and LMICs are expected to fall by almost 20% cutting off a significant lifeline to many vulnerable householdsⁱ



Trade

DECLINE IN GLOBAL TRADE

Global trade values fell 3% in the first quarter of 2020

An estimated quarter-on-quarter decline of 27% is expected in the second quarter^j



Commodities

FALLEN COMMODITY PRICES

Commodity prices fell by a record 20% in March, driven by steep drops in oil prices^l

Oil prices remain subdued trading at almost 40% lower than the start of the year^k



Food insecurity

INCREASE IN FOOD INSECURITY

COVID-19 will double the number of people facing food crises

About 265 million people in low and middle-income countries at risk of acute food insecurity by the end of 2020 unless swift action is taken

Most people suffering acute food insecurity in 2019 were in countries affected by conflict (77 million), climate change (34 million) and economic crises (24 million people)^l



Tourism

DRAMATIC FALL IN TOURISM

Tourism is considered one of the hardest hits by the COVID-19 outbreak

Potential loss of 850 million to 1.1 billion international tourists

Potential loss of \$910 billion to \$1.2 trillion in export revenues from tourism

Estimated 100 and 120 million jobs at risk^m

Across every sphere the impacts of COVID-19 are exacerbated for women and girls

Compounded **economic** impacts are felt especially by women and girls

Increased **gender-based violence**

Diverted **health** services, including SRHS, MHPSS and clinical care for GBV

Increased **unpaid care** work



COVID-19
RESPONSE

UN
WOMEN

UNPAID CARE WORK

- Increased demand for care work during pandemic, is deepening already existing **inequalities in the gender division of labor**. Before COVID-19 pandemic, women were doing three times as much unpaid care and domestic work as men.
- With children out of school, **intensified care** needs of older persons and ill family members, and overwhelmed health services, demands for care work in a COVID- 19 world have intensified exponentially.
- This will **constrain their ability to work**, particularly when jobs cannot be carried out remotely.
- The **lack of childcare support** is particularly problematic for essential workers who have care responsibilities.

MIGRANTS

- Generally excluded from social protections and insurance schemes, this leaves them with limited or no access to health care, lost income benefits and other social and economic safety nets
- The pandemic has led to loss of income and jobs with their health, safety and well-being often ignored.

VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE

- Violence against women and girls **is increasing globally** during the pandemic. Women, especially essential and informal workers, such as doctors, nurses and street vendors are at heightened risk of violence
- **Cyber violence** is likely to increase
- Pandemic's economic impacts are likely **to increase sexual exploitation and child marriage**
- Overstretched **health, social, judicial and police services** diverted from women and girls
- Before the pandemic, it was estimated that 1 in 3 women will experience violence during their lifetimes. Many of these **women are now trapped in their homes** with their abusers.
- Crowded homes, substance abuse, **limited access to services and reduced peer support** are exacerbating these conditions.
- Emerging data shows that, since the outbreak of the pandemic, violence against women and girls – and particularly **domestic violence** – has intensified.

Gender data in Myanmar – VIOLENCE AGAINST WOMEN

married women have experienced GBV

21%

56%

ever-marriage women report experiencing sexual violence committed by a current husband,

ever-marriage women report experiencing physical violence committed by a current husband

68%

43%

Experiencing sexual violence committed by a former husband

the physical violence was committed by a former husband

24%

21%

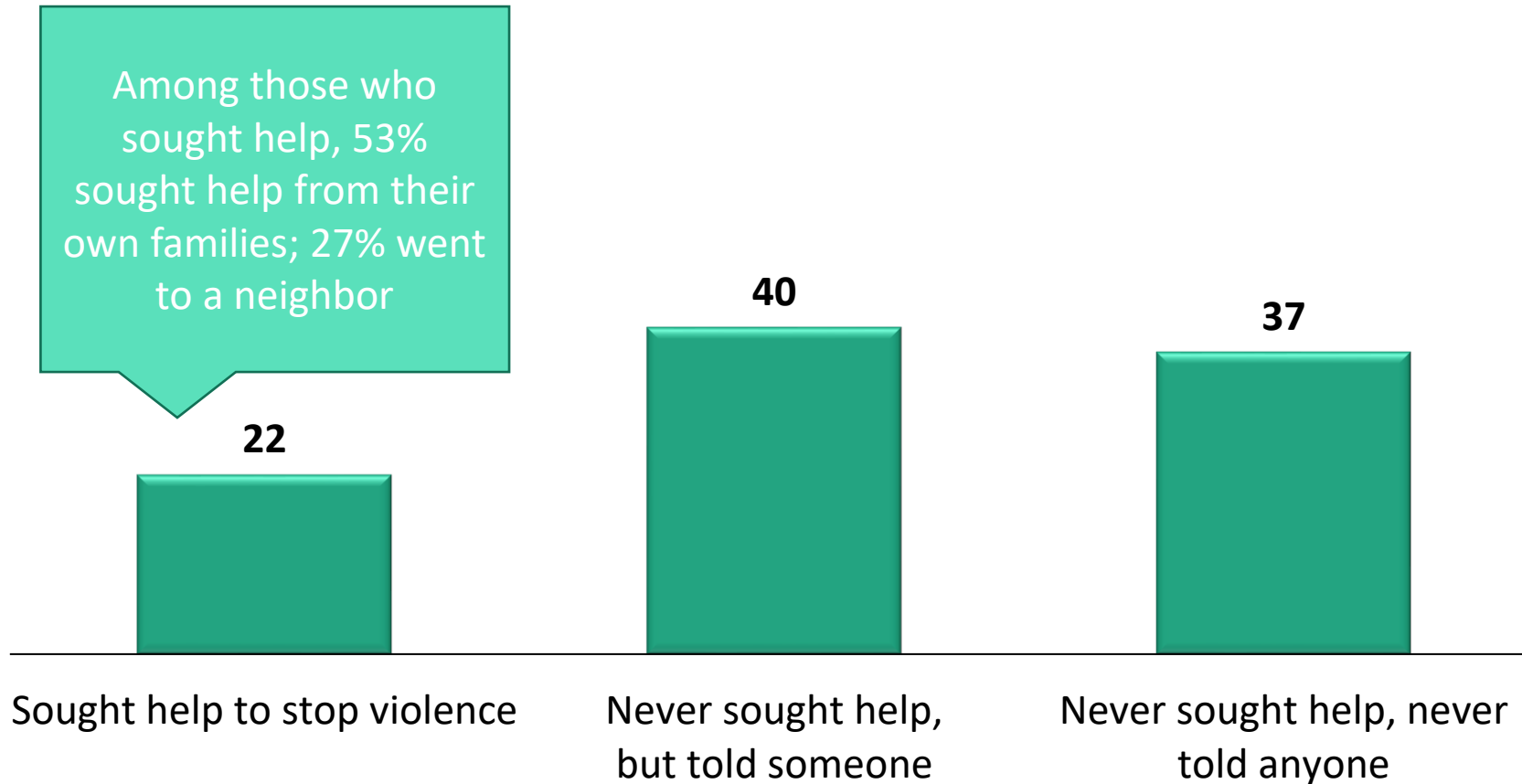
ever-married women have ever experienced physical, emotional, or sexual violence committed by their husband

A considerable number of women are engaged in informal economic activities that mostly fall into the micro and small enterprise category

Help Seeking Behavior

Most women do not seek help when they experience domestic violence.

