

A UN framework for the immediate socio-economic response to COVID-19 in Myanmar

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LIST OF ACRONYMS

ADB	Asian Development Bank
AFPs	agency, funds and programmes
COVID-19	Corona Virus Disease 2019
CPRP	UNCT Country Preparedness and Response Plan in support of the health sector contingency plan for COVID-19 and other emerging respiratory disease outbreak response in Myanmar
CSO	Central Statistical Organization
CSOs	civil society organizations
DSW	Department of Social Welfare
DUHD	Department of Urban and Housing Development
FDI	foreign direct investment
GBV	gender-based violence
GDP	gross domestic product
FAO	Food and Agriculture Organization
HCT	Humanitarian Country Team
IDP	internally displaced population
IFI	international financial institution
ILO	International Labour Organization
IMF	International Monetary Fund
IOM	International Organization for Migration
LGBTIQ+	lesbian, gay, bisexual, transgender, intersex, queer and other orientations
LIFT	Livelihoods and Food Security Trust Fund
MCCT	maternal and child cash transfer
MHPSS	mental health and psycho-social support
HRP	Humanitarian Response Plan
MMK	Myanmar Kyat
MLCS	Myanmar Living Conditions Survey
MoALI	Ministry of Agriculture, Livestock and Irrigation
MoCOM	Ministry of Commerce
MoHS	Ministry of Health and Sports
MoHT	Ministry of Hotels and Tourism
MoE	Ministry of Education
MoLIP	Ministry of Labour, Immigration and Population
MoPFI	Ministry of Planning, Finance and Industry

MSWRR	Ministry of Social Welfare, Relief and Resettlement
MPF	Myanmar Police Force
MSME	micro, small and medium-sized enterprise
MS-NPAN	Multi-sectoral National Plan of Action on Nutrition (MoHS)
NGCA	non-government controlled areas
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
PLHIV	people living with HIV/AIDS
PPE	personal protective equipment
RCCE	risk communication and community engagement
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SDG	Sustainable Development Goal
SME	small and medium-sized enterprise
SOP	standard operating procedure
SSB	Social Security Board
UEC	Union Elections Commission
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCDF	United Nations Capital Development Fund
UNCT	United Nations Country Team
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNOPS	United Nations Office for Project Services
UN-SERF	UN framework for the immediate socio-economic response to COVID-19 in Myanmar
UNSDCF	United Nations Sustainable Development Cooperation Framework
VAC	violence against children
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY



This paper sets out a Framework for immediate socio-economic support to be provided by the United Nations Country Team to Myanmar in the face of the COVID-19 pandemic. The Framework will put into practice the United Nations Secretary-General's March 2020 report [Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19](#). It is one of three critical components of United Nations efforts in Myanmar to save lives, protect people and rebuild better, alongside and complementing the health response, led by the World Health Organization, and the humanitarian response, led by the Humanitarian Country Team.

The ***UN framework for the immediate socio-economic response to COVID-19 in Myanmar***, referred to as the UN-SERF, is also the response and contribution to the Government of Myanmar's COVID-19 Economic Relief Plan issued on 27 April which draws an ambitious and proactive roadmap to keep the country's economy and households afloat.

Myanmar's COVID-19 caseload has been relatively low so far with 242 cases and six fatalities as of 8 June. Despite cases having been registered in nearly all states and regions, there have been no cases so far reported in some of the most vulnerable communities of the country (prisons, IDP camps, IDP hosting communities, conflict-affected areas). Measures taken by the government at the end of March to limit the circulation of the virus have proven effective. However, given the higher rate of infection in surrounding countries, Myanmar remains at risk of a jump in the number of cases. Meanwhile Myanmar's health system is unequipped to face a large outbreak. Also, with the advent of the monsoon season and conflict taking place in different parts of the country (Chin and Rakhine States in particular), the levels of vulnerability to COVID-19 are significant for potentially millions of people.

Myanmar is expected to (and already is to some degree) suffer disproportionately from the socio-economic impact of the COVID-19 crisis compared to the actual spread of the disease in its territory. A myriad of effects on the socio-economic sphere include: (i) increased delivery challenges in health and education systems, resulting in poor health and education outcomes; (ii) falling levels of trade and tourism; (iii) supply chain disruptions and decreasing internal consumption rendering thousands of people jobless, especially women, youth and informal workers; (iv) volatile financial markets, lower foreign investment and reduced remittances putting the country's macroeconomic stability under stress; and (v) increased insecurity and political tensions as the pandemic creates opportunities for conflict to escalate in certain parts of the country while its socio-economic impact may exacerbate and create social grievances.

Initial forecasts predict modest GDP growth (1 - 3 percent) for Fiscal Year 2019/2020, which is well below last year's performance (6.3 percent), followed by a rebound in Fiscal Year 2020/2021 (about 6 percent). Among the most affected sectors are tourism, manufacturing, transport and agriculture. The latter sector could experience a recession (around -two percent for the agri-food GDP), raising serious concerns about the welfare of landless and smallholder farming families and the food security status of poor families who face the prospect of reduced income. Myanmar's progress in reducing poverty over the past decade risks being reversed in 2020 with a forecasted 23.5 percent increase in extreme poverty (now standing at 2.01 percent), especially among landless and small-holding farmers in rural areas and poor households in urban and peri-urban informal settlements. In this difficult context that the country is re-integrating migrant workers who have started returning to their homeland in the thousands.

In Myanmar, as elsewhere in the world, the COVID-19 crisis is revealing new and compounding pre-existing vulnerabilities and inequalities that have to be more effectively addressed by the government, such as those based on gender, age, disability, ethnicity, citizenship status, conflict and climatic risk exposure, displacement and migration, and on other personal situations that can complicate access to welfare and generate discrimination in society. These vulnerabilities often intersect at the individual and community levels. In Myanmar, areas exposed to further impoverishment and human development regression triggered by the COVID-19 crisis include locations still experiencing conflict (Chin, Kachin, Kayin, Rakhine and Shan States), areas with a high percentage of landless farmers and/or exposure to disasters (Kayin and Mon States and Ayeyarwady, Bago and Sagaing Regions) and informal settlements in peri-urban areas that house some of the country's poorest populations.

To mitigate socio-economic shocks stemming from the public health crisis, the government responded promptly with its COVID-19 Economic Relief Plan, which activated immediate policy and programmatic measures. Estimated to cost US\$2-3 billion, the plan sets out to create a monetary stimulus, support the private and financial sector, promote investments and trade, ease the impact on vulnerable households (through food aid and cash transfers), create jobs (including for migrants) and strengthen the healthcare system. Given the restricted fiscal space and scarce resources of the government, and the limited coverage of social protection instruments in Myanmar, a robust disaggregated impact analysis is needed that differentiates impacts across gender, age, geographic areas and population groups to support the government with actionable information on how to invest its resources to reach those most at risk of being left behind.

The United Nations in Myanmar is bringing its collective experience and knowledge of the country's development trajectory and vulnerabilities, its strong partnership with government, society, the private sector, development partners and ethnic armed organizations in areas under mixed and non-government administration, its wide and multi-pronged programmatic capacities and an array of financial instruments to help the government deliver over the next 18 months a coherent, gender-responsive and human rights-based emergency and recovery response that can protect the rights of people and communities living under the duress of the pandemic, and to support their inclusive and sustainable recovery. In an emergency such as the country is now experiencing, the core principles that underpin the regular development work of the United Nations in Myanmar as enshrined in the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2018-2022 and that define the spirit of the global UN response to COVID-19, are now more necessary than ever. These are: (i) inclusivity; (ii) human rights, gender equality and women's empowerment; (iii) sustainable development, environmental protection and resilience; and (iv) accountability. These tenants have guided the design of the UN-SERF. The operationalization of the vision set forth in the UN-SERF is shaped by the same approaches than in the UNSDCF — that is to maximize the humanitarian and development nexus, engage in capacity development, ensure policy coherence, implement risk-based programming and focus on results and partnerships.

The strategy proposed by the UN-SERF aligns with the government's COVID-19 Economic Relief Plan, which sets the imperative to "not only ameliorate the current external crisis but to create durable mechanisms and institutions that will propel Myanmar towards the kind of economy [and society] the Myanmar people need and deserve." The UN-SERF is guided by the below key orientations.

- **Build real-time knowledge of the crisis impact** on people, communities, services, value chains, institutions, the business environment, the financial sector and the natural environment by investing in a few iterative blanket and targeted assessments and research to build crisis response policies and programmes that are relevant, cost-effective and gender- and rights-sensitive.
- **Ensure continuity of basic and social services**, despite restrictions of public health measures and a reduced fiscal space, and in particular services catering to those most at risk of losing access to lifesaving support, including undernourished children, pregnant women, people living with HIV/AIDS, people with disabilities, isolated seniors and women and children survivors of violence.
- **Protect the livelihoods and build resilience** of those outside formal employment and social security schemes and those returning from emigration by protecting their productive assets, enhancing their employability, ensuring decent work conditions and occupational health and safety, creating employment opportunities, improving labour market functions and scaling up and diversifying social protection systems, especially for children and the disabled.
- **Strengthen policies, financing and market functionality** to support rural value chains and shore up the livelihoods of landless and small-holder farmers and fishermen, enhancing their tenure rights and access to natural resources, and protect rural communities against natural disasters.
- **Use monetary and fiscal levers** to counter declining foreign and domestic investments and direct public and private investments towards sustainable economic transformation, including digitalization, and towards underfunded social sectors to increase equitable access and strengthen system resilience, including through new technology.
- **Make use of regional and multilateral cooperation** to stimulate trade, improve connectivity, curb illicit trafficking (especially in endangered wildlife) and leverage SDG and Paris Agreement financing.
- **Strengthen governance, financial and risk management systems** to address underlying vulnerabilities exposed through COVID-19, including the tax administration to improve revenue collection and accountability institutions and frameworks including those that fight corruption and build trust. Adopt risk-informed development policies and foster investments to increase the resilience of Myanmar's development gains and rights-based policy dialogue and legal reforms to enhance social cohesion and foment durable peace. Advance decentralization to permit a more flexible crisis response.

The UN-SERF is organized into five pillars and combines downstream support to delivery systems and communities and upstream support to policy and programme management by government, business associations, labour unions and civil society. The five-pronged framework aims to: 1) help comprehensively protect the health system during the COVID-19 crisis; 2) at the same time, and equally urgent, defend people through social protections and basic services; 3) protect jobs, small- and medium-sized enterprises and vulnerable workers in the informal sector through economic recovery; 4) help guide the necessary surge in fiscal and financial stimulus to make the macroeconomic framework work for the most vulnerable and foster sustainable development and strengthen multilateral and regional responses; and 5) promote social cohesion and build trust through social dialogue and political engagement and invest in community-led resilience.

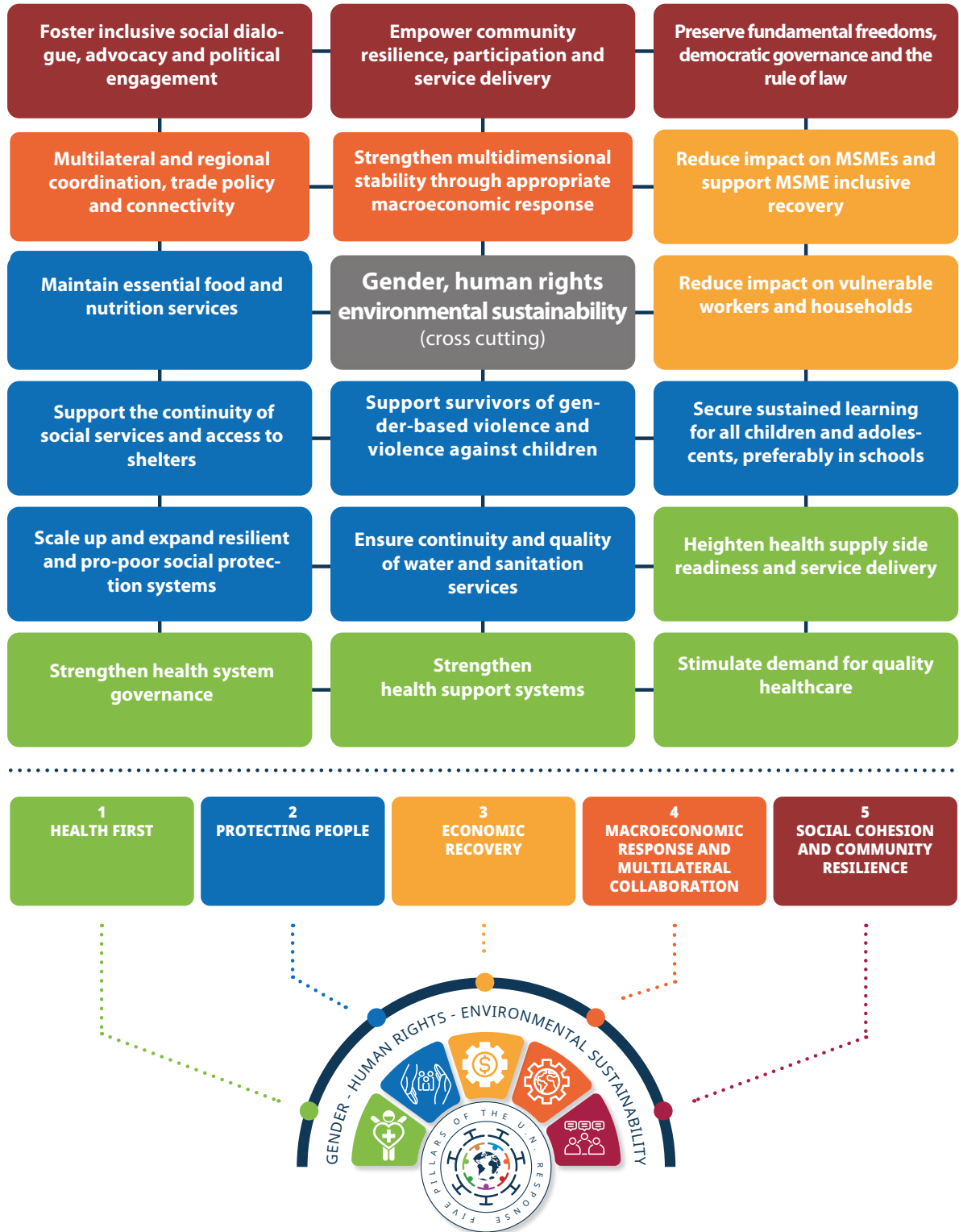
These five pillars are connected by a strong environmental sustainability, peacebuilding, rights-based and gender equality imperative to build back better.

The proposed United Nations programme of action for responding and recovering from the COVID-19 crisis over the next 18 months in Myanmar amounts to \$387 million, of which 25 percent is already available from existing and repurposed core and programme funds of United Nations agencies, while \$288 million needs to be mobilized from global and country-level pooled funds, bilateral sources and international financial institutions. While resources are mobilized, the United Nations response is already in motion, as all UN agencies have repurposed parts of their portfolio to respond to immediate needs, including distributing cash grants to most-affected households, raising awareness of the pandemic among vulnerable groups, supporting small and medium-sized enterprises, helping micro-finance institutions to maintain their cashflow and upgrading water and hygiene access in at-risk communities. Other support initiatives are in the nutrition, food security and education sectors. Several multi-sector impact assessment initiatives, in collaboration with the government, are being fast-tracked to eliminate blind spots in the coverage of vulnerable populations.

The COVID-19 crisis, and recovering from it, provides a strategic opportunity for the government and society of Myanmar, including businesses from small to large, to accelerate and embrace systemic changes that can help reduce vulnerabilities that have been evidenced and exacerbated by the crisis and restore a steady trajectory along the country's momentous transition to peace, democracy and prosperity. During the recovery, an opportunity exists to re-energize a fair and sustainable transition to a new social contract in which the 'social' and 'environmental' in sustainable development are put on par with the 'economic.' The pandemic also reminds Myanmar, and the entire world, of the importance of addressing linkages between nature and health and the interdependence of sound health and sound economies. This should make countries and organizations everywhere fight more resolutely against environmental degradation and climate change and accelerate the mainstreaming of climate change adaptation and disaster risk reduction in all policies and at all levels.

The vision, goals, principles and approaches for Myanmar's inclusive and sustainable development, as were compellingly expressed in the Myanmar Sustainable Development Plan, remain relevant today more than ever. The United Nations will continue playing its part on this journey, embracing the objectives, principles and approaches it has given itself previously through its UNDAF, and will support the government to take the resolute policy and programmatic actions needed to tackle underlying structural causes of vulnerabilities, inequalities and fragility and build back a better Myanmar.

Figure 1: UN Socio-Economic Response Framework to COVID-19 in Myanmar



INTRODUCTION



Beyond a public health crisis, a significant human development cost

The COVID-19 pandemic, infecting more than eight million people across 210 countries (as of 17 June 2020),¹ is an unprecedented crisis which is rapidly altering the global development context and threatening to stall, and even reverse, hard-won Sustainable Development Goal (SDG) attainments.

The COVID-19 crisis, now a pandemic, has become far more than a health crisis. It is a multi-faceted human crisis affecting societies and economies at their core, which risks reversing years of progress in human development² and exacerbating already high levels of inequality within and between countries. The pandemic has triggered the biggest downturn in the global economy since the Great Depression of the 1930s, caused by both a supply and demand shock, and has already resulted in skyrocketing numbers of job losses (an estimated 305 million full-time jobs were lost in the second quarter of 2020).³ According to the World Bank, the crisis threatens to add up to 100 million people to the 614 million that were estimated to already live in extreme poverty at the end of 2019.⁴

The livelihoods of hundreds of millions more people are likely to be drastically impacted, potentially undoing a decade of progress in poverty reduction.⁵ These negative effects are expected to be worse in economies with a large informal sector, in which social protection systems often do not exist or are limited. Lockdown, disrupted value chains and price volatility are having a detrimental effect on the nutrition status of the most vulnerable and could double the number of people on the brink of starvation by the end of 2020, bringing the number to 265 million.⁶ Vulnerable groups, including children, the elderly, informal workers, people with disabilities, migrants, refugees, people living in conflict and those affected by climate change and disasters, will be hit the hardest. The current crisis threatens to push back limited gains made in gender equality and women's equal participation in the labour force and exacerbate the feminization of poverty and vulnerability to gender-based violence.

Governments in developing countries are constrained in their responses by revenue losses experienced as a result of economic freezes, falling commodity prices and rattled financial markets that led to unprecedented outflows of capital and put pressure on foreign exchange markets, with some countries experiencing dollar shortages. Weak local currencies constrain government ability for fiscal stimulus at the scale needed to stabilize the economy and to tackle this health and human crisis.⁷

1 WHO Coronavirus Disease (COVID-19) Dashboard (<https://covid19.who.int/>).

2 UNDP simulations estimate that all the progress in global human development of the past six years could be erased. In: UNDP, *COVID-19 and Human Development: Assessing the Crisis, Envisioning the Recovery*, New York, May 2020.

3 ILO Monitor: *COVID-19 and the world of work*. Accessed 29 April 2020.

4 World Bank. "The impact of COVID-19 on global poverty", Data Blog Series, 8 June 2020.

5 Sumner A., C. Hoy and E. Ortiz-Juarez. "Estimates of the impact of COVID-19 on global poverty", UNU-WIDER, Working Paper 2020/43, April 2020.

6 WFP. "COVID-19 will double number of people facing food crises unless swift action is taken," 21 April 2020.

7 United Nation's Secretary General. *Shared Responsibility, Global Solidarity: Responding to the Socio-Economic Impacts of COVID-19*, March 2020.

United Nations Development System plans a global response

On 31 March 2020, the United Nations Secretary-General launched a report on the socio-economic impact of the COVID-19 crisis (*Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19*) that underlined the gravity of the societal and economic disruption caused by the pandemic and called for decisive joint action to address it. The report was followed on 27 April 2020 by the release of a document to support countries' path to social and economic recovery, titled *A UN framework for the immediate socio-economic response to COVID-19*. This document provides strategic intent and a blueprint to operationalize response and recovery in countries around the world over the next 12-18 months. As the Framework notes, United Nations support to mitigate the socio-economic impact of the crisis must be "fast and concrete."

United Nations system in Myanmar follows suit: localizing and operationalizing the global plan

Following the release of this global Framework, on 30 April 2020, the United Nations Resident Coordinator in Myanmar convened a United Nations Country Team (UNCT) socio-economic working group with a view to coordinate, customize and operationalize the global UN Framework within Myanmar. The group is technically led by UNDP with the active participation of 19 agencies, funds and programmes (AFPs) and international financial institutions (IFIs) in Myanmar in line with their respective mandates. The workstream is structured around five key pillars, as defined in the global Framework (see Figure 2).

After mapping on-going and planned socio-economic assessments to facilitate collaborative approaches and identify gaps for further analysis, the working group defined concrete actions and policy recommendations for the next 18 months (up to December 2021) to facilitate response to the crisis, while leaving no-one behind. This response is now the *UN framework for the immediate socio-economic response to COVID-19 in Myanmar* (referred to as the UN-SERF), which is presented here in this document.

Together with the *Myanmar COVID-19 Humanitarian Response Plan*, coordinated by OCHA, and the *Health Country Preparedness and Response Plan*, coordinated by WHO, the proposed UN Framework for the immediate socio-economic response to COVID-19 in Myanmar completes the United Nations offer of support to the people and Government of Myanmar to face this unprecedented multidimensional crisis that could set back years of development progress in Myanmar, as it threatens to do everywhere else on the planet. The UN-SERF responds and contributes to the Government of Myanmar's COVID-19 Economic Relief Plan (CERP) issued on 27 April.

The UN-SERF for Myanmar does not supersede the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2018-2022. Remaining within the overarching outcomes of the UNSDCF, the UN-SERF focuses United Nations activities on what is seen as the most essential to mitigate the socio-economic impact and facilitate recovery. As highlighted in the global UN Framework and integrated into the UN-SERF in Myanmar, this is not a call to return to the "old normal, but rather an occasion to build back better."

Figure 2: Five pillars of the UNCT Myanmar response



1. MYANMAR COUNTRY CONTEXT



1.1. The COVID-19 pandemic in Myanmar: Late onset but a serious threat

On 30 January 2020, the outbreak of COVID-19, a novel coronavirus identified in late 2019, was declared a public health emergency of international concern by the Director-General of the World Health Organization (WHO). It was declared a global pandemic on 11 March 2020. The outbreak has infected more than eight million people and caused nearly 440,000 deaths (as of 17 June 2020). The pandemic continues spreading across the globe, with its epicentre shifting from China to Europe to Northern America, and now to Latin America. The Asia-Pacific Region, which has been relatively spared so far compared to other regions in part due to early confinement and tracking measures, still records more than 15,000 new cases daily. Health systems of even the richest countries are overwhelmed and governments are forced to make stark trade-offs between lives and livelihoods. Much of the world is still bracing for the worst and expects to continue fighting the pandemic for months, if not years, to come.

Three months after the first cases were diagnosed in China, Myanmar confirmed its first case of the new coronavirus on 23 March 2020. Ten days prior to this event, the government had set up the Central Committee on Prevention, Control and Treatment of Coronavirus Disease, headed by the State Counsellor, to centralize decisions regarding the national response to the pandemic. By 17 June 2020, according to the Ministry of Health and Sports (MoHS), there were 262 confirmed cases of COVID-19 in Myanmar, although the actual number may run higher as in-country testing capacity remains limited (approximately 900 tests per day). So far, the most affected areas of the country are the Yangon and Bago metropolitan areas and 10 of the country's 15 states and regions have reported cases. No cases have been confirmed in IDP camps, IDP host communities or in communities affected by conflict.⁸

Myanmar still displays a much lower infection rate than most of its neighbours,⁹ but that situation could worsen. Healthcare authorities are preparing for a possible large increase in the number of suspected cases (up to 120,000 - 240,000 people in the first wave under an optimistic scenario).¹⁰ The treatment support these cases will require far exceeds current healthcare system capacities, with only one hospital bed per 1,111 people (but only 100 ICU beds for the whole country) and one doctor per 1,162 people.¹¹ As assessed by the Global Health Security Index,¹² Myanmar performs averagely (72 out of 195 countries) in terms of its preparedness and readiness to prevent, detect and respond to disease outbreaks and pandemics, and is especially exposed to risk factors (disasters, conflict, constrained public health system) that make it more vulnerable than many countries to pandemics. Worryingly too, fighting is reported to be intensifying in Chin and Rakhine States (in spite of a unilateral ceasefire declared by the Myanmar Armed Forces until the end of August 2020), where internet blackouts and media shutdowns have cut civilians off from vital information about the coronavirus. On 20 April 2020, a WHO staff member was shot and killed while transporting test swabs from Rakhine State to Yangon. Hence, while only six deaths

8 OCHA Myanmar. [COVID-19 Situation Report No. 4](#), 18 May 2020.

9 Number of cases as of 1 June 2020: Thailand (3,081); Lao PDR (19); China (84,570); Bangladesh (47,153); India (182,143). (Source: WHO Coronavirus Disease (COVID-19) Dashboard.)

10 UNCT Myanmar. "Country Preparedness and Response Plan (CPRP) in support of the health sector contingency plan for COVID-19 and other emerging respiratory disease outbreak response in Myanmar," Yangon, April 2020, p. 6.

11 UNDP. [COVID-19 and Human Development: Exploring Preparedness and Vulnerability](#). Accessed 5 May 2020.

12 [Global Health Security Index 2019](#), Myanmar Summary page.

are recorded so far in Myanmar, the death toll could increase manifold if local transmission of the virus takes root in the country, especially considering that 23 percent of the population suffers from one or more chronic health condition.¹³

Emerging experiences at the beginning of the COVID-19 crisis, based on WHO recommendations and epidemiological models, have shown that drastic measures of physical distancing, including self-imposed quarantines and lockdowns, coupled with testing, contact tracing and public health messaging and community education, can help flatten the curve of caseloads and avoid an exponential rise in cases that would otherwise overwhelm healthcare system capacities of most countries.

Myanmar put its health system in emergency mode starting on 5 January 2020 and, following WHO guidance, in February, started active surveillance, contact tracing, quarantine and stock-piling essential consumables. But the most defining measures to stop the contagion occurred on 31 March 2020 when the government suspended all inbound international travel, imposed increasingly stringent physical distancing measures, enacted a total lock-down mid-April 2020 for two weeks (then semi lockdowns in townships with cases) and closed schools, places of worship and non-essential shops. Since April 2020, the government urges the population to maintain voluntary confinement, except for essential needs, and respect prophylactic behaviours.

Quarantine facilities (over 10,000 as of 18 May 2020)¹⁴ have been set up for returning Myanmar migrant workers. According to the International Organization for Migration (IOM), more than 80,000 migrant workers have officially returned between 23 March and 28 May 2020, coming mostly from China (>90 percent) over land and via relief flights from Thailand and other South-East Asia and Gulf countries. Many thousands more are believed to have returned through unofficial border crossings. Up to 150,000 migrants are across the border in Thailand waiting to be allowed into Kayin and Mon States and Thanintaryi Region.¹⁵

To limit virus propagation, close to 25,000 people have been released from detention centres, including 886 Rohingya individuals. The government is expanding its COVID-19 preparedness and response capacities, including for intensive care facilities, testing, personal protective equipment (PPE), risk messaging and community engagement. Cooperation with ethnic armed organizations (EAOs) is taking place in Kachin and Shan States through the Government's Committee for Coordinating and Cooperating with EAOs for Prevention, Control and Treatment of COVID-19, including funding to support EAO-run quarantine facilities in Kachin State.¹⁶

13 [Centre of mathematical modelling of infectious disease](#), 14 April 2020.

14 OCHA Myanmar. [COVID-19 Situation Report No. 4](#), 18 May 2020.

15 Ibid.

16 Ibid.

1.2. Myanmar's exposure to the socio-economic impacts of the COVID-19 crisis

Myanmar ranked in the medium human development category of the 2018 Human Development Index (HDI), with a score of 0.584 putting it at 145 out of 189 countries. In that same year, the country's Gender Inequality Index¹⁷ stood at 0.456 (106 out of 162 countries). Women's labour force participation was low compared to men's (54.7 percent vs. 78.4 percent). Nationwide, more than half of the employed population worked in agriculture and allied activities, while 78.9 percent of non-agricultural jobs were in the informal economy.¹⁸ Myanmar's economy grew at an extraordinary rate of seven percent annually between 2011 and 2017, second in the region only to China in terms of historical growth acceleration. This growth improved living standards and helped to lift seven million people out of poverty in a decade. Yet, inequality has been rising over the same period, along with steady urbanization. Those with land, capital and education saw faster improvements following the country's opening. Other inequalities persisted, with rural areas, conflict-affected states and ethnic and religious minorities lagging in most dimensions of welfare—from stunting to educational attainment and access to electricity and basic sanitation.¹⁹

Just before the outbreak of COVID-19, prospects for economic growth in Myanmar remained positive, with an expected GDP expansion of 6.4 percent in 2019-2020,²⁰ on the back of structural reforms and increased investments in the transport and telecommunications sectors and stronger government infrastructure spending. Over the medium to long term, insecurity and violence in the border areas, low private sector productivity and institutional constraints hampered prospects for continued robust growth. Without decisive action to address sources of conflict, improve social inclusion and foster a diversified and responsible private sector, Myanmar would face challenges in sustaining its economic performance.

It is in this positive, yet uncertain, economic, social and security context, that the COVID-19 crisis beset Myanmar. The scale of the socio-economic impact of the crisis is yet to be fully grasped, first because the pandemic has probably not yet peaked in the country and is still active in countries that are essential to Myanmar's economic stability and growth (especially in the Southeast and East Asia regions) and also because little data has emerged, whether through government channels, United Nations agencies, private sector or others. The UNCT and the World Bank, in cooperation with the government, are planning a number of household, private sector and service provider surveys that will help fully capture how the crisis has impacted not only the country's social and economic foundations but also political and environmental ones. *(Additional information on UNCT support to socio-economic impact assessments is found in this report's thematic chapters.)*

Yet, as reckoned by the government,²¹ despite the relatively mild spread of the disease so far in the country, "Myanmar has not, and will not, escape the economic consequences of COVID-19." Likely repercussions in the socio-economic sphere include increased delivery challenges in health

17 [The Gender Inequality Index](#) measures inequality in achievement between women and men in three dimensions: reproductive health; empowerment; and the labour market.

18 [United Nations. Global SDG Database](#), SDG indicator 8.3.1. Accessed 6 May 2020.

19 [World Bank. Myanmar: Economic Transition amid Conflict](#), Washington, D.C., 2019.

20 [World Bank. Myanmar Economic Monitor: Resilience Amidst Risks](#), Yangon, December 2019.

21 [Government of the Republic of the Union of Myanmar. Overcoming as One: COVID-19 Economic Relief Plan](#), April 2020, p. 5

and education systems, reduced levels of trade and tourism, supply chain disruptions, disturbed financial markets, decreases in internal consumption and foreign remittances and increased political and security tensions (see Figure 3). Export volumes for simple manufactured goods have taken a significant hit, as the supply of raw material, mostly from China, has been disrupted and demand from importing countries has fallen. In the garment sector alone, 25,000 workers were laid off by mid-April 2020, leading to an emergency €5 million aid package from the European Union, the main importer of Myanmar-made garment products.²² More recent estimates report that 60,000 industry workers across the country have lost jobs²³ and that in 2020 Myanmar's economic downturn could destroy up to 500,000 non-farm jobs.²⁴ The tourism sector, which represents 6.8 percent of GDP and four percent of total employment, could see a 50 percent drop in international tourist arrivals and in revenues this year, according to the Ministry of Hotels and Tourism. Recent jobless citizens are joined by returning migrant workers (probably already exceeding 100,000 registered and un-registered returns, with the planned return of an additional 150,000 in June 2020)²⁵ who will be in urgent need of a means of livelihood.

Conservative forecasts for Myanmar's growth for Fiscal Year 2019/2020 now range from 1 to 3 percent,²⁶ while other estimates put the range at -2.2 percent to 4.2 percent, depending on assumptions made for a global economic recovery and the simulation model used.²⁷ In all cases, the trade deficit will most probably worsen.²⁸ In the absence of a severe domestic outbreak, the economy should recover in 2021/2022, in line with regional peers. Even if the best-case growth scenario unfolds, deep local impacts will be felt in urban and rural areas and in the tourism, retail, manufacturing and to a lesser degree agriculture sectors, and especially among already vulnerable groups.

Agriculture, Myanmar's most important sector which accounts for about 30 percent of GDP and over 50 percent of total employment, is severely affected by the pandemic. Farming is dominated by smallholder farmers who have been affected by export reductions, transport and market access restrictions and workers' and consumers' movement limitations. A negative growth of between -2.4 to -1.1 percent is forecasted for the agri-food system GDP in 2019/2020,²⁹ raising concerns over the welfare of smallholder farming families and the ability of the agricultural sector to absorb lost non-farm jobs. Furthermore, with ongoing conflicts, a high risk of multiple crises (such as severe weather or pests) and poor and vulnerable populations, Myanmar is in jeopardy of becoming a food insecurity 'hot spot.'

