Impact of COVID-19 on Women/Gender
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
Ground Rules

1. Confidentiality
2. Respect
3. 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

Individual → Family → Society → Organization/Institution → State
# Development Indicators

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
<th>Society</th>
<th>Organisation/Institution</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Education, knowledge/information</td>
<td>- Education</td>
<td>- Participation of boys and girls in education</td>
<td>- Organisational policy and practice</td>
<td>- Increased rate of education</td>
</tr>
<tr>
<td>- Skills</td>
<td>- Income</td>
<td>- activities</td>
<td>- Structure</td>
<td>- Increased per capita income</td>
</tr>
<tr>
<td>- Confidence</td>
<td>- Medical facilities</td>
<td>- Reduced early marriage</td>
<td>- Resources</td>
<td>- Increased average life expectancy</td>
</tr>
<tr>
<td>- Choice</td>
<td>- Participation in social and cultural</td>
<td>- Women’s participation in social activities</td>
<td>- Working environment</td>
<td>- Reduced rate of infant and maternal</td>
</tr>
<tr>
<td>- Income</td>
<td>activities</td>
<td>- Mobility</td>
<td>- Organisational values and norms</td>
<td>mortality</td>
</tr>
<tr>
<td>- Access to decision making and ability</td>
<td>- Equal treatment for all family members</td>
<td>- Developed infrastructure</td>
<td>- Efficient human resource management</td>
<td>- Labour force</td>
</tr>
<tr>
<td>to make decisions</td>
<td>- Assets</td>
<td>- Cooperation</td>
<td>- Team spirit</td>
<td>- Reduced rate of violence against women</td>
</tr>
<tr>
<td>- Mobility in safety</td>
<td>- Family acceptance</td>
<td>- Security</td>
<td>- Good relations with other countries</td>
<td>- Access to justice system</td>
</tr>
<tr>
<td>- Reproductive rights</td>
<td>- Cooperation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Family planning</td>
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</tr>
</tbody>
</table>

- Developed infrastructure
- Cooperation
- Security
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
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
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 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**

**COVID-19 Impact on Women**
On average, women make up to 70% of health care workers and social care sector in 104 countries.
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.

**Students Out of School**
Nearly 1.2 billion learners (or 68% of the total students enrolled) are affected by school closures. 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.

**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.

**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.
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomes and jobs</td>
<td>Lost approximately 1.6 billion informal workers, 60% of their income, with little to no savings and no access to social protection</td>
</tr>
<tr>
<td>Remittances</td>
<td>Flows reduction: Remittances to LICs and LMICs are expected to fall by almost 20%, cutting off a significant lifeline to many vulnerable households</td>
</tr>
<tr>
<td>Trade</td>
<td>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</td>
</tr>
<tr>
<td>Commodities</td>
<td>Fallen commodity prices: Commodity prices fell by a record 20% in March, driven by steep drops in oil prices</td>
</tr>
<tr>
<td>Food insecurity</td>
<td>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</td>
</tr>
<tr>
<td>Tourism</td>
<td>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</td>
</tr>
</tbody>
</table>
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.
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%
- Ever-marriage women report experiencing physical violence committed by a current husband: 68%
- Experiencing sexual violence committed by a former husband: 43%
- The physical violence was committed by a former husband: 24%
- Ever-married women have ever experienced physical, emotional, or sexual violence committed by their husband: 21%

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

Among those who sought help, 53% sought help from their own families; 27% went to a neighbor.
IMPACT of COVID-19 on Women/Gender
Global and Myanmar

Health Sector
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.

GLOBAL

- 179,554,614 cases
- 3,888,852 Deaths

MYANMAR

- 148,617 cases
- 3,265 Deaths

as of 22 June 2021
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)

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

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

MMR 282
16%

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.

25.8%
53.2%

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.
<table>
<thead>
<tr>
<th>Gender value - not prioritize in decision making process, power imbalanced, gender discrimination</th>
<th>Decision making at home, work and in public governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender norm - Menstruation is believed to be dirty blood – not hygienic/ clean touching or preparing food whilst menstruating</td>
<td>It can affect women during regular menstrual period in terms of discrimination and burden, both in home-stay and during quarantine or self-isolation</td>
</tr>
<tr>
<td>Gender based violence – no available data (in process) but anecdotal evidence</td>
<td>The COVID-19 pandemic - increase the demand for unpaid care work, school closure, whole family at home, other housework</td>
</tr>
<tr>
<td>Double burden of paid and unpaid job - domestic work &amp; working outside of the home</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