Percent of women age 15-49 who have ever experienced physical or sexual violence



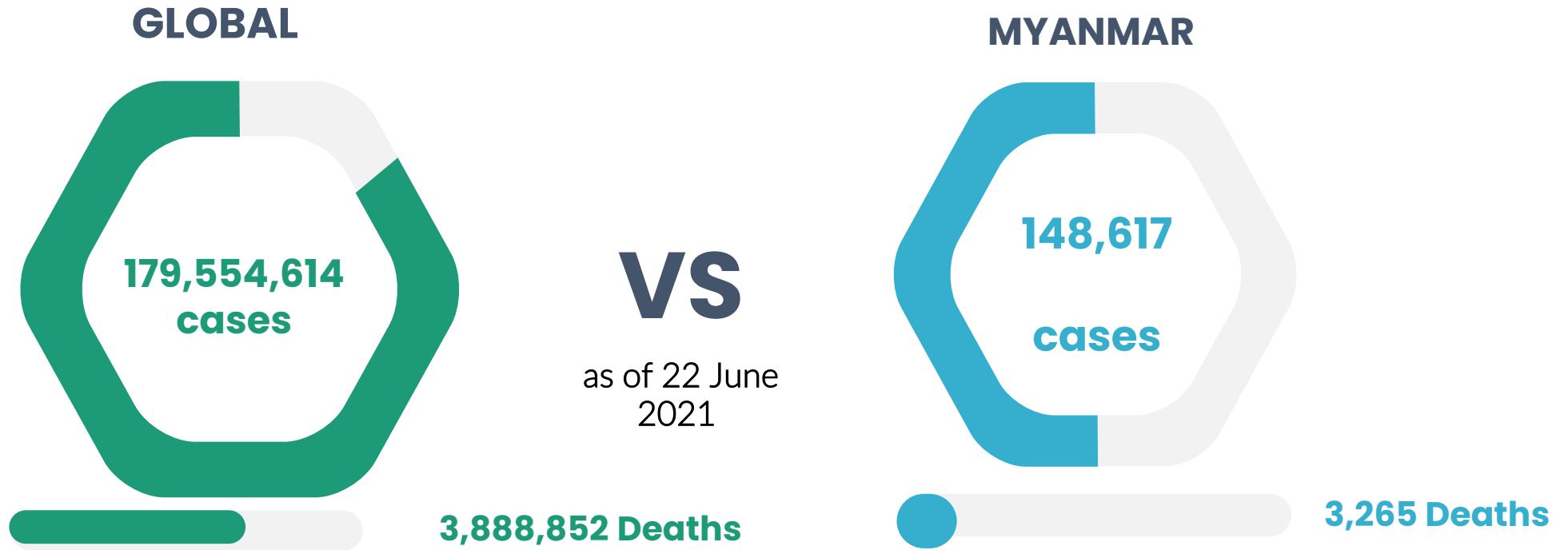


IMPACT of COVID-19 on Women/Gender Global and Myanmar

Health Sector

COVID-19 PANDEMIC - GLOBAL & LOCAL SNAPSHOT

Newly reported case numbers continue to grow globally.



- The America region is now the epi-centre of the pandemic- many countries in the region are reopening their economies after months of lockdown measures
- That indicates a *likely worsening of both the epidemiological and socio-economic situations in the short to medium term.*

HEALTH

- Health pandemics can make it **more difficult** for women and girls **to receive treatment and health services**.
- Past pandemics have shown **increased rates** of maternal mortality and morbidity, adolescent pregnancies, and HIV and other sexually transmitted diseases.
- Women may be **at risk or exposure** due to the occupational sex-segregation
 - women make up 70 percent of the health workforce and are **more likely to be front-line health workers**, especially nurses, midwives and community health workers.
 - They are also the majority of health facility service-staff – such as cleaners, laundry, catering – and as such they are **more likely to be exposed to the virus**.

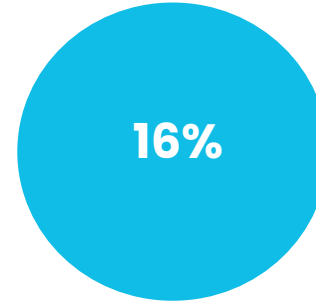
Health Data (Myanmar)

Population	53.38 million (2017)
GDP per capita	1,249.83 USD (2017)
Life expectancy at birth (M/F) 2016	65/69
Life expectancy at birth (2017)	66.56
maternal mortality ratio	282- 2 nd highest in the region
Fertility rate	2.17 births per woman (2017)
infant mortality rate	62 per 1000 live births
Home deliveries	63 % 30 % maternal deaths
Antenatal care coverage	81%
Contraceptive prevalence rate	52.2%
Gender development index, 2019	91 of 166 countries (HDI 2019)
Gender inequality index, 2019	106 of 162 countries (HDI 2019)
Internally displaced people are women and children	At least 77%

As of 22 June 2021, there has been 148,617 confirmed cases of COVID-19 in Myanmar.

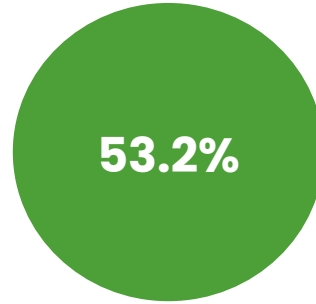
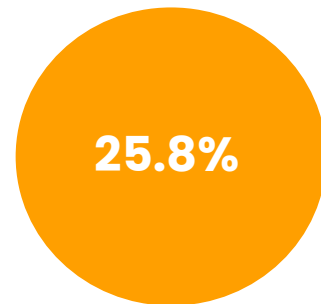
Gender data in Myanmar – HEALTH

Maternal Mortality Rate (MMR):
2nd highest in the region



Myanmar's rate for family planning stands at 16 percent

The stock-out of maternal life-saving commodities in public facilities is high and stood at 25.8 percent in 2016.



the all-methods contraceptive prevalence rate is 52.2 percent.