The COVID-19 pandemic is expected to regress substantial gains Myanmar has made in poverty reduction over the past decade. For instance, poverty – relative to the national poverty line³⁰ –

22 Shah S. Bharat. "COVID-19 Threatens Myanmar's Economy," *The Diplomat*, 17 April 2020.

23 Thompson Chau. "COVID-19 risks inflicting long term economic pain in Myanmar," *Myanmar Times*, 30 April 2020.

24 IFPRI. "Assessing the Impacts of COVID-19 on Myanmar's Economy," *Myanmar SSP Policy Note*, May 2020.

25 OCHA Myanmar. *COVID-19 Situation Report No. 4*, 18 May 2020.

26 IMF and *World Bank*.

27 IFPRI (ibid): GDP recession -2.2 percent to -0.5 percent in FY 2019/2020; Asia Development Bank: GDP growth 4.2 percent in FY 2019/2020 (*Asian Development Outlook*, May 2020).

28 The trade deficit in February 2020 was 62 percent higher than in the same month in 2019 (Source: Ministry of Commerce).

29 IFPRI (op. cit.).

30 National income poverty line in Myanmar is 1,590 MMK/person/day (2020).

declined from 48 percent in 2005 to 24.8 percent in 2017.³¹ Substantial improvements were made in the non-monetary dimensions of well-being also. Strong economic growth, remittances and the resilience of a large informal economy have contributed to poverty reduction. However, the COVID-19 pandemic could reverse this positive trend due to the factors described below.

- i. A global decline in economic activity impacts internal demand and remittances. An estimated 18.5 percent of the population receives remittances from a migrated household member and this accounts for half of the household income in poor households.³²
- ii. Declining demand for Myanmar manufactured goods, in particular garments, among its major trading partners will result in loss of wages and unemployment in those sectors. According to data from the Myanmar Living Conditions Survey (MLCS), 47 percent of the population living off the most-impacted economic sectors are poor and near-poor.³³
- iii. Measures aimed at containing the spread of the disease, such as closure of construction, manufacturing, restaurants, trading activities, etc., are likely to first affect micro, small and medium-sized formal and informal private sector actors. The informal sector provides livelihoods for the majority of the poor and for segments of the population at risk of falling back into poverty (32.9 percent of the population is considered non-poor insecure)³⁴ and is highly vulnerable to unplanned shocks.
- iv. The poorest households have a constrained capacity to implement mitigation strategies and to protect themselves from contagion (limited access to water, poor sanitation, overcrowding and financial barriers to exercising preventative health measures).
- v. Public social safety nets are under-developed (in 2017, only 0.8 percent of the poor received social assistance benefits)³⁵ and unemployment stipends do not exist. People whose source of income is directly affected by the crisis must rely mostly on finding alternative sources of income, family support or charity to manage this difficult period.

Recent forecasts predict a 23.5 percent increase in extreme poverty³⁶ in the country due to COVID-19 and an even worse situation in urban contexts (+30.8 percent).³⁷

Finally, the socio-economic price paid to the COVID-19 crisis in Myanmar could be aggravated by the anticipated impacts of the forthcoming monsoon season with extreme weather events (storms, cyclones, landslides, flooding) likely to occur. Such additional shocks will present serious challenges for people living in precarious conditions to be able to follow basic COVID-19 preventive measures and will exacerbate their vulnerability to the pandemic's socio-economic effects.

31 Central Statistical Organization. *Myanmar Living Conditions Survey 2017: Poverty Report*, Ministry of Planning and Finance, UNDP and the World Bank, 2018.

32 Myanmar Living Conditions Survey, 2017.

33 Ibid.

34 The non-poor insecure have a per adult equivalent daily expenditures below 1.5 times the poverty line (i.e. between MMK 1,590 and 2,385); for the non-poor secure daily expenditures are higher than 1.5 times the poverty line (i.e. higher than MMK 2,385). (Myanmar Living Conditions Survey, 2017).

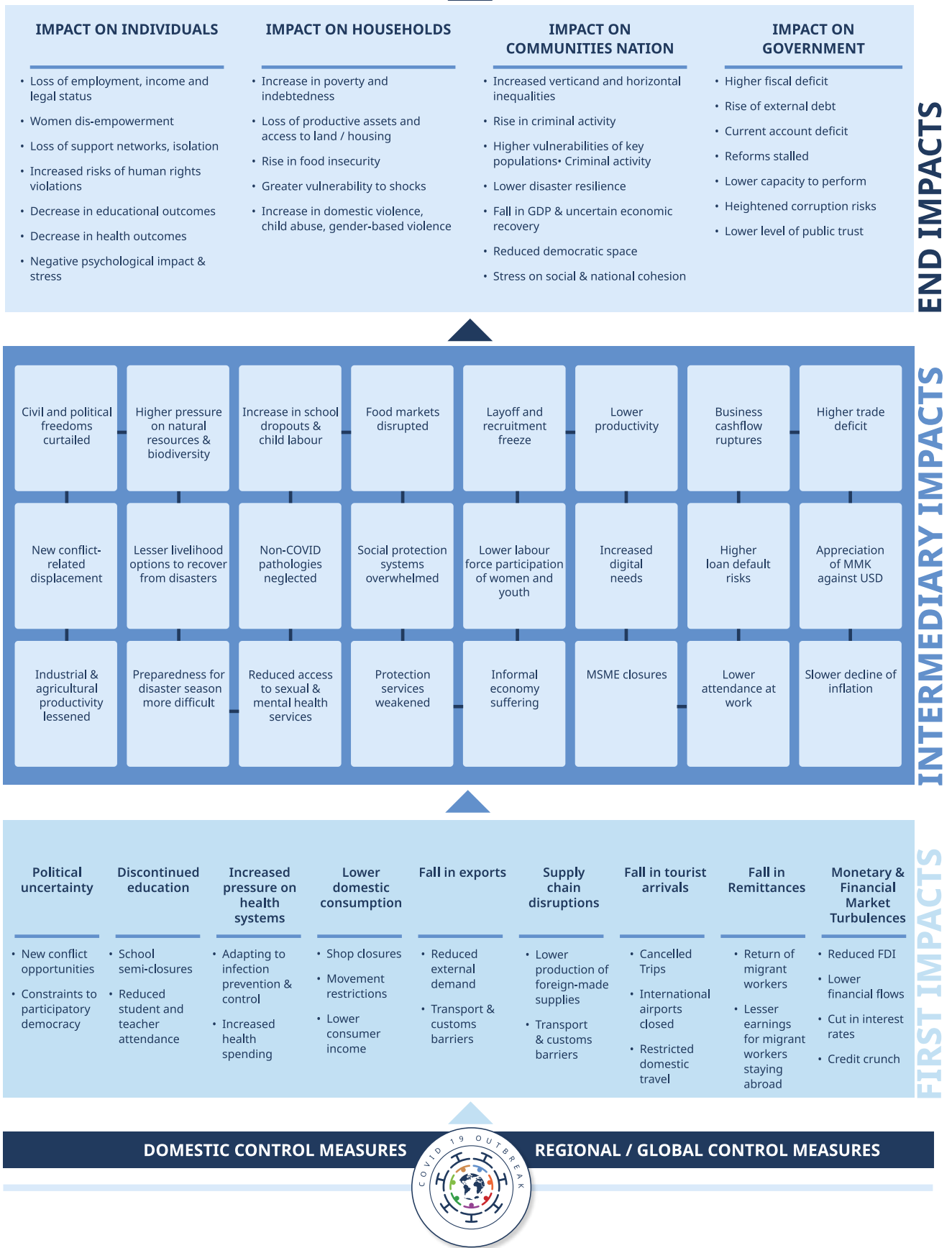
35 [United Nations Global SDG Database](#), SDG Indicator 1.3.1. Accessed 8 May 2020.

36 The international income poverty line is set by the World Bank at US\$1.9/person/day based (2011 exchange rate). For Myanmar, this is equivalent to 839 MMK/person/day in 2020.

37 IFPRI, 2020.

Figure 3: Channels of transmission

THREATS TO MYANMAR SUSTAINABLE AND INCLUSIVE DEVELOPMENT



1.3. Myanmar's response to the socio-economic crisis

Across the globe, governments, central banks and international financial institutions have responded to this crisis by adopting often bold policies and fiscal measures to provide unprecedented support to households, firms and financial markets in attempt to avert what could be irreparable economic and social damage. Local governments, civil society, philanthropic foundations, private firms and communities themselves have not remained passive and they are striving with creative solutions to buttress the resilience of individuals, families, organizations and businesses against the effects of the drastic public health measures taken to curb the epidemic.

COVID-19 Economic Relief Plan Goals

1.	Improve the macroeconomic environment through monetary stimulus.
2.	Ease the impact on the private sector through improvements to the investment, trade and banking sectors.
3.	Ease the impact on labourers and workers.
4.	Ease the impact on households.
5.	Promote innovative products and platforms.
6.	Healthcare systems strengthening.
7.	Increase access to COVID-19 response

In Myanmar, on 13 March 2020, the government established the Working Committee for Remedial Works on Economic Impacts of COVID-19. Less than a week later, having realized that the socio-economic impact of the global economic crisis was mounting in Myanmar even before the first case was reported in the country, the committee announced an emergency stimulus package of \$70 million³⁸ and put in place prevention measures (lockdown, quarantines, etc.). This emergency package is meant to provide cashflow loans (with a one percent interest rate) to businesses in the tourism and manufacturing sectors and to small and medium-sized enterprises (SMEs). Corporate tax payments, normally due by 31 March 2020, were deferred to the end of the year and other tax rebate measures were announced at the same time.

On 28 April 2020, the government unveiled a more comprehensive and substantive COVID-19 Economic Relief Plan (CERP), with an estimated \$2–3 billion price tag. Introducing the CERP, the Minister for Investment and Foreign Economic Relations, U Thaung Tun, labelled the country's effort as a "whole-of-nation" approach, with commitments "to mitigate the social and economic impacts of COVID-19 on families and firms."³⁹ The CERP is designed to meet the current exigencies Myanmar faces while reaffirming the country's long-term strategic direction as enshrined in the Myanmar Sustainable Development Plan 2018-2030. Yet, the CERP is not a recovery plan – it is

38 Nan Lwin. "Myanmar Unveils \$70 Million Stimulus Package to Ease Economic Blow From Virus," The Irrawaddy, 19 March 2020.

39 Ibid.

anyway probably too early to discuss recovery yet – nor does it allude to the strategic directions that should guide such recovery. The CERP proposes policy steps and immediate measures in the areas of monetary stimulus, support to the private and financial sectors, SME investment, trade promotion, worker protection, social assistance and healthcare system strengthening. The CERP commits to ease the financial burden of the crisis on households by lowering utility bills and helping those who need to renegotiate loans. The CERP foresees the launch of public-funded, labour-intensive public works projects that can help absorb the growing number of jobless, in particular returning migrants. The CERP assumes that the country’s strong debt position (49 percent of GDP in 2018)⁴⁰ and stable macro-economy in recent years puts Myanmar in a favourable position to meet much of the increased spending needed (equivalent to around 3–4 percent of GDP), be it from domestic resources, private investments, borrowing or international aid.

Figure 4: Covid-19 UN country-level response



The CERP marks a massive shift in scale in the government’s response to the socio-economic crisis, compared to the initial \$70 million stimulus package, and represents a considerable fiscal effort for the public budget (equal to 16 percent of the Fiscal Year 2019/2020 public budget).⁴¹ Even

40 Central Statistical Organization of Myanmar.

41 Approved 2019-2020 expenditure budget is MMK 28.7 trillion (\$19.1 billion). Source: World Bank.

before factoring in this increase, preliminary estimates put the budget deficit for 2019/2020 at 7–7.5 percent of GDP. Yet, the CERP's offer could well become too limited should the pandemic and ensuing shut down at home and abroad extend much more.⁴² Concerns exist about the capacity of the CERP, and of the delivery machinery used by the government, to provide timely and accountable economic relief to those who need it the most, including daily wage earners, IDPs and people in rural and ethnic minority areas. Additional concerns arise that several aspects of the COVID-19 social impact, including food security, access to education, gender equality, etc., are not sufficiently addressed by the CERP.

Following the launch of the CERP, the government promised more policies to mitigate impacts of the pandemic. Like all countries, Myanmar will have to maintain a dynamic equilibrium between mitigating the pandemic and cushioning the blow to the most vulnerable segments of society, all while navigating its own unique political landscape and socio-economic context.

1.4. The United Nations response to the COVID-19 crisis in Myanmar

The UNCT in Myanmar has taken energetic steps to support the government in its fight against COVID-19 since it was declared a public health emergency of international concern under international health regulations on 30 January 2020. Following this, the WHO and the MoHS started coordinating support from United Nations agencies, funds and programmes and the humanitarian community. Priority was given to prevention and control, including the procurement of PPE, specialized medical equipment and the expansion of health system capacities. A first batch of 1,100 testing kits was given by the WHO to the National Health Laboratory in early March, followed by 50,000 more donated by a joint United Nations effort (United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), United Nations Office for Project Services (UNOPS), the World Food Programme (WFP) and WHO).

Since then, the UN health response has grown manifold in terms of amount and breadth of support and UN agencies and programmes involved. The response now encompasses three main areas: 1) health; 2) humanitarian; and 3) socio-economic and recovery.⁴³ This comprehensive approach follows the global model called for by the UN Secretary-General for country-level response (as shown in Figure 4).

The health response

The UNCT initially focused on: a) a rapid buildup of necessary medical supplies for testing, quarantining and treatment; b) bringing clinical management capacity to the maximum; c) increasing awareness and basic knowledge for prevention; and d) accelerating basic training for medical staff. Today, the UNCT, under the helm of WHO, delivers support to the MoHS in modelling the spread of the epidemic and coordinating its response, including upgrading testing capacities across the country, procuring

⁴² In comparison, neighbouring Thailand allocated \$76 billion to its stimulus package.

⁴³ As of 6 June, the UN's reported contribution to the COVID-19 response in Myanmar stood at nearly \$36 million (\$31.6 million for the health response and \$4 million for the humanitarian response). Contribution amounts for the socioeconomic response were not yet available. These amounts are based on self-reporting by UN agencies and may therefore not provide a comprehensive picture of the resources contributed.

test kits and PPE and developing risk communications messaging for community engagement.⁴⁴ UN support is delivered directly in nine states and regions,⁴⁵ in particular at international border points and in IDP camps, with the distribution of PPE to healthcare and camp staff, hygiene supplies for camp residents and returning migrants, medical supplies for healthcare facilities and guidance and training for health system managers and staff.

With the release on 15 April 2020 of the UNCT Country Preparedness and Response Plan in support of the health sector contingency plan for COVID-19 and other emerging respiratory disease outbreak response in Myanmar (CPRP), the initial emergency support provided by the United Nations has evolved into a bigger, longer-term and more strategic offer of support. The CPRP, which runs to the end of 2020 and brings together the interventions of the UN/IFIs in support of the government's health response to COVID-19, makes concrete commitments in eight areas (coordination, surveillance, points of entry, national laboratories, risk communication and community engagement, infectious prevention and control, clinical management and operational support) needed for effective control and response to the pandemic, as well as for guaranteeing continuity of coverage for non-COVID-19 health needs. While the CPRP is focused largely on supporting the MoHS, it also includes support for the health response of ethnic health organizations, as the United Nations is particularly cognizant of the increased vulnerability to COVID-19 of ethnic communities out of reach of the regular public health system and of communities in conflict-affected areas.

The humanitarian response

At the nexus between the public health emergency and the socio-economic impact of the COVID-19 crisis lay the humanitarian needs of groups most vulnerable to a surge in their protection and livelihoods needs due to the pandemic. Among these groups, internally displaced persons (IDPs) in overcrowded camps and stateless people in rural areas with limited access to healthcare, water and sanitation facilities are particularly at risk, as are returning migrant workers. With over 80,000 people returning since 23 March 2020, their number has quickly overwhelmed quarantine capacities⁴⁶ at border crossings and in rural communities and more yet are expected to return. Returnees require comprehensive assistance, including for shelter, food and non-food items. Reportedly, returnees face widespread fear and stigma directed at them as they are coming back from countries with a larger spread of COVID-19 than Myanmar.

Furthermore, communities in crisis-affected settings in Chin, Kachin, Kayin, Rakhine and Shan States (including in non-government-controlled areas, or NGCAs) that are covered by the Myanmar Humanitarian Response Plan (HRP) for 2020 are considered among the groups most at risk. In these communities, already limited levels of access to adequate health care will be further constrained if the outbreak spreads across the country. With the closure of educational facilities to control the spread of the disease, opportunities for awareness-raising among vulnerable populations are reduced and child protection risks increase. In times of crises, gender-based violence likewise tends to increase, putting women at particular risk at a time when populations are required to stay at home to reduce viral transmission.

44 UNCT Myanmar. "Country Preparedness and Response Plan (CPRP) in support of the health sector contingency plan for COVID-19 and other emerging respiratory disease outbreak response in Myanmar." Yangon, April 2020, p. 6.

45 Myanmar Health Cluster COVID-19 3W Dashboard.

46 Returning migrants are required to undertake a 14-day quarantine in their areas of return, typically in rural areas, and most have to date been accommodated in inadequate conditions in converted schools and monasteries (Source: OCHA).

The Ministry of Social Welfare, Relief and Resettlement (MSWRR) has been designated to lead the government response in IDP camps, in collaboration with humanitarian organizations. The Ministry of Labour, Immigration and Population (MoLIP) is coordinating efforts to address issues around migrant return. On 30 March 2020, a COVID-19 Control and Emergency Response Committee was announced to oversee quarantine and related control measures across the country. The government runs quarantine facilities for migrants and organizes awareness sessions and distribution of hygiene items in IDP camps, as well as PPE to camp management staff.⁴⁷ The Department of Rural Development has stepped up the installation of handwashing stations with soap in deprived villages across the country. While maintaining ongoing life-saving humanitarian operations, the Humanitarian Country Team (HCT) has scaled up COVID-19 prevention and response preparedness activities in camps, displacement sites, conflict-affected areas and quarantine facilities and provides humanitarian support to populations in these settings most affected by the crisis. Education in Emergencies partners are developing learning packages that can be used outside of the traditional classroom setting continue school rehabilitation activities where possible.

The HCT prepared a Myanmar COVID-19 Addendum to the 2020 Humanitarian Response Plan for the period April–December 2020. The Addendum targets the humanitarian needs of over 900,000 people living in humanitarian settings (IDP camps, stateless people communities and other vulnerable conflict-affected people) as well as 60,000 returning migrants, in Chin, Kachin, Kayin, Rakhine and Shan States, for a total requested budget of \$46 million. The Addendum, organized along the regular humanitarian clusters (education, health, logistics, protection, shelter and WASH) includes existing activities within the HRP that are being or need to be immediately expanded due to the crisis and other new activities urgently needed as part of COVID-19 preparedness and response in humanitarian settings. The Addendum supports and complements government efforts for preventing COVID-19 outbreaks in humanitarian settings and seeks to minimize the consequences of and interruptions to existing humanitarian assistance. The Addendum does not include recovery activities assigned to the UN-SERF, nor does it include humanitarian support to future potential disaster victims in the country, as this is already provided for under the HRP.

So far, about \$11 million has been secured for the COVID-19 Addendum through different funds and sources, including a \$4 million contribution from the Myanmar Humanitarian Fund made on 30 April 2020. The latter allowed humanitarian partners to immediately implement prevention and control activities in humanitarian settings in Chin, Kachin, Kayin, Rakhine and Shan States (including in NGCAs). The Humanitarian Country Team underlines the need for the government and EAOs to lift all constraints on access to populations at risk and operations of humanitarian actors and to cease fighting in Chin and Rakhine States, as in other areas of the country, for the period of the COVID-19 crisis. Restrictions on freedom of movement for stateless people and IDPs, and on the humanitarian actors accessing them, as well as a ban on internet services in much of conflict-affected Rakhine State are of great concern to the humanitarian community.

The United Nations in Myanmar recognizes the importance of a coherent approach to the humanitarian and development nexus in the context of the COVID-19 crisis and therefore of building synergies between the COVID-19 Addendum and the UN-SERF and avoiding overlaps

⁴⁷ MoSWRR has set aside \$1.7 million for preventative measures in IDP camps throughout the country (Source: OCHA).

both in terms of target community and nature of assistance. *(The nexus is presented in more detail in Section 5.)*

The socio-economic response

Since the COVID-19 epidemic was declared a global health emergency by WHO, much of the UNCT in Myanmar's early response was directed to averting massive lay-offs and bankruptcies in sectors providing crucial employment and livelihoods to Myanmar households. Thus, with European Union funding (€5 million), UNOPS has been paying emergency cash grants for 80,000 garment sector workers and has increased liquidity for microfinance institutions to the tune of \$3 million through the multi-donor funded⁴⁸ Livelihoods and Food Security Trust Fund (LIFT). LIFT allows extending top-up loans to clients in the most hard-hit areas and in priority for households, such as farmers and garment workers. ILO supported a mass media public awareness campaign giving workers and employers access to the necessary information to protect themselves against the virus in work environments. SMEs in sectors eligible for government support have been benefitting from UNDP technical assistance, delivered in collaboration with the Ministry of Planning, Finance and Industry, to prepare and submit applications to the emergency loan fund. Through this initial package of support, the United Nations prioritized women workers, who are over-represented among garment workers and women micro, small and medium enterprise (MSME) owners, such as street food vendors, who are eligible for micro-loans through the LIFT fund. UN Women recently launched two survey initiatives on the impact of the COVID-19 crisis on women entrepreneurs and women employees to assist the government and development partners to develop initiatives that fully address the needs of women in the private sector. In addition to these important studies for a gendered socio-economic response, the UNCT is conducting or will soon launch a series of impact assessments to cover a broad spectrum of aspects of the socio-economic consequences of the COVID-19 crisis.

After this initial phase of individual initiatives, the UN system in Myanmar is embarking, with the release of the UN-SERF, on a strategic, mid- to long-term comprehensive and collaborative effort to cover remaining gaps in impact assessments and support the measures and actions needed to prevent the worst, thus helping to return the country to a sustainable development path.

1.5. Sustainable development frameworks in Myanmar

The UN-SERF is meant to be firmly anchored in national and UN sustainable development cooperation frameworks. Below is a short presentation of these frameworks and why they matter for the UN-SERF. Overall, the UN-SERF is directly linked to 27 of the 28 MSDP strategies and all of the 13 UNSDCF outputs. *(The Thematic Plans presented in Section 4 explain these linkages in more detail.)*

The Myanmar Sustainable Development Plan

Since 2018, Myanmar is equipped with a comprehensive, integrated and long-term development plan that sets ambitious targets in terms of economic, social and environmental empowerment

⁴⁸ Australia, Canada, the European Union, Ireland, Switzerland, the United Kingdom and the United States of America.

for the next decade. The *Myanmar Sustainable Development Plan (2018-2023)*, henceforth referred to as the MSDP, launched in August 2018 by the government, represents the translation of the global Agenda 2030 for sustainable development into the Myanmar context and priorities of the Myanmar people. Its strategic architecture is organized on three pillars (Peace and Stability, Prosperity and Partnerships, People and the Planet) and five goals, while its delivery is planned through 251 Action Plans. Alongside the MSDP, the government has set up a 'Project Bank,' which selects priority public investment projects in line with the MSDP goals to be funded by the national budget, official development assistance or public-private partnerships. In 2019, a National Indicator Framework of 286 indicators (including 117 SDG indicators) was released by the government to measure progress in MSDP implementation. Given the recent release of both the MSDP and NIF, a progress report on implementation has not yet been issued.

Implementing the MSDP requires hefty public investments in many sectors. While it is yet difficult to assess the full impact of the COVID-19 crisis on the public budget, the government's investment capacity in Fiscal Year 2019/2020 and possibly 2020/2021 might be curtailed and could, therefore, slow down progress in some MSDP strategic areas. However, the CERP is designed to "meet current exigencies in ways that re-affirm the country's long-term strategic direction." This underlines the importance of the MSDP as the beacon for the country's longer-term development, both in spirit (committing to peacebuilding, social inclusion, democratic governance and environmental principles) and in goals.

The United Nations Sustainable Development Cooperation Framework⁴⁹

The draft UNSDCF 2018-2022 brings together the 19 UN agencies and programmes operating in Myanmar under a single strategy of cooperating with the government and other stakeholders. The UNSDCF retains the 2030 Agenda for Sustainable Development as its overarching reference point. As it was produced before the MSDP was launched by the government, it does not formerly make references to it, but in principles and in actions, the UNSDCF is congruent with the MSDP.

The UNSDCF contributes to five of the four areas of the 2030 Agenda: People, Prosperity, Planet and Peace, with the fifth one, Partnerships, mainstreamed across all four. The draft UNSDCF articulates four programming principles: (i) leave no one behind; (ii) human rights and gender equality and women's empowerment; (iii) sustainable development and resilience; and (iv) accountability. The UNSDCF adopts six approaches: the humanitarian and development nexus; capacity development; policy coherence; risk-based programming; results focus; and partnerships.

The goals, principles and approaches enshrined in the UNSDCF remain valid in the time of the COVID-19 crisis and are even more necessary today to guide UN efforts at mitigating the socio-economic impact of COVID-19 in an inclusive and effective manner and to make sure that Myanmar's recovery is on a build-back-better course. *(Further details on how the UNCT intends to build upon the foundations laid down by the UNSCDF to guide its contribution to responding to the COVID-19 crisis are presented in [Section 4](#) and [Section 5](#).)*

⁴⁹ The United Nations Development Assistance Framework was renamed the United Nations Sustainable Development Cooperation Framework (UNSDCF) as of June 2019 by UN General Assembly Resolution 72/279.

2. THE PEOPLE WHO MUST BE REACHED



The guiding reference for the UN socio-economic response to the COVID-19 crisis remains the 2030 Agenda for Sustainable Development and its central promise to leave no one behind. Yet, today, the risks of leaving many behind from social and economic relief packages are great and grave, because the extent of the socio-economic impact is not well circumscribed and will evolve as the pandemic unfolds and because government and aid resources are limited and social protection systems in Myanmar are underdeveloped. In addition, this emergency compounds pre-existing marginalization, inequalities and vulnerabilities in Myanmar due to structural factors, such as ethnicity and citizenship status, exposure to various risks (climatic, natural hazards risks, conflict), gender (especially in the labour force because women's employment and wages are more precarious) and so forth.

The UNSCDF was shaped by an analysis of multidimensional vulnerability factors in Myanmar and this analysis remains all the more valid and crucial today to shape the UN response to the COVID-19 crisis. Finally, the crisis creates new factors of exclusion and discrimination, for example some returning migrant workers are being ostracized in their own communities as people accuse them of bringing the virus back to Myanmar,⁵⁰ and these new vulnerabilities must be addressed.

2.1. Gender equality and a human-rights based approach

The UN-SERF is strongly driven by a gender equality and a human rights-based approach. The UNCT has an obligation to ensure that all women and men receive support that is commensurate to their needs and that no one among the vulnerable groups are left out of the response to this crisis. Based on UNCT knowledge and experiences in addressing pre-existing exclusion and marginalization issues in Myanmar and in anticipation of the impact of the current crisis, the groups described below are expected to be at higher risk. These groups are likely to pay a hefty socio-economic price for this crisis and need to be prioritized in the UN response (*in-depth sectoral vulnerability analysis for these groups is found in Section 4*). Across all these groups, there is a higher risk of worsening poverty, labour exploitation and mental and physical harm being inflicted as a result of the pandemic. While vulnerability is analyzed below mostly through a single-issue lens, the reality is that people in Myanmar have various vulnerability factors, (e.g. gender, disability and poverty). Populations with intersecting vulnerabilities will require the utmost attention within the response.

Women

The vulnerability of women to the COVID-19 crisis comes first of all from their over-exposure to infection risks due to their frontline role in public services. Ninety-six percent of nurses and 77 percent of paramedics in the Myanmar healthcare system are women, putting them at higher risk of infection. Women dominate the teaching corps⁵¹ and will therefore be at higher risk of infection when schooling resumes while the virus is still circulating. Pregnant and lactating women are considered more

50 Tan Hui Yee. "Forced out of jobs, migrants face suspicion on return home," *Straits Times*, 10 April 2020.

51 In 2017-2018, women represent 79.6 percent of primary school teachers, 90 percent of middle high school teachers and 81.8 percent of senior high school teachers (Source: *Myanmar Statistical Yearbook 2018*, Central Statistical Organization, p. 170).

vulnerable to the disease, but their regular access to sexual and reproductive health care during the crisis is complicated due to lockdown, social distancing, higher risks of infection at health facilities and spending restrictions due to reduced household income. Women and girls may face reduced access to birth control advice and supplies during the crisis, which would result in an increase of unwanted pregnancies and adolescent births (36 per 1,000 girls aged 15-19 in 2015).⁵²

Across the globe, the pandemic is undermining efforts to end gender-based violence due to an increase of risks directly linked to lockdown and a reduction in prevention efforts and survivor care. Although not yet precisely assessed, the impact of the crisis on gender-based violence in Myanmar is likely to follow the same trend as globally.

Finally, from an economic point of view, the impact on women's livelihoods is expected to be severe. Women represent 60 percent of all workers in vulnerable employment,⁵³ including a high share of the employment in sectors most directly hit by the crisis, such as the garment industry (88 percent) and retail/trade (69 percent). In the tourism industry, women represent 23 percent of the labour force.⁵⁴ Women's labour force participation could therefore diminish in Myanmar, sending women back to unpaid domestic work, while the gender pay gap (24 percent less per hour in 2017)⁵⁵ could increase in a situation of higher unemployment. This would set back years of efforts for greater women's economic empowerment.

Women's poverty could increase as well because women-headed households are 69 percent more likely to receive remittances than male-headed households.⁵⁶ Girls and young women in poor households that are more exposed to losing crucial income sources due to the crisis are more likely to be forced to marry early and/or to drop out of school after schooling resumes due to reduced family budgets and/or to fall victim to human trafficking networks.

Older persons

Senior citizens are not only more at risk of catching the COVID-19 disease and suffering from reduced access to healthcare (due to their higher risk level) but they also face the prospect of becoming poorer as a result of the economic fallout of the crisis. Welfare systems for seniors are limited in Myanmar (only 19.3 percent of people above retirement age receive a pension)⁵⁷ and about 14 percent of seniors above 65, mostly in poor households, are still part of the labour force, often in vulnerable employment.⁵⁸ The elderly are likely to be among the first to lose jobs from the crisis impact. Myanmar only has a few old age homes (the Department of Social Welfare runs 85 facilities across the country) and seniors in institutionalized settings (including religious ones) are more vulnerable to the disease and risk lack of care.

52 Ministry of Health and Sports. *Demographic and Health Survey 2015 – 2016*, Table 5.1.

53 World Bank Databank, 2019. Accessed 10 May 2020.

54 ILO calculations based on Myanmar Labour Force Survey 2019, Q3 data.

55 Central Statistical Organization. *Myanmar Living Conditions Survey 2017: Socio-Economic Analysis*, Ministry of Planning and Finance, UNDP and the World Bank, 2019.

56 World Bank, 2020. (Unpublished, calculations based on the Myanmar Living Conditions Survey 2017.)

57 United Nations Global SDG Database, SDG indicator 1.3.1. Accessed 10 May 2020.

58 Myanmar Labour Force Survey, 2019.

Adolescents, children and youth

With schools closed, children and youth lose educational opportunities and forgo human interaction, which is essential to their social and behavioural development. When schools close, children lose access to school meals that may be provided and this has an impact not only on children's nutrition status but also on family income. Access to broadband internet is still underdeveloped in Myanmar (0.2 people per 100),⁵⁹ and almost non-existent in poor households and rural areas, hindering effective participation in remote schooling arrangements – which are likely to be made available in Myanmar only by private schools in highly urbanized settings. Sustained disruption of education could lead to a rise in child labour (currently at 9.9 percent,⁶⁰ but two to three times higher in poor households than in wealthier ones),⁶¹ child marriage and sexual exploitation, especially in poor households living without safety nets who may turn to such negative coping mechanisms. Children and youth in households exposed to violence are at greater risk of domestic abuse at the same time that government protection services, with case managers facing the same movement restrictions as the rest of the population and new case intake being limited, will be less responsive.