More susceptible to layoffs and job cuts
Women informal workers, migrants, youths, poorest, vulnerable groups

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

ECONOMY

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
US
nearly 60% of the jobs lost until mid-March

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

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

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

**INFORMAL SECTOR**

- 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)

**FORMAL SECTOR**

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

- Women labor force are in the informal mostly at the household level and in rural areas, accounting for 89.1% of the workforce.
- Myanmar women are currently overseas for domestic and care work in the informal sector, with 789,000 women involved.
- Women laborer represent in the garment sector, many of whom are migrant workers, with 90% of the labor force in this sector.
- Micro and small enterprises in Myanmar (ILO) numbered 2.8 million in 2013.
- Small to mid-size enterprises (SMEs) in 2013 in Myanmar (UNESCAP) numbered 126,237.
- An informal (un-registered) business entities in Myanmar (UNESCAP) numbered 620,000.
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 in agricultural sector.
Impact on women's lives and livelihoods

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

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

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

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

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

**273,000** displaced people – 69% are women and children remain in camps or camp-like situation in Kachin, Rakhine, Chin, and Kayin
Only 2.5% of the population is covered by the Social Security Board (SSB) medical scheme. Informal works include street vendors, domestic labourers, and taxi drivers. More women than men (90.7% vs. 77.4%) are involved in informal employment. Only 40% of workers' salaries from factories that had been closed and awaiting health inspections (by MOLIP) are covered by the SSB. Respondents' membership is limited to the formal sector workers and only operational in 116 townships (out of 330 townships). Application process could constitute a major barrier due to limited access to social protection, such as paid sick leave, paid maternity leave, or health insurance.

83% of Myanmar's workers are in informal employment. Only employees registered with the SSB are eligible, which likely limited the uptake of this support. 105 out of 175 factories that had stopped operations, workers were still owed wages for days they had already worked. Many workers remain vulnerable to exploitation over their employment status as some do not have written contracts.

Total 82 people between 16 and 53 years old (F = 62, M = 20) were interviewed remotely or face-to-face in Yangon, Mandalay, Mon, Kayah, Kayin, Shan.
50% of the 700,000 workers are at risk of either being suspended without pay or losing jobs permanently.

- 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.

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

- 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

“Prevention” of conflict
• Incorporating women’s perspectives into early warning systems
• Public education
• Prosecution of violators of women’s rights

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

“Social and Economic Rights”
• Post-conflict financing, gender budgeting
• Transitional justice
• Gender transformative reparations
Key components
1. Social relationships
2. Connectedness
3. Orientation towards the common good
4. 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”

- 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

- Higher level of extreme vulnerability in Kachin, Kayin, 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
Long-standing conflicts

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

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

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

Gendered COVID-19: WPS/Social Cohesion in Myanmar
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

- Protection, Prevention, Participation, Relief and Recovery
  (1325, 1820, 1888, 1889, 1960, 2106, 2122, 2242, 2467, 2493)

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 at all levels

12 Priority areas of BPfA
- Based on CEDAW principles

Pillar 1: “Peace, National Reconciliation, Security, and Good Governance”

- 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 Economic Response Plan (CERP) - Myanmar

The Ministry of Planning, Finance and Industry issued a comprehensive economic stimulus plan in order to overcome the immediate negative impact of COVID-19. The plan contains 7 Goals, 10 Strategies, 36 Action Plans and 78 Actions. It includes 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

1. Improve Macroeconomic Environment through Monetary Stimulus
2. Ease the Impact on the Private Sector
3. Easing the impact of laborer's and workers
4. Easing the impact of households
5. Promoting Innovative Products & Platforms
6. Increase Access to COVID-19 Response Financing
7. Healthcare Systems Strengthening
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”
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.

- 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.

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

- 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.

- Leverage on various support programmes to promote women’s empowerment.
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

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<table>
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<tbody>
<tr>
<td><strong>01</strong></td>
<td>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.</td>
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<td><strong>02</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>03</strong></td>
<td>Explicitly target women farmers and entrepreneurs for any cash transfer programmes, technical assistance and input provisions (2.1.7).</td>
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<td><strong>04</strong></td>
<td>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).</td>
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<td><strong>05</strong></td>
<td>Create a government-backed loan guarantee scheme for women-owned businesses.</td>
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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

<table>
<thead>
<tr>
<th>Recommendations for Gender sensitive CERP</th>
<th>Where we are?</th>
<th>What we can do?</th>
<th>How we can do?</th>
<th>What we need?</th>
</tr>
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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!