Unmet needs for family planning contribute to high levels of unplanned pregnancies, unsafe abortions and maternal mortality and represent the high consequences of failing to uphold sexual and reproductive health and rights

Gender and COVID-19: Impact on Health Sector (Myanmar)

Gender value - not prioritize in decision making process, power imbalanced, gender discrimination

Decision making at home, work and in public governance

Gender norm - Menstruation is believed to be dirty blood – not hygienic/ clean touching or preparing food whilst menstruating

It can affect women during regular menstrual period in terms of discrimination and burden, both in home-stay and during quarantine or self-isolation

Gender based violence – no available data (in process) but anecdotal evidence

Double burden of paid and unpaid job - domestic work & working outside of the home

The COVID-19 pandemic - increase the demand for unpaid care work, school closure, whole family at home, other housework

Gender based violence – no available data (in process) but anecdotal evidence

Disruption of essential routine health services for women and girls (family planning, AN care)

Higher risk for severe illness or death from COVID-19 are those with underlying health conditions related to NCDs

NCDs are estimated 68% in Myanmar

Men are more prone to die from NCDs than women

32% of men smoking leading to high incidence of NCDs


Over 50% of migrant workers comprise women, 90% are women in garment factory sector - 350,000 workers – more exposed to COVID-19

Psychological problem – anxiety & depression

Discrimination in case tracing

Burden of female health staff including unpaid domestic works and health services


Gender and COVID-19: Impact on Health Sector (Myanmar)



Gender and COVID-19 Impact (Myanmar)

ACCESSIBILITY TO HEALTH SERVICES

- Limitation: One Stop Crisis Centre - OSCC (MoHS) and One Stop Women Support Centre - OSWSC (MSWRR) in Myanmar
- Sex workers routinely face discrimination by health care providers, which can be a barrier to accessing healthcare.
- Loss (or fear of loss) of confidentiality when accessing health services especially for HIV and STI.
- Gender norms –decision making, power, status and physical reach – affect health service seeking.
- Language barriers
- Transportation and logistic issues.



Gender and COVID-19 Impact (Myanmar)

HEALTH INFRASTRUCTURE AND HEALTH WORKFORCE

- Limited health infrastructure especially for hard to reach and difficult to reach area and populations.
- 6.8 physicians and 10 nurses and midwives per 10,000 people in 2018.
- Discrimination of health care providers and service providers by the communities.
- Disruption of routine health services in some locations, suspension of immunization activities and communicable and non-communicable diseases (NCD) control measures.
- Closure of local clinics and suspension of some mobile health services.



IMPACT of COVID-19 on Women/Gender Global and Myanmar

Economy Sector

2.7 Billion workers globally

effect full or Partial Lockdown

1st round of lays off mainly

Service sector, retail, hospitality, tourism where women are overrepresented

More susceptible to lay offs and job-cuts

Women informal workers, migrants, youths, poorest, vulnerable groups

ECONOMY



Nearly 60% of women work in the informal economy, which puts them at greater risk of falling into poverty.

IMPACT on Women's Economic and Productive lives



Earn less and save less



Hold less secured jobs and more likely to be in the informal sector



Less access to social protection



Majority of single parent households



Loosing livelihoods faster than men and fewer alternative to generate income

Statistics on Women Job Loss

US

nearly 60% of the jobs lost until mid-March



UK

17% of all female employees affected by sectors shut down as a result of social distancing measures.



Spain

90% of women and 64% of men work in the service sector affected by national lockdown.



M-East and N.Africa

Women will lose a third of total jobs in the region, while representing only a fifth of the labor force



Women and Economy

more than two-thirds are in developing countries

lack formal social protection that would provide a buffer against economic distress

Limited/no access to health care, lost income benefits and other social and economic safety nets

INFORMAL SECTOR

Women over represented in informal sector
(about 740 million women)

fewer of the good jobs that can be done online at home

disproportionate share of occupations requiring face-to-face interactions,

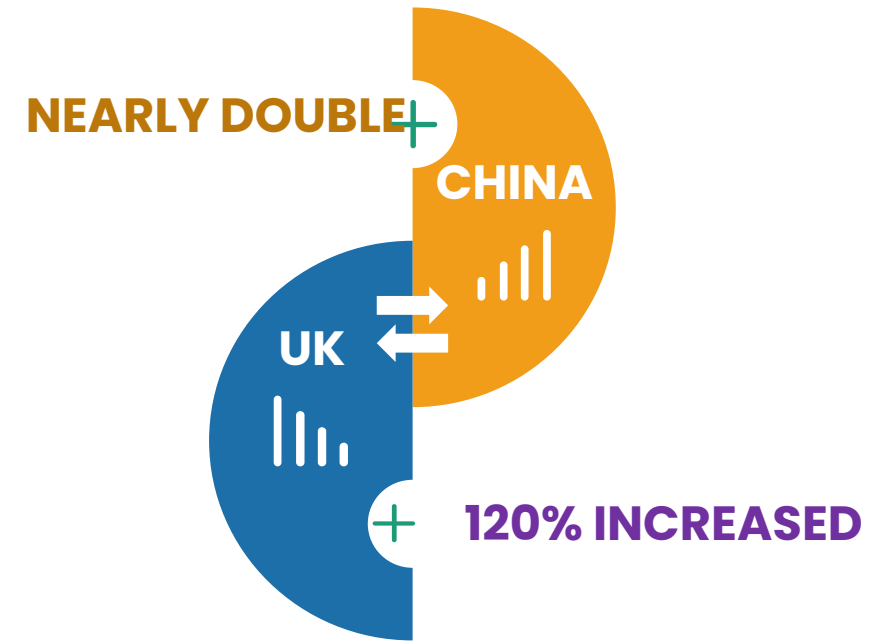
retail or personal care - less likely to work from home and prone to be unemployed.

FORMAL SECTOR

Women hold more of the jobs most at risk during the pandemic

Gender Based Violence (GBV) & COVID-19

- Safety from Gender based violence related to the flexible work due to COVID-19
 - Can be at home by partners or by employees resulted from the Work from Home (Domestic Violence)
 - Can be in the work place by supervisors or colleagues (Workplace GVB)



COVID-19 and the rise of gender-based violence, IPPF report _ Mar, 2020

- In China – Hubei province
- Brazil, Germany, Italy, Spain,

Russia, USA - huge increased

Women in Mekong Sub-region



Remittance have decreased

Women's migrant from Thailand returning to home countries



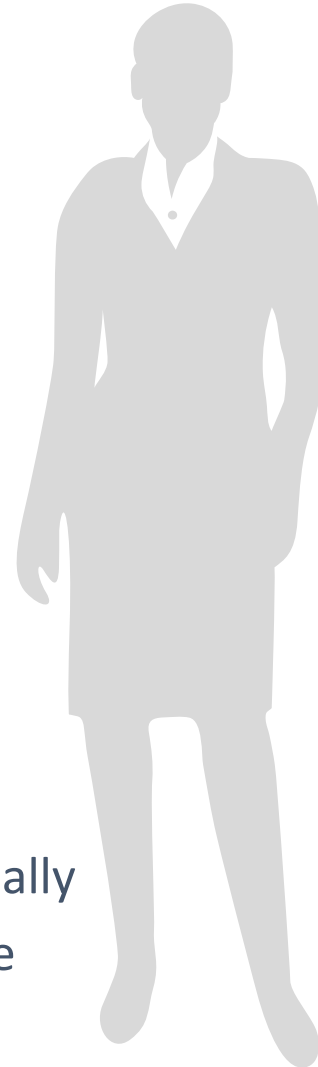
Travel and movement restrictions

Women migrant workers can face difficulties accessing social protection



Impact on tourism

The tourism sector has been substantially affected and most tourism workers are women