Persons with disabilities and/or mental health conditions

In Myanmar, as elsewhere, people with disabilities, physical and mental, have a higher risk of living in poverty and have more precarious jobs (often in self-employment). Disabled persons are 25.2 percentage points less likely to work than other people and households with a disabled head are 11.7 percentage points more likely to be poor.⁶² A disabled person losing a job due to this crisis will have a much harder time (re)joining the labour force during recovery than an able-bodied person. People with special needs hosted in specialized care institutions (only a small minority in Myanmar) may be sent back home to avoid contamination risks and suffer from lack of needed care or even domestic abuse. Social distancing and self-isolation are not options for many people with disabilities and mental conditions.

People in extreme poverty or facing insecure and informal work and incomes

In 2017, Myanmar counted two percent of its population living in extreme poverty (earning less than \$1.90/day, using the 2001 US\$ exchange rate)⁶³ and 24.8 percent living below its national poverty line. Poverty and informal work are closely associated. In addition, 32.9 percent of the non-poor population remains vulnerable to falling into poverty, particularly in the face of an unanticipated negative shock. The poor and non-poor insecure, especially in urban or conflict-affected areas where they have fewer coping strategies, are the most exposed groups to household income falling to levels affecting their subsistence as a result of the COVID-19 crisis. Early simulations forecast a 24.8 percent increase in extreme poverty in Myanmar in 2020, hence rising to 2.5 percent of the total population, with a higher impact in urban areas.

59 Ministry of Communications, Posts and Telegraphs. From 1999: Post and Telecommunications Department, 2018.

60 [United Nations Global SDG Database](#), SDG indicator 8.7.1. Accessed 10 May 2020.

61 15.0 percent of 5-17-year-old children (31.2 for those aged 12-17) participate in the labour force (Myanmar Living Conditions Survey, 2017).

62 Myanmar Living Conditions Survey, 2017.

63 [United Nations Global SDG Database](#), SDG indicator 1.1.1. Accessed 10 May 2020.

Returning migrant workers

When migrant workers return across the border to rejoin their hometowns and villages, they often find themselves with limited financial resources and few transportation options due to lockdown measures. They may be exposed to extortion when entering the country. While returning workers are obliged to stay in quarantine facilities for 21 days upon return, these facilities are usually not well serviced and may lack food and basic hygiene facilities. Many are in fact home-quarantined and place an additional burden on households that may already be facing accrued food insecurity. During the quarantine period, it will be difficult for them to find employment. Migrants are often looked at suspiciously and may face ostracism and even abuse when returning home as people fear they may introduce the virus from outside. There have been reports of migrants denounced to the police for not reporting fast enough to their local station.

Ethnic minority groups

Progress has been made to extend prevention and control measures, risk messaging and testing and treatment to ethnic minority populations in the NGCAs of Kachin, Kayah, Kayin, Mon and Shan States, however serious challenges remain regarding the prevention of COVID-19 transmission in the NGCAs of Chin and Rakhine States. The lack of access to many remote areas where ethnic minorities live means that testing and timely treatment of potential cases is anyway nearly impossible. Prevention messages and infection prevention and control guidance for ethnic health staff training, to be fully effective, would need to be available in the country's 51 official ethnic languages. More broadly, multidimensional vulnerability is structurally higher in most ethnic minority areas (see Figure 5: Vulnerability Mapping), which means that the socio-economic impact of the crisis could be felt more strongly in ethnic NGCAs than in the rest of the country.

Stateless people, internally displaced persons and conflict-affected populations

According to the HRP, 900,000 people are conflict and crisis-affected (including stateless people) at the moment. More than a third are IDPs staying in camps with minimal hygiene conditions, facilities and healthcare, which makes them particularly vulnerable to a spread of the virus and the socio-economic consequences it would have on an already marginalized population. Conflict-affected communities must brace for this epidemic (10 out of the 118 conflict-affected townships have had positive cases as of 9 May 2020)⁶⁴ in a context of exacerbated multi-dimensional vulnerability compared to the rest of the country (see Figure 5 in Section 2.2). Despite domestic and international calls for a ceasefire, fighting is reported to be intensifying between some EAOs and the Myanmar military in various parts of the country (particularly in Chin and Rakhine States), causing the displacement of more than 3000 people who have become more vulnerable to the COVID-19 pandemic.⁶⁵

While the Rakhine State Government has released approximately 890 stateless non-displaced people from prison facilities, more could be remaining in detention. Should stateless non-displaced populations be treated differently in the COVID-19 preparedness and response

⁶⁴ Non-official count of conflict-affected townships taken from: Asia Foundation, *The Contested Areas of Myanmar: Subnational Conflict, Aid and Development*, San Francisco, 2017.

⁶⁵ OCHA. *Myanmar Peace Monitor April 2020 Dashboard*, 2020.

plan implemented by the government, their discrimination and segregation could potentially be entrenched.

Slum dwellers, people in informal settlements

According to a recent study,⁶⁶ eight percent of Yangon's population, or 400,000 people, live in informal settlements. Urban poverty in the capital reaches 34 percent (above the country's average of 25 percent ⁶⁷) and 34 percent of informal residents live in areas with severe risks of flooding.⁶⁸ These settlements face deficient access to water, absence of safe sanitation systems, high density, insufficient health services, insecurity of tenure and higher criminality. Public health outcomes are lower in these areas than the rest of the city,⁶⁹ meaning that residents present higher morbidity factors that make them more vulnerable to the disease. Slum dwellers often derive their main income from informal daily work found in and around industrial zones or wholesale and retail food markets; lower activity levels in both sectors due to the epidemic has a direct impact on the livelihoods and poverty level of this population.

People living with HIV/AIDS and other people with pre-existing medical conditions

An estimated 240,000 adults and children live with HIV in Myanmar, with 11,000 new infections cases in 2018 alone.⁷⁰ HIV prevalence is highest among drug users in urban areas and in border towns in opium production areas. In addition, an estimated 23 percent of the population suffers from one or more chronic pre-existing medical condition.⁷¹ These populations face the risk of reduced access to treatment and medical control and higher mortality due to health system failures, movement restriction and income loss. In addition, people living with HIV/AIDS (PLHIV) may face increased stigma and suspicion in their communities due to unfounded suspicions of links between their conditions and the COVID-19 pandemic.

Small farmers, fishermen and pastoralists

With a forecast contraction by one to two percent of agri-food system GDP during Fiscal Year 2019/2020,⁷² small farmers, fishers and pastoralists will be affected directly by the crisis, with a potential loss of income for rural farm households by around five percent over the same period.⁷³ The income and food security of rural workers in formal and informal markets, whose day labour opportunities depend in large part on the amount of agricultural trading, as well as urban informal sector workers and the self-employed who depend on markets for food will be affected by a contracted national agricultural market.

66 UN-Habitat. "Yangon Informal Settlements – Resettlement Programme," Yangon, 2018, p. 3.

67 Myanmar Living Conditions Survey, 2017.

68 UN-Habitat. "Housing at the forefront of the response to COVID-19," Discussion Paper, UN-Habitat, Yangon, May 2020.

69 69 A 2011 survey conducted by MoHS and Yangon City Development Committee ranked the townships with high density of informal settlements as worst affected by vector and water-borne diseases including diarrhea, dysentery, malaria and tuberculosis.

70 UNAIDS. [Country Factsheet: Myanmar 2018](#).

71 [Centre of mathematical modelling of infectious disease](#), 14 April 2020.

72 IFPRI, 2020.

73 Ibid.

Groups that are particularly vulnerable and marginalized because of laws, policies and practices

Some groups that are particularly vulnerable and marginalized because of laws, policies and practices may be affected by the COVID-19 pandemic fallout. As an example, the LGBTIQ+ population, especially youth living with parents, may face extra moral and physical abuse in the household during lockdown and develop psychological disorders. Drug users and sex workers, with high promiscuity rates (hence exposure to higher transmission risks), may find themselves unable to access regular health screenings and treatments during the crisis given movement restrictions and the reallocation of healthcare resources to address COVID-19. Individuals in these groups may be subject to greater harassment from law enforcement authorities and sent arbitrarily to detention centres where social distancing is even more difficult to maintain. They may face increased stigma in their communities fueled by fake news about how the virus spreads. Sex workers can be at higher risk of exploitation if they must go even further underground to continue to work.

2.2. Vulnerability mapping

Vulnerability factors of the COVID-19 crisis, and particularly its socio-economic effects, tend to vary in intensity across the country's state and regions, townships and communities. To guide the UNCT programming process, the following three layers of horizontal vulnerability need to be considered.

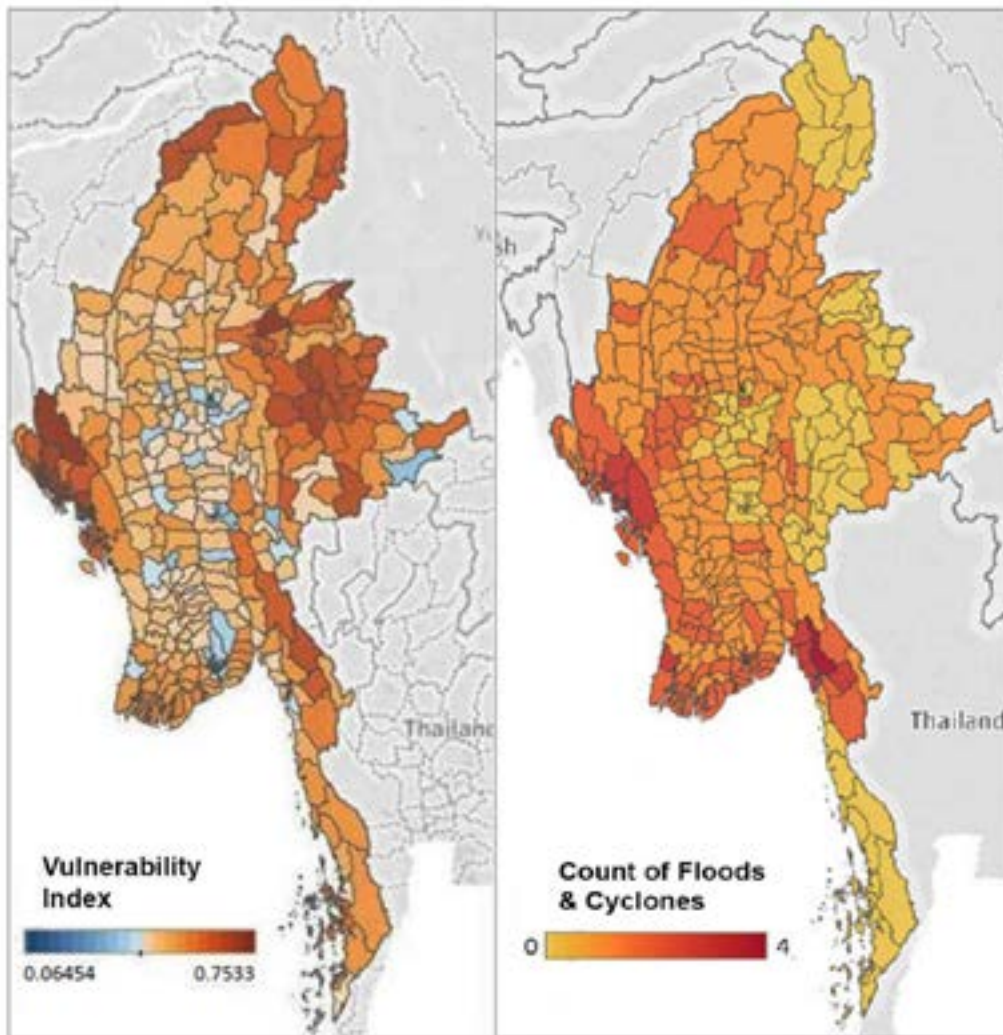
1. **Channels of transmission:** Given the way the global economic downturn is transmitted to Myanmar's economy; certain areas of the country feel the direct impact of the crisis more severely than others (even if there are indirect ripple effects all across the country). Two main vulnerability criteria are considered.
 - *Share of the most affected sectors in an area's economy* The major urban and trading centres (Yangon, Mandalay, Sagaing, Mawlamyine and Bago) where foreign export industries are concentrated and touristic hubs (Bagan, Inle Lake, Mandalay, Southern Rakhine, Thanintary, Western Ayeyarwady and Yangon) will experience, relative to other states and regions, a larger share of individuals losing jobs and households facing higher income losses as a result of the pandemic.
 - *Relative share of remittances in household budgets:*⁷⁴ Border states and regions have the highest share of households that use remittances as part of their income strategy. Kayin and Mon States surpass all other areas (with over 40 percent of households receiving remittances) while around 23-28 percent of households in Chin, Kayah and Rakhine States and Thanintaryi Region receive remittances. For poor households in these areas, remittances can represent up to 33 percent of their total income.
2. **Pre-COVID-19 multidimensional vulnerability:** In 2018, the Humanitarian Assistance and Resilience Programme facility and the Myanmar Information Management Unit developed a [Vulnerability Index](#)⁷⁵ as a resource for programming and further analysis (see Figure 5). The

74 Myanmar Living Conditions Survey 2017: Socio-Economic Report, February 2020.

75 HARP-F and the Myanmar Information Management Unit. [Vulnerability in Myanmar: A Secondary Data Review of](#)

Index combines 11 different indicators of human development and exposure to conflict risks. It denotes a higher level of extreme vulnerability in Kachin, Kayin, Northern Rakhine and Shan States.

Figure 5: Vulnerability Mapping



Source: *Vulnerability in Myanmar: A Secondary Data Review of Needs, Coverage and Gaps (HARP/MIMU)*, Yangon 2018

3. **Exposure to climatic and disaster risks:** Exposure to climatic and disaster risks is a critical additional layer of vulnerability. Myanmar was listed fourteenth among countries with the highest levels of natural hazards.⁷⁶ Populations hit by natural disasters or suffering from increasing climate change impacts have fewer coping strategies in the face of COVID-19 economic impacts and increased vulnerability to job and income losses and loss of access to

Needs, Coverage and Gaps, Yangon, May 2018. The indicators used are percent of: houses with bamboo and thatch roofs, houses with bamboo, earth or wood walls, households without safe sanitation, households not using an improved drinking water source, households without electricity for lighting, persons with no formal identity documents, females who are not literate, persons without a middle school education, unpaid family workers; and child dependency ratio and Conflict Index (indices of clashes, violence against civilians, fatalities and displacement).

76 INFORM. *INFORM Report 2019: Shared evidence for managing crises and disasters*.

health services, which raises infection risks. A map showing vulnerability to natural hazards (floods and cyclones) for Myanmar (Figure 5) shows strong vulnerability levels in Chin, Kayin and Rakhine States, but also evidences the vulnerability of areas such as Ayeyarwady, Bago, Sagaing and Yangon. Disaster risk reduction considerations and measures are absolutely critical to ensure effectiveness of the UN response.

Based on vulnerability mapping, the main geographical areas of vulnerability to the cumulative socio-economic impacts of the COVID-19 crisis are Kachin State, Kayin State, Mon State (in particular the northern part), Rakhine State, Shan State (including the Inle Lake area), South Chin State and urban poor areas of Bago City, Mandalay, Sagaing and Yangon. The Bagan area may face extra hardship due to a combined severe loss of tourism revenues and climate change. Coastal communities of Thanintaryi Region, though not among the poorest in the country, will face a substantial dip in income due to a fall in foreign tourist arrivals.

3. UNITED NATIONS OFFER OF SUPPORT FOR AN IMMEDIATE DEVELOPMENT RESPONSE IN MYANMAR



3.1. Goal and objectives

The United Nations is committed to providing immediate support to Myanmar to respond to and recover from the recovery from the socio-economic impacts of the COVID-19 crisis, with the **goal** of protecting the rights of people and communities living under the duress of the pandemic and supporting an equitable, gender-responsive and sustainable recovery, with a focus on the most vulnerable groups, people and areas in Myanmar who risk being left behind.

In pursuit of this goal, the UNCT will mobilize its programmatic resources and partnerships towards the below **five objectives**:

- **Objective 1:** Ensure that essential health services remain available to all and protect health systems against future crises.
- **Objective 2:** Help people cope with and recover from adversity, through social protection and basic services.
- **Objective 3:** Protect jobs and informal sector workers and support micro, small and medium-sized enterprises for a prompt, sustainable and green recovery.
- **Objective 4:** Guide the necessary fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthen multilateral and regional responses.
- **Objective 5:** Promote social cohesion and invest in community-led resilience and response systems against multidimensional risks.

3.2. Principles

The principles guiding UNCT action and programmes in Myanmar continue to be applied during this crisis. Hence, the UN-SERF follows the four principles below, as set forth by the UNSDCF 2018-2022.

Leave no one behind

Inclusivity is the most pressing issue in relation to the crisis response, the same as for national Myanmar development goals and the 2030 Agenda. The UN-SERF aims to mitigate the socio-economic impact of the COVID-19 crisis on the most vulnerable while stepping up efforts to combat structural causes of poverty, inequalities and discrimination in Myanmar, all the while integrating humanitarian, development and peacebuilding responses. Throughout the crisis response, the UNCT will support the government to mainstream vulnerability analysis within assessments undertaken to guide response policies and programmes and evaluate impact

Human rights

Myanmar has ratified some of the fundamental conventions concerning human rights, notably on women, children, persons with disabilities, forced labour and trafficking of women and children, freedom of association, anti-corruption and crime. These instruments provide the structure to address alleged human rights violations that may be reported during this crisis. The United Nations will support governmental efforts to address hate speech and other forms of intolerance and discrimination against individuals or groups affected by the COVID-19 or

suspected to be. The ratification by Myanmar in October 2017 of the International Covenant on Economic, Social and Cultural Rights will be especially relevant to many areas of the UN-SERF. All policy recommendations emanating from the United Nations during this crisis and programming actions, whether common or agency-specific, will follow a human rights-based approach as set forth in the United Nations Development Group's [Guidance on Programming Principles](#). Specifically for the COVID-19 crisis, the United Nations Development Coordination Office and the Office of the United Nations High Commissioner for Human Rights (OHCHR) have issued a list of ten indicators that cover a range of critical issues that affect the respect, protection and fulfilment of civil, cultural, economic, political and social rights, both during and in the immediate aftermath of the pandemic. These indicators (see Annex 1) are relevant to the United Nations global health, humanitarian and socio-economic response and will be monitored during and after the UNCT response in Myanmar.

Gender equality and women's empowerment

The government has put mainstreaming gender equality and empowerment of all women and girls at the heart of its sustainable development vision, as shown by the National Strategic Plan for the Advancement of Women (2013-2022). The Myanmar Gender Situational Analysis⁷⁷ shows that the challenges faced by women are particularly pronounced in remote and conflict-affected areas, where women and girls are exposed to various forms of gender-based violence, trafficking and discrimination. More often than men, women are relegated to informal and precarious jobs. These challenges are exacerbated during the COVID-19 crisis and must be fought with even more resolve by the government, UN agencies and development partners.

Mainstreaming gender equality in the UN-SERF requires that gender equality and women's rights be incorporated into: (i) bodies governing the response at central and local levels and their Standard Operating Procedures; (ii) crisis impact assessments; (iii) policies and programmes to cushion the socio-economic impact and recover the economy; (iv) budgeting, monitoring and evaluation of policies and programmes and corrective action. Throughout this crisis and its aftermath, the UNCT will give high priority to supporting the government and other partners in the fight against gender-based violence, include women and their priorities in the peace process, promote women's leadership and women's economic empowerment, as well as tackle discriminatory laws and policies more broadly.

Sustainable development, environmental protection and resilience

While Myanmar has made important strides in reducing poverty over the last decade, inequality is a growing issue.⁷⁸ Poverty is still predominant in rural areas, where 70 percent of the population lives, and in conflict-affected areas, where a staggering 84 percent of the poor households of the country are found. The government, UNCT and development partners need to do their utmost

77 Asian Development Bank, United Nations Development Programme, United Nations Population Fund and the United Nations Entity for Gender Equality and the Empowerment of Women. [Gender Equality and Women's Rights in Myanmar: A Situation Analysis](#), Manila, 2016.

78 Myanmar is one of the few countries in that region where the income of the bottom 40 percent of the population grew more slowly than the national average (2.0 vs. 2.8 percent annualized growth) from 2005 to 2015 (World Bank, *Myanmar Systemic Country Analysis*, 2019).

to keep poverty and inequality reduction in the country on track, based on shared analyses of structural underlying causes of poverty and immediate crisis-related aggravating factors.

Myanmar has strengthened its legal and institutional context to protect the environment over the past years. Yet, the country is still witnessing serious land and forest degradation and climate change threats which emanate from existing forestry and agricultural practices and the uncontrolled exploitation of natural resources – a driver for conflict and human rights violations. Rapid industrialization and urbanization exacerbate Myanmar’s environmental problems. The response to the COVID-19 crisis must be an opportunity to accelerate Myanmar’s green transition in all aspects of its socio-economic recovery.

Myanmar regularly experiences great losses and damages due to disasters. Years of civil conflict and unresolved ethnic grievances have contributed to mass displacement and an influx of refugees, particularly in and around border areas. The intricate connection between pandemic, conflict, environmental degradation and disaster exposure needs to be at the centre of Myanmar development pathways by integrating different risks into a resilience-based approach.

The UN-SERF focuses not only on addressing immediate risks of increased poverty and marginalization, but also on risks to the environment and resilience that a response solely focused on economic recovery would not cover. The UN-SERF will contribute to the longer-term approach enshrined in the MSDP and UNSDCF to address the multiple dimensions of sustainable development in Myanmar, as explained in the Build Back Better approach in [Section 6](#).

Accountability

The UNCT will work with the government to monitor progress and evaluate the impact of the different crisis response policies and programmes undertaken by the government and the UNCT. A monitoring and reporting framework will be built from the list of activity result indicators included in the UN-SERF Action Plan matrix (see Annex 2). The UNCT will continue supporting the government to implement the MSDP National Indicator Framework to keep the country’s long-term development on track. UN agencies implementing actions pertaining to the UN-SERF will enable active engagement and participation by local authorities, local communities and civil society in decision-making mechanisms. Special attention will be paid to gathering feedback and possible grievances of vulnerable groups and those in humanitarian and conflict-affected settings. *(The set of six implementation approaches adopted by the UNSDCF will guide implementation of the UN-SERF, as presented in [Section 5](#).)*

3.3. Assets of the United Nations Country Team in Myanmar

The UN development system is placing all its relevant assets in support of an immediate development response to complement the humanitarian and emergency health interventions. These assets include:

An extensive presence: 19 UN agencies and offices are active in Myanmar in 2020. The United Nations has an extensive [field presence](#) with activities in all 15 states and regions and in 258 of

the country's 330 townships. From this basis, the United Nations can deploy and expand rapidly its support to the most vulnerable groups and communities whose living standards and sources of livelihoods are negatively affected by COVID-19.

The required knowledge: The UNCT provides a breadth of knowhow needed to help Myanmar address the multidimensional socio-economic impacts of the crisis. It can draw on the global guidance of the UN Development System for dealing with this crisis. The UNCT can connect the government to expertise, in-house and beyond, national, regional and international, in all relevant fields of the response.

A broad mandate and expertise: The UNCT in Myanmar cover all areas of the UN mandate, from development to humanitarian, from human rights to peace and security and from gender equality to environmental sustainability. This wide expertise informs the UNCT capacity to offer integrated support for assessing, analysing and responding to the socio-economic effects of the COVID-19 crisis.

A good foundation: The existing UN portfolio of development programmes in Myanmar totals \$435 million across all SDG areas.⁷⁹ A significant portion will be adjusted and expanded for COVID-19 related needs – and the repurposing has already started (e.g. procurement of medical equipment, extension of water and hygiene access in at-risk communities, emergency support to MSMEs).

A wide and flexible range of support modalities: The UNCT works closely with the union government as well as state and regional governments and township administrations to deliver its regular development portfolio. The UNCT can tailor its support to crisis response needs on the ground. Technical and financial support can be shifted over time according to the situation in-country.

The ability to deliver integrated and coordinated support: As one UN development system, and through the Resident Coordinator Office (RCO), the UN support in Myanmar is integrated, connecting analysis and responses across sectors and areas and building continuity between immediate measures and longer-term recovery. For the duration of the UN-SERF (18 months), a UNCT-wide Socio-economic Workstream, led by the Resident Coordinator, will be operating. Comprised of a core group and five thematic (pillar) working groups, the Socio-economic Workstream will meet regularly to assess needs, prioritize actions, mobilize resources, coordinate implementation and report on achievements. Close coordination will be maintained throughout with the government's Working Committee for Remedial Works on Economic Impacts of COVID-19, as well as with the regular aid coordination system.

Established funding modalities for rapid disbursements: The UNCT in Myanmar can make use of several funding modalities to quickly channel funds to programmatic interventions. In particular, the UN SDG Fund for Myanmar is established and has rapidly set up a COVID-19 Response Window to channel funding to UN agencies and joint programmes. Coordination among different funding modalities in country will be critical to ensure a coordinated response and to reduce duplication and fragmentation.

79 United Nations Resident Coordinator's office in Myanmar, 14 May 2020.

Strong partnerships for greater reach and impact: Beyond its own expertise, the UNCT Myanmar can mobilize its vast networks of local community organizations, civil society organizations, think-tanks and research institutes and private sector companies to ensure a whole-of-society response. Through its operational footprint, the United Nations has demonstrated its capacities to reach, via this vast network, the most deprived groups, especially in conflict-affected areas, including IDPs in different settings (i.e. camps, host communities and NGCAs). The United Nations entertains a close relation with the General Administration Department that is at the forefront of COVID-19 awareness at lower levels of governance, including contacts with EAOs. Many of these partners in Myanmar are now facing their own challenges due to the crisis and the UNCT will work to address these specific fragility conditions.

The private sector will be a privileged partner for the UN-SERF given its key role in economic recovery towards sustainable development. Of great importance as well is the UN partnership with international financial institutions (Asian Development Bank, International Monetary Fund, International Finance Corporation and the World Bank). IFI partnerships are of great value for impact assessments and analysis, financing and resource-mobilization and policy advocacy on urgent macroeconomic measures to provide relief, especially for the poorest and conflict-affected, and for effective programme design and delivery and planning for the longer-term.

An operational infrastructure fit for purpose: The UNCT in Myanmar has a robust operational infrastructure and staff presence throughout the country, with 2,502 staff (358 internationals and 2,144 nationals), working in 25 duty stations. There are 58 UN offices in Myanmar, of which 22 are One-UN premises.⁸⁰ Regional operational resources also exist, such as the [WFP Consolidation Hub in Guangzhou](#), China for storing and forwarding COVID-19 related cargo. Globally, the UN system's logistics and procurement capabilities are being ramped up, including a global procurement system coordinated by WHO through which developing countries, such as Myanmar, can request medical supplies.

80 Ibid.

4. THEMATIC RESPONSE PLANS



To help minimize the impact of the COVID-19 pandemic on the most vulnerable populations in Myanmar, the UNCT is switching to emergency mode, helping the country over the next 18 months to shore up its health system, prevent a breakdown of food systems and restore and build back better its basic social services, among other measures. At the same time, the UNCT continues to advise the government on the economic and social measures to be taken to recover quickly and to establish better conditions for ending poverty and achieving the SDGs in Myanmar. This socio-economic support is designed to complement two parallel UN efforts — saving lives and protecting people through public health and humanitarian responses.

The substantive narrative presented here is simple but urgent. The United Nations in Myanmar will start by **protecting the health system** itself during the COVID-19 crisis. At the same time, and equally urgent, it will help defend people through **supporting the provision of social protection and basic services**. It will **protect jobs, small and medium-sized enterprises and vulnerable workers** in the informal sector. The United Nations will help guide the necessary **surge in fiscal and financial stimulus** to make the macroeconomic context work for the most vulnerable and foster sustainable development and strengthen multilateral and regional responses. It will **promote social cohesion** and build trust through social dialogue and political engagement and **invest in community-led resilience and response systems**. These five pillars (see chart) are connected by strong imperatives in environmental sustainability, peacebuilding, human rights and gender equality with the goal of not just building back, but building back better.

Under each pillar, the UNCT presents suggestions for policy measures on the upstream side and concrete actions on the downstream side of the development response. They include:

- coordination of international engagement;
- data and analytics, including comprehensive multidimensional and gender-responsive analysis and forecasting;
- sector specific and cross-sector policy advice, technical assistance on design and delivery of context-specific solutions;
- facilitation of partnerships and dialogue, capacity building and access to expertise;
- coalition building, notably on financing; and
- direct project implementation and delivery (including through procurement, works, grants), as required.

These measures and actions are meant to deliver tangible results within the 18 months covered by the UN-SERF, organized in two phases:

- *short-term (0-6 months)*: minimize, manage and mitigate the adverse, most pressing and urgent impacts of COVID-19 on the lives and livelihoods of the people, including their access to essential services and fundamental rights (these actions are mostly downstream); and
- *medium to long-term (6-18 months)*: ensure a structural response, offering sustainable development and 'building back better,' to address the negative impacts of COVID-19 (these actions can be downstream, but include mostly policy, regulatory and institutional measures accelerating needed social and economic transformations).

The proposed actions may involve UN agencies, government ministries and departments, state and regional governments, township administrations, civil society organizations, non-governmental organizations and the private sector, as the UN-SERF intends to support a comprehensive and collective approach under the helm of the government towards addressing the socio-economic challenges of the pandemic.

The following pages provide a summary of the UNCT analysis on the COVID-19 crisis impact within each thematic area. This includes discussion of information gaps, proposed measures and actions to be taken collectively and challenges and opportunities to be considered when planning and delivering the proposed response, in particular to achieve scaled-up results. Gender and human rights considerations are mainstreamed in each pillar's response, with a dedicated response stream to fight potential increases in gender-based violence and violence against children in Myanmar as a result of the COVID-19 crisis, as is seen in many other countries across the world. In Annex 2, the same thematic response plans are presented in an Action Plan format, including indicators and indicative budget amounts for the UN contribution.

4.1. Health First: Protecting health services and systems during the crisis

Context

Myanmar has experienced an improvement in health indicators in recent years. Life expectancy has steadily increased and was estimated at 67 years in 2018, while under five mortality was 50 per 1,000 live births.⁸¹ Despite these and other improvements, challenges remain. Maternal mortality in Myanmar is the highest in the region, standing at 250 maternal deaths out of 100,000 live births.

The health system has been increasing its performance in recent years. Vaccine coverage is relatively high⁸² and progress reducing the incidence of malaria has been impressive (a 94 percent reduction between 2012 and 2017).⁸³ However, health services utilization remains low. For example, skilled birth attendance and anti-natal care consultation, both critical health care interventions, are estimated at around 60 percent. As Myanmar is moving along the epidemiological transition, the prevalence of non-communicable diseases is growing, accounting now for 68 percent of total deaths.⁸⁴

81 <https://data.unicef.org/country/mmr/>.

82 https://www.who.int/immunization/monitoring_surveillance/data/mmr.pdf.

83 http://docs.theglobalfund.org/010/mmr-m_result_profile_en.pdf.

84 https://www.who.int/nmh/countries/mmr_en.pdf.

Pillar 1: Health First		
Key results		
1. Strengthened health system governance.		
2. Heightened supply side readiness and renewed service delivery models.		
3. Strengthened health supports systems.		
4. Demand for quality healthcare stimulated.		
Total budget: \$27,899,500		
<ul style="list-style-type: none"> Funded: \$12,118,000 (43%) Unfunded: \$15,781,500 (57%) 		
Linkages		
CERP	MSDP	UNSDCF
6.1	4.2	1.1

One challenge to health service coverage is the low level of government spending on health, which is estimated to be around \$11 per capita/year in 2018.⁸⁵ This has translated into limited physical access to facilities, illustrated by the fact that 28 percent of women age 15-49 face access barriers due to the distance to the nearest appropriate health facility.⁸⁶ Financial barriers are also significant, with more than 70 percent of funding for health services coming from direct payment made by individuals. Despite recent substantial efforts in increasing the fiscal space for health in the country, the chronic past under-investments resulted in insufficient health staff in facilities,⁸⁷ shortages of medicines and the need to upgrade medical equipment. Moreover, often fragmented health services management and limited decision-making autonomy near the point of service contribute to system inefficiencies and suboptimal performance.

So far, the pandemic has underscored the lack of preparedness of the Myanmar health system to respond effectively to the emergency (even in the most optimistic scenario) and to ensure continuity of services even in areas not affected by the pandemic. For example, for services that directly influence child survival and malnutrition status, a recent *Lancet* article⁸⁸ showed that the decrease in access and utilization of high-impact interventions in the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) continuum of care may increase child deaths by at least 300 a month in Myanmar. Also a stress test conducted when the epidemic modelling was initiated⁸⁹ showed that COVID-19 related activities could eventually compromise the continuity of care of other health interventions.

Three main structural issues are crippling the Myanmar health system, as described below.

1. *Supply side readiness*: Human resources and critical care resources are not available in both quantity and quality. Moreover, critical supporting systems, such as logistics management, are not up to the challenge to quickly deploy critical resources in an efficient way. The system is not able to efficiently channel financial resources to the facility level and provide, for instance, incentives to front-line workers.
2. *Governance*: There is too limited delegation of even basic decision-making to the frontline level. The separation of public health and medical services workstreams, together with the multiple vertical delivery channels, make efficient use of limited resources difficult. The disconnect between planning and budgeting processes, plus the allocation of resources mostly based on norms and standards, does not help create an enabling environment for enhanced performance and accountability.
3. *Inclusion*: The crisis has highlighted that health services are neglecting healthcare needs of certain groups which may require specific skills and flexibility in the system. For instance, drug users and PLHIV require specific modalities to access health services. The vulnerability to COVID-19 of people in places of detention and in IDP camps highlights the importance to

85 MoHS. *National Health Accounts 2016-2018*, Draft Report (final report to be published in June 2020), Myanmar.

86 Myanmar Demographic and Health Survey, 2015-2016.

87 With just ten nurses and nine hospital beds per 10,000 people, Myanmar ranks among the lowest in Southeast Asia. Its ratio of physicians per 10,000 people (8.6) is, however, in the upper bracket for the region (Source: [COVID-19 and Human Development: Exploring Preparedness and Vulnerability](#), UNDP, 2020).

88 Robertson, et al., "Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study," *The Lancet Global Health*, 2020.

89 A modelling exercise was conducted by the MoHS with support from WHO at the beginning of April 2020 to simulate the effects of public health interventions and measure the capacity of the system to cope with the outbreak. The expected caseload of this modelling was used for the CPRP costing.

have targeted delivery models for public health interventions. Returning migrant workers are facing significant and exacerbated health, socio-economic and protection challenges as a result of the pandemic, and also need to be targeted.

Strategic importance

The COVID-19 health response in Myanmar showed the existence of critical bottlenecks that prevent the health care system from performing optimally. Addressing them, especially upgrading how services are managed, will be critical in the effort to build back better. Considering that areas such as sexual and reproductive health, particularly ongoing efforts in preventive maternal health and family planning, already face a large level of unmet needs, there is clearly a need to rapidly expand system capacity in terms of quantity and quality.

Protecting health systems during the crisis has a strategic importance for the recovery of the economy, as a healthy population means a productive population, but also because the health sector is an important purveyor of jobs that are normally more stable and well-paid than in many other sectors. Investing in health workers may have a multiplier effect on formal employment and income redistribution, in addition to more accessible health services.

Suggested policy measures and programmatic actions

This response plan complements the UN integrated health response to the COVID-19 crisis presented in the Country Preparedness and Response Plan, as introduced in [Section 1](#). The CPRP proposes immediate actions needed to ensure continuity of non-COVID-19 related services, including supporting lab services for critical programmes, the medical supply chain, the protection of service providers and maintaining community trust in their health services, among other areas. The plan presented here retains certain activities presented in the CPRP and widens the scope of UN support to the continuity of health services and strengthening in the longer-term with a goal of building back better. This includes: a) bringing about greater autonomy of health system actors at the local level (e.g. helping townships deliver a set of priority interventions under a single platform with a single plan); b) aiding the public health system and hospital system to work more closely together; and c) together maternal and child health, communicable and non-communicable diseases and other conditions.

The Pillar 1 response plan pursues four key results:

- 1) strengthened health system governance;
- 2) higher supply side readiness and renewed service delivery models;
- 3) stronger health supports systems; and
- 4) demand for quality healthcare stimulated.

Efforts in health system strengthening will be complemented by efforts in equitable access to healthcare as part of the social protection system strengthening, under [Pillar 2](#). Specific attention will be given in the next 18 months to adjust delivery models for migrants, occupational health, adolescent and youth specific needs and prisoners, among others.

Short-term (0-6 months)

- Conduct a number of ad hoc and already planned health-related surveys and analyses from a COVID-19 response perspective to understand better the reach of the crisis on health outcomes and healthcare delivery, including: (i) a public finance management analysis, focusing on bottlenecks delaying the health response; (ii) an immunization performance study; (iii) a capacity assessment for the provision of basic emergency obstetric care; and (iv) a Health Facility Assessment.
- Strengthen community demand for non-COVID-19 health services, in particular for severe acute malnutrition and Infant and Young Children Feeding (IYCF), including developing joint tools and mechanisms for alerts and referrals.
- Support adaptation of critical RMNCAH, immunization, HIV, infectious diseases and malaria services to operating under COVID-19 conditions and upgrade level of service.
- Strengthen health coverage of populations under heightened risks of unmet health needs due to the COVID-19 crisis, including men who have sex with men, transgender people, especially transgender women, sex workers, people who inject drugs, PLHIV, people in detention and migrants, through securing funding, stepping up targeted risk communication and community engagement campaigns, providing Mental Health and Psycho-Social Support (MHPSS) and referral pathways and staff training.
- Improve medical waste management systems at all facilities.
- Strengthen innovative modalities for engagement between public health authorities, non-governmental actors, including civil society organizations, the private sector and ethnic health organizations.

Medium to long-term (6-18 months)

- Conduct a new round of the Demographic Health Survey and the World Health Survey Plus, after building in COVID-19 specific aspects.
- Continue COVID-19 preparedness and response, ensuring impact mitigation, beyond the emergency phase (into 2021).
- Further develop a number of crucial policy frameworks and plans for strengthening the health system, including the National Health Policy, the National Health Plan, regulations of the new Occupational Health and Safety Law, the RMNCAH National Strategic Plan, the National Migration Health Policy. Integrate lessons learned from the response to the COVID-19 crisis in terms of preparedness and impact on health system continuity.
- Through existing joint programmes on maternal and child health, immunization, nutrition, communicable and non-communicable diseases (as part of the National Health Plan 2017-2021), strengthen subnational health system management capacities, service delivery, transparent and cost-effective procurement and supply chain management, integrated health information systems, human resources management and governance and system accountability.
- Advocate on critical health-related issues.

UN support to protecting health services and systems during the COVID-19 crisis and to help achieve resilience in the long term has a total budget of \$27.9 million, which complements government and UN increased funding to the health COVID-19 response. The UN has allocated existing funding from ILO, IOM, UNAIDS, UNFPA, UNODC, UNOPS, WHO and WFP to cover 43

percent of the required budget allowing for prompt delivery of support, while \$15.8 million still needs to be mobilized.

Opportunities and challenges

Opportunities

- The COVID-19 crisis has served as a tremendous wakeup call to both the government and development partners about the importance of awarding much greater attention and resources to the Myanmar health system. This should lead to greater demand from the government for support to thoroughly reform the health system. It should likewise ignite a readiness to engage in critical dialogue with development partners during the upcoming discussion of the new National Health Plan 2022-2026, other sub-system processes, the community-based health workers policy and plan and the occupational and Security Health Law, among other critical needs.

Challenges

The fragmentation of the health system, which slows down decision-making and weakens the command chain, may jeopardize efforts to create a collective internal momentum for pushing for necessary changes.

- Public spending on health is clearly insufficient to fund the required improvements and to reduce co-pay by users. Resource budgeting and allocation is too rigidly driven by norms rather than need and performance. The current disconnection between planning, budgeting and accountability are a clear challenge to system-building efforts.
- The effectiveness of the proposed measures depends in large part on reforms occurring in core government functions, including public finance management, civil service management and public administration reform.
- Development partners, including the United Nations, have often exacerbated by their lack of coordination the fragmentation seen in health service delivery organization on the ground.

4.2. Protecting people: Social protection and basic services

Context

Myanmar's population is estimated at 53.6 million (2018), including 19.7 million people aged between 0 to 19 (37 percent), and an urban share of 17 million (30 percent). According to the Vulnerability Index mapping, an estimated 22.7 million people (44 percent) suffer from some form of vulnerability related to human development gaps and/or exposure to active conflict and violence. Likewise, according to the Multidimensional Disadvantage Index,⁹⁰ using 2014 Census data, 40 percent of the population suffers from marked deprivation in three or more of their basic needs. Some 84 percent of the labour force work informally, without social protection coverage and limited protection under labour law. These individuals and households have inadequate capacity to protect themselves from shocks, such as COVID-19 with the accompanying lay-offs,

⁹⁰ <https://www.worldbank.org/en/country/myanmar/publication/multidimensional-welfare-in-myanmar>. The MDI covers six basic needs dimensions: education, health, housing, assets, job and income and WASH.

reduced off-farm employment opportunities, closures of businesses, food insecurity, worsening social-sector services and issues like domestic violence.

Women are more exposed to negative impacts on their sources of livelihoods and face more difficult access to basic services as a result of the pandemic than men, due to structural gender inequality in Myanmar society. Women and girls are more likely to be affected by increasing stress, anxiety and loss of livelihood opportunities. Failure to ensure continued access to social services, including care service, will significantly increase unpaid domestic work, in particular for girls and women. This not only implies an increase in time spent in poverty but can adversely affect women's employment and upward job mobility.

Scale up and expand resilient and pro-poor social protection systems

Context

Social protection coverage in the country remains well below regional and global averages. Only a marginal share of the population (one percent) is covered by at least one social protection benefit in 2019⁹¹ and only 0.3 percent of the vulnerable population. This exacerbates the risks and vulnerabilities the Myanmar people are facing across their life cycle during this crisis.

For instance: i) pregnancy and early childhood: about eight percent of pregnant women and mothers with new-borns receive cash benefits,⁹² while they may face more difficulties in accessing health and nutrition services, lose income and livelihood opportunities and suffer from underlying health conditions, including HIV, disability, etc.; ii) school age and youth: only one percent of households with children receive child or family cash benefits (2019), while the crisis may push poor families to take their children out of school and put them in the labour market prematurely; iii) adulthood and working age: unemployment benefits only exist in law and only 0.4 percent of disabled adults receive a cash benefit (2017), while the crisis triggers joblessness, declines in savings and remittances, greater precariousness in new employment, more difficult access to

Pillar 2: Protecting People

Key results

1. Resilient and pro-poor social protection systems scaled up and expanded.
2. Essential food and nutrition services maintained.
3. Continuity and quality of water and sanitation services ensured.
4. Sustained learning for all children and adolescents, preferably in schools, secured.
5. Continuity of social services and access to shelters supported.
6. Survivors of gender-based violence and violence against children supported.

Total budget: \$217,049,500

- Funded: \$47,409,500 (22%)
- Unfunded: \$169,640,000 (78%)

Linkages

Sub-pillar	CERP	MSDP	UNSDCF
Social protection	2.1, 3.1, 4.1, 5.1, 7.1	4.3	1.4, 2.1
Food and nutrition	4.1	4.4	1.2
WASH	6	4.1, 4.2, 5.3	1, 2, 3
Education	n.a	4.1	1.3
GBV	n.a	1.3, 4.2, 4.3	1.1, 1.4, 4.1, 4.2

91 All figures below, unless otherwise mentioned, come from the [United Nations SDG Database](#) for SDG Indicator 1.3.1, based on ILO statistics.

92 Source: Department of Social Welfare, 2020.

personal care for persons with disabilities. Only 2.7 percent of the population benefit from health protection under the Social Security Board, while out-of-pocket expenditures represent 76.2 percent of total health expenditures, making most households at risk of prohibitive healthcare costs in case of COVID-19 infection; iv) older ages: only 19.3 percent of people above 65 receive a pension (2019), while the crisis increases the isolation of seniors and limits adapted work options, endangering most directly their health as the main at-risk group for developing serious forms of the disease and makes access to healthcare more difficult in general.

The government has not yet started monitoring the socio-economic consequences of COVID-19 on poor and vulnerable population groups, nor modelling its impact on poverty, inequality, food security, consumption, etc. Such assessments will be critical to prioritizing social protection assistance to where it is most needed. For now, the government has prioritized social security measures to enhance protection for laid-off and sick workers, those in quarantine and pregnant women through schemes already implemented by the Social Security Board. For the month of April 2020, the Social Security Board provided benefits to 17,215 beneficiaries (estimated at MMK 1 billion). In April, additional measures to provide partial income for workers affected by factory closures were introduced and are expected to cover up to 600,000 workers by the end of May. These benefits are mostly coming out of the social security reserve fund. In addition, the government has planned, under its CERP, a vertical expansion of the existing 240,000 MCCT and 200,000 social pension beneficiaries and will provide an additional one-off top up of MMK 30,000 (\$20) in the month of June 2020 through LIFT funds. It is noteworthy that this shall be a top-up to the regular MMK 45,000 provided on a quarterly basis to MCCT beneficiaries in Chin, Kayah, Kayin and Rakhine States. In the longer-term, the government is scheduled to increase coverage of the MCCT programme to 1.5 million recipients by 2023 (compared to 300,000 in 2020).

Strategic importance

A human-rights-based and gender-responsive approach to scaling up and expanding resilient and comprehensive social protection systems in line with the Social Protection Floor initiative becomes central to the socio-economic response to the COVID-19 crisis. The government commitment on the application of human rights and gender consideration in social protection in response to the current crisis will ensure the progressive realization of the rights of all while reducing the immediate impact on the rights of the most directly affected populations. The UN/IFIs will support the expansion of social protection and help operationalize NSPSP and MSDP priorities, in particular the inactive social security branches that are of utmost importance for the most at-risk groups. In the end, the social protection system should be capable not only of mitigating the crisis impact on those currently vulnerable, but also of preventing more people from becoming vulnerable. An enhanced social protection system should accelerate progress towards universal, inclusive, rights-based and comprehensive social protection in Myanmar. Such a system will follow a life-cycle approach, create synergies between contributory and non-contributory programmes and promote innovation to more effectively address multiple and compounded vulnerabilities.

Suggested policy measures and mitigation actions

Several measures presented under this sub-pillar are also taking place in humanitarian settings as part of the humanitarian response (e.g. cash transfers, caseload registration and management, outreach). The measures below would be directed at all other communities in need.

Short-term (0-6 months)

- Facilitate a dialogue between key ministries of the Myanmar social protection system to build a coherent short-term response while preparing for the longer-term role of social protection in the country's recovery.
- Monitor the impact of COVID-19 crisis on vulnerable and key populations, including poor households with children, infected populations, migrant workers, daily wage earners, street vendors, homeless and street children, children and women with disabilities, sex workers and PLHIV, detainees, stateless persons, IDPs and people affected by conflict, ethnic and religious minorities and LGBTIQ+ people, according to their geographical location and setting (urban/rural), along with a gender-responsive analysis of their needs and coping strategies.
- Maintain critical humanitarian interventions (in areas not covered by the humanitarian response) and comprehensive social protection systems, while formulating and implementing anticipatory actions based on early warning signals and resulting from the above monitoring and assessments.
- Model the longer-term impact of the crisis on poverty, inequality, food security, consumption and on the effects of increased social protection on these groups.
- Conduct various financial analyses to guide the expansion by the Social Security Board of the social protection system during and after the COVID-19 crisis (e.g. adequacy of transfer size, value for money, actuarial analysis for extension of social health protection to dependents, impact on Social Security Board reserves and investment of the COVID-19 measures, potential role of the employment injury scheme in crisis response).
- Streamline client-centric business processes for employment injury protection and social health protection for COVID-19.
- Expand the Labour Market Information System to include returning migrants and host communities.
- Expand cash transfers to vulnerable families impacted most by COVID-19, especially targeted to women and households with children (MCCT and social pension programmes).
- Launch child grant and disability grant programmes and cash transfers to IDPs (if not covered by cash transfers provided through the humanitarian response), with an initial focus on Chin and Rakhine States and COVID-19 impacted areas, as per the National Social Protection Strategic Plan (joint government-United Nations funding).
- Increase certification and registration capacities for persons with disabilities to accelerate access to basic social services.
- Conduct community-based outreach to marginalized and key populations in informal workforces, with a focus on women and girls, to increase enrolment in available social protection programmes.
- Hold consultations on establishing new funds for increased workers' protection, including the Migrant Workers Fund and the Unemployment Insurance branch as part of the social security system, including linkages with the employment policies.
- Develop and refine operational procedures and guidelines to make social protection systems more flexible, risk-informed, shock responsive and better managed financially.

Medium and long-term (12-18 months)

- Strengthen the use of modern and robust management information systems and digital solutions in social protection programmes (MCCT, Social Pension, Social Security Board and

proposed child allowance and disability grants) for electronic and digital payments, electronic registrations and bio-metrics verification, accounting systems, client-centric processes, complaints and feedback and real time monitoring.

- Strengthen linkages of social protection systems with other social and basic services through advocacy, promoting social and behavioural change communication and technical assistance to link cash transfers with WASH, health, nutrition, education, child protection and universal birth registration of children.
- Support the government to launch health insurance for dependents of Social Security Board-insured workers and its longer-term efforts to extend social health protection to all in Myanmar.
- Launch new funds for increased worker protection, in particular a Migrant Workers Fund and Unemployment Insurance branch as part of the social security system, in coordination with employment policies.
- Design and establish a cash for returnee migrant workers skills development programme.

UN support to making social protection responsive to the COVID-19 crisis impact has a budget of \$58.73 million, which is meant to complement the government increased funding to the social protection sector during this period (and beyond). The UN has allocated existing funding from ILO, UNCDF, UNICEF, UNOPS, WFP and the World Bank to cover 19 percent of the required budget to allow prompt delivery of support, while \$47.8 million still needs to be mobilized.

Opportunities and challenges

Opportunities

- The existence of the Social Security Law and its provision of the unemployment insurance scheme brings a legal structure to the exercise. Social security delivery systems exist and are providing support during this crisis; these can be strengthened to ensure even more timely, adequate and effective responses in the future.
- The response plan will establish synergies between the development and humanitarian nexus, not only to respond to the immediate COVID-19 crisis in a timely, efficient and effective manner but also to ultimately minimize the negative impacts and build better for future challenges, such as natural disasters or pandemics.

Challenges

- Despite the timely reaction of the government, the use of social security reserves to finance the emergency COVID-19 measures raises questions about the future consequences for the schemes they are originally intended to finance.
- The National Social Protection system is at a nascent stage and faces challenges, such as investment in the delivery systems, shortages of human resources and limited operational resources, making it difficult for two key departments (i.e. the Department of Social Welfare and the Social Security Board under MoLIP) to effectively operationalize the vision and goals of the NSPSP and the 2012 Social Security Law.
- The absence of an integrated socio-economic registry of the population and a lack of synergies among systems and various programmes complicate the goal of an integrated response bringing together social protection with basic and social services.

- The use of manual instead of electronic payment systems to social assistance programme beneficiaries makes it challenging to rapidly expand the number of recipients under a crisis context, such as COVID-19.

Maintain essential food and nutrition services

Context

Myanmar ranks 68 out of 119 countries in the 2018 Global Hunger Index, meaning that the country is still afflicted by serious levels of hunger. However, undernourishment has significantly declined to 10.6 percent in 2017, down from 48.3 percent in 2000.⁹³ Before the COVID-19 crisis started, 1.4 million stunted children and seven percent of children 6-59 months were affected by acute malnutrition. Pockets of high wasting in certain areas and nutrition disparities remain persistent and widespread, with much higher undernutrition in Chin, Kayin, Rakhine and Shan States and the Ayeyarwady Region. According to food security and poverty estimates, 22.3 percent of Myanmar's rural population has an inadequate diet, with significant variation by geographic location. The mountainous uplands and particularly the Northwest have a significantly lower proportion of the population with an acceptable diet. Chin State North and South fare the worst, with only 9.5 percent and 15.3 percent of the population, respectively, having an acceptable diet. Kachin and Shan States and the Sagaing Region also fare poorly, with slightly less than half the population in these areas having an inadequate diet. Lower consumption scores in mountainous areas are brought about by a multitude of interrelated factors, the primary one being remoteness.

The full impact of the COVID-19 crisis on food and nutrition security is not yet fully understood but is anticipated to be significant⁹⁴ and it will be exacerbated by the upcoming monsoon season. The crisis will exacerbate pre-existing inequalities in nutrition and food security. The medium to long-term responses will be informed by assessments already underway (e.g. monitoring of staple food prices). But the impact is already a cause for concern as this crisis has started hitting food supply chains and is pushing more people into an increasingly fragile and precarious socio-economic status. Early evidence shows that food security is a top concern in some of the population categories most affected economically by the crisis (e.g. 100 percent of households surveyed in informal settlements of Yangon worried their stock of food would run out before their income sources are restored).⁹⁵

Strategic importance

The objective is to ensure delivery of basic food and nutrition services, while mitigating the risks of COVID-19 transmission, to keep people healthy and active contributors to the socio-economic recovery of Myanmar.

93 FAO and World Bank, 2017.

94 The loss in agricultural GDP in 2019-2020 is estimated at 1-2 percent (IFPRI, 2020).

95 UN-Habitat. "Rapid Assessment of Informal Settlements in Yangon: COVID-19 pandemic and its impact on residents of informal settlements," UN-Habitat, Country Office, Yangon, Myanmar, May 2020.

Suggested policy measures and mitigation actions

Throughout the response period, it is essential to ensure continuity of existing food and nutrition services – and scale up as necessary – to minimize the impact of COVID-19 on the most vulnerable. It will also require supporting a convergence of these services with nutrition-sensitive interventions, through social protection programmes, agriculture, WASH and education (e.g. school feeding, which is covered under the Education sub-pillar).

Coordination is needed to ensure the most nutritionally vulnerable are targeted with both nutrition-specific and nutrition-sensitive interventions that will contribute to better nutrition outcomes. This includes supporting MoHS contingency nutrition supply plans and pre-positioning, continued sector advocacy to include food and nutrition in the national COVID-19 response and impact-monitoring, providing technical guidance to government and partners on adapting implementation of nutrition-specific and nutrition-sensitive interventions that integrate safe, appropriate COVID-19 precautionary measures (e.g. physical distancing, hygiene and mask protocols, risk communication and community engagement etc).

The United Nations will support the government to leverage existing coordination structures and accelerate implementation of its Multi-sectoral National Plan of Action on Nutrition (MS-NPAN) at a sub-national level to ensure continuity and scale-up of priority nutrition interventions during the COVID-19 response. This will be done to mitigate immediate and secondary impacts in both the short and longer term. The United Nations will advocate for government policy and fiscal measures in the response to COVID-19 to be nutrition-sensitive. Strong risk communication and behaviour-change communication to prevent malnutrition in the context of COVID-19 will be prioritized, including among vulnerable populations such as infants, young children, pregnant women, adolescent girls and the elderly.

Short-term (0-6 months)

Priority will be given to non-humanitarian areas with a higher burden of pre-existing undernutrition and vulnerabilities, including Chin, Kayah, Kayin, Rakhine and Shan States, the Ayeyarwady Region and informal settlements in large cities.

- Rapid food security and nutrition assessments in vulnerable food security areas and among key populations.
- Life-saving treatment of acute malnutrition using an Integrated Management of Acute Malnutrition approach, Infant and Young Child Feeding, micronutrient supplementation and nutrition risk communication and social and behavioural change and communication (SBCC).
- Strengthen integration of nutrition support and linkages to nutrition services through social protection platforms, including the MCCT programme. This includes stronger nutrition SBCC, distribution of fortified rice and/or fortified and blended foods and micronutrients and provision of agricultural inputs in food insecurity vulnerable areas.
- Support education, WASH and shelter programmes with guidance on nutrition-sensitive approaches.
- Monitoring of food prices data, functionality of markets and access and availability of key food items, staples and micronutrient rich foods.

Medium to long-term (6-18 months)

- Support appropriate targeting of nutrition-sensitive agriculture, including building community storage, home gardening, livestock, safe and reliable market functionality, etc.
- Support coordination for nutrition through the existing humanitarian cluster and the MS-NPAN to strengthen humanitarian-development linkages.
- Continue nutrition-sensitive SBCC using multi-sector platforms across agriculture, education, health and social protection.
- Involve the private sector to support the achievement of national nutrition goals through the WFP-led [SUN Business Network](#).
- Develop national Food-Based Dietary Guidelines (FBDG) to foster healthy eating habits and lifestyles.
- Support urban food systems, including increased access to fortified foods, food safety and workplace initiatives, to mitigate food and nutrition insecurity within migrant communities in peri-urban Yangon.
- Continue joint monitoring of COVID-19 and food and nutrition indicators in urban and rural areas in the most at-risk states and regions.

UN support to maintaining nutrition services during the COVID-19 crisis impact has a total budget of \$47.7 million, which is meant to complement government and HCT increased funding to the nutrition sector. The UN has allocated existing funding from FAO, UNICEF, UNOPS, WFP and WHO to cover 40 percent of the required budget to allow prompt delivery of support, while \$28.5 million still needs to be mobilized.

Opportunities and challenges

Opportunities

- Activities prioritized by the government for the prevention, containment and response to COVID-19 overlap with those prioritized in the MS-NPAN. Thus, UN agencies have a draft action plan to operationalize.
- Strong collaboration exists between the SUN-UN network, development partners and the government's MS-NPAN coordination architecture. The network includes the Sun Civil Society Network and the Sun Business Network.

Challenges

- Stronger advocacy with sector ministries to underline the importance of food and nutrition services as a key part of the COVID-19 response is needed to ensure that nutrition is integrated at every stage, and that there is a focus during early recovery to mitigate the immediate and secondary impacts on the nutrition status of the most vulnerable populations, especially women and children.
- Government movement restrictions and other COVID-19 related factors may limit programme activities (for example, when they involve mass gatherings) and community mobilization and outreach in conflict-affected and hard to reach areas.
- Effective coordination and synergy must be established between the many nutrition initiatives targeting the priority states and regions, including Phase 1 of the MS-NPAN, the COVID-19 Addendum to the HRP and the work of the Strategic Advisory Group of the Nutrition in Emergencies Working Group under the Myanmar Nutrition Technical Network.

Ensure continuity and quality of water and sanitation services

Context

The water and sanitation situation in Myanmar have improved considerably over the past 20 years. According to a 2017 UNICEF-WHO Joint Monitoring Report,⁹⁶ 79 percent of the population used basic drinking water services in the dry season (nearly double since 2000) and 64 percent used basic sanitation services, with open defecation at just nine percent. While only 55 percent of the people have access to improved water sources on-premises, 79 percent can use a basic handwashing facility (with water and soap) at home. Access to water, sanitation and hygiene (WASH) services remains highly unequal between rural and urban areas, with a 40 percentage-point difference in access to piped water on premises and 18 points difference in use of basic handwashing facilities. Access to drinking water in Myanmar is consistently more difficult in the dry season in rural areas (10 percentage points difference with the rainy season) while access remains almost unchanged in cities.⁹⁷ In rural areas, while water access increases year upon year, impurity remains a major problem, worsened by climate change which depletes cleaner underground water reserves. Marked gaps exist between states and regions, with Kayin and Rakhine States lagging far behind the national average in access to drinking water in both seasons, while access to water in the dry season is very problematic in the Ayeyarwady Region.

Poverty is an important factor limiting access to improved WASH services in Myanmar. The poorest households rank five percentage points below the national average in access to improved water sources in the dry season.⁹⁸ In addition, poor households are more likely to experience discontinuity in their access to water, as their limited income often precludes them being able to repair pipe networks and buying fuel to operate water pumps. IDPs in camps face a critical WASH situation and require specific attention that will be provided mostly through the humanitarian response (COVID-19 Addendum). In urban areas, access to WASH services remains particularly deficient in dense informal settlements and for vulnerable communities, including the homeless.⁹⁹

Strategic importance

Emergency WASH interventions have immediate benefits in reducing the risk of disease transmission through improved hygiene practices and reduced transmission within critical facilities. Furthermore, improving hygiene practices and access to WASH services has multiple, long term and low-cost impacts on a broad range of health morbidities associated with other communicable diseases. These additional and lasting benefits will be particularly important over the longer term to reduce the burden on the weakened healthcare system and economy as a likely result of the national and global crisis. The United Nations also supports an integrated approach bringing together nutrition, social protection and WASH in the education system, in conflict-affected areas and in peri-urban areas of large cities.

96 UNICEF and WHO. *Progress on household drinking water, sanitation and hygiene 2000-2017. Special focus on inequalities*, 2019.

97 Myanmar Living Conditions Survey, 2017.

98 Central Statistical Organization. *Myanmar Living Conditions Survey 2017: Socio-Economic Analysis*, Ministry of Planning and Finance, UNDP and World Bank.

99 In a survey conducted by UN-Habitat in 2019, in the Hlaing Thar Yar area in peri-urban Yangon (a main area for informal settlements), 85 percent of household respondents rely on truck delivery for their drinking water needs and 41 percent on a tube well outside of their compound for domestic water needs.

Suggested policy measures and mitigation actions

Interventions need to be targeted at institutional, community and household levels to have an impact at scale. Additional and preferential support needs to be given to multiple vulnerable communities during the COVID-19 crisis, including returning migrants in quarantine centres, IDPs living in camps and displacement sites, residents of informal urban settlements, stateless people and the homeless.

Throughout the response period (18 months), a constant objective will be to ensure continuity and affordability of essential WASH services and products.

Short-term (0-6 months)

Focus on Chin, Kachin, Kayin, Rakhine and Shan States and the Ayeyarwady, Magwe and Sagaing, Regions, informal settlements in Yangon city, prisons and detention facilities and IDP camps ONLY if and where not covered by the COVID-19 Addendum to the HRP.

- Conduct rapid assessments to establish critical WASH needs in healthcare facilities, quarantine centres, schools and other important public spaces in areas with vulnerable populations.
- Promote hand washing with soap and social behaviour change communication messages focusing on good hygiene practices reaching 1.2 million vulnerable people, including women, girls and people with disabilities.
- Distribute critical WASH supplies and services to 950,000 most vulnerable populations including women and girls.
- Provide 2,500 hand washing facilities at critical locations (institutions and public places) to benefit more than 300,000 people.
- Establish WASH and Infection Prevention and Control Minimum Packages for health care facilities, households, schools, other public spaces and vulnerable settings, such as homeless and emergency shelters and informal settlements in urban areas (800 healthcare facilities and 700 schools).
- Provide support for continuity of WASH services to 470 vulnerable communities to avoid deterioration or collapse of essential public services during the COVID-19 crisis.

Medium to long-term (6-18 months)

All states and regions

- Refine and develop WASH policy, strategies and guidelines for preparedness and rapid response to epidemic outbreaks, including in high-risk areas.
- Design and implement a National Handwashing Programme to institutionalize hand hygiene into systems to reduce the risk of future outbreaks.
- Increase access to WASH services (in terms of quality and quantity) to 1,500 COVID-19 affected institutions and communities, including 40 detention facilities.
- Improve safe sanitation and waste management, including solid and wastewater drainage, in 750 informal urban settlements and rural communities.
- Design and implement a cash-for-work social protection programme for 16,000 households from urban and rural vulnerable areas.

- Develop knowledge products on innovative WASH approaches and practices (e.g. human-interest stories, WASH bulletins).
- Strengthen the capacity of frontline health workers, schoolteachers and WASH professionals through online training course.

UN support to ensuring the continuity and quality of WASH services during the COVID-19 crisis has a total budget of \$27.6 million and complements government and HCT funding to the WASH sector. The United Nations has allocated existing funding from UN-Habitat, UNICEF, UNOPS, WFP and WHO to cover 24 percent of the required budget to allow prompt delivery of support, while \$20.8 million still needs to be mobilized.

Opportunities and challenges

Opportunities

- The National Rural WASH Strategy (2017-2030) and the MSDP lay out key tasks that remain valid and even more important as part of a response to COVID-19. Actions within these documents need to be prioritized and accelerated.

Challenges

- Inequalities in WASH services and coverage.
- Ineffective and inadequate private sector engagement in WASH services and low investment in the WASH sector that make it difficult to reach both CERP and MSDP goals and targets for WASH and public health.
- Inadequate and poor maintenance of WASH facilities in quarantine sites and isolation centres.
- Recurrent droughts in the centre of the country, worsened by climate change.

Secure sustained learning for all children and adolescents, preferably in schools

Context

Before COVID-19, participation in formal education in Myanmar varied widely. For example, 85 percent of children and young adults (aged 5-29) in Mongkhet Township in Shan State never attended school compared to 4.77 percent in the Yangon Region and 28.78 percent in Shan State.¹⁰⁰ Key factors for these regional differences are mostly linked to students' economic background, remoteness, school density and the impact of conflict and displacement. National net enrolment rates for primary, lower secondary and upper secondary education were 97.9 percent, 67.6 percent and 42.3 percent, respectively. While at primary and lower secondary levels, there is only a marginal difference between boys' and girls' enrolment rate (Gender Parity Index at 0.95), the gap in dropout rate widens to a GPI of 0.6 in upper education (for every 100 boys dropping out, only 60 girls do).¹⁰¹

COVID-19 related, countrywide school closures, including of tertiary education, have coincided with the academic year holidays. Education institutions would normally reopen in June. The

¹⁰⁰ MIMU. "Vulnerability in Myanmar - A Secondary Data Review of Needs, Coverage and Gaps," Yangon, 2018.

¹⁰¹ Source: Department of Basic Education, 2020.