Serious threat to economic activities

Especially in informal sectors, and can increase gender gaps in livelihoods



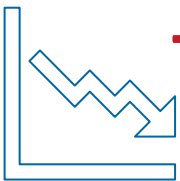
Exposure to COVID19

Women and girls are heavily concentrated in more exposed industries

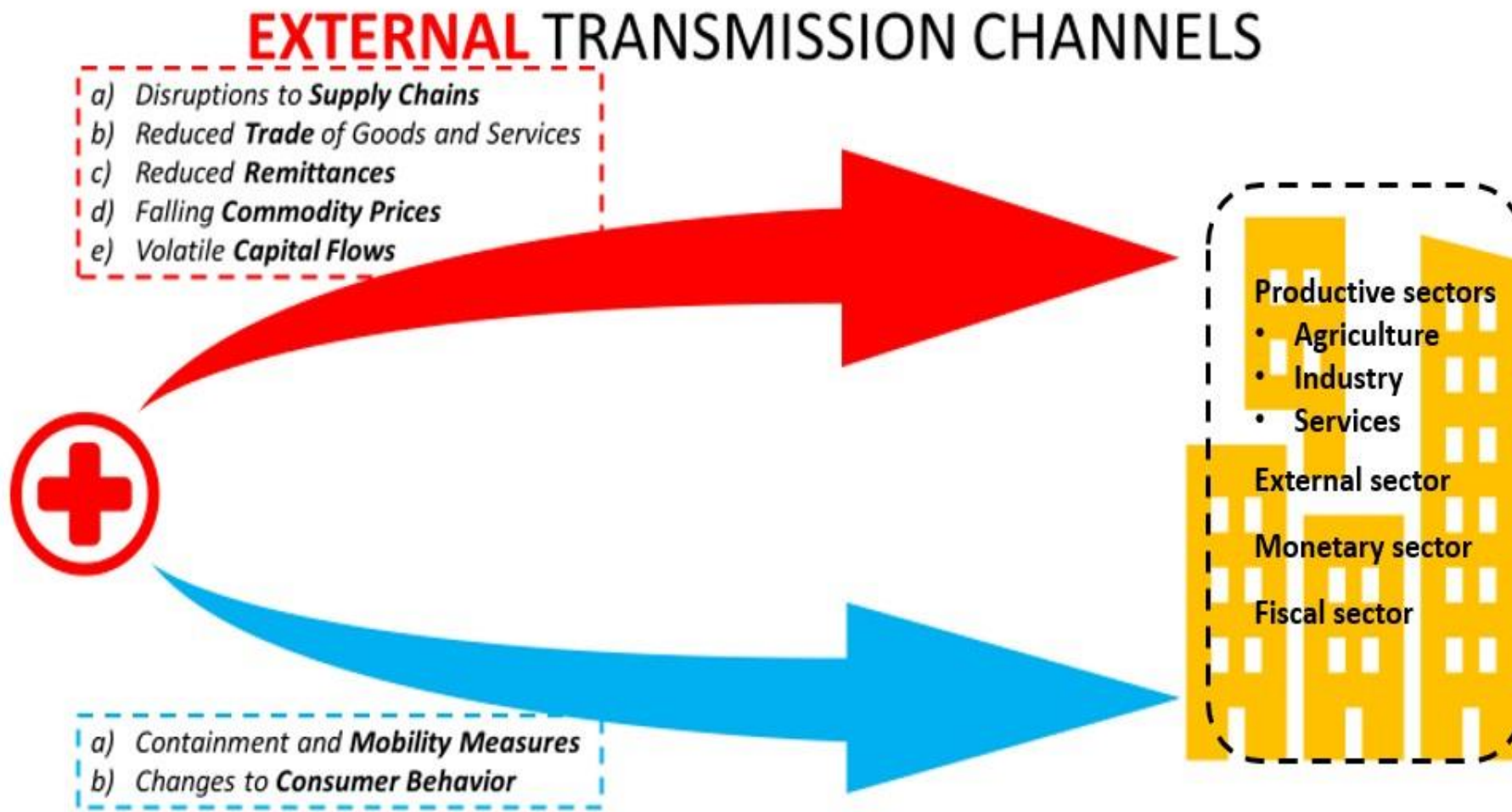


Negative impact on the job security

Many garment factory workers, with the closure of garment factories



The COVID-19 Pandemic shock has transmitted to Myanmar via several external and domestic channels



Gender data in Myanmar - ECONOMY

Women labor force are in the informal mostly at the household level and in rural areas

89.1%

2.8 million

micro and small enterprises in Myanmar (ILO)

Myanmar women are currently overseas for domestic and care work in the informal sector

789,000 women

126,237 Reg

small to mid-size enterprises (SMEs) in 2013 in Myanmar (UNESCAP)

Women laborer represent in the garment sector, many of whom are migrant workers

90%

620,000 Un-Reg

an informal (un-registered) business entities in Myanmar (UNESCAP)

A considerable number of women are engaged in informal economic activities that mostly fall into the micro and small enterprise category

Gender Data in Myanmar – ECONOMY



Labour force participation rate
for persons 15–64 years is **64.7**
%
(80.2 % for men and 51.6 % for
women)



Agricultural sector
employing 52 % of the
workforce and generating
almost **37 %** of gross
domestic product (GDP)



As much as **70 %** of the
total female workforce is
involved **agricultural**
sector

Impact on women's lives and livelihoods

Women comprise **75 %** of the healthcare workforce

789,000 Myanmar women are currently overseas for domestic and care work in the informal sector