MoE has not been collecting data on the number of schools closed, the number of schools implementing distance learning or the number of dropouts. Neither has data been collected on initiatives of technical and vocational education and training institutions and higher education institutions. This administrative data, together with more comprehensive socio-economic data about student households and the impact on access to education will need to be collected once the new academic year starts and schools reopen. It will form the basis for informed programming decisions on incentives for students to return to school.

It is now unlikely that education institutions will reopen in June and disruptions throughout the upcoming school year and/or semester can be expected. Therefore, learning may need to shift from traditional classroom teaching to remote learning. This would create increased inequities among the most vulnerable groups of learners who face major obstacles in accessing teaching materials and communicating with their teachers. At the very least, households should have access to electricity and internet for their children to be able to benefit from distance learning but only half of the households in Myanmar have access to grid electricity (public or community) and the gap is significant between rural areas (33.8 percent) and urban areas (89 percent).¹⁰² Differences exist between states and regions too, with 81 percent of households in Yangon Region connected to the grid whereas only 19.5 percent are in the Ayeyarwady Region.¹⁰³ Furthermore, in 2017, the most recent year for which the International Telecommunication Union provides data on Myanmar, only 30 percent of the population were using the internet.¹⁰⁴ Any form of distance learning would have to be suitable for low-tech and no-tech environments. Quality, equity and management of education could be severely impacted if schools do not reopen. The lack of teaching materials and methods specific for distance education will decrease the quality of education, especially in certain subjects of tertiary education and technical and vocational education and training. Teaching from a distance, it will be hard for instructors to fairly assess learner progress and performance. The lack of established communication channels for the dissemination of information and student feedback, and of possibilities to collect data on education during COVID-19, complicates education management.

Furthermore, the main driver of school drop-out is linked to poverty and lack of livelihood opportunities in the student's household. This is particularly visible for the transition from primary to middle school as only 52 percent of children in the poorest households (lowest 20 percent consumption-wise) are enrolled in middle school compared with 77.4 percent of the wealthiest households (highest 20 percent).¹⁰⁵ Forty percent of school dropouts list affordability of schooling as the main reason for dropping out, followed by the need to work (25 percent).¹⁰⁶ Hence, the economic impact of COVID-19 on household income, and in particular on poor households drawing their main income from the most impacted economic sectors, may push at-risk children and youth out of the education system or make it harder for those outside the system to enter. COVID-19 related measures act as push factors for child labour, further increasing the risk of dropouts.

102 Central Statistical Organization. *Myanmar Living Conditions Survey 2017: Socio-Economic Analysis*, Ministry of Planning and Finance, UNDP and World Bank, 2019.

103 Ibid.

104 International Telecommunication Union (<https://www.itu.int/en/ITU-D/Statistics/Pages/stat/default.aspx>).

105 Myanmar Living Conditions Survey, 2017.

106 Ibid.

The interruption of additional services focused on schools (e.g. school feeding) would likewise impact students.

Strategic importance

It is crucial to reduce the educational gap experienced by learners during the COVID-19 crisis and to uphold positive trends in educational outcomes in Myanmar over the past decade, mostly by providing continuity of education along with additional incentives to keep children in school. Also, inequalities in access to quality education will be exacerbated by this crisis if specific attention is not given to areas experiencing lower educational access and attainment, leading in the future to even greater developmental outcome gaps between Myanmar's territories and social classes in the future.

Suggested policy measures and mitigation actions

On 11 May 2020, the Ministry of Education, with support from the United Nations, published a COVID-19 National Response and Recovery Plan for the Education Sector. Actions below are proposed to support the plan's implementation.

Short-term (0-6 months)

- Conduct analysis of the impact of COVID-19 on learning modalities, dropouts and education administration and disaggregate the data by gender and vulnerability.
- Design and provide back-to-school packages, including school meals, cash transfers and other interventions, to incentivize and support the return of vulnerable children, especially girls and children with disabilities (25,000 children in COVID-19 affected townships schools benefit from stipend support).
- Support government-funded school meal programmes as per the national strategic guideline that is being finalized through a multisectoral approach and which is consistent with COVID-19 health guidelines.
- Conduct communication and outreach efforts targeting parents and caregivers on the importance and benefits of continuous education, and targeting parents, caregivers, learners and instructors on measures taken to ensure safety in learning institutions.
- Create guidelines for school safety in times of a pandemic.
- Support the development of alternative modalities for learning, including distribution of learning kits in print to 80,000 children.
- Implement COVID-19 Recovery Training Programme for 250,000 education system personnel (teacher, facilitators and education officers) to facilitate learning and retain learning achievements in the current circumstances.
- Strengthen participation of 160,000 parents in Parent-Teacher Associations and school improvement efforts.
- Support 150,000 children and 2,000 teachers in ministry-recognized ethnic basic education schools.

Medium to long-term (6-18 months)

- Expand utilization of technology in teacher education.
- Expand the National School Feeding Programme using a multisectoral approach in line with

the MSDP, the Multi-sectoral National Plan of Action on Nutrition, NESP and NSPSP.

- Strengthen education sector systems for improved resilience to the impact of emergencies through the preparation of an Emergency Preparedness and Response Framework and multi-risk contingency plan.
- Improve and streamline the data collection capacity of the Ministry of Education during emergencies that can be integrated into the Education Management and Information System.

UN support to ensure continuity and quality of education during the COVID-19 crisis has a total budget of \$60.04 million (60 percent for school feeding), which is meant to complement government and HCT increased funding for the education sector. The United Nations has allocated existing funding from UNDP, UNESCO, UN-Habitat, UNHCR, UNICEF, WFP, WHO and the World Bank to cover 8 percent of the required budget to allow prompt delivery of support, while \$55.15 million still needs to be mobilized.

Opportunities and challenges

Opportunities

- Strong willingness of the MoE to respond quickly to the crisis by developing an Education COVID-19 Response and Recovery Plan and readiness to prepare for the longer-term, through an Emergency Preparedness and Response Framework.
- The COVID-19 plan will help improve access to education for communities that are excluded and strengthen cooperation and coordination between MoE and other education service providers, e.g. monastic schools and ethnic-based education providers, thus building back better.

Challenges

- Access to the most vulnerable communities, i.e. those affected by armed conflict, internally displaced, in remote areas and ethnic minorities, is becoming increasingly challenging due to movement restrictions.
- Education is not a key priority in the government's response plan (not mentioned in the CERP) and the MoE is currently not part of the various official crisis coordination committees at the union level.

Support the continuity of social services and access to shelters

Context

In Myanmar, risks and vulnerabilities are exacerbated by the current crisis for people already experiencing a high level of precarity. Insecure housing and high risks on physical integrity exist, especially for IDPs, residents in informal settlements and homeless children and adults, at the same time that social protection and housing services (unable to cover existing needs before the COVID-19 crisis) find themselves even more overstretched in their capacities to respond to a situation made more complex by the crisis. Deficiencies compound challenges facing protection of at-risk groups, such as inadequate policies and budgets, the current housing, land and property context, discrimination in accessing civil documentation and citizenship, protracted conflict and not-so-inclusive economic growth. The pandemic makes children more susceptible — especially

children in vulnerable situations (e.g. displaced, homeless, in care institutions, with disabilities) — to violence, exploitation and abuse, child labour, child marriage, risky migration, etc. The likelihood exists that child trafficking and exploitation will increase in the post-COVID-19 context.

Persons in need of civil documentation, such as the more than 100,000 returning migrant workers (since the start of the crisis), but also the general population who still need to register births for example, may find it more difficult to obtain necessary documentation as civil registry offices scale down their activities. Without proper documentation, they face challenges accessing necessary healthcare and social protection. Delays in registering children in household lists may have multiple negative consequences related to access to education, humanitarian aid and citizenship documentation. The situation of stateless populations facing discrimination in accessing full citizenship is bound to remain the same or worsen during this period.

Residents in informal settlements, who number half-a-million in Yangon alone, experience serious gaps in normal times in enjoying their basic rights (shelter, water, safety and security) and may face a worsening situation, especially with regard to risks of eviction given their highly insecure tenure status (53 percent of households in informal settlements feel at risk of eviction during the crisis)¹⁰⁷ and the unpracticality of key preventive measures in these settlements. Risks of being evicted during the COVID-19 crisis extends as well to low-income renters in formal settlements, renters in workers' accommodation including hostels and dormitories, encampments and low-income students in student accommodations.

The country's estimated one million homeless persons (two percent of the population) are punished by some of the measures taken for controlling the epidemics, such as the imposition of curfews, and may face eviction from places where they routinely access food, water and refuge. The 317,550¹⁰⁸ IDPs (of whom nearly 41 percent are in Rakhine State, the poorest state in the country) have been relying on humanitarian aid for years, as long-term solutions have yet to be achieved. With the COVID-19 crisis, displaced populations face even more restrictions in movement – in addition to the impact of discriminatory practices and lack of documentation, militarization and insecurity (conflict, landmines) – and insecurity for sustaining other basic needs. They are at greater risk of infection. Worryingly, an additional 64,558 people¹⁰⁹ have been displaced since the COVID-19 crisis started, following renewed fighting between the Arakan Army and Myanmar's Armed Forces. While IDPs remain serviced first and foremost through the humanitarian response, additional IDP protection needs will be provided through the UN-SERF, if and where needed.

Strategic importance

The continuity and enhanced performance and adequacy of social services (including for housing and resettlement) mandated for the protection of the most marginalized groups in Myanmar society throughout the COVID-19 crisis is essential to avoid that these vulnerable populations fall into greater precariousness, including higher exposure to infection risks, loss of shelter, abuse and becoming victims of trafficking, and to help them recover faster once the pandemic risk recedes.

107 UN-Habitat. "Rapid Assessment of Informal Settlements in Yangon: COVID-19 pandemic and its impact on residents of informal settlements," UN-Habitat, Country Office, Yangon, Myanmar, May 2020.

108 OCHA. "COVID-19 Addendum to the Myanmar 2020 Humanitarian Response Plans, April-June 2020," Yangon.

109 Ibid.

Suggested policy measures and mitigation actions

Several measures foreseen under this sub-pillar are part of the humanitarian response (e.g. MHPSS pathway, caseload management, protection monitoring, ID registrations) but will be reserved for settings and key populations not covered by the COVID-19 Addendum to the HRP. Actions in relation to fighting against violence against children are listed in the next sub-pillar.

Short-term (0-6 months)

- Conduct a series of analyses and assessments including on: (i) referral pathways, MHPSS 'nature of caseload' and case management, using administrative data; and (ii) protection services functionality (counselling and case management) mapping.
- Together with the General Administration Department, state and region health departments, relevant government ministries and CSOs, conduct protection assessments in quarantine facilities and provide hygiene and PPE items adopting a 'whole of community' approach.
- Conceive and start implementing a comprehensive policy on housing and COVID-19, including: (i) a declaration of a moratorium on all evictions to ensure that all residents, especially in informal settlements, remain housed at least until the end of the pandemic; (ii) the institution of an immediate rent freeze to ensure that residential rental prices are not increased during the response to the pandemic and for a specified time period after; (iii) negotiation of mortgage holidays for the period of the pandemic and a specified time period beyond for all forms of loans, including loans from microfinance institutions.
- Expand MHPSS helplines (introducing different languages) and remote capacity development and supervision for case managers.
- Create sufficient and adequate community isolation and quarantine facilities in informal settlements, including for returned migrant workers, foreseeing the possibility of outbreak in these settings.
- Upgrade shelters in Yangon for homeless persons by working with civil society organizations.

Medium to long-term (6-18 months)

Most of the actions foreseen for the immediate response phase will stay in place in Phase 2 – some will be completed during that time while others should become fully institutionalized in the Myanmar social protection service system. Other new actions that will be initiated after the initial emergency response phase is over are listed below.

- Produce a "State of Homelessness" report to comprehensively examine the extent, causes and solutions to homelessness in Myanmar's cities, starting in Yangon, followed by the development of an Addendum to the National Housing Policy and Strategy on a comprehensive policy on addressing homelessness.
- Conduct pilot case management via digital platforms and harmonize tools using tablets across governmental and non-governmental agencies.
- Share protection monitoring of IDPs, host communities and persons affected by conflict with recovery and development workstreams to analyse risks and vulnerabilities and coping mechanisms and to support durable solutions, plans and strategies.
- Engage with the government and stakeholders on ensuring that durable solutions for IDPs, implemented as part of the Strategic Plan for Resettling IDPs and Closing Temporary Camps, released by government in August 2019, consider the impact of and opportunities

resulting from COVID-19, such as access to NGCAs, freedom of movement, access to services, livelihoods and access to civil documentation, in line with international standards.

- Provide awareness-raising and/or technical support to stakeholders working on COVID-19 response around birth registration, civil documentation and citizenship so that groups at risk are aware of their rights, know where to seek legal assistance and can access documentation.

UN support to ensuring the continuity of social services and access to shelter during the COVID-19 crisis has a total budget of \$8.3 million, which is meant to complement government and HCT increased funding to the protection and shelter sector. The United Nations has allocated existing funding from UNDP, UNESCO, UN-Habitat, UNHCR, UNICEF, WFP, WHO and the World Bank to cover 1% percent of the required budget to allow prompt delivery of support, while \$8.2 million still needs to be mobilized.

Opportunities and challenges

Opportunities

- IDPs: The government's interest in durable solutions for IDPs is now affirmed with the Strategic Plan for Resettling IDPs and Closing Temporary Camps, even if concrete avenues need to be explored and clarified to engage the government and stakeholders. The ceasefire has been holding in certain areas and offered inroads to small scale solutions and resilience projects.
- Homelessness: The National Housing Policy and Strategy document and the National Urban Policy document have tackled the theme of "housing for all." Existing partnerships with the government, in particular with the Ministry of Construction, Yangon Regional Government and Yangon City Development Committee, can be leveraged for the COVID-19 response.

Challenges

- The legal context regarding citizenship, housing, land and property rights continues generating vulnerabilities for many groups. Implementation of laws is not sufficient and effective and the process of acquiring official documentation remains onerous for too many.
- Conflict and insecurity, fragile ceasefires and sporadic fighting are taking place in certain regions.
- Opportunities for durable solutions are limited for displaced persons (due to demining, housing, land and property rights, etc.); these solutions need greater community consultations.
- Given the prevailing COVID-19 restrictions, forging partnerships with new community organizations could be challenging.
- Conducting inter-ministerial policy and programming initiatives will be difficult in the current situation of reduced government activity, social distancing and insufficient technological capacities among government departments for remote working.

Support victims of gender-based violence and child abuse and violence against children

Context

According to the Myanmar Demographic and Health Survey 2015-16, 21 percent of ever married women (15-49 years old) have experienced intimate partner violence in their lifetime, of which 37 percent are survivors of physical injuries. However, only 22 percent of these women seek help, with only eight percent of girls aged 15-19 seeking help. Nearly a quarter of adolescents in relationships (either married or with a boyfriend/girlfriend) experience three or more controlling behaviours from their partner. One in 10 adults in an intimate relationship experience multiple controlling behaviours. It is likely that the situation has further exacerbated during the COVID-19 outbreak, though data currently available is limited. Anecdotal information from partner organizations that work with gender-based violence indicate that the number of calls to hotlines has doubled since the start of lockdown. Some partners report that fewer GBV cases are being referred as their outreach and group activities, which serve as entry points for GBV case disclosure, have been significantly reduced or suspended due to restrictions. According to the Global School Health Survey, Myanmar is the only country globally where the trend for school violence and bullying is increasing for both boys and girls.

Without a doubt in Myanmar, as in the rest of the world, women, girls, LGBTIQ+ and children are more vulnerable and at increased risk of gender-based violence, violence against children, child abuse and neglect during the COVID-19 outbreak. This is due to extended quarantines, curfews and other restrictions to freedom of movement, food shortages, combined with the fear, tension and stress related to COVID-19. GBV and VAC survivors face more difficulty regarding timely access to police, justice, health care and social protection services because of lockdown measures. This imposed isolation further exacerbates bottlenecks associated with disclosure and help-seeking behaviours. In addition, the services GBV and VAC survivors need are reduced and/or limited because resources are diverted to respond to the overall health crisis and service providers are restricted from providing their usual services due to control measures.

Furthermore, the pandemic exacerbates intersectional vulnerabilities for disadvantaged and marginalized women and girls, including migrants, IDPs, sex workers, those living with HIV, the homeless, children in care institutions and those with disabilities, and makes them more vulnerable to exploitation and abuse, forced marriage, child labour, risky migration, etc. Unsafe and irregular migration may lead to situations of trafficking and exploitation and may increase in the post-COVID-19 context.

Strategic importance

The COVID-19 context heightens the need to secure availability and accessibility of services for survivors of gender-based and violence against children. It is important to advocate with decision makers, service providers, including police, justice, health care, social workers and other law enforcement agencies, to mainstream gender and GBV into COVID-19 response and recovery efforts. Government agencies and related organizations working on social protection need to prioritize resources to respond to incidents of GBV and develop specific plans on how to respond to such incidents during and after the emergency. During the recovery period it will be equally

important to undertake prevention interventions that address the root causes of gender-based violence and violence against children and promote positive social norm changes. Building on these existing relationships and taking advantage of global tools for GBV and VAC prevention and response in the context of COVID-19,¹¹⁰ the United Nations is uniquely placed to provide rapid support which is taken seriously by government counterparts. The UNCT in Myanmar is in a good position to continue and further accelerate efforts to combat GBV by strengthening the national system, both regarding ownership and quality, in addition to meeting the immediate response needs. The UNCT will do so by keeping with its multi-sectoral approach, involving health, social, justice, security and safety actors.

Suggested policy measures and mitigation actions

Short-term (0-6 months)

- Collect data on GBV during the COVID-19 crisis, including by supporting capacity building of the Central Statistical Organization, Department of Social Welfare and Gender Equality Network to improve data collection, analysis and usage on violence against women, girls and LGBTIQ+, liaising with key criminal justice actors to receive feedback on the extent of GBV case backlogs, GBV-related arrests and other relevant information, and conducting a rapid survey on migrant women returnees and their reintegration challenges.
- Collect data on VAC, with a special focus on communities affected by migration and on perceptions of children and young people on safety in the time of COVID-19.
- Accelerate the adoption and/or implementation of critical legal, policy and administrative tools for fighting GBV and VAC, including: (i) the draft law for the Prevention and Protection of Violence against Women, after it has been aligned with international standards; (ii) the MoHS GBV Clinical Guidelines; (iii) the Department of Social Welfare Case Management SOPs and psycho-social support curriculum to ensure service availability and accessibility for GBV and VAC survivors; (iv) the bilateral SOPs on the management of cases and the repatriation and reintegration of victims of trafficking between Myanmar and Thailand; and (v) Child Protection Policy and costed end-Violence Against Children plan of action, rules and procedures to the Child Rights Law.
- Provide relevant information to frontline police officers to play an active role in preventing and responding to GBV incidents during the COVID-19 crisis.
- Strengthen GBV prevention and response system capacities by: (i) establishing a roster team and expanding the MHPSS helpline for GBV and VAC survivors; (ii) capacity-building and supervision of services providers and managers from various stakeholders both at national and sub-national level on GBV and child protection emergency response, remote case management, MHPSS, etc.; (iii) ensuring continuity of operations of safe houses for GBV survivors in Kachin, Kayah, Kayin and Northern Shan States; (vi) operating centres for women and girls to conduct GBV prevention, mitigation and response activities; (v) briefing police and other relevant personnel on COVID-19 and how issues such as self-isolation will continue to impact violence against women and girls so that frontline officers can respond to

110 Including: Advocacy Brief on COVID-19 Outbreak and Gender (March, 2020), Gender Implications of COVID-19 and Recommendations on Incorporating Gender in the Crisis Response across Humanitarian-Development-Peace Nexus in Myanmar (March, 2020, UN Women), Guidance note on GBV service provision in the time of COVID-19 (March 2020, Myanmar GBV sub-sector), Gender Guidelines for Quarantine Centres in Myanmar and Code of Conduct for staff working in the quarantine centres (April 2020, UN Women and UNFPA).

violence cases; and (vi) conducting information campaigns and awareness-raising activities to promote safe migration and reduce likelihood and risks of trafficking.

Medium to long-term (6-18 months)

- Continue to implement and strengthen the legal, policy and administrative contexts, including by: (i) implementing the PoVAW Law once enacted; (ii) strengthening the national coordination mechanism on GBV, including the Myanmar Police Force, the Union Attorney-General's Office, MoSWRR and MoHS; (iii) developing an inter-sectoral long-term governmental strategy on addressing GBV; (iv) rolling out the Essential Services Package through multi-sectoral response and coordination; (v) developing a holistic and inclusive strategy to ensure functioning of the justice system and equal access to fair, timely and effective justice services for GBV and VAC survivors; (vi) developing a social service workforce strengthening strategy and investment plan; and (vii) developing and implementing an anti-trafficking policy for the post-COVID-19 context.
- Intensify support to strengthen administrative data systems and data collection on GBV and VAC and generate violence against women data through a national household survey, including the impact of COVID-19 on violence against women.
- Conduct comprehensive GBV and VAC prevention and response programming, including: (i) promoting social norm change to address the root causes of GBV and VAC and to foster gender equality, especially through community mobilization and the engagement of men and boys; (ii) implementing resilience building activities (e.g. asset creation and training) for GBV and VAC survivors; (iii) strengthening protection, rehabilitation and reintegration measures and complaint mechanisms for trafficking survivors; (vi) supporting the Department of Social Welfare and national technical working groups to coordinate the implementation of the National Strategic Plan for the Advancement of Women (2013-2022).

Throughout all phases, UN agencies will continue to provide technical assistance to the Department of Social Welfare to fulfil its function and facilitate its coordination with state and regional governments, women's committees and CSOs to advocate and address issues of violence against women.

The UN support to support victims of GBV and abuse and violence against children during the COVID-19 crisis has a total budget of \$14.7 million, which is meant to complement government and HCT increased funding to fighting GBV and VAC. The United Nations has allocated existing funds from IOM, UNFPA, UNICEF, UNODC, UN Women and WFP for 38 percent of the required budget to allow prompt delivery of support, while another \$9.14 million still needs to be mobilized.

Opportunities and challenges

Opportunities

- The new child protection: the new Child Rights Law enacted in July 2019 offers a great opportunity to expand the state responsibility vis-à-vis protection of the most vulnerable children. Ongoing work on Rules and Procedures and Child Protection Policy provide an additional push for the government to make dedicated investments and strengthen the system for better protection. There is increasing recognition in the government of the need for inter-ministerial and cross-sectoral responses to child protection, especially those

who come into contact with the law. In terms of capacity, 260 case managers have been appointed by the Department of Social Welfare and the government has a longer-term plan of strengthening its social service workforce. The integrated case management SOPs (recognizing non-state case workers' roles), which are being finalized, will hasten the process. Finally, there is an opportunity to design Cash+ interventions linking child protection case management and social protection instruments.

- An active and wide network of civil society and women's organizations exists. The United Nations is already engaged with the Department of Social Welfare, MoHS, Myanmar Police Force and the Union Attorney General's Office at national and sub-national levels.

Challenges

- There is a lack of suitable GBV-related legal frameworks and relatively low priority placed on GBV and VAC issues, with limited resources allocated by the government.
- Long-term systematic support to frontline CSOs and women's organization is also lacking and the availability of accurate and relevant information related to GBV, especially GBV and criminal justice, is limited.
- The political context in terms of the upcoming election and consequent change in the government may pose another challenge.

4.3. Economic response and recovery: Protecting jobs, small and medium-sized enterprises and vulnerable workers in the informal economy

Context

Even though the COVID-19 pandemic is a public health crisis, preliminary analysis has highlighted unprecedented adverse and differentiated economic impacts. These impacts are transmitted through several channels on both the supply and demand side concurrently, in terms of business activity, employment and income, across sectors and business types (state-owned enterprises, large international and domestic firms, SMEs, own-account enterprises, daily wage workers) and population groups. The scale of these economic impacts and of the associated social impacts in terms of joblessness, livelihood disruption, poverty, food insecurity, tenure insecurity and reduced access to social and basic services, including in conflict conditions and on key vulnerable groups, states and regions, need further iterative assessments at regular intervals. The channels of transmission point to major compounded effects on the most vulnerable groups, including SMEs and informal workers.

Pillar 3: Economic Response and Recovery

Key results

1. Impact on vulnerable workers and households reduced.
2. Impact of COVID-19 crisis on MSMEs reduced and an MSME-inclusive recovery supported.

Total budget: \$91,918,000

- Funded: \$21,408,000 (23 percent)
- Unfunded: \$70,510,000 (77 percent)

Linkages

CERP	MSDP	UNSDCF
2.1	3.1, 3.2, 3.3	2.1, 2.2
3.1	3.5, 3.7	3.1, 3.2
5.1	4.5 5.1, 5.2	

SMEs in the formal and informal sector have been hit by the economic downturn. SMEs, which are a major contributor of economic activities and employment in Myanmar, have faced sudden demand reduction due to closures, loss of productive assets, operational restrictions and low consumer confidence and are concurrently struggling with supply-side issues due to disrupted supply chains. SMEs face a loss of skilled staff and COVID-19 transmission-related fears are leading to increased absenteeism and reduced productivity. Working capital and cash flow of entrepreneurs, including women, young entrepreneurs, and self-employed workers, has dried up due to reduced sales revenues which unless remedied may swiftly lead to future economic contractions and a slower pace of recovery. In March-April, Micro-Finance Institutions (MFIs) have reported delays in scheduled loan repayments from 10-15 percent of their four million low income clients and an overwhelming majority of them have reported difficulty in the upcoming loan servicing payments which may further impact future lending, particularly for agricultural operations.¹¹¹ Given the fact that social distancing and other containment public health measures are likely to be continued until an effective vaccine or cure is found, a key requirement for MSMEs is to ensure occupational and workplace health and safety. For some businesses, there may be an innovative shift and/or diversification to digital platforms, which can provide new opportunities – but this comes with a price tag that many may not be able to afford in a situation of interrupted cashflow and deficits.

Joblessness, especially among the most vulnerable groups, is on the rise. Preliminary estimates suggest that more than 60,000 garment sector workers have lost their jobs¹¹² due to closures of garment factories following demand-side and supply-side supply chain disruptions caused by COVID-19. A significant share of workers in the garment sector are women, comprising 88 percent of the more than 500,000 workers. Tourism jobs have also been lost, especially in urban areas and in tourism-heavy states and regions. For instance, three out of ten people in Yangon Region live in households with members deriving more than 50 percent of their income from tourism-related activities.¹¹³ In the informal economy, which provides a pittance for 80 percent of workers in Myanmar,¹¹⁴ the sectors most impacted by COVID-19 include wholesale and retail trade, manufacturing, accommodation, agriculture and food services, real estate, business and administrative services, transport, entertainment, construction, etc. Recent estimates predict that in 2020, Myanmar's economic downturn could destroy up to 500,000 non-farm jobs.¹¹⁵ The threat is high too for unemployment in the agricultural sector, which remains the biggest purveyor of jobs in the country,¹¹⁶ especially for landless households due to the labour-intensive nature of agriculture in Myanmar. The most immediate economic threat to rural areas posed by COVID-19 is the disruption of rural labour markets. Disruptions will mostly affect the ability of farm households to pay for hired labour (demand).

Women represent 60 percent of all workers in vulnerable employment¹¹⁷ and will be disproportionately hit by the job losses due to this crisis as they face structurally higher exposure

111 Opportunity Now (ONOW) in partnership with UNCDF Internal report, April, 2020.

112 <https://www.mmtimes.com/news/covid-19-leaves-over-60000-workers-jobless-myanmar.html>.

113 World Bank, 2020.

114 ILO, Overview of the Informal Economy, 2020.

115 IFPRI. "Assessing the Impacts of COVID-19 on Myanmar's Economy," Myanmar SSP Policy Note, May 2020.

116 More than 75 percent of Myanmar's population depends directly or indirectly on employment in the agricultural sector (World Bank, 2020).

117 [World Bank Databank](#), 2019. Accessed 10 May 2020.

to unemployment and underemployment in Myanmar (equivalent to four percent of the female labour force combined in January 2020 against three percent for men).¹¹⁸ Women are known to shoulder disproportionate amounts of unpaid care work which is likely to increase further. Youth, who like women face higher combined rates of unemployment and underemployment,¹¹⁹ will be another category hit hard, which could lead to potentially exploitative and hazardous working arrangements which may encompass children. Young people may have reduced access to Technical and Vocational Education and Training (TVET) due to extended school and training centre closures.

The poor and the near poor represent about 47 percent of households engaged in tourism, retail trade and allied activities.¹²⁰ Incomes of poor households tend to rely more on remittances from migrated family members than do households in other income classes. The same applies to rural households and women-headed households. From the estimated four million Myanmar migrants working abroad, 70 percent of whom work in Thailand, at least 60,000 (officially) but probably over 100,000 if unregistered returns are counted, have returned to Myanmar since March. Migration in both directions is likely to remain difficult for months because of travel restrictions, but also because of rising poverty and unemployment in traditional receiving countries (China, Malaysia and Thailand,). This reduction in remittances¹²¹ will add to the distress of vulnerable populations, especially where rural households depend on them for a large share of their income (38 to 54 percent in the Dry Zone, Mon State and Southern Shan State),¹²² and where households face a lack of social protection, savings, job opportunities and affordable credit. Lower remittances will exacerbate inequalities and lead to negative coping strategies which will be further aggravated in conflict and in natural disaster-prone areas, such as the Central Dry Zone, Chin, Kayin and Rakhine States.

Currently, in Myanmar, financial inclusion, despite recent rapid progress, remains low. The number of households with access to formal accounts are about 24 percent, whereas it reaches 52 percent for farmers and for 51 percent for self-employed individuals.¹²³ In the worst case, millions of people will be pushed into deeper poverty, food insecurity and malnutrition, especially women, displaced groups caught in conflict and communities facing rising climate change and natural disaster impacts. The poor may find it more difficult to resume economic activities once the restrictions end because of the changing nature of job opportunities requiring different skill sets and they may face worsening working conditions, particularly in the informal sector.

Strategic importance

The immediate response to cushion the impact of the shock needs to be targeted to vulnerable workers and women-headed households, including migrants. This can be accomplished through a mix of context-relevant, labour-intensive employment projects and cash for work and assets

118 [ILO Stats](#).

119 Equivalent to 7.2 percent of the 15-24 labour force combined in January 2020 against 3.4 percent for all 15+ labour force ([ILO Stats](#)).

120 World Bank, 2020.

121 World Bank says global drop in foreign remittances by 20 percent in 2020 compared to 2019 ([Press Release, April 2020](#)).

122 IFPRI. "Strengthening Smallholder Agriculture is Essential to Defend Food and Nutrition Security and Rural Livelihoods in Myanmar against the COVID-19 Threat Elements for a Proactive Response," April 2020.

123 www.uncdf.org/article/5612/myanmar-financial-inclusion-roadmap-20192023.

schemes, such as community infrastructure projects, labour-intensive industries (such as brick production), WASH programmes, vocational skills and training and wage subsidies. Agricultural lending to small and marginal farmers and loans to affected micro and small businesses need to be prioritized. Setting up transparent criteria for support and speed will be critical. Investments and access to productive assets have significant positive impacts on low-income households, providing additional incomes and resilience to future shocks. A majority of low-income households have reported challenges in servicing loan repayments impacting the ability of MFIs to continue agricultural lending. Stimulus packages should support the transition to a healthier, resource-efficient green and circular economy, founded on sustainable consumption and production patterns anchored to sustainable value chains. Necessary attention must be paid to identification, prioritization, prevention and suppression of corruption risks arising from those packages. A green and decent job focus, including workers' rights and women's empowerment principles, will draw environmental and social considerations into the economic recovery and create more competitive and sustainable sectors.

Suggested policy measures and mitigation actions

The proposed response plan for Pillar 3 is organized into two broad key results: (1) reducing the impact on vulnerable workers and households; and (2) reducing the impact on enterprises and entrepreneurs. Each key result is broken down into additional results and actions, further detailed in Annex 1. While actions are organized into short- and longer-term phases, it is expected that urgent measures and programmes initiated in Phase 1 will be maintained throughout Phase 2.

Result 1: Reduce impact on vulnerable workers and households

Short term (0-6 months)

- **Create employment opportunities and improve labour market functions for vulnerable workers, including migrant returnees.** Guarantee updated labour market information and trends on workforce impact for immediate targeted responses and for matching demand and supply of job opportunities to sectors, occupations and locations. This data will be necessary to direct efficient recovery policies and programming, including expanding labour market coverage to rural areas, migrants and businesses. Job opportunities should be created where demand is growing (such as the production, supply and distribution of PPE kits) and through labour-intensive investment programmes in basic productive infrastructure. Access to safe migration information and services will be expanded for migrants and their family members through government, CSO and labour organization support centres.
- **Enhance employability of vulnerable workers through targeted capacity-building.** Conduct mapping and analysis, ensure policy alignment and solidify partnerships to identify pathways to strengthen vocational training programmes for youth through counselling and e-learning, skills development for returning migrants, small holder farmers and value chain actors and training on digital and financial literacy, targeting female household heads and female returning migrants.
- **Protect productive assets, units and networks for vulnerable groups and reduce liability burden on households.** Support micro-finance institutions through assessment, technical support on loan restructuring, scheduling or even cancellation and provision of reimbursable cash grants to maintain liquidity and continue agricultural lending. Assist affected rural

communities through conditional food and cash transfer programmes designed to create productive assets and improve food security. Create wage subsidy arrangements with labour-intensive industry sectors. Create private sector-led and sustainable village shared service facilities for rural industries and basic needs of labour-intensive industries (e.g. brick production for construction companies, community-based infrastructure programmes, labour-intensive WASH programmes).

- **Ensure decent work and occupational health and safety for vulnerable groups through digital payments and policy support.** Starting with an assessment of the impact of COVID-19 on vulnerable employment and working conditions, including on forced and child labour, decent work will be promoted in cash-for-work schemes through advocating for gender-equal wages, by expanding the use of digital salary payments and implementing rights-based and gender-responsive capacity-building programmes in locally owned businesses, such as garment factories. The care economy¹²⁴ can be developed, female health and education workers supported and female career development and leadership in the sector promoted. The protection of fundamental labour rights, including freedom of association and the right to collective bargaining, and the prevention from forced and child labour and discrimination in respect to employment will be enhanced through support for policy development and implementation. Domestic and cross-border remittance receiving services can be digitized to increase remittance flows.
- **Provide immediate household level livelihood support to ease the burden on vulnerable households.** Conduct livelihoods assessments to ensure that livelihood support is combined with stimulated production and markets, as well as social assistance interventions. Provide targeted support to women-headed households, such as for home-gardening, cash-based programming and in-kind support for immediate livelihood recovery in COVID-19 affected households.

Medium to long-term (6-18 months)

- **Implement strategic measures to promote job creation and inclusive growth based on monitoring of long-term impacts of COVID-19 on vulnerable workers.** Design a comprehensive strategy and recovery investment plan for the improvement and sustainable development of basic rural productive and public infrastructure, agriculture sector development, labour-intensive industries and export-oriented industries, such as garment manufacturing. Integrate migration into the national, state and regional socio-economic recovery, skills development plans, employment promotion and entrepreneurship policies and programmes to support targeted poverty alleviation.

Result 2: Reduce impact on enterprises and entrepreneurs

Short term (0-6 months), medium and long-term (6-18 months)

- **Innovate and digitalize services for entrepreneurs.** Conduct rapid assessments on the socio-economic impact of COVID-19 on enterprises and entrepreneurs and their digital skills and needs to inform the development of a National Multisectoral Decoupling strategy that can steer recovery towards a transformational green and climate-resilient growth pathway

¹²⁴ Public services for childcare, early childhood education, disability, and long-term care, as well as elder care comprise the care economy. Care work is to be found in a variety of settings and across formal and informal economies.

facilitated by digital transformation and digital innovations. Strengthen sustainability-oriented investments and blended finance through public-private partnerships, digital products, services and skills development support (through on-line coaching and training). This will help enhance COVID-19 business responses and operational safety, business continuity management and e-commerce, especially in sectors such as tourism and food processing, digital financial services and digital payments for SMEs.

- **Promote women's economic empowerment.** Provide nascent women MSME entrepreneurs in vulnerable states and regions seed money and tool kits for initiation of small-scale businesses. Improve access of migrants and migrant-sending households to business development and financial services, e.g. SME loans.
- **Strengthen policies and financing for rural value chains.** Help recover production in agriculture, value chains, fisheries and livestock. Strengthen market connectivity in rural areas. Establish institutions and tools, such as market information centres, and boost safety and hygiene in production and processing facilities.

UN support to the economic response to the COVID-19 crisis and inclusive economic recovery has a total budget of \$91.9 million, which is meant to complement the government stimulus package and economic relief plan. The United Nations will use existing funds from FAO, ILO, IOM, UNCDF, UNDP, UNEP, UNODC, UNOPS and WFP for 23 percent of the required budget to allow prompt delivery of support, while \$70.5 million still needs to be mobilized.

Opportunities and challenges

Opportunities

- A strong government commitment exists to support affected populations for immediate recovery and sustainable livelihoods and rural development, coupled with a conducive government coordination structure for COVID-19.
- Potential new market and employment opportunities due to reduced demand for imported products, in greening of SMEs and women's economic empowerment and for building local infrastructure needs in primary healthcare, access to clean water, sanitation and hygiene.
- Changed to: Potential new market and employment opportunities due to reduced demand for imported products, to the necessary greening of SMEs and to responding to needs for increased and enhanced infrastructure for primary healthcare, access to clean water, sanitation and hygiene.
- Government and industry support for digital payments in garment factories.
- Integration of migration into adapted employment promotion, skills development and other socio-economic plans and programmes as part of the COVID-19 response.
- The strategic case for green growth pathways to strengthen economic resilience to second waves and future shocks is much stronger and widely understood.
- The need for labour mobility systems to support the rapid re-deployment of migrant workers offers the opportunity to establish migration channels that are cheaper, quicker and less complicated for migrants.

Yet health, education and social services overlap with other forms of paid and unpaid care that is given, for example, by family and community members often because there is a lack of access to quality services. Some governments may depend on women's and girls' unpaid work or underpaid domestic workers to deliver, or even replace, public services as they seek to limit the financial burden on the State (Source: [ILO](#)).

Challenges

- Severe data limitations on SMEs, the informal economy, unpaid care work and migrants' contributions to development.
- Operational challenges for SMEs in terms of demand, supply, operational restrictions and worker safety.
- Difficulties to engage in training for SMEs that involve face-to-face interaction.
- Financial sector currently not serving the needs of SMEs.
- Citizen knowledge on digital and financial technology is weak and digital infrastructure payments is insufficient. and insufficient digital infrastructure and capacity in government to fully support digital payments.
- High-level support is needed within ministries for mainstreaming migration into recovery plans.
- Gaps exist in coordination across government departments and ministries on private sector development and inclusive growth.
- The upcoming monsoon season causing additional damages to productive and transport infrastructure, restricting market access and mobile programming.
- Corruption might significantly increase due to the implementation of urgent relief procedures using a significant share of the national budget.
- Restrictions on worker mobility both internally and across borders.
- Increase in informality of employment due to closure of factories.
- Reduction in worker power to negotiate with employers on wages and working conditions due to large-scale unemployment and union-busting.

4.4. Macroeconomic response and multilateral collaboration

Context

Myanmar cannot escape the economic consequences of COVID-19. The economy, already facing numerous challenges related to the global economic downturn, now is impaired by measures taken domestically to tackle the pandemic, such as lockdowns and social distancing. The impact of the COVID-19 crisis will be higher in poor states and regions that lack adequate health and other infrastructure and services, such as Chin and Rakhine States (see Section 3).

The economy is impacted by both supply and demand shocks: a fall in trade in goods; reduced tourism; manufacturing supply chain disruptions; weaker domestic investment; and a decrease in consumption of goods, retail and

Pillar 4: Macroeconomic Response and Multilateral Collaboration

Key results

1. Multidimensional sustainability strengthened through macroeconomic response.
2. Multilateral and regional coordination, trade policy and connectivity strengthened.

Total budget: \$3,250,000

- Funded: \$260,000 (8 percent)
- Unfunded: \$2,990,000 (82 percent)

Linkages

CERP	MSDP	UNSDCF
1 to 7	2.1 to 2.5 3.1 to 3.6 5.5	1 to 4

transport services. While the full effect of COVID-19 on the economy is still unknown, the IMF and the World Bank estimate that Myanmar's growth will fall to between 1- 3 percent in FY2019/2020, with risks on the downside.¹²⁵ This represents a significant downward adjustment as compared with last year's forecast of 6.4 percent for FY2019/2020.¹²⁶ Other estimates range from -2.2 percent on the lower end to 4.2 percent on the higher end, depending on the assumptions in the models used. In the World Bank's baseline scenario, the negative impact of COVID-19 on GDP growth is expected to be short-lived, with growth levels recovering starting next year. The impact is expected to be most visible in the industry and service sectors, while agriculture could be hit by supply disruptions and credit shortages and recover more slowly (See Table 1).

Table 1: Estimates of COVID-19 impact on economic growth

Estimated GDP Growth (%)	FY 2018/2019 (actual)	FY 2019/2020 (forecast)		FY 2020/2021 (forecast)	
		Baseline	Slow Recovery	Baseline	Slow Recovery
World Bank*	6.3	3	2	6	4
Agriculture	3.1	2.8		3.5	
Industry	3	3		7.5	
Service	8.1	3.1		6.3	
ADB**		4.2		6.8	
IFPRI***		-0.5	-2.2		

Note: Myanmar's financial year runs from October – September. FY2019/2020 is October 2019 to September 2020.

** Source: World Bank, East Asia and the Pacific in the Time of COVID-19 – Regional Economic Update, April 2020. Note: GDP measured at constant factor prices. Baseline refers to a scenario where containment of the pandemic allows a sustained recovery of activity, initially in China followed by the rest of the world, and where sizable fiscal and monetary policy support measures prevents any lasting impact of the pandemic on global activity. Lower case refers to a scenario of a deeper contraction followed by a sluggish recovery.*

*** Source: Asian Development Bank, Asian Development Outlook (ADO) 2020: What Drives Innovation in Asia? April 2020. Note: Baseline refers to a situation where economies suffering serious outbreaks take three months to contain, with restrictive policies and behaviours ending shortly after and economic activity normalizing.*

**** Source: IFPRI, Assessing the Impacts of COVID-19 on Myanmar's Economy, May 2020. Note: The baseline scenario refers to a situation where restrictions are gradually eased over the summer, with all direct restrictions lifted by September 2020. Under the slow recovery scenario, restrictions will be eased more slowly and will continue through September 2020.*

Before the COVID-19 outbreak, Myanmar's goods trade grew sharply. In the first six months of FY2019/2020, goods trade was 18 percent higher compared to the same period the previous year, with exports up 16 percent and imports up 20 percent.¹²⁷ However, Myanmar's two biggest export markets, China (accounting for a third of Myanmar's trade, a fifth of foreign tourists and up to 15 percent of foreign direct investment) and Thailand have seen their economies hit

¹²⁵ IMF projects GDP growth at 1.8 percent for FY2019/2020.

¹²⁶ World Bank. *Myanmar Economic Monitor: Resilience Amidst Risks*, Yangon, December 2019.

¹²⁷ Ministry of Commerce, 2020.

hard and are projected to have their worst GDP performances in decades.¹²⁸ This has a direct impact on Myanmar's trade levels. In February, border closures caused cross-border trade to plummet. Agricultural exports, including rice, fruit, vegetables and livestock (representing 19 percent of total exports, or four percent of GDP), of which roughly half goes to China, went down significantly. Industry organizations estimate total losses for the FY 2019/2020 export season — for melons alone — to be about \$65 million.¹²⁹ Furthermore, in February, extended inspections of imported goods from China were introduced at the port. This caused significant delays and supply disruptions, leading to supply shortages in the garment industry, which negatively affected production levels.¹³⁰

However, a decline in demand was the hardest hit to garment exports. With the COVID-19 outbreak in Europe (70 percent of garment exports go to the European Union market¹³¹) all orders from the region were cancelled in March.¹³² Since the reopening of borders, cross-border trade has rebounded. While this indicates that trade losses were largely temporary, the garment industry is likely to continue to suffer as the demand from the European Union market continues to be low and trade costs are likely to remain higher. The trade deficit in FY2018/2019 was about three percent of GDP;¹³³ in FY2019/2020 it has grown sharply. The trade deficit in the first seven months of the financial year (October-April) was \$1.2 billion, up 84 percent compared to the same period in FY2018/2019.¹³⁴ This may be explained by the increased volume of imports due to higher demand resulting from an 8.8 percent appreciation of the MMK against the US dollar in FY2019/2020. The trade deficit is likely to widen further because of COVID-19, mainly because lower international oil and gas prices will lead to lower gas export receipts.¹³⁵ A higher trade deficit has a negative effect on the foreign exchange reserve.

Tourism has been hard hit by lockdown and travel restrictions. On 1 April 2020, all commercial flights to Myanmar were suspended, which caused tourism to practically stop. This is likely to have a significant impact on the economy. Direct tourism revenues are estimated to account for 2.7 percent of GDP, but the combined earnings from hotels, restaurants and transport activities, which are partly supported by tourism, are much higher, at 16 percent of GDP.¹³⁶ Tourism revenue is estimated to be down 50 percent in 2020.¹³⁷

Foreign Direct Investment (FDI) inflows at the end of 2019 showed signs of recovery, following record low FDI in 2018. Prospects for further growth in 2020 are, however, inhibited by a poor

128 The World Bank has downgraded its 2020 growth estimate for China from 5.9 percent to 2.3 percent and expects Thailand's economy to contract by three percent in 2020 in their baseline scenario. Source: [East Asia and the Pacific in the Time of COVID-19 – Regional Economic Update](#), April 2020.

129 IFPRI. *Assessing the Impacts of COVID-19 on Myanmar's Economy*, May 2020. There were approximately 150,000 melons farmers in Myanmar in 2019, fall in export revenue for this product will therefore have a large impact on livelihoods.

130 Ninety percent of raw materials for the sector are imported from China.

131 EuroCham. <https://www.eurocham-myanmar.org/uploads/af71b-garment-guide-2020.pdf>, 2020.

132 *Myanmar Times*. "More woes for Myanmar garment industry as EU cancels orders." 29 March 2020.

133 IMF. "Myanmar: 2019 Article IV Consultation-Press Release; Staff Report; and Statement by the Executive Director for Myanmar," 2020.

134 \$651 million October-April FY2018/2019. Source: Ministry of Commerce.

135 Myanmar gas exports accounts for roughly 25 percent of total exports and four percent of GDP.

136 Ministry of Commerce, 2019.

137 Ministry of Hotels and Tourism, 2020.

business environment¹³⁸ and Myanmar-specific country risks, in particular insecurity in border areas, violence and forced displacement of refugees in Rakhine State, uncertainty from legal proceedings in international courts and general elections slated for the last quarter of 2020.¹³⁹ With the COVID-19 crisis, a decrease in FDI from last year is now inevitable, as foreign investors move away from high risk markets and multinational corporations halt their operations. The effect of the latter is visible in the garment industry, where about 50 percent of registered garment firms are fully or partially foreign owned. A high number of garment factories have suspended operations. If garment exports continue to deteriorate it is likely to have a particularly negative impact on raising FDI.

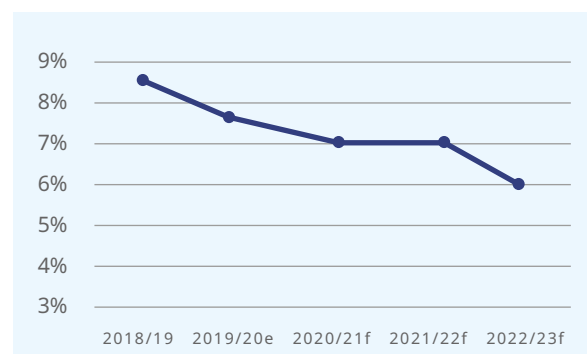
The pandemic will also significantly curtail remittances from migrant workers. Myanmar has approximately four million international migrants, one of the highest population shares in Asia. In 2017, the International Growth Centre estimated the annual value of remittances from legal migrants to be about USD \$3.5 billion (about 5.5 percent of GDP).¹⁴⁰

Myanmar's lack of deep integration with global supply chains should imply that its domestic consumption will be less hard hit relative to its more export-oriented regional peers. Nevertheless, for a country still classified as least developed, any changes in domestic consumption, even if small, can have a dire impact on livelihoods and poverty levels, adding to the effects of reduced economic activity and declining remittances, as discussed in [Section 1](#) and [Pillar 3](#).

Taken together, the current account deficit is likely to widen in 2020 as a result of an increase in the trade deficit and lower levels of income from remittances. This will put a strain on the foreign exchange reserves, which before the pandemic amounted to about 3.5 months of prospective imports.¹⁴¹ If foreign investment inflows are not sufficient to cover Myanmar's external financing requirements, this could cause a balance of payment problems.

In an unprecedented move the Central Bank of Myanmar cut its interest rate in three stages in March and April to seven percent. These were the first rate cuts since 2012. While this is meant to encourage, banks may still be reluctant to lend due to uncertainties. In addition, high-levels of non-performing loans were assessed by the IMF as a key risk to financial sector stability before the COVID-19 outbreak. These risks are now being amplified as non-performing loans are expected to rise. About a third of the value of private bank outstanding credit is in loans to the service sector and local stores and shops,¹⁴² which are likely to be significantly hit by the COVID-19 outbreak.

**Figure 6: Inflation
(Consumer Price Index)**



Source: World Bank (2020). *East Asia and the Pacific in the Time of COVID-19 — Regional Economic Update*.

138 Myanmar's Ease-of-Doing-Business Index value for 2018 is 44.7/100, placing it 171 out of 190 countries.

139 World Bank. *Myanmar Economic Monitor: Resilience Amidst Risks*, Yangon, December 2019: World Bank Group, December 2019.

140 IMF, 2020

141 Ibid.

142 Ibid.

Despite the 8.8 percent appreciation of the MMK against the US dollar in the current fiscal year, it remains relatively weak against the US dollar in comparison to its regional peers. Aggressive interest rate cuts implemented by the United States Federal Reserve since late 2019 (which have kept the US dollar weak in relative terms) are likely to help prevent a depreciation of the MMK throughout 2020.

Myanmar's economy is likely to continue to suffer from high levels of inflation (8.5 percent in FY2018/2019). However, the pandemic may help to bring inflation levels down slightly as lower oil and gas prices and the slowdown in economic activity will exert a downward pressure on consumer prices. The World Bank estimates that inflation will be brought down to about 7.5 percent in FY2019/2020. This is still at a high level and is caused by the upward inflationary pressures resulting from a scale-up in pandemic-induced lowering of interest rates, the government's increased fiscal spending and temporary spikes in retail food prices due to rumor-induced panic buying (See Figure 6).

Before the COVID-19 outbreak, Myanmar's public finances were in a relatively good state. In FY2018/2019, the fiscal deficit was about 3.9 percent of GDP and general government gross debt was 41.2 percent of GDP¹⁴³ which led the IMF to assess Myanmar to be at a low level of external debt distress. However, in the wake of the pandemic, as economic activity decelerates, the government's budget is likely to be hard hit. In particular, the falling price of natural gas and lower income and commercial tax revenues are likely to drive the fiscal deficit up. Additional fiscal pressure will come from the increase in spending that the government has committed to in its COVID-19 Economic Relief Plan (CERP), which was released at the end of April (with a price tag of \$2-3 billion). The government's strategy for financing the CERP includes relocation of the domestic budget from government entities to a COVID-19 Fund and improved budget flexibility, increased access to development finance from IFIs and bilateral donors. The authorities have requested emergency lending from the IMF under the Rapid Credit Facility/Rapid Financing Instrument. The World Bank has approved an emergency loan of \$50 million and the authorities are in discussions with the World Bank and the Asian Development Bank for additional resources. The government is participating in the G20 Debt Service Suspension Initiative to defer the payment of principal and interest and use of the debt relief savings will be monitored by the IMF and the World Bank to ensure their effectiveness.

The CERP response measures related to macroeconomics and multilateral collaboration are centred around five measures, as described below.

- 1) Monetary stimulus:** including lower interest rates, lower minimum reserve requirements for banks, credit auctions, higher CBM financing of the fiscal deficit and temporarily reduced treasury bond auctions. These measures should help stimulate lending but could at the same time increase vulnerabilities in an already weak financial sector. Key risks include reduced resilience of banks, increase in non-performing loans with associated negative impact on confidence in financial stability and excessive monetary impact with risks to the exchange rate.
- 2) Measures aimed at promoting increased investments:** including fast-tracked investment administration and procurement processes. Increased investments spending will support continued GDP growth, however increased flexibility in investment processes will at the same

143 Ibid.

time bring enhanced risks in terms of environmental, social and economic sustainability – especially if the government does not privilege mobilizing investments that support a transition to more sustainable development and the social sectors. Furthermore, given the limited fiscal space, the government should ensure that investments in infrastructure do not crowd out much-needed investments in social sectors.

- 3) **Measures to promote international trade**, including increased access to trade financing, facilitation of import processes through more expedited processes and waived import and export licensing requirements. There is a significant risk that these trade facilitation measures will lead to an increase in illicit and illegal trade, which is a huge problem in Myanmar (according to UNCTAD it is valued at about \$6.8 billion annually; the Myanmar National Risk Assessment for Money Laundering estimated the total value of domestic proceeds of crime at \$15 billion annually – more than 20 percent of its GDP).¹⁴⁴ It will therefore be imperative for the government to implement these measures in a way that ensures that the measures are only extended to products approved by Myanmar’s Food and Drug Administration.
- 4) **Measures to ease the impact on private sector firms**, including increased availability of low-cost loans, credit guarantees, tax deferrals and tax credits, lease payment exemptions and cash and advisory support to smallholder farmers. In addition, steps to promote the use of mobile payments and e-commerce are being rolled-out.
- 5) **Measures to limit the social impact**, including measures to ease the impact on workers (extension of healthcare benefits to formally employed workers and employment generating projects for laid-off workers and returning migrants) and measures to ease the impact on households (e.g. exemptions in electricity tariffs, unconditional cash transfers and increased flexibility in terms of interest and mortgage payments).

Given the limited fiscal space and scarce resources, it will be key for the government to ensure that tax cuts and benefits (both to firms, workers and households) reach those most in need and are not misdirected. This will require availability of robust disaggregated impact analysis that differentiates impacts across gender, geographic area and population group.

Suggested policy measures

There is an opportunity to mobilize funding for investments in underfunded social sectors, including health, care services and social protection, and to direct investment financing towards projects that will strengthen environmental resilience, including renewable energy and new technology. Furthermore, the pandemic presents a unique opportunity to identify and address underlying institutional vulnerabilities, including in the public administration, business and financial sectors. It brings opportunities to strengthen regional cooperation around trade, supply chains and environmental commons.

In responding to the pandemic, the government can design measures and stimulus packages that contribute to economic transformation and greater sustainability, as described below.

¹⁴⁴ Asia/Pacific Group on Money Laundering, [Anti-money laundering and counter-terrorist financing measures - Myanmar, Third Round Mutual Evaluation Report](#), Sydney, 2018, p. 18.

- **Ensure sufficient fiscal space to finance the CERP and additional emerging needs in the recovery phase.** Focus on negotiating debt moratoriums from major international creditors to create additional fiscal space, while at the same time limiting losses from domestic tax revenue sources. Ensure that economic relief measures are timebound and carefully directed toward those most in need.
- **Design stimulus actions that are gender- and rights-sensitive.** Design and implement measures that do not aggravate existing inequalities, including gender inequalities. To achieve this, resources need to be allocated specifically towards sectors in which women work (including the garment industry, agriculture and the informal sector). A national gender coordination mechanism could help promote gender mainstreaming in the COVID-19 response. In addition, resources need to be specifically targeted to less developed states and regions.
- **Ensure that public investments contribute to economic transformation and greater environmental sustainability.** Noting that strengthening environmental, climate and linked social resilience will be crucial to avoid recurring waves of COVID-19 and future pandemics, it will be important to manage enhanced investment risks in terms of environmental, social and economic sustainability, resulting from increased flexibility in regulatory procedures relating to investments. Use the investment momentum and create the right incentives to mobilize investments that support a transition to more sustainable development and not in activities that cause environmental degradation and negative social outcomes.
- **Protect the livelihoods of those outside formal employment and social security schemes.** Special attention is needed to ensure sufficient support to workers in the informal employment and unpaid labour sectors, especially in the agriculture sector, a majority of which are women, as well as to households relying on remittances. This will require careful targeting of cash and in-kind transfers to the most vulnerable households.
- **Suggest policy advice measures to support the government to attract increased investment.** As the FDI will decline significantly because of the crisis, the government needs to create an environment for an increase in investment to enhance sustainable economic growth. Using expansionary fiscal and monetary policies during the post-COVID-19 crisis is necessary to enhance investment.
- **Safeguard measures to curtail illicit and illegal trade.** Ensure that measures aimed at promoting international trade do not lead to an increase in illicit and illegal trade by ensuring that trade facilitation measures are only extended to FDA-approved products and that integrity incentives for border control and customs officials are strengthened.
- **Utilize multilateral and regional cooperation, trade, connectivity and environmental mechanisms.** The government can make use of regional trade cooperation mechanisms to harmonize trade measures and improve logistics and transport costs. Monetary policy should be coordinated through regional financial institutions to avoid negative spillover effects from one country's policies onto its neighbour's economy. Furthermore, cooperation to strengthen environmental resilience will be crucial to avoid future pandemics, with opportunities to leverage current SDG and Paris Agreement financing mechanisms and existing regional and multilateral collaborations and agreements.
- **Strengthen systems and improve the fundamentals.** A medium-term priority is to address the underlying vulnerabilities exposed by COVID-19. This includes: pursuing the path of value addition and structural diversification; improving financial management, including tax administration to improve revenue collection; strengthen the business regulatory

environment to attract more private sector investments; balancing trade facilitation with trade security; strengthening safety nets; and addressing underlying financial sector vulnerabilities.

Suggested programmatic actions

Short-term (0-6 months)

- Conduct comprehensive impact assessments at the household level and undertake context-specific socio-economic impact analyses of the crisis and ensure prompt public sharing of data on lead indicators to inform a macroeconomic response that is gender responsive and “leaves no one behind.”
- Provide technical assistance in the design, implementation and monitoring and evaluation of support schemes to protect firms, workers and households, with a specific emphasis on reaching women and vulnerable groups.
- Provide technical support and capacity building on gender mainstreaming in stimulus and economic recovery packages.
- Provide technical assistance to ensure integrity in public investment projects that deliver social and environmental benefits, utilizing options that enhance sustainable economic growth.
- Conduct research and analysis to inform greener and more efficient supply chain solutions in the garment and agriculture sector.
- Leverage private sector partnerships and existing initiatives to mobilize and align financing to the SDGs under COVID-19 priorities.
- Support data gathering and regional cooperation on illicit trade to ensure that trade facilitation measures does not enable the illicit and illegal economy.
- Provide convening support to facilitate dialogue between governments, IFIs, development partners, private sector and other stakeholders around financing and debt management, with a view to find sustainable financing solutions for the response.

Medium to long-term (6-18 months)

- Support government participation in regional, south-south and triangular cooperation with a view to facilitating experience sharing on socially and environmentally sustainable COVID-19 recovery.
- Support institutional development to address underlying vulnerabilities exposed through COVID-19, including in financial management and tax administration, private sector development, social protection and the financial sector.
- Support regulatory reforms to improve the business environment and increase investments.

UN support to the macroeconomic response and regional cooperation to recovery from the COVID-19 crisis has a total budget of \$3.25 million, which is meant to complement the government stimulus package and economic relief plan. The United Nations has allocated existing funds from ESCAP, ILO, UNCDF, UNCTAD, UNEP, UNIDO, UNODC and the World Bank for 8 percent of the required budget to allow prompt delivery of support, while \$2.99 million still needs to be mobilized.

Opportunities and challenges

Opportunities

- Strong government commitment exists to respond to the crisis and protect businesses and households from the negative impacts of COVID-19.
- Emerging signs of economic recovery in China, and an associated rebound in trade, and a gradual easing of restrictions in Europe may help speed up recovery.
- Aggressive interest rate cuts in the US support exchange rate stability and may prevent capital outflow.
- Prudent fiscal discipline in recent years mitigates the adverse impact on government finances.

Challenges

- Limited fiscal space may lead to an inadequate response.
- Weak capacity of the government to implement and deliver timely and accountable economic relief measures to those most in need exists, including weak capacity for targeting and lack of access to people in rural and ethnic minority areas.
- Lack of flexibility in the public finance management system, at central and local levels, may prevent efficient absorption of new financial inflows, reallocation of existing resources and rapid disbursement.
- Weak capacity exists to address the enhanced risks associated with the relaxation of investment and trade regulations and procedures.

4.5. Social cohesion and community resilience

Context

The multiplicity of sub-national conflicts in Myanmar, some of which date back nearly 70 years, means the outbreak of the COVID-19 pandemic is spreading amid a context of multiple human rights and gender-based violations and armed conflict and displacement, placing an additional burden on a vulnerable, traumatized and fragmented population in hard to reach rural areas and urban informal settlements and towns.

Myanmar remains traversed by divisive forces as politicized ethnicity represents a powerful driver, pitting social groups against each other as well as against the government. Presently, the country is experiencing several armed conflicts. In the west in Chin and Rakhine States conflict is taking place between the military and the Arakan Army (this conflict re-escalated in late 2018, triggering displacement of nearly 70,000 people) and in the northeast in Kachin

Pillar 5: Social Cohesion and Community Resilience

Key results

1. Inclusive social dialogue, advocacy and political engagement fostered.
2. Community resilience, participation and equitable service delivery promoted.
3. Democratic governance, fundamental freedoms and the rule of law preserved

Total budget: \$46,614,000

- Funded: \$17,199,000 (37 percent)
- Unfunded: \$29,145,000 (63 percent)

Linkages

CERP	MSDP	UNSDCF
2.1	1.1 to 1.5,	1.1
3.1	3.1, 3.2	2.3
4.1	4.1 to 4.5	3.3
6.1	5.2	4.3

and Northern Shan States on the border with China, fighting has continued unabated for years. Sporadic low-level hostilities continue to affect southeastern states (Kayah and Kayin States). While the National Ceasefire Agreement includes a provision (Article 25) for “interim arrangements” aimed at promoting cooperation between EAOs and the government in areas under the sole authority of the EAOs or under mixed authority to provide services to all people, this provision remains largely unimplemented. Hence, communities affected by fighting are most at risk during a local-level COVID-19 outbreak. As demonstrated in the MIMU/HARP [Vulnerability Mapping](#), the approximately 118 conflict-affected townships in Myanmar¹⁴⁵ experience more deprivation in key human development dimensions than other townships in the country.

With Myanmar’s long-standing conflicts, the pandemic may provide a cover for both an increase in fighting and **restrictions in civil liberties**. In Chin and Rakhine States, the internet was shut down and phone use constrained until recently, leaving the general population with little awareness about the pandemic.¹⁴⁶ As in other parts of Myanmar, restricted information¹⁴⁷ and mobility during the lockdown, combined with mass unemployment, provide the conditions for increased GBV cases, evictions, unlawful detentions and land grabs. Freedom of expression is a particular area of concern; the number of lawsuits filed against journalists, artists and human rights defenders has risen in recent months making it more unsafe to criticize, openly discuss or attempt to raise awareness about the response to the COVID-19 pandemic.¹⁴⁸ At the same time, in Myanmar as in many countries, the pandemic has been accompanied by 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. This has led to an increase in hate speech and disinformation against certain groups (e.g. medical workers, religious minorities and migrant workers)¹⁴⁹ adding to existing stigma and discrimination.

The **democratic transition** in Myanmar since 2010 (with elected administrators in 14,000 village tracts and wards) has brought opportunities for greater citizen participation in local governance. Given the risk of further restrictions in civil liberties during the COVID-19 crisis, it is vital to protect these democratic gains by supporting the role of village tract and ward administrators as a critical interface between people and the government and ensure that local administrations consult with people on their needs and aspirations for the recovery, thereby fomenting a more trust-based state-society relationship and community resilience. Furthermore, at the end of 2020, the country should be heading towards a general election (pending an improvement of the epidemic situation) to fill over 1,100 parliamentary seats in the national and 14 in the state and regional legislative bodies. Social distancing measures could complicate legitimate political campaigning and civic dialogue activities in the run-up to the elections. Elected representatives have a critical role to play across response and recovery. Members of Parliament (MPs) bring the voices of their constituents related to their experiences of the COVID-19 pandemic into the public debate and to decision-makers; they also an essential leadership role at the local level during this difficult time. MPs also have a crucial role in ensuring transparent spending of public funds and accountability

145 Non-official count of conflict-affected townships taken from: Asia Foundation, *The Contested Areas of Myanmar: Subnational Conflict, Aid and Development*, San Francisco, 2017.

146 Human Rights Watch. [Myanmar: Civilians Caught in Surge of Fighting](#), 4 March 2020.

147 Myanmar authorities have issued three directives between 19 - 31 March 2020 to block a total of 2,147 websites under Section 77 of the Telecommunications Law.

148 Committee to Protect Journalists. [“Myanmar news editor sentenced to 2 years in jail over COVID-19 report,”](#) 22 May 2020.