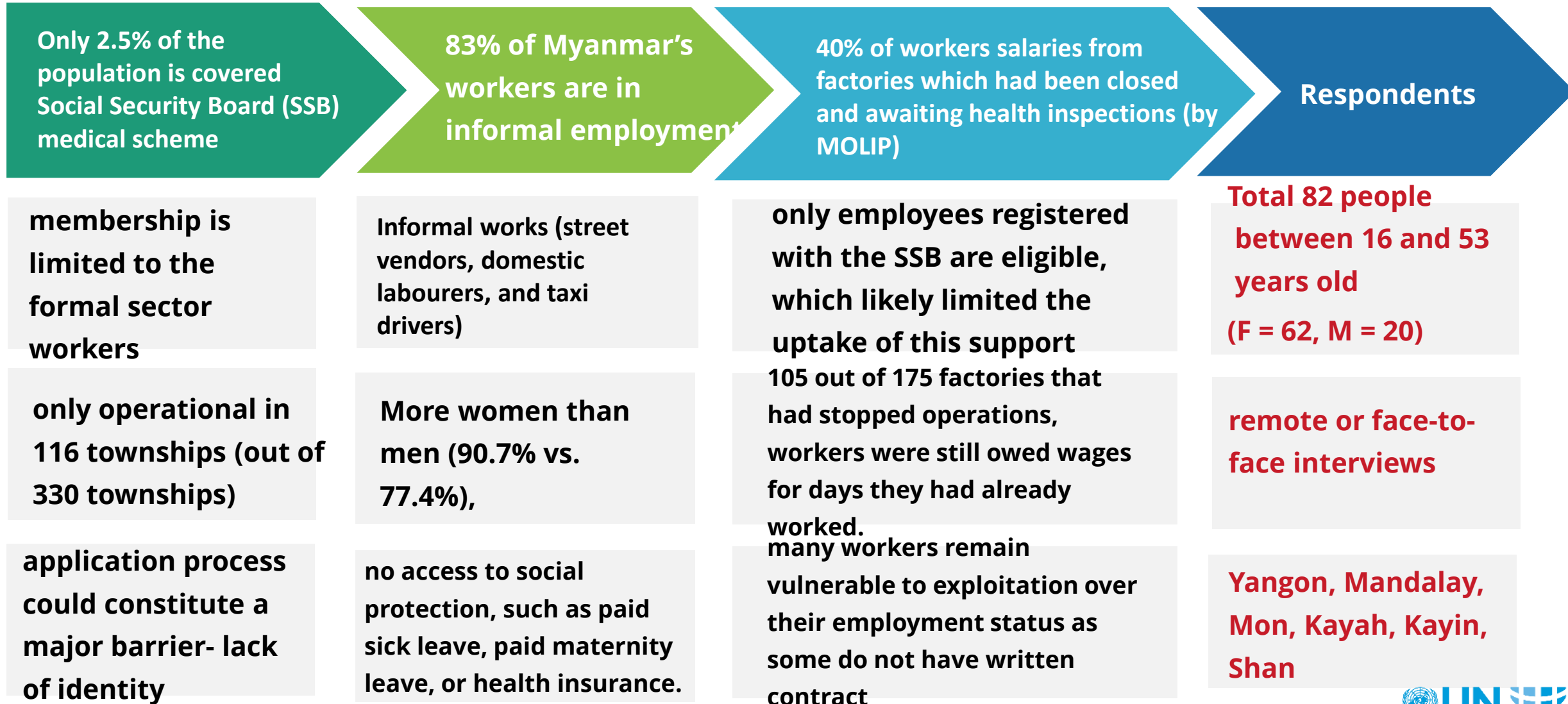
60% of employees who engage in Accommodation and Food services are women

Women represent **70% to 90%** of the street food vendors

44% of household income contributed by migrant women (domestic and international)

273,000 displaced people – 69% are women and children remain in camps or camp-like situation in Kachin, Rakhine, Chin, and Kayin

Rapid Gender Analysis (RGA) of COVID-19 Myanmar



Rapid Gender Analysis (RGA) of COVID-19 Myanmar

50% of the 700,000 workers are at risk of either being suspended without pay or losing jobs permanently

> 58,000 garment workers (an estimated 52,200 women) lost their jobs (Report by the workers' association)

Impact on Garment Workers

- Many factories closed immediately when brands and retailers cancelled orders from their supplier factories, and sent workers home with little or no pay
- Some were paid only for days worked, not for the whole month, and therefore had little warning or safety net to absorb this sudden shock..

- 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.



IMPACT of COVID-19 on Women/Gender Global and Myanmar

Women Peace and Security, and Social Cohesion



Sharing experience

1. More difficult for those who are in conflict areas? (health, economy, justice)
2. Effecting peaceful relationship? (individual, family, organization, society, state)

Quiz - Gender Statistics in Myanmar

- Women in national legislative body (Union Parliament)
- Women representation in State/Region Parliament
- Women leadership in Ward/Village Tract Administration
- Women's representation aimed in Framework for Political Dialogue
- Women's role during peace negotiation
- Women's participation in 4th 21st Century Panglong
- Formation of Union Peace Dialogue Joint Committee (UPDJC)

Empowerment (Participation in Decision-making)

Women representation in national legislative body (Union Parliament) is
.....

A. 18 %

B. 12 %

C. 43 %

Empowerment (Participation in Decision-making)

Women representation in State/Region parliament is

A. 20 %

B. 10 %

C. 36 %

Participation in Peace Process

Women representation aimed in framework for Political Dialogue is

A. 20 %

B. 30 %

C. 25 %

Participation in Peace Process

Women's participation in 4th 21st Century Panglong is

A. 17 %

B. 30 %

C. 25 %

Participation in Peace Process

Women representation in Formation of Union Peace Dialogue Joint Committee (UPDJC) is

A. 25 %

B. 33 %

C. 38 %



Brainstorming Question

How do you understand Women, Peace and Security (WPS) and social cohesion?

Key elements of the WPS agenda

“Protection” of women and girls

- Legal protection
- Socio-economic security
 - Health security

Protection

Participation

“Participation” of women in peace processes and all public decision-making processes linked to making and building peace

“Prevention” of conflict

- Incorporating women’s perspectives into early warning systems
 - Public education
- Prosecution of violators of women’s rights

Prevention

Relief and Recovery

“Social and Economic Rights”

- Post-conflict financing, gender budgeting
- Transitional justice
- Gender transformative reparations

Social Cohesion



Key components

1. Social relationships
2. Connectedness
3. Orientation towards the common good Equality


Social Cohesion

- These components require good governance and respect for human rights.
- A society that is more inclusive, equal and united will more readily employ conflict management mechanisms to protect these values and is therefore more resistant to division.
- It needs to consider the social cohesion impacts
 - Either intended or unintended
 - Either positive or negative

Governance and Social Cohesion

- Governance – social relationships:
 - The relationships between groups, between citizens and the state. Provision of security or social services, and unequal treatment to different groups lead to weak social relationships.
- Governance – connectedness:
 - Effective governance institutions - managing relations between different groups to enables citizens to feel a sense of belonging.
- Governance – equality:
 - Social exclusion (by the governance system) and inequalities provide fertile ground for violent mobilization and conflict.
- Governance – common good:
 - Effective governance helps groups to find consensual strategies or common ground around which they can work together towards development.