149 Frontier Myanmar. [“Patients, medical workers battle discrimination as well as disease,”](#) 4 May 2020.

of government over its handling of the crisis, and in incorporating lessons learned into charting the longer-term development pathway of the country, in particular for increasing community resilience against future shocks.

Considering that Myanmar ranks 130 out of 180 countries and territories in 2019 on Transparency International's [Corruption Perceptions Index](#), the pandemic provides fertile ground for **corruption** to flourish. Emergencies present opportunities for corrupt actors to take advantage of the situation for private gain while additional public resources and development aid are being directed to the crisis response. 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. Additionally, 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.

Finally, the COVID-19 pandemic will exacerbate Myanmar's extreme vulnerability to multiple **climatic and natural disasters** (see [Section 2](#)) and the devastating impacts these can have on livelihoods and household assets. Communities in both rural and urban settings often have a limited understanding and knowledge of different risks related to multiple hazards that they may be exposed to vis-à-vis basic norms of COVID-19 prevention, like social distancing and proper hygiene. As disaster risk preparedness and response-related infrastructure is limited, it is essential to promote multiple use and integration of COVID-19 compliance with disaster response, such as installing hand washing stations in cyclone shelters. Disaster management entities have limited capacities to enforce relevant measures to prepare for and respond to multiple risks and mainstream disaster risk considerations in short- and medium-term recovery actions. Risk-informed recovery needs to be prioritized to achieve a truly sustainable recovery. Essential to address both old and new challenges is reinforcing the role communities play in identifying their own needs and finding sustainable solutions.

The contextual factors analyzed above play out in communities that will face significant stress as a result of the crisis on a scarce and competitive labour market, with large-scale lay offs in the most affected sectors and the return of tens of thousands of migrant workers. In urban areas, informal settlements and slums may suffer disproportionately from this crisis due to their 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. Risks of **social upheaval**, especially in the most vulnerable communities, as the stresses of the COVID-19 crisis fully hit Myanmar's economy should not be discounted.

A risk of surge in **organized crime** also exists, including illegal trafficking and cybercrime. Emerging evidence suggests that individuals and criminal groups are exploiting the pandemic by capitalizing on opportunities to expand their illegal operations through a variety of means. With national authorities focused on coping with the COVID-19 outbreak, there are more operating spaces for traffickers (drugs, people, wildlife, medicine, etc.). The increased importation of COVID-19 related equipment such as medicines and PPE provides a myriad of opportunities for criminal groups to "piggyback" on legitimate movement of goods to transport illicit goods, including drugs. With a substantial unmet demand for PPE and uncertainty regarding treatment,

criminals and criminal organizations may try to benefit by engaging in the selling of medicines and equipment, which can be fake or of substandard quality putting consumers at severe health risk. Furthermore, home-based working has increased the potential cybercrime victim pool and exposes firms too, as their tele-commuting staff use personal computers to conduct work projects inadvertently exposing their corporate IT systems to cybercriminals. In addition, 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. Finally, it is expected that wildlife trading will increase during this pandemic, especially when criminals and criminal groups are able to undertake transactions with the buyer from the comfort of their home using various online platforms.

Strategic importance

The socio-economic response to COVID-19 must take full consideration of the serious threats the crisis casts on social cohesion and community resilience in the country – even more so, as cohesion and resilience already face several other sources of strain and have been severely damaged in different parts and communities. The democratic gains achieved in the country over the past decade should not be lost to this crisis. Anchoring the socio-economic response in a well-tailored social dialogue and political engagement, grounded on fundamental freedoms and rights (non-discrimination, equality, principle of do no harm, peaceful assembly, freedom of association, the right to collective bargaining, freedom of expression, press freedom, gender equality, the inclusion of women, ethnic and religious minorities, among others) will go a long way in mitigating the nefarious impacts of the crisis and maximizing chances of a recovery process that delivers a more cohesive and resilient society and country. The United Nations can help the national, state and regional governments and township administrations to coordinate an inclusive COVID-19 response.

Suggested policy measures and mitigation actions

Achieving a COVID-19 response that reinforces social cohesion and community resilience requires joint efforts to build effective upstream and downstream mechanisms that address immediate resilience engines and infrastructure, while simultaneously dealing with the “software” – dialogue, policies and regulatory frameworks. The end goal is to underpin the socio-economic and political response to this crisis with trust and respect between individuals, groups, the state and society; a milieu likewise required to end decades of conflict and marginalization in Myanmar.

The response plan pursues three key results: 1) inclusive social dialogue, advocacy and political engagement conducted; 2) community resilience, participation and equitable service delivery promoted; 3) democratic governance, fundamental freedoms and the rule of law preserved. Many actions proposed to start in the first phase (0-6 months) will in fact run throughout the 18 months of the response and recovery period. The community-based actions listed below will be delivered in locations where other support (through Pillar 2 or 3 and through the humanitarian response) is not available.

Inclusive social dialogue, advocacy and political engagement fostered

Short term (0-6 months)

- Track trends in social cohesion levels using the planned joint government/United Nations household surveys studying the COVID-19 socio-economic impact and crowdsourcing from specific audiences through social media (e.g. youth, women, ethnic minorities, etc.). This rapid scoping effort will help design the more elaborate SCORE assessment in Phase 2 (see below).
- Promote access to reliable and gender-responsive information on COVID-19, social cohesion and community empowerment through: (i) developing an online module on media and information literacy for COVID-19 for teacher education colleges; (ii) convening governmental, civil society, key population organizations and networks and community-based stakeholders to support equitable delivery of life-saving services and community empowerment in the context of the COVID-19; (iii) disseminating clear and accurate information on COVID-19; (iv) advocating for human rights and gender and safety in the time of COVID-19.
- Support MPs in conducting inclusive and gender-responsive constituency work around the response and recovery, and for effectively representing people, especially women and the most vulnerable, that are impacted by the crisis
- Support advocacy campaigns fighting against disinformation, misinformation, hate and discrimination towards people and communities unjustly associated with COVID-19 transmission in Myanmar.

Medium to long-term (6-18 months)

- Pilot a Social Cohesion and Reconciliation (SCORE) Index assessment in Kachin and Rakhine States.
- Establish youth, peace and security coalitions, modelled on the [Global Coalition](#), to bring together the themes of youth resilience and social cohesion during and after COVID-19.
- Strengthen the capacity of youth mediators inside these coalitions, to support their participation in peacebuilding processes during and post COVID-19, including in and around IDP camps and communities with returned migrant workers. The role of youth mediators is supported globally by UNSCR 2250 on Youth, Peace and Security.
- Assist MPs and parliamentary staff at the union and sub-national levels to enhance Parliaments' role in: (i) conducting oversight of government policy and budgets related to COVID-19 (e.g. parliamentary inquiries); (ii) conducting inclusive law-making to overcome the crisis and recover, and in particular for building stronger resilience of the Myanmar society against future shocks.
- Provide support as needed to joint government/EAO/civil society efforts to deepen resilient and equitable service delivery in mixed administration and NGCAs, building upon the principles of the National Ceasefire Agreement and the work of the Committee for Coordinating and Cooperating with EAOs for the Prevention, Control and Treatment of COVID-19.

Community resilience, participation and equitable service delivery

Short term (0-6 months)

- Repurpose existing United Nations community-based resilience programmes to respond to the negative impact of COVID-19 on community cohesion and resilience through: (i) local media engagement and Information, Education and Communication (IEC) activities; (ii) the provision of PPE and medical care and supplies; (iii) training of first-line MHPSS and Psychological First Aid responders, for the benefit of both older persons and caregivers; (iv) advocacy to facilitate access to life-saving education, social protection services, health, nutrition, dignity kits, WASH and health micro-insurance to children, women, the elderly and vulnerable families.
- Implement community-based Quick Impact Projects in areas where inter-group tensions may arise due to disinformation on the circulation of the epidemic (over 18 months).
- Analyse climate change and natural disaster risk levels for communities most vulnerable to COVID-19 socio-economic impacts to heighten their disaster preparedness and inform all aspects of the socio-economic response.
- Work with specialized firms in developing user-friendly risk information dissemination through digital innovations bringing together community engagement and social networks.
- Conduct Rapid Urban Health Security Assessments for secondary and tertiary cities with a focus on reducing health risks linked to congestion, lack of basic infrastructure and inappropriate housing.
- Revise disaster response protocols and SOPs (including for evacuation and shelter management) to make them COVID-19 proof and more gender-responsive and build capacities of local officials and communities in risk-prone townships.
- Review the upcoming 2020/2021 state and region annual plans and budgets to be aligned with national response and recovery plans and packages.
- Strengthen multi-stakeholder preparedness (communities, CSOs, township administrations, members of parliament) to respond to natural disasters with due consideration for COVID-19 prevention. This includes supporting operations and capacities of Township Disaster Management Committees and expanding community-based disaster risk management initiatives in COVID-19 risk-prone townships for enhancing community engagement and early warning systems, with due consideration for women's engagement at all levels of governance.
- Build capacities of village tract and ward administrators to better perform their roles as critical links between government and communities to build resilience to and recover from the epidemic and other hazards.

Medium to long-term (6-18 months)

- Support participatory community-driven recovery for selected highly vulnerable local communities that can promote a smooth humanitarian-development transition, including, if possible, through the establishment of local recovery funds.
- Support community-driven development interventions in Rakhine State that focus on common infrastructure used by co-existing communities to buttress social cohesion.
- Pilot informal urban settlement upgrading and basic services improvement and selective resettlement projects.

- Build capacities of key union, state and regional government crisis recovery committees and officials on sustainable and resilient disaster and pandemic recovery so that disaster resilience can be mainstreamed into all sectorial recovery strategies and programmes.
- Promote and build capacities for participatory township planning for inclusive COVID-19 response and recovery.

Democratic governance, fundamental freedoms and the rule of law preserved

Short term (0-6 months)

- Through phone surveys, monitor the occurrence of opportunistic evictions and land grabs from small farmers, loss of inheritance for women, housing evictions in informal urban settlements, human rights impacts on business activity under the cover of COVID-19 restrictions and arbitrary detentions.
- Analyse trends in organized crime linked to opportunities provided by the COVID-19 context.
- Implement information campaigns through various media, and in a variety of languages, against human rights violations revealed through monitoring (see above).
- Advocate to end restrictions on access to information, particularly in conflict-affected locations.
- Implement information campaigns (including MPs) against disinformation, hate speech, stigma and discrimination towards people and communities associated with COVID-19 transmission in Myanmar.
- Conduct media and communications campaigns to tackle corruption risks related to the pandemic.
- Advocate for decongestion of prisons and places of detention through alternative sentencing to incarceration, keeping the courts system open and releasing detainees for minor and bailable offences.
- Support the government and the Myanmar Police Force to address a possible surge in drug trafficking and organized crime caused by less effective border controls and law and order institution operations and by the increased number of individuals who have lost their main source of livelihood and will be looking for coping strategies of any kind during the COVID-19 crisis.
- Support the Union Elections Commission in ensuring the safety and transparency of the electoral process through procurement of electoral ink (with biocide), adapting polling procedures and building capacities of the UEC staff for more transparency in handling candidate nominations and managing election results, so as to reduce risks of community grievances and electoral violence.
- Support women's participation in all electoral processes, as candidates and voters, including for local elections (village tract and ward administrations).

Medium to long-term (6-18 months)

- Create a contingency fund for legal defence for journalists, labour activists, human rights defenders, artists and CSOs against lawsuits filed in relation to COVID-19.
- Strengthen institutions committed to transparency, accountability and openness to identify and mitigate corruption risks during the crisis (e.g. strengthen internal and external

oversight and audit capacity and corruption risk assessment mechanisms, enhanced public procurement systems, supply chain management, digital services, complaint handling, use of mobile apps/digital platforms to monitor services, etc.)

- Foster civil society's participation and critical role in providing oversight in relation to anti-corruption efforts.
- Advocate for increased resources and attention to be given by law enforcement agencies to control border areas and counter evolving strategies of organized crime groups to expand their illicit activities.
- Enhance enforcement of relevant laws related to the regulation of the wildlife trade, focusing on high-risk species in terms of zoonoses, including by building capacity to regulate markets involving live animals, improving conditions along supply chains through health and safety enforcement, sanitation improvements and regular animal health checks.
- Strengthen national capacities to implement international conventions relating to zoonotic risks, particularly those relating to the sustainable use and management of wildlife and protection against habitat degradation and loss (Convention on International Trade in Endangered Species of Wild Fauna and Flora, Convention on Biological Diversity, Convention on Migratory Species).

UN support to maintaining social cohesion and buttressing community resilience during the COVID-19 crisis has a total budget of \$46.61 million, which is meant to complement the government and humanitarian response. The UN has allocated existing funds from FAO, ILO, IOM, UN Habitat, UNAIDS, UNCDF, UNDP, UNEP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UNOPS, UN Women and WFP for 37 percent of the required budget to allow prompt delivery of support while \$29.14 million still needs to be mobilized.

Opportunities and challenges

Opportunities

- COVID-19 provides an opportunity to strengthening social cohesion, rule of law and democratic local governance through deepening United Nations engagement with key state and non-state actors. These include the Ministry of State Counsellor's Office, the Department of Union Peace Formation, the Myanmar Human Rights Commission, the General Administration Department, Myanmar Police Force, Union Attorney-General's Office, DUHD, MoALI, MoHS, MoLIP, MoSWRR, Yangon City Development Committee, the armed forces, EAOs and state and regional governments. The United Nations will work across the fault lines and strengthen trust between conflict parties through established mechanisms.
- Developing a comprehensive response to COVID-19 provides a unique opportunity for greater bipartite and tripartite social dialogue at sectoral level, like the garment and tourism sectors, to build consensus on policy response in the immediate and longer terms.
- The government initiative to create a four-member committee to coordinate with EAOs to effectively prevent, contain and treat COVID-19 in EAO-controlled areas signals a readiness to deepen engagement with EAOs on service delivery and could open the door for longer-term and more strategic handling of the implementation of the National Ceasefire Agreement's mixed administration arrangements.

Challenges

- The underlying reticence of the government and EAOs to engage with the United Nations on certain human rights violations occasioned by state and non-state actors can affect the goal of ensuring a human rights and gender based response to the COVID-19 crisis, the only kind that can maintain and deepen social cohesion.
- Lack of access to certain areas due to deterioration of the security situation and governmental restrictions (as seen currently in parts of Chin and Rakhine States), poses a major challenge for a successful response, be it for assessing needs or delivering support. Disaster-affected areas can become out of reach. Reaching out to new target areas without existing community networks will likely cause a delay in the response.
- Social distancing measures, including lockdown and quarantine in some areas, reduce the space for civic engagement and could inhibit community-led initiatives.
- The capacity of the Central Statistical Organization to rapidly deploy a household survey that covers many topics related to the COVID-19 impact could be tested to its limit. Furthermore, past experiences have shown reticence from the national and state governments to partner with the United Nations on assessing vulnerabilities and human rights in locations considered sensitive (conflict-affected, mixed administration).

5. DELIVERING THE UNITED NATIONS RESPONSE



5.1. Programmatic approaches and linkages

The approaches adopted by the UNCT in Myanmar for guiding implementation of its UNDAF 2018-2022 are relevant to the UN-SERF, as were the guiding UNDAF principles used in its design — leave no one behind, human rights and gender equality, sustainable development and resilience and accountability.

The humanitarian – development nexus

The UN response to the COVID-19 crisis, in Myanmar, as with the rest of the world, is to focus on a rapid expansion of responses to the pandemic's socio-economic impact, while simultaneously delivering humanitarian and health interventions as an integrated, coherent emergency package. All three responses are necessary to save lives now and in the future. The United Nations recognizes that a nexus between humanitarian and development work, including operational synergies, has never been more relevant and the need for humanitarian and development collaboration and coherence has never been more acute. Linkages across the humanitarian-development-peace nexus are already strong in the MSDP, which promotes conflict-sensitive socio-economic development across all regions and states with the understanding that peace and development go hand-in-hand. This nexus is also raised in the UNDAF.

The Myanmar context for the COVID-19 response strongly lends itself to a joint approach as some of the groups most vulnerable to the socio-economic impact of the crisis are also part of the humanitarian response caseload (IDPs, stateless populations, conflict-affected communities, disaster-affected communities, returning migrants). A joint approach also adopts a focus on women, children, people with disabilities, PLHIV, the elderly and LGBTIQ+ persons among these groups.¹⁵⁰ The COVID-19 Addendum to the HRP focuses primarily on four areas (Chin, Kachin, Kayin and Rakhine States), which are likewise priority areas for the UN-SERF as they concentrate a large share of the country's vulnerable populations (see [Vulnerability Mapping](#)). In these states, as estimated by the HCT, 900,681 people have acute humanitarian and COVID-19 vulnerabilities. Long-term structural causes of their humanitarian needs are related to their under-development and development differential with the rest of the country, which drive the logic for including them in the proposed socio-economic response recovery actions in the UN-SERF. The humanitarian caseload includes victims of potential upcoming natural disasters in 2020, especially during the monsoon season.

In locations sitting at the humanitarian-development nexus, the United Nations, and the broader humanitarian and development community in Myanmar, will strive to deliver a flexible blend of immediate humanitarian (non-health), health and socio-economic emergency assistance, as well as longer-term recovery support. Linkages will be particularly strong in the areas of immunization, sexual and reproductive health, mental health and psychosocial support, social protection and GBV, nutrition and food security, WASH, education and shelter, which are covered in both the COVID-19 HRP Addendum and in Pillar 1, 2 and 5 of the UN-SERF. In these areas, the UN-SERF will provide emergency support only in non-humanitarian settings. Through Pillar 3, the United Nations will provide livelihoods and economic early recovery support to all vulnerable

¹⁵⁰ OCHA. [Myanmar Humanitarian Response Plan 2020](#). Yangon, December 2019.

groups, both in non-humanitarian and in humanitarian settings (IDP camps, stateless persons communities, conflict and disaster-affected communities) as such activities are not foreseen in the humanitarian response.

The UN-SERF will target the needs of migrant workers after they have been released from quarantine facilities (where they are part of the humanitarian caseload), unless their final place of return is a humanitarian setting (IDP camp, IDP-hosting community, conflict-affected community). The UN-SERF will support the implementation of durable solutions for IDPs staying in camps. UN-SERF responses involve community-level interventions as well as targeted policy and institutional support towards the groups facing multiple vulnerabilities, with the goal of increasing their resilience to the conflict and/or disaster-related crisis context they were already facing and to the unfolding public health and socio-economic crises. In nexus locations, coherence in the combined UN responses will be under the oversight of the Resident Coordinator/ Humanitarian Coordinator. Such coherence will be facilitated by the fact that eight of the 19 UN agencies delivering the UN-SERF are also delivering the COVID-19 humanitarian response.¹⁵¹

From an operational perspective, the UN socio-economic response will use established humanitarian delivery channels to expand support. One of these tools with great potential for the UN-SERF are multi-purpose cash transfers. In 2019, more than 300,000 crisis-affected people were targeted with humanitarian cash transfers valued at approximately \$10.5 million.¹⁵² In 2020, the HCT planned to increase cash programming using manual or digital payments because it provided more flexibility in the humanitarian response and is a means of bridging humanitarian and development work. Cash payments also strengthen linkages with the government's work creating a shock-responsive social protection system and social welfare programming, including maternal and child cash transfer (MCCT) and pension programmes. The COVID-19 context accentuates the rationale for such an approach and calls for an extension of direct cash support to other vulnerable groups whom, if not provided with assistance, may fall into the humanitarian caseload, such as landless farmers, small-holding farmers, micro and small entrepreneurs, informal sector workers, etc. be it through unconditional or conditional cash transfers, cash-for-work or business grants.

With movement restrictions, the UNCT will make full use of existing adaptive and remote assessment, programming and monitoring and evaluation modalities used in humanitarian operations in Myanmar (e.g. phone-based assessments, digital beneficiary feedback systems, third party monitoring, satellite imagery and GPS tracking) and has budgeted for them accordingly in the UN-SERF. Finally, given the emergency situation, all UN entities in Myanmar, including pooled fund administrators, will accelerate efforts to implement fast-track procedures for all elements of their operational chain.

Operational tools and platforms specific to Rakhine State, given the peculiar operational context prevailing there, will be mobilized for the delivery of the UN-SERF. This includes: (i) the Rakhine Coordination Group, chaired by the UN Senior Advisor and that brings together UN agencies, international non-governmental organizations and other development partners operating in the State and across the humanitarian, human rights, development and peacebuilding fora;

¹⁵¹ IOM, FAO, UNDP, UNFPA, UNHCR, UNICEF, WFP and WHO.

¹⁵² Ibid.

and (ii) the Communications with Communities Working Group, chaired by the Protection Sector Coordinator in Sittwe, which facilitates a collective approach on risk communication, community engagement and community feedback.

Capacity development

Through its SERF, the United Nations in Myanmar remains highly committed to the pledge made in the UNDAF to invest heavily in strengthening national capacity, be it in national, state, regional and township administrations, civil society, private sector or communities. The COVID-19 crisis remains a challenge for strong centralized Myanmar institutions that have now to deliver multidimensional support to affected populations in a rapid, flexible and demand-driven (and not just supply-driven) manner. Civil society is likewise challenged to participate effectively in realizing the rights of vulnerable groups most affected in their social and economic livelihoods and for the private sector to recover from a crisis the magnitude of which it has never experienced before. While the UN-SERF will build upon past capacity development experience, it will have to go further in 'nationalizing' capacity development expertise, mobilizing low and high-tech digital and other technical solutions to deliver capacity development in a context of social distancing, and prioritize task-oriented training and mentoring as the emergency situation calls for building capacities that can be put immediately into use by recipients. Thus, certain on-going capacity development programmes managed by UN agencies that are oriented towards longer-term institutional transformations may have to be repurposed or put on hold to free up human and financial resources to meet immediate crisis-related capacity development needs.

Policy coherence

The policy coherence of the UN-SERF stems from the global Framework on which it is built and from the inter-agency design process that led to it. Nineteen participating agencies engaged in designing the thematic pillars, ensuring congruence in problem analysis approaches, goals and actions between all five pillars. Policy coherence of the UN-SERF also stems from the fact that it is closely aligned with both the MSDP and the UNDSF, for the development perspective, and with the government's CERP, for the immediate impact mitigation perspective.

Risk-based programming

The main risk bearing on the UN-SERF is a lack of visibility of the key variables guiding the severity of the COVID-19 crisis in Myanmar. How deep (i.e. number of cases and victims) and how wide (i.e. number of infected communities) will the virus spread in the country? How quickly and how strongly will the regional and global economic recovery happen? Both these variables have a profound impact on Myanmar's socio-economic downturn and recovery process. The UN-SERF is based on a middle-ground scenario in terms of macroeconomic and microeconomic impact on the country, based on a predicted GDP growth of 1-2 percent compared to the previous year (see Section 1), but should a worst-case scenario prevail, some of the actions recommended under the UN-SERF may lose relevance or become insufficient in scope and new needs may appear calling for additional actions and funds while the government's own response capacity may be dampened by an even more reduced fiscal space.

The risk of the continuation and intensifying of the armed conflict (as noticed currently in Rakhine State), together with human rights challenges, inter-communal tensions and the risk of dwindling social cohesion in vulnerable communities will put more pressure on the UNCT to find ways to flexibly provide SERF assistance in and around vulnerable areas. Political tensions and insecurity that could stem from the 2020 elections in different parts of the country may affect response and recovery policies, budget allocations and UN delivery capacities. All these factors may affect investment flows, both domestic and international, including development assistance.

Climatic and disaster risks have been incorporated in the UN-SERF and communities more exposed to such risks are prioritized in the response. The risk of an increase in the intensity, frequency and spread of natural disasters and climate change in 2020, compared to an average year, and also in 2021 during the recovery period, would compound vulnerabilities to the socio-economic impact of the COVID-19 crisis over a much larger population and could overwhelm both the government and UN response.

Finally, an organizational risk not to be neglected would be insufficient cohesion and coordination among UNCT Myanmar stakeholders in support of the UN-SERF goals and targets, including through joint assessments and joint policy and programme support to the government and people of Myanmar.

As emphasized in the global Framework, response risks must be taken in the context of this global crisis as otherwise the response might well miss its goal. Response should be managed by making full use of United Nations entity-specific and joint risk management tools and by speeding up the sharing of information on what works and what does not. To mitigate risks identified for Myanmar, the Resident Coordinator will maintain strong oversight over UN-SERF implementation as this office carries responsibilities for the humanitarian-development-peace nexus. The Resident Coordinator will see that the full range of tools for early warning, conflict prevention and protection of human rights are mobilized during the delivery of the UN-SERF and that it is regularly updated based on contextual evolutions.

In keeping with the regular practices of the UNCT Myanmar, programming interventions planned in the SERF follow a 'do-no-harm' principle and are conflict sensitive in design and implementation. The UNCT has moved one step higher into crisis mode since the COVID-19 pandemic started in the region, and then in Myanmar, and its level of preparedness and emergency contingency planning to respond effectively to new risks is higher than normal. UNCT members have made investments to enable business continuity and a coordinated approach, despite an operational context profoundly modified by the COVID-19 response measures. Finally, to make sure that the UN-SERF stays on track and aligned with needs, a regular high-level dialogue with government and other stakeholders on critical issues and UN-SERF implementation should enhance UN effectiveness in dealing with programme risks.

Results focused

The UN-SERF comes with a results-based action plan as shown in Annex 2, with indicators to measure progress in relation to the more specific response elements supported by the UNCT. Evidence-based monitoring of progress will reinforce advocacy for longer-term SDG-based recovery and resource allocations.

Partnerships

The government has subtitled its COVID-19 Economic Relief Plan “Overcoming as One” reckoning that given the sheer magnitude and complexity of the impact, relief from the pandemic cannot be accomplished alone. The government relief plan calls for a collective response bringing together the public and private sector, civil society, communities and regional and international partners. While it is not yet clear if the coordination of the crisis response “as one” will mobilize the same institutional arrangements established for regular development work (Sector Coordination Groups, the Development Assistance Coordination Unit) or new ones, the government’s strong will for a collective response by a coalition of concerned actors bodes well for rapidly mobilizing existing UN partnerships, or starting new ones, with government agencies to operationalize the UN-SERF.

The United Nations will mobilize its full range of partnerships with communities, civil society and the private sector in Myanmar and abroad, including the Global Compact and the Union of Myanmar Federation of Chambers of Commerce and Industry, in support of the UN-SERF. Existing and tested partnerships will be (re)activated to implement the UN response and new ones forged under the imperatives of quick response, human rights and gender equality and dynamic risk management.

The UN-SERF has been developed in close collaboration with the IFIs in Myanmar, in particular the International Monetary Fund and the World Bank, and its implementation will be closely coordinated with these institutions. This will ensure that the activities foreseen in this Framework reinforce and complement the financial and technical support provided by the IFIs. Specifically, the UN agencies will partner with the IFIs around impact assessments, analysis and policy support.

5.2. Impact and needs assessments

Conducting comprehensive impact assessments at the household level and undertaking context-specific socio-economic impact analyses of the COVID-19 crisis is paramount to help inform the design, targeting and implementation of the various response measures aimed at easing the impact on the economy, on workers and on households. Socio-economic impact assessments should allow for disaggregated analysis of the impacts across economic sectors, gender, age ranges, locations and key population groups.

Because time is the essence and because the COVID-19 crisis is still unfolding in the country, the UN-SERF programming process is based for now mostly on qualitative modelling of the anticipated impact, as actual impact data is still limited, for example to a few trade indicators and anecdotal qualitative evidence on household-level impacts. Mainly, the UNCT and IFIs used existing knowledge and statistical data based on the country’s economic and human development situation prior to the pandemic, and in particular data from the Myanmar Living Conditions Survey conducted in 2017, the 2014 census data and administrative data up to 2018 (Myanmar Statistical Yearbook 2018). A few recent macroeconomic and labour market analyses (by the ADB, the IMF and the World Bank) and small-scale household assessments on specific topics and regions (e.g. informal settlements in Yangon) have been exploited for the programming process. By the middle of 2020, a more up-to-date set of demographic and development data is expected from the Inter-

Census Survey completed in 2019-2020 by the Central Statistical Organization, MoLIP and UNFPA. This data will be used to update the baseline against which to measure COVID-19 impacts.

Given the crucial importance of basing the UN response on actual developments on the ground, some of the first actions recommended as part of the UN-SERF in each pillar are rapid assessments, surveys, studies using phone or internet-based household surveys and administrative data. These assessments are meant to help better understand the channels of transmission from the health to the socio-economic crisis, the range and severity of impact and, most importantly, to identify more precisely the groups that are suffering the most, be it from increased poverty, lower access to basic rights, increased exposure to other risks, social marginalization and stigma or, in some cases, physical and mental abuse.

In the five thematic pillars, the following topics have been prioritized for assessment (in the next six months) and, for some, for regular monitoring throughout the crisis period. Regular monitoring helps identify to what extent some of the responses implemented could aggravate or reduce inequalities and grievances.

- Maternal and newborn health
- Urban health security
- Public financial flows in the health sector
- Medical waste management practices
- Food security, nutrition status by sex, age, setting (rural/urban)
- Livelihoods (rural/urban)
- Household income
- Food market functionality
- Food and other essential item prices
- WASH needs in vulnerable locations (healthcare facilities, quarantine centres, schools, informal settlements, IDP camps).
- School closures and educational impact
- Homelessness
- Protection needs, including for children 14 to 16 vulnerable to child labour
- Situation of older persons
- Illicit trade, including wildlife
- Human rights violations, including GBV, VAC, migrant rights, land grabs, evictions, right of association, freedom of expression, etc.
- Situation of female migrant returnees
- Labour market
- Migrants' contribution to national development
- Micro-finance institutions: safety, soundness and loan restructuring needs
- Financial inclusion
- Women's economic empowerment
- Industrial relations
- Working conditions of vulnerable workers
- MSMEs: cashflow, workforce, business continuity, use of digital services
- Value chain analyses (impacted sectors and promising post-COVID-19 sectors)
- E-payment
- Social cohesion

To prevent overwhelming businesses, households and survey-implementing partners with too many qualitative and/or quantitative assessments that would be sectoral and single-issue for most, the UNCT is adopting a joint approach to data collection. Hence, the UNCT proposes to collaborate with the Central Statistical Organization, the World Bank and key sectoral ministries to organize rapid joint surveys (see the list below) that support the shared objectives of the government and UN response plans.

1. Rapid household socio-economic surveys: It will identify the range and severity of differentiated impacts, including on livelihoods, incomes, food security, social cohesion, etc. for key vulnerable groups and in key states and regions. The World Bank will assist the Central Statistical Organization to conduct such a mass survey through automated telephonic data collection, while UNDP will work with the Central Statistical Organization to deepen the survey on key vulnerable groups and locations.
2. Rapid MSME impact survey: It will take place across key sectors, states and regions.
3. Rapid service provider survey: Surveys for health centres, schools, universities, employment offices, specialized social protection centres, etc. with the aim of monitoring how these providers cope with and adapt to the crisis impacts.
4. Demographic and Health Survey: Planned for 2021, this survey will provide precious insight into the impact of the crisis on health outcomes.

Other more specialized and more detailed surveys and assessments will take place to fill in information gaps on the crisis impact. An Assessment Working Group has been formed within the UNCT to coordinate and consolidate the list of planned survey and assessment initiatives by the United Nations, IFIs and implementing partners. The [MIMU Assessment/Publication Dashboard](#) provides real-time monitoring of completed survey and assessments since March 2020, hence assumingly providing data that can be exploited to understand and measure the COVID-19 crisis impact on a number of development and humanitarian needs and outcomes.

The UNCT will support the Central Statistical Organization set up the COVID-19 Crisis Monitoring Dashboard. It will systematically track and disseminate lead indicators and data flowing from the different surveys and assessments conducted on COVID-19 impacts, including on prices, trade, agriculture, employment, industry and tourism.

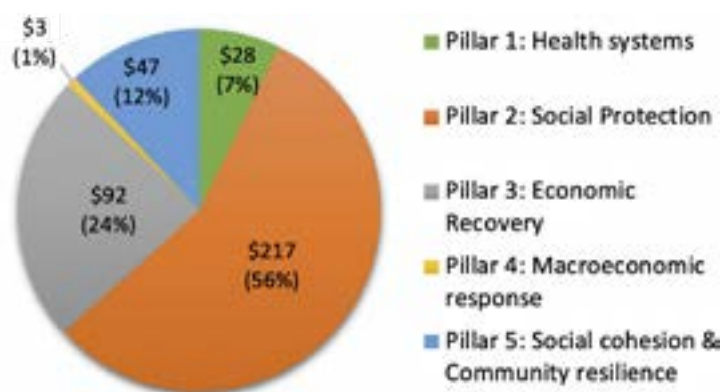
As per UN practice – and along principles adopted for the UN-SERF – data collection will be human-rights based, where the participation of vulnerable groups and others is actively solicited and facilitated and data is disaggregated in line with prohibited grounds of discrimination under international human rights law, such as age, sex, migratory status, health status, socio-economic status, place of residence and other factors as nationally relevant.