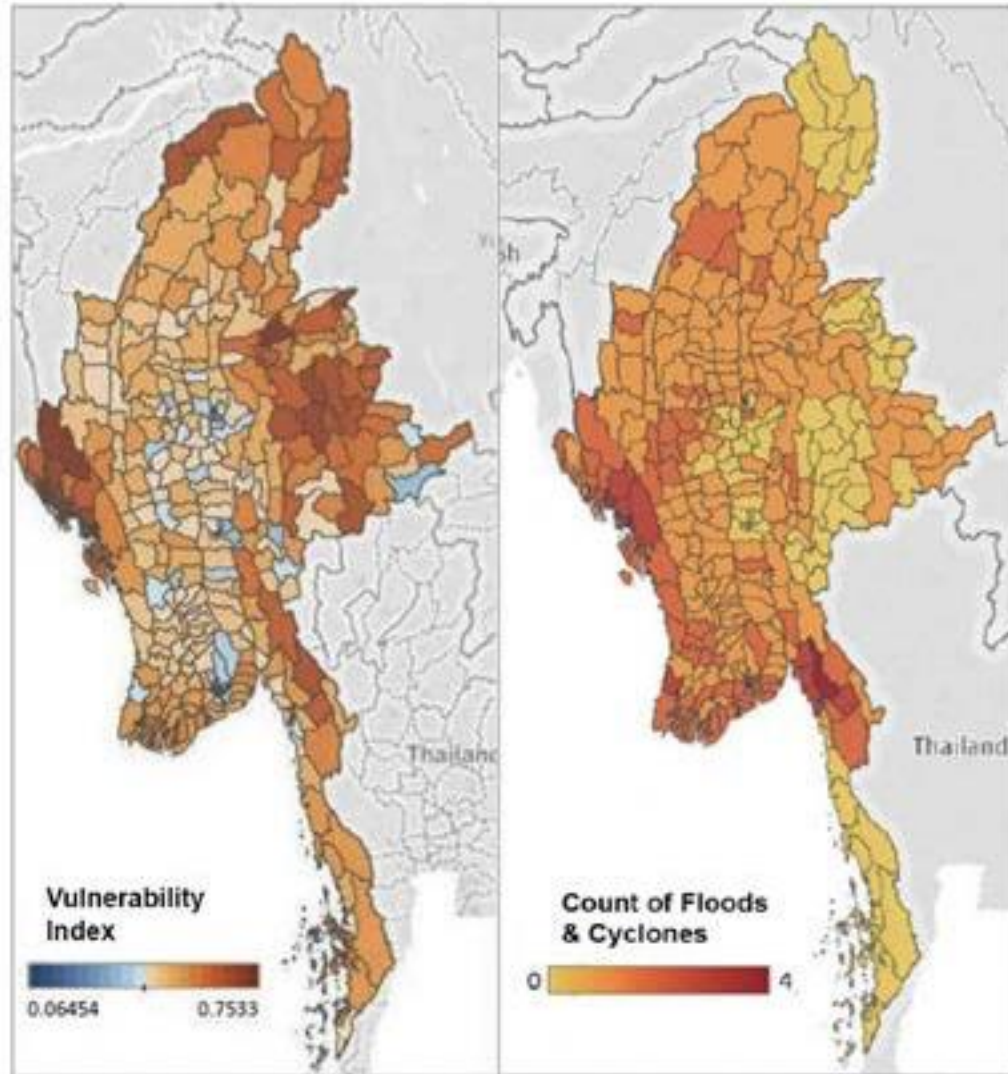
“Social Cohesion” to promote “Peace”

- 

Crisis
War
Conflict

 - High levels of mistrust
 - Social isolation
 - Exclusion
 - Inequality
- Socially cohesive society does not mean that conflict will not exist, but more likely to be effectively managed
- A society or community that is inclusive, equal and united - more readily employ non-adversarial and non-violent mechanisms to protect these values - more resistant to division
- Rebuilding a sense of togetherness among divided groups, and between people and their leaders is crucial for lasting peace (Valuing and celebrating diversity between groups, and assisting them to identify their commonalities)

Gendered COVID-19: WPS/Social Cohesion in Myanmar



Vulnerability Mapping

- Higher level of extreme vulnerability in Kachin, Kayah, Northern Rakhine and Shan States. Serious challenges remain in the NGCAs of Chin and Rakhine States.
- The approximately 118 conflict-affected townships in Myanmar
- The challenges faced by women are particularly pronounced in remote and conflict-affected areas
 - various forms of gender-based violence,
 - trafficking and discrimination
 - often subject to movement restrictions
 - limited access to accurate and reliable information/channels
 - challenges to access health services

Gendered COVID-19: WPS/Social Cohesion in Myanmar

Long-standing conflicts

Limited access to information channels, mobility during the lockdown, mass unemployment, the conditions for increased GBV cases, evictions, unlawful detentions

**Restrictions
in civil
liberties**

The spread of misinformation and rumors about the source of the disease, how it is spread, how to prevent it and whom is susceptible to infection others

Increase in hate speech and disinformation against certain groups (e.g. medical workers, religious minorities and migrant workers) adding to existing stigma and discrimination.

Gendered Covid-19: WPS/Social Cohesion in Myanmar

- **Democratic Transition**
- Social distancing - political campaigning and civic dialogue activities (2020 general election)
- **Corruption**
- An increase in corruption (e.g. by diverting subsidies for the poor and fueling undue preferential treatment under emergency measures) could damage the social contract and social cohesion and public trust in government institutions would dwindle.
- Corruption has a disproportional impact on those most left behind, such as conflict- affected communities, IDPs, migrant workers, urban informal settlers and people living in areas deprived of healthcare.

Gendered COVID-19: WPS/Social Cohesion in Myanmar

- **Climatic and natural disasters**
- The pandemic will exacerbate Myanmar's extreme vulnerability
 - Limited understanding and knowledge of different risks (multiple hazards and COVID-19 prevention, like social distancing and proper hygiene)
- **Social upheaval**
- Large-scale lay offs and the return of tens of thousands of migrant workers
- Informal settlements and slums: dense populations, inadequate housing, water and sanitation, little or no waste management, overcrowded public transport and limited access to social services
- This toxic mix of vulnerabilities could place considerable strain on social cohesion in the country, magnifying existing fault lines and creating new ones

Gendered COVID-19: WPS/Social Cohesion in Myanmar

- **Organized crime**
- A risk of surge in organized crime including illegal trafficking and cybercrime.
 - Illegal trafficking: drugs, people, wildlife, medicine, etc.
 - Cybercrime: home-based working has increased the potential cybercrime victim pool and exposes firms too
- Individuals and criminal groups are exploiting the pandemic by capitalizing on opportunities to expand their illegal operations through a variety of means.
- Large population movements and tighter border control have resulted in a rise in vulnerable groups exposure to crime networks involved in trafficking of persons and migrant smuggling.

International Treaties and National Plans (WPS)

- Substantive Equality
- Non-Discrimination
 - State Obligation



- 12 Priority areas of BPfA
- Based on CEDAW principles

- Protection, Prevention, Participation, Relief and Recovery

(1325, 1820, 1888, 1889, 1960, 2106, 2122, 2242, 2467, 2493)



Pillar 1: "Peace, National Reconciliation, Security, and Good Governance"

17 Goals

- Goal 5: Gender Equality and Women's Empowerment
- Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions



- Prevention and Response to Conflict-related Sexual Violence
- 6 Sectors
- 11 Action Plans

RESPONSE

Global & Myanmar



HOW TO RESPOND COVID-19

- COVID-19 has triggered massive disruptions in economies, jobs and livelihoods.
- Countries are now turning their attention to the socio-economic recovery phase.
- The Recovery Plan needs to look beyond the immediate (short-term) impacts
- Appropriate fiscal and financial incentives for income and job creation, restoration of livelihoods, targeting the most vulnerable and marginalized groups
- Build a more resilient future from the perspective of sustainable and people-centred development.
- Global collaboration and solidarity are needed for an effective response, as no country will be able to address the challenges alone.

UN SG's Cross cutting priorities for gender responsive recovery

1. Ensure women's equal representation in all COVID-19 response planning and decision-making
2. Drive the transformative change to equality by addressing the care economy, paid and unpaid
3. Target women and girls in all efforts to address the socio-economic impact of COVID-19



COVID-19
RESPONSE



COVID-19 Economic Response Plan (CERP) - Myanmar

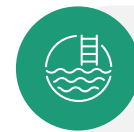
MINISTRY OF PLANNING, FINANCE AND INDUSTRY issued



a comprehensive economic stimulus plan in order to overcome the immediate negative impact of COVID-19

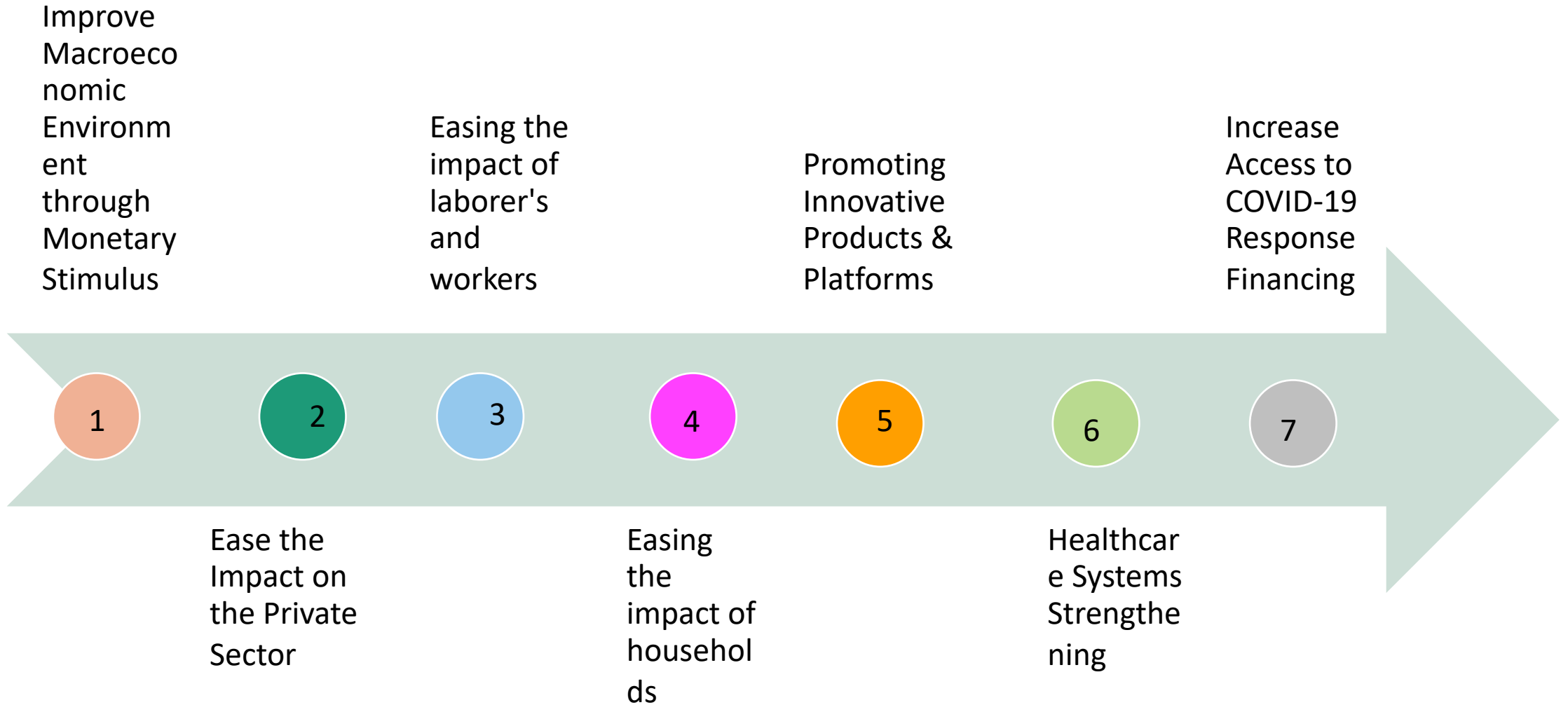


Contains 7 Goals, 10 Strategies, 36 Action Plans and 78 Actions



A broad range of extraordinary fiscal and monetary measures, combined with a set of human-focused and common-sense policy responses

COVID-19 Economic Response Plan (CERP) - Myanmar



COVID-19 Economic Response Plan (CERP), Myanmar

- **Goal 1:** Improve Macroeconomic Environment through Monetary Stimulus
- **Goal 2:** Ease the Impact on the Private Sector
 - 2.1 Ease the Impact on Private Sector Firms
 - 2.2. Ease the Strains in the Banking Sector
 - 2.3 Promote Investment
 - 2.4 Promoting international Trade
- **Goal 3:** Easing the impact of laborer's and workers
- **Goal 4:** Easing the impact of households
- **Goal 5:** Promoting Innovative Products & Platforms
- **Goal 6:** Healthcare Systems Strengthening
- **Goal 7:** Increase Access to COVID-19 Response Financing

RECOMMENDATIONS TO GENDER RESPONSIVE “CERP”



**COVID-19
RESPONSE**

General recommendations

Put women and girls at the centre of the response; consult with the relevant government sectors at Union and State/region level and members of the gender equality machinery including women's rights organisations in the review, actionable/feasible measures, implementation and monitoring of the Plan.

Develop comprehensive monitoring matrix which includes gender and age disaggregated indicators.

Leverage on various support programmes to promote women's empowerment.

Clearly identify and differentiate the target beneficiaries as per sex, age, ethnicity, income, and other social-economic and vulnerability criteria to inform the development of context-specific implementation strategies, including in urban, rural and conflict situations.

Empower national gender coordination mechanisms to promote gender mainstreaming in COVID-19 response and recovery strategies and provide technical support and capacity building interventions on gender mainstreaming to key actors

Proposed recommendations for Gender Responsive CERP

Goal 1: Improve Macroeconomic Environment through Monetary Stimulus

01

Conduct comprehensive gender impact assessment at household level and undertake context-specific socio-economic impact analyses of Covid-19

02

Review fiscal policies to advocate and formulate women's economic empowerment schemes with specific attention for rural women's economic empowerment

Goal 2: Ease the Impact on the Private Sector

01

Assess the impact of measures directed at sectors and types of businesses in which women are overrepresented and (re)design gender-responsive support schemes, e.g. increasing credit guarantee (2.1.2) and extending loan restructuring and rescheduling 2.1.6) to women-owned enterprises

02

Develop a multi-stakeholder National Women Entrepreneurship Development Strategy and Action Plan with policy targets, objectives, actions, a budget, and a monitoring and evaluation framework

03

Explicitly target women farmers and entrepreneurs for any cash transfer programmes, technical assistance and input provisions (2.1.7)

04

Ensure that women farmers are not left out in the process and have equal access to all forms of support, information and financial schemes (2.1.7)

05

Create a government-backed loan guarantee scheme for women-owned businesses

Goal 3: Easing the impact of labourers and workers

01

Develop and prioritize mitigation strategies that specifically focus on the livelihoods of the most vulnerable women and men, including informal sector workers

02

Ensure eligibility and targeting processes for labour extension benefits (3.1.1) and ensure the community infrastructure projects (3.1.2) are inclusive of women returnees and women are in informal sector in these projects

Goal 4: Easing the impact of households

1. Identify the most vulnerable section of the population, recognize women head of household of vulnerable communities, in coordination with state/ region governments and DSW, e.g. through Myanmar National Committee on Women (MNCW), and discuss and agree on short and long term solutions; women and girls should be involved in all consultations (4.1.2)
2. Provide unconditional cash and in-kind transfer, particularly to women-headed households (4.1.2).
3. Utilize women farmers and their products, encourage their household production for their livelihood support. Set targets (4.1.2)
4. Ensure that single women, women headed households are given equal priority in giving flexibility related to interest and mortgage payment for households negatively affected by COVID-19 (4.1.3)
5. Develop guideline to negotiate with private financial institutions including microfinance institutions to give more flexibility related to interest, mortgage, and repayments for women borrowers and women-headed households

Goal 5: Promoting Innovative Products & Platforms

01

Adapt or develop and deliver “digital literacy for business” training programmes for women entrepreneurs

02

Explore the development of an ICT voucher scheme for women-owned micro- and small-sized enterprises, in order to increase their access to training and other consultancy services that support women to use ICTs in their businesses.

03

Deliver a standardized financial literacy programme to women clients who borrow to finance their income-generating activities, which could be combined with capacity building on digital literacy.

Goal 6: Healthcare Systems Strengthening

1. Review and revise the existing standard operation procedures (SOPs) and guidelines for quarantine centers/facilities with gender-based violence preventive and response measures, and for health care workers and caregivers to access women-friendly personal protective equipment and menstrual hygiene products to ensure these centers are gender friendly and takes into account special needs of women and girl child, pregnant or lactating women
2. Ensure gender-based discrimination, violence and harassment free environment through guidelines and rules put in place orientation to all staff and occupants and have complaint mechanism in place
3. Advocate for national recovery plans to address occupational sex segregation, skills and training gaps, and sexual harassment in the workplace in the healthcare system.
4. Develop and behavioral change communication strategy with key messages to beneficiaries regarding leadership and self-esteem for women and guidance on improving health and nutrition (6.1.3)
5. Formulate tailor healthcare interventions for survivors of GBV, women with disabilities and women living with HIV/AIDS, and train healthcare workers to safely handle disclosures of GBV with a survivor-centered approach, and be familiar with existing multi-sectoral support mechanisms, referral pathways for GBV, child protection and psychosocial support, health, legal assistance, and case management.
6. Ensure that PPEs are tailored to women's size and that they are not ill-fitting to ensure maximum protection and effectiveness (6.1.2/6.1.4)
7. Organize public campaigns against violence against women and girls, strengthen support to service organizations, and ensure continuation and strengthening of support to court and legal service provision for gender-based violence cases

Goal 7: Increase Access to COVID-19 Response Financing

01

Review and revise the existing GRB initiatives and formulate the instruction with specific (re)allocation (7.1.1) and procedures to mainstreaming gender issues in the government's Covid response budget plan (7.1.2) to anticipate and mitigate the adverse impact on gender equity

02

Incorporate gender-responsiveness and women's empowerment when acquiring external finance, particularly focus on long-term development of women's skills, agency, and address the burden of unpaid care work (7.1.3)


Group work



- Participants are divided into 3 groups (2 recommendations for 2 groups, and 3 recommendations for 1 group)
 - Read the recommendations and brainstorm the following points.
 - Time – 20 minutes to discuss
1. What are the relevant activities that have been doing in your State/Region?
 2. What can be done (2 most important key activities)?
 3. Who and how those activities can be done?
 4. What resources need to be done?

Gender sensitive CERP responses for Health Sector

Recommendations for Gender sensitive CERP	Where we are?	What we can do?	How we can do?	What we need?
1. Review and revise the existing standard operation procedures (SOPs) and guidelines for quarantine centres/facilities with gender-based violence preventive and response measures, and for health care workers and caregivers to access women-friendly personal protective equipment and menstrual hygiene products to ensure these centers are gender friendly and takes into account special needs of women and girl child, pregnant or lactating women				
2. Ensure gender based discrimination, violence and harassment free environment through guidelines and rules put in place orientation to all staff and occupants and have complaint mechanism in place				
3. Advocate for national recovery plans to address occupational sex segregation, skills and training gaps, and sexual harassment in the workplace in the healthcare system.				
4. Develop and behavioral change communication strategy with key messages to beneficiaries regarding leadership and self-esteem for women and guidance on improving health and nutrition (6.1.3)				
5. Formulate tailor healthcare interventions for survivors of GBV, women with disabilities and women living with HIV/AIDS, and train healthcare workers to safely handle disclosures of GBV with a survivor-centered approach, and be familiar with existing multi-sectoral support mechanisms, referral pathways for GBV, child protection and psychosocial support, health, legal assistance, and case management.				
6. Ensure that PPEs are tailored to women's size and that they are not ill-fitting to ensure maximum protection and effectiveness (6.1.2/6.1.4)				
7. Organise public campaigns against violence against women and girls, strengthen support to service organisations, and ensure continuation and strengthening of support to court and legal service provision for gender-based violence cases				



Presentation: Analysis for Actions (Brainstorming the Way Forward for State/Region level implementation)

- 1. What have been doing?**
- 2. What can we do?**
- 3. How can we do?**
- 4. What resource we needs?**

Who is responsible for Gender Mainstreaming?

- **Shared responsibility** by all stakeholders
- Commitment of High-level leaders
- Anyone responsible for the design, implementation, review, monitoring and evaluation of policies, projects, programs
- Resources (e.g. human, time and financial) are responsible for gender mainstreaming

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Thank you!



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