As the UN-SERF will cover the end of the current UNDAF cycle (2018-2022), the surge in assessment and analyses triggered by the COVID-19 crisis will be of great value to prepare the next UN Common Country Assessment and initiate the preparation of the next UNDAF (2023 – 2027).

5.3. Programming budget

UN agencies in Myanmar, in consultation with the government, have started (and will continue and accelerate) repurposing their programmatic portfolios after assessing which interventions and partnerships can be re-oriented and/or scaled up to support the government's CERP and UN-SERF. This is done in a manner that allows for an immediate response, while keeping sight of long-term sustainable development priorities and tackling the needs of the most vulnerable. New programming to support recovery is explored but only where in-house capacity is available and funding can be secured in a reasonable amount of time, so that implementation can begin within the timeframe of this response (18 months).

Figure 7: UN-SERF Budget by pillar (in \$ million)



The UN-SERF programming and budget estimates provide a total cost of nearly \$387 million across the five pillars, with 28 million (7 percent) dedicated for pillar 1: Health Systems, 217 million (56 percent) for pillar 2: Social Protection, 92 million (24 percent) for pillar 3: Economic Recovery, 3 million (1 percent) for pillar 4: Macroeconomic response and 47 million (12 percent) for pillar 5: Social cohesion and community resilience.

Figure 8: Budget availability (in \$ million)

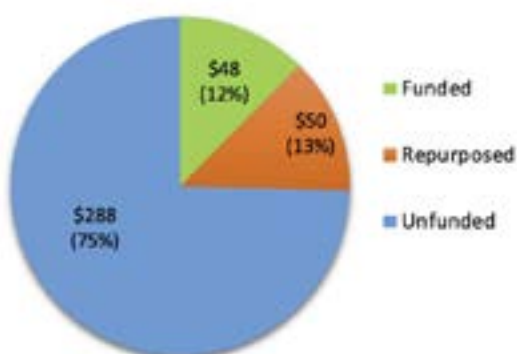
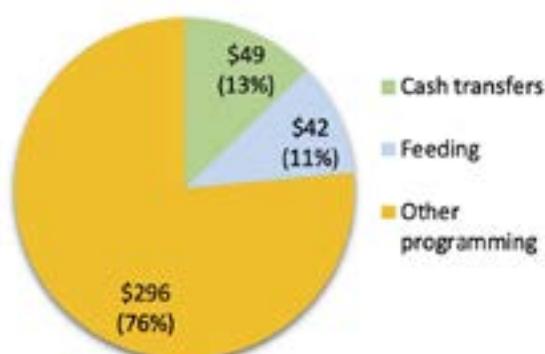


Figure 9: Budget by type of programming (in \$ million)



The total budget is for 25 percent funded (including 13 percent of repurposed programmatic resources) and 75 percent or \$288 million is unfunded for now. Out of the total required budget of \$387 million, \$91 million would support two major national government programmes: cash transfers and school feeding. UN support is only needed to accelerate the expansion of these programmes in response to the COVID-19 crisis, while government will gradually take full responsibility for funding them across the country over the 18 months period. Out of the \$91 million of the proposed UN support, 86 percent is currently unfunded. This includes \$32 million for government-led Child Allowance and Disability grants through UNICEF, \$8 million of various types of cash transfer through UNOPS and \$2 million for school feeding through WFP.

Table 2: UN-SERF budget per pillar

Pillar	Funded	Re-purposed	Unfunded	TOTAL
1. Health First	10,893,000	1,225,000	15,781,500	27,899,500
2. Protecting People	38,150,50	9,259,000	169,640,000	217,049,500
3. Economic Response and Recovery	19,940,000	1,468,000	70,510,000	91,918,000
4. Macroeconomic Response and Multilateral Collaboration	130,000	130,000	2,990,000	3,250,000
5. Social Cohesion and Community Resilience	12,006,000	5,193,000	29,415,000	46,614,000
TOTAL	81,119,500	17,275,000	288,336,500	386,731,000

5.4. Financing

In the light of the urgency of the task, the UNCT Myanmar will, to the extent possible, continue to re-purpose existing funds and technical resources to support the government's CERP and the UN-SERF. However, the magnitude of the crisis requires increased coordination and joint programming with many actors and alliances including IFIs and additional resources to match needs. Targeted relief and ensuring access to essential services is critical for people living close to the poverty line that are vulnerable to income shocks.

A number of possible financing mechanisms could be utilized to support implementation of the UN-SERF, should funding be made available, as listed below.

- (i) The Secretary-General's [COVID-19 Response and Recovery Multi-Partner Trust Fund](#). This multi-partner trust fund, projected at USD \$1 billion aims to support COVID-19 response in low and middle-income Members States and can also support UN programming in eligible countries.
- (ii) Global funding instruments: [Joint SDG Fund](#), the [Peacebuilding Fund](#), the [Spotlight Initiative](#), the [Women's Peace and Humanitarian Fund](#), and vertical funds, like [GAVI](#).

- (iii) Country-level pooled funds: A “COVID-19 Socio-Economic Response and Recovery Window,” has been set-up under the UN Myanmar Joint SDG Fund. The joint funding window provides a rapid and flexible mechanism for bilateral donors, private sector and other partners to contribute unearmarked funding towards the UN-SERF. Other thematic pooled funds will also be available including the, Livelihoods and Food Security (LIFT), Access to Health Fund, and others.
- (iv) IFI financing and innovative instruments (including grants, concessional resources, loans, development policy loans, etc.) in support of government’s priorities, can be implemented in collaboration with UN agencies to buttress policy and programmatic design and implementation: IFI finance can support the United Nations in areas such as technical assistance and coordination, procurement, disbursement and impact monitoring aligned with key indicators of the MSDP/SDGs.
- (v) Agency-specific resource mobilization efforts.

5.5. Monitoring and reporting

Support provided as part of the UN-SERF remains within the country’s larger development frameworks, the UNDAF and MSDP. Reporting against these frameworks is essential to limit deviance from the country’s development trajectory chartered in these frameworks. The UNCT will continue reporting against the 54 high-level outcome indicators of the UNDAF Results Framework during the next 18 months, as it will continue working with the government to monitor the 286 indicators of the MSDP National Indicators Framework and to report against the Agenda 2030.

The UN-SERF will be monitored against a specific monitoring framework which will be developed based on the activity matrix (see Annex 2). The monitoring framework will include key results for each pillar with associated results indicators. Each activity will have associated project-level indicators, which are meant to be easily monitored from programme reports and administrative data. The UNCT will offer to support the government to monitor the CERP indicators. Both the UN-SERF and CERP monitoring frameworks will be mobilized to analyse the performance of the socio-economic response in Myanmar.

The UN-SERF monitoring framework will be made available on the UN’s new collective results reporting platform, UN Info, which is an online tool for country coordination tool that allows for joint UN planning, monitoring and results reporting. In addition, other county-level reporting and information sharing platforms, including the MIMU, will be updated with COVID-19 responses. [The MIMU 3W Dashboard](#) will provide an up-to-date listing of all COVID-19 response-related activities by the United Nations and IFIs in Myanmar.

Finally, as introduced in [Section 2](#), the human rights implications of the pandemic call on the UNCT to be proactive in ensuring that its efforts, as well as the local and national efforts it supports, address human rights concerns and advance human rights in the 'recover better' phase. To this end, with support and guidance from OHCHR, the UN-SERF monitoring framework will include indicators to assess the human rights impact of the COVID-19 pandemic and the extent to which the responses in the UNCT-SERF, but also in the government's response plan and other organizations' responses, respect human rights (see list of human rights indicators in Annex 1).

6. BUILDING BACK BETTER



"We simply cannot return to where we were before COVID-19 struck, with societies unnecessarily vulnerable to crisis. We need to build a better world."

António Guterres, United Nations Secretary-General, 2 April 2020

"[...] once this [crisis] is over, we will be ready to face the future from a position of strength."

Daw Aung San Suu Kyi, State Counsellor, Republic of the Union of Myanmar, 27 April 2020

A price paid for non-inclusive and unsustainable growth

The pandemic reminds everyone, in the starkest way possible, of the price to pay for weaknesses in health systems, social protection programmes and public services. And now, with the severe socio-economic impact, the price being paid for an economic growth that is not inclusive enough and fails to eradicate poverty quickly enough. The pandemic reminds the world of the risks to humankind created by its own reckless exploitation of natural resources, including wildlife. The COVID-19 crisis underscores and exacerbates inequalities, above all gender inequality, and the multiple vulnerabilities of those who have been pushed to the margins of society, of the economy and of a world where everyone does not enjoy the same rights – including that of living in a peaceful and safe environment, rid of violence. The crisis is laying bare the way in which the formal economy has been sustained on the back of an informal economy and invisible and unpaid care labour. Countries around the world, as they respond to the spread and impact of COVID-19, have the choice to rapidly go back to the old economy and societal model or to chart a path forward towards civilizational progress. A successful path would embrace a fair and sustainable transition to a new social contract capable of avoiding, mitigating, withstanding and recovering from such extreme crises in the future. This is an historic opportunity to advocate for change, to make pro-poor macroeconomic choices and fiscal policies, to make greater investments in public services and other measures that curb inequalities and to place peoples' rights at the centre of development.

Myanmar's progress at stake

A country in transition for the past decade, seeking to break with a past marred by authoritarian rule, economic mismanagement and multiple conflicts, driven by social exclusion and predatory natural resource extraction, Myanmar has made remarkable progress in economic growth and living standards, as well as democratic institutions and public freedoms. Yet, the momentum behind Myanmar's triple transition has slowed recently, with economic growth decelerating since 2017, a still extremely low tax-to-GDP ratio which heavily restricts the government's fiscal space for accelerating public investments in development, and a still too-high cost for doing business, especially for SMEs. Decentralization in decision-making and resource distribution, which can help address widening territorial inequalities in the country, is progressing too slowly to bring a visible change yet to people's daily lives. The public administration remains rigidly organized, failing to provide sufficient incentives to its workforce for change and innovation and is not able to adapt fast enough to a rapidly changing society or to manage risks effectively, as seen with the COVID-19 crisis. Progress on the peace process has stalled and exclusion along ethnic, religious and geographic lines continues fuelling grievances that breed violence.

While gender inequality has been reduced in several aspects of human development, in particular in health and education, women's economic empowerment is still too slow and leaves them among the most vulnerable to the current pandemic-induced socio-economic crisis. The resurgence of gender-based violence during the crisis shows how much work is still needed to ensure women's personal safety is equal to men's. Myanmar's natural environment remains subject to serious land and forest degradation, climate change and disaster threats that are not sufficiently mitigated, the uncontrolled exploitation of natural resources with a corollary of conflict and human rights violations, and rapid urbanization generating dangerous air, soil and water pollutions.

Economic and social inequalities have also been on the rise in Myanmar as it is developing. Those with land, capital and education saw faster improvements following the country's opening since 2010. Rural areas, conflict-affected states and ethnic and religious minorities lag in most dimensions of welfare, from stunting to educational attainment and access to electricity and basic sanitation. Improvement in these dimensions is fundamental for a fair start in life and for the opportunity to move out of poverty and vulnerability. Reviving and sustaining progress in the three intertwined dimensions of the transition – from a planned to an open market economy, from military to civilian rule, from conflict to peace – will require deeper reforms and greater state institutional capacity.

Bringing back the 'social' and 'environmental' in sustainable development

The current global health crisis is the signal of an unsustainable economic model – with unsustainable patterns of consumption and production. While Myanmar is by far not the main responsible party or propagator of this situation, the COVID-19 crisis shows that it is as exposed as other countries to its nefarious consequences. The fiscal and financial responses to COVID-19 provide an opportunity for initiating a transformational and green recovery with the creation of green jobs. Fundamental to a transformational and green recovery will be early action on a longer-term agenda to address climate change, avoid habitat loss and fragmentation, reverse the loss of biodiversity, reduce pollution and improve waste management and infrastructure.

The COVID-19 pandemic and previous epidemics highlight the extent to which humans are placing pressure on the natural world with damaging consequences for all. Never have so many opportunities existed for pathogens to pass from wild and domestic animals to people, causing diseases transmitted from animals to humans, or zoonoses.¹⁵³ Myanmar is rich in biodiversity, but at the same time the country has become a major hub of illegal wildlife trade.¹⁵⁴ The country continues to face numerous barriers in protecting its ecosystem services, such as weak systematic and institutional capacities to plan and manage the expanded national protected area system and limited capital and institutional barriers to promote community-based forest management. Too many of Myanmar's biodiversity hotspots are not sufficiently protected, leaving them open to

153 Over 30 new human pathogens have been detected in the last three decades alone, 75 percent of which have originated in animals (WHO).

154 <https://www.unodc.org/southeastasiaandpacific/en/myanmar/2018/08/cross-border-wildlife-smuggling/story.html>.

encroachment, exploitative development and degradation.¹⁵⁵ To that end, the United Nations will continue to intensify its support to implementation of Myanmar's National Biodiversity Strategy and Action Plan (2014), its Marine Spatial Planning Strategy (2016) and the broader and ambitious National Environmental Policy (2019).

Building a better, post-pandemic future for Myanmar will require environmental, social and economic interventions that lead to greater resilience. Recovery efforts must accelerate rather than undermine decarbonization and protection of the country's natural capital. They must address gender, social equality and inclusion and support peace and durable solutions for all conflict-affected groups, including the stateless displaced and non-displaced populations. They must promote the realization of human rights for everyone, including ethnic and religious minorities, people residing in informal urban settlements, migrant workers, people with disabilities and those facing stigma and marginalization. And they must sustain strong, capable union, state and regional governments and better empowered township and community-based institutions. Policies must be informed and updated to ensure due attention to vital development challenges, while guiding programmatic interventions and financial investments going forward. These are all critical, systemic elements that aim to not only avoiding such an outbreak again, but to prevent a crisis from having such far-reaching negative impacts.

Building back better in the five pillars

A clear focus on a build back better recovery path that recognizes the role that environmental and natural capital will play, as does peace, good governance, gender equality and empowerment and the protection and promotion of human rights for all, is therefore critical for each of the five pillars of the UN-SERF, as illustrated below.

1. Health first

Building back better requires a new outlook in Myanmar on how to achieve the SDGs in health care. Too many critical bottlenecks remain that prevent the system from performing optimally. Upstream, collective efforts should aim at helping the government to steer, regulate, monitor and deliver more and better health services for the population. Downstream, the emphasis will be on helping primary care systems to become more integrated and resilient so that they can deliver sufficient health services, including through other delivery channels by supporting civil society, the private sector and ethnic health organizations which are critical to reach groups that are deprived of the level of healthcare they deserve. Bringing about a better and more resilient health system will be largely dependent on reforms occurring in other sectors as well, such as social protection, public finance and civil service management and decentralization. Strategies to address zoonoses and the link between the wildlife trade, food systems and health will have to be part of this build-back-better health agenda in Myanmar.

¹⁵⁵ According to the *FAO Global Forest Resource Assessment (2015)*, Myanmar had the world's third highest annual net loss of forest area between 2010–2015, with a cover of about 45 percent in 2015, of which only 6.3 percent is protected.

2. Protecting people, social protection and basic services

Pro-poor social protection: Recovering better should include strengthening progress towards universal social protection in Myanmar through a sustainable expansion of the government's existing national systems and building on the increase of coverage during the COVID-19 response. Social protection systems should become more responsive to shocks (including loss of employment and climate-related shocks), more integrated (contributory and non-contributory programmes) and respond to the needs of women and men throughout their lifecycle.

Food security and nutrition: Combatting food security and nutrition issues in Myanmar requires expanding the multi-sectoral approach set forth by government since 2017¹⁵⁶ to design and deliver services that can bring a positive shift towards better nutritional outcomes for all. Structural and socio-cultural inequalities that affect women and girls disproportionately in achieving food security and healthy nutrition need to be fought through institutional and whole-of-society approaches, including involving cultural and religious actors. Healthy nutrition is intimately linked to boosting the use of sustainable and climate-resilient agricultural practices by Myanmar farmers, as stressed by the Myanmar Agriculture Development Strategy (2018-2023).

Water and sanitation services: The COVID-19 crisis reinforces the urgency to ensure access of all households, especially in rural areas, to safe drinking water and sanitation practices all year-round. Bridging that last-mile towards universal coverage requires doing more to protect ecosystems that provide clean water and enhancing investments in conservation and in water – and sanitation-related infrastructure. Water-use planning needs to be decentralized more to the township level, with greater attention given to the needs of vulnerable communities, women and marginalized groups. Healthy water, sanitation and hygiene practices must be promoted in an integrated manner in schools, health facilities, urban informal settlements, private sector enterprises and rural communities.

Education: New education solutions need to be conceived and strengthened to face future shocks and to improve access to education for communities hitherto excluded, especially in remote locations, conflict-affected areas, ethnic minority regions, displacement camps and informal urban settlements. This implies maintaining and deepening the strong coordination that prevails during the COVID-19 crisis response between the Ministry of Education, monastic schools and ethnic-based education providers. Education is the best channel to raise new generations in Myanmar that understand the imperative of better respecting nature while developing the country. With better informed knowledge and attitudes, these upcoming generations can work to create a greener, more sustainable Myanmar.

Shelter and social services: The COVID-19 crisis shines a light on the vulnerability to shocks of displaced populations, stateless persons and people without documentation. It is important to continue implementation of the government's Strategic Plan for Resettling IDPs and Closing Temporary Camps using a durable-solutions approach in line with international best practices, bringing together and in consultation with concerned populations, host communities, civil society, officials and development partners. Bringing an end to on-going conflict, insecurity and addressing conflict legacies (mines, land grabs) are also essential for resettlement solutions to

156 *Multi-sectoral National Plan of Action on Nutrition (2017-2021)*.

be truly durable. Reducing homelessness and insecure housing by promoting in law, policies and programmes the right to adequate housing is a priority for the recovery phase and beyond and it will require increased public and private investments and a joint approach by national, state and regional authorities and city councils. The integrated approach to social protection case management demonstrated during the COVID-19 crisis, especially for children, that brings together governmental and non-governmental actors needs to be expanded and strengthened.

Gender-based violence: The recovery phase presents an opportunity to conduct a large national impact survey on violence against women. Such a survey can boost the imperative of rapidly adopting the draft Protection and Prevention of Violence against Women bill. It can build messaging for social change in relation to GBV and push further the mainstreaming of the fight against GBV through a multi-sectoral approach that brings together health, social protection, justice, security and safety actors from government, non-government and ethnic organizations. Cash-based interventions for GBV victims should become more institutionalized and available across the country to strengthen shock-responsive protection systems for women at risk of GBV.

3. Protecting jobs and economic recovery

Linking economic recovery efforts with clean energy transitions, nature-based solutions and climate change actions can stimulate economic regrowth, create employment opportunities and increase resilience to recurrent zoonotic threats and other shocks. In Myanmar, a strong focus is needed on greening key sectors, such as energy, transport, tourism, garment manufacturing and agriculture. A 'decent job focus' is even more an imperative today than before COVID-19 and needs to be mainstreamed faster across the formal and informal economy, including for workers' rights, occupational health and safety and women's economic empowerment. A job-rich recovery requires increased fiscal spending on public employment programmes to promote greater labour market resilience to future crises, while combatting discrimination and addressing inequalities. Firms of all sizes need greater access to inputs, such as finance, land, skills, digital knowledge and connectivity. An enabling business environment to support a responsible private sector will go a long way toward making the private sector more competitive and resilient to future shocks.

4. Macroeconomic response and multilateral cooperation

This pandemic underscores the important role of public policies in dealing with crises. In responding to the pandemic, the government has an opportunity to design measures and stimulus packages that contribute to economic transformation and greater sustainability. By creating the necessary fiscal space, there is an opportunity to mobilize funding for investments in underfunded social sectors, such as health and care services and social protection. Direct investment financing can support projects that will strengthen environmental resilience, crisis preparedness and new technology. Furthermore, the pandemic presents a unique opportunity to identify and address underlying institutional vulnerabilities, including in the public administration, business environment and financial sector. The crisis response offers opportunities to strengthen regional cooperation around trade, supply chains and environmental commons.

5. Social cohesion and community resilience

The recovery needs to integrate results of assessments that will be conducted to measure the differentiated impact of the COVID-19 crisis on different groups, feeding into a genuine social and political dialogue on addressing structural vulnerabilities and inequalities in Myanmar. Community-led responses, mobilized during the crisis, can be institutionalized further during recovery, building upon existing governmental and development partner programmes (e.g. Village Development Fund, LIFT). Decentralization of resources and planning decisions to township level must be strengthened. Hard-won initial gains since 2010 in Myanmar on equality, human rights and civic freedoms must be protected; the recovery cannot be a pretext for discrimination, repression or censorship, including targeting journalists, human rights defenders or environmental defenders. During and after this pandemic, social cohesion in Myanmar will be tested, making rebuilding a trust-based relationship between public institutions, civil society, political parties, EAOs and communities all the more important. The recovery must be an opportunity to expand the civic space in Myanmar, in all its states and regions, and to see a broad popular participation in the upcoming electoral campaign and event in November 2020, while electoral violence should be deterred. Good governance and human rights-based rule of law are key components of an equitable and accountable recovery.

No return to 'normal'

There should be no return to 'normal' in Myanmar. Important fiscal and financial repurposing done by the government over recent weeks and months is a glimpse into the future. Linkages between health and nature are clear, as is the need to bridge the lessons learned from COVID-19 to a potential climate crisis or other crises ahead. Recovering from the pandemic must not come at the expense of tackling other burning issues for the country: addressing the needs of internally-displaced persons and refugees and others waiting to return; tackling the climate emergency; ending violence against women and girls; and putting an end to discrimination in all its forms.

The COVID-19 crisis, and the recovery phase that will follow, provides a golden opportunity for the government and the whole of Myanmar society, including its businesses, from small to large, to accelerate and embrace systemic changes that will help reduce vulnerabilities that have been evidenced and exacerbated by the crisis and restore a steady trajectory along the three tracks of the country's momentous transition. The vision, goals, principles and approaches for Myanmar's inclusive and sustainable development, as were compellingly expressed in the MSDP, remain relevant today more than ever. The UNCT will continue playing its part in this journey through its cooperation framework objectives, principles and approaches and will support the government to take the type of resolute policy and programmatic actions required to tackle structural causes of vulnerabilities, inequalities and fragility and build back better in Myanmar.

ANNEXES



Annex 1: 10 key indicators for monitoring human rights implications of COVID-19

The COVID-19 pandemic has many human rights implications for civil, economic, political, social and cultural rights. Responses to the pandemic should be consistent with international human rights standards and address key human rights concerns. The following list of 10 thematic indicators has been developed¹ to support national and international efforts towards a human rights-based policy response to the crisis, as well as an early warning tool. A few complementary indicators are suggested as well which could support further operationalization of the indicators or more comprehensive measurement, depending on available capacity. Special efforts should be made to disaggregate relevant indicators by sex, age, disability, national origin, nationality, migratory status, race/ethnicity, income, geographic location and other characteristics relevant in national contexts.

HUMAN RIGHTS ISSUES	INDICATOR
<p>Rights to health and life Use maximum available resources at national and international levels to ensure availability, accessibility, acceptability and quality of health care to all who need it and including for conditions other than COVID-19 infection; and ensure that the right to life is respected throughout.</p> <p>Leaving no one behind Ensure special measures are taken to protect most vulnerable and marginalized groups</p> <p>Gender Ensure gender-specific intervention and protection. Mitigate impact of the crisis on women and girls, including on their access to sexual and reproductive health/rights, protection from domestic and other forms of gender-based violence, financial resources, decision-making and access to an effective remedy</p>	<p>1. Proportion of adopted/implemented COVID-19 Country Preparedness and Response Plans containing systematic mapping of most vulnerable and marginalized groups and special measures for their protection and access to health services/equipment, including for:</p> <ul style="list-style-type: none"> • older persons • persons with disabilities, special health conditions or requiring specific health services (e.g. pregnant women, vaccination of children, people living with HIV, people using drugs) • migrants (including undocumented), refugees, internally displaced persons, stateless persons, homeless, travelers, population in slums or other informal settlements, conflict affected populations

¹ OHCHR developed the indicators framework in consultation with a sub-group of the Crisis Management Team, which includes DCO, IOM, OCHA, UNDP, UNFPA, UNICEF, UNHCR, WHO, IAEA, WFP, World Bank, FAO, ICAO, IMO, DOS, DPO and DGC.

HUMAN RIGHTS ISSUES	INDICATOR
<p>Rights to information and participation Ensure access to accurate and timely information at all stages of the crisis, and allow meaningful participation of the affected populations in decisions on COVID-19 related policy responses</p>	<ul style="list-style-type: none"> • people in detention or institutionalized settings (e.g. prisoners, migrants and asylum seekers, persons in psychiatric care, geriatric care, drug rehabilitation centers etc.) • Indigenous peoples and minorities • LGBTI persons • women and girls who are pregnant or have given birth <p>Complementary indicators:</p> <ul style="list-style-type: none"> ➤ Number/proportion of UNCT having carried out a rapid human rights impact assessment of country preparedness and response to COVID-19, including: comprehensive mapping of vulnerable/marginalized groups and gender analysis; identification of measures to mitigate negative impact on these groups; and assessment of policy and resources gaps for implementing these mitigation measures. ➤ Number/proportion of identified vulnerable/marginalized groups participating in the State's formulation/implementation of COVID-19 policy responses affecting them, including through relevant representatives (e.g. community leaders, national human rights institutions, civil society organizations). ➤ Number/proportion of countries that adopt health measures pursuant to the International Health Regulation, that ensure human rights and dignity of international travellers (International Health Regulations, 2005) ➤ Number/proportion of countries that have adopted ethical/human rights consistent guidelines on admission/ treatment of COVID-19 patients in intensive care units

HUMAN RIGHTS ISSUES	INDICATOR
	<ol style="list-style-type: none"> 2. Number of countries where the health system has been impacted by COVID-19 and is impeding access to other <i>essential health services</i>² by the public, including women's access to sexual and reproductive health (for instance, birth, pre- and post-natal care) and/or children immunization (e.g. DTP3) compared to the situation before the pandemic 3. Number of recorded cases of physical, sexual or psychological violence against women, girls and boys, elderly and LGBTI persons, including offline and online violence and violence by intimate partners, during the COVID-19 pandemic, and proportion of these victims that have access to appropriate services and interventions. 4. Proportion of vulnerable groups receiving relevant COVID-19 information, including in appropriate, accessible, language and format and adapted to their specific needs (e.g. older persons, persons with disabilities, children, refugees, IDPs and migrants, indigenous peoples and minorities). 5. Number of recorded acts of COVID-19 related censorship, digital shutdown, deliberate dissemination of inaccurate or misinformation; killings, detention, harassment, and other attacks against human rights defenders, journalists, bloggers, trade unionists, medical and other experts, and whistle-blowers motivated by their COVID-19 related actions.
<p>Addressing discrimination, racism and xenophobia</p> <p>Ensure that responses to the COVID-19 pandemic do not fuel xenophobia, stigmatisation, racism and discrimination</p>	<ol style="list-style-type: none"> 6. Number of recorded acts of discrimination, harassment, racism or xenophobia relating to COVID-19; and number of statements by public officials that engage in or fuel such acts.

² Countries should identify essential services that will be prioritized in their efforts to maintain continuity of service delivery (see <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>).

HUMAN RIGHTS ISSUES	INDICATOR
	<p>Complementary indicator:</p> <ul style="list-style-type: none"> ➤ Adoption/implementation of public information campaigns, including statements by political and civil leaders, contributing to eliminate COVID-19 associated stigma, discrimination, racism and xenophobia within the population.
<p>Rights to social protection and decent work Ensure income security, affordable health care, support for family, children and dependents, and targeted social assistance for the most marginalized or vulnerable.</p>	<p>7. Adoption/implementation of measures to ensure occupational health and safety for those who cannot work from home or remotely, including workers in health care settings, law enforcement and civil protection officials, employees of essential businesses (supermarkets, groceries, food providers, etc.) and related provision of adequate protective equipment, health checks, reasonable working hours, mental health and ethical support and counselling.</p>
<p>Right to adequate food, water and sanitation Ensure availability, accessibility, acceptability and quality of essential food items and safe drinking water and sanitation, including access to soap, despite the pandemic, lockdowns and other constraints</p>	<p>Complementary indicators:</p> <ul style="list-style-type: none"> ➤ Proportion of countries that have national occupational safety and health plans or programmes for health workers; ➤ Number of new probable and confirmed COVID-19 cases in health workers.
<p>Right to education Ensure access to free and compulsory primary education and to secondary and higher levels of education</p>	<p>8. Adoption/implementation of country measures, including by businesses, to ensure equal access to social protection floors to victims of COVID-19 related crisis, provision of basic income, including for workers and migrants in the informal economy, aid for affordable housing, access to food, water, health care, education (for example, alternative accessible teaching methods) and care-giving support during quarantines/lockdowns, especially for older persons, children, single parents and persons with disabilities.</p>
<p>Right to adequate housing Ensure accessibility, affordability and quality of housing and security of tenure</p>	

HUMAN RIGHTS ISSUES	INDICATOR
<p>Right to liberty and security, fair trial, and freedom of movement, especially for people living in institutions</p> <p>People in quarantine, detention or institutions (e.g. older persons, persons with disabilities, prisoners, migrants, refugees, people who use drugs, children) should have access to relevant information, adequate food/water, health care, education and measures mitigating impact of possible closure of courts</p>	<p>Complementary indicator:</p> <ul style="list-style-type: none"> ➤ Number of countries that institute bans of evictions, rents and mortgage relief measure, or other specific measures to address housing-related impacts during the COVID-19 pandemic, including measures to ensure frontline workers with restricted mobility and homeless people have access to shelters designed and equipped to prevent COVID-19 infection and to facilitate access to health care; complementary post-crisis extension of mortgage freeze and rent reduction/freeze for affected persons. <p>9. State's adoption/implementation of alternatives to deprivation of liberty, in particular in situations of overcrowding (e.g. greater use of alternatives to pre-trial detention, commutation of sentences, early release and probation, alternative measures to immigration detention) as a COVID-19 prevention and mitigation measure.</p> <p>Complementary indicators:</p> <ul style="list-style-type: none"> ➤ Number/proportion of detention centres / institutions monitored by independent bodies, including National Human Rights Institutions and National Preventive Mechanisms (NPMs); ➤ Recorded cases of people in detention or institutions that are unable to access treatment for COVID-19 or failure of institutions to implement precautionary measures; ➤ Number/proportion of overcrowded prisons and other detention centres in a country during the COVID-19 pandemic

HUMAN RIGHTS ISSUES	INDICATOR
<p>State of emergency, emergency legislation, and conduct of parties in armed conflict</p> <p>Since a state of emergency leads to derogations of human rights, it must be exceptional, temporary, and only proclaimed when the situation amounts to a public emergency threatening the life of the nation. No derogations are permissible under certain rights. Extraordinary measures that result in restrictions to human rights must meet the tests of legality, necessity, proportionality and non-discrimination.</p>	<p>10. State of emergency is officially proclaimed through proper legal procedures and details the rights being derogated and the duration, geographic, and material scope of application. Proportion of States that have informed the UN or a regional organisation of the imposition of a state of emergency.</p> <p>Complementary indicators:</p> <ul style="list-style-type: none"> ➤ Recorded cases of unlawful, disproportionate, unnecessary, or discriminatory restrictions or excessive measures (such as broad measures not directly linked with public health objectives and potentially violating other rights, such as the right to privacy, freedom of expression and other fundamental freedoms, right to seek asylum, breach of non-refoulement principle) or under pre-existing vague legislation (such as counter-terrorism laws); ➤ Number of armed conflict situations and parties that have agreed to a ceasefire to facilitate COVID-19 responses and recorded cases of civilian casualties; ➤ Recorded cases of attacks against health and humanitarian personnel, assets and facilities (e.g. ambulance, hospital, health centres, humanitarian convoys) in conflict contexts during the COVID-19 pandemic)

Annex 2: The UN Socio-Economic Response Action Plan

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
Pillar 1: Health First: Protecting Health Services and Systems during the Crisis							
Key Result 1.1: Strengthened health system governance							Total: 4,495,000 <i>Funded: 3,275,000</i> <i>Unfunded: 1,220,000</i>
1.1.1	Evidence based national health policies and strategies developed and human resource management strengthened	<ul style="list-style-type: none"> - Support the Government to develop and operationalize SRHR policies and strategies - Strengthen human resources for health management - Draft new National Health Plan 2022-2026, integrating emergency preparedness - To support the MoHS in the development of a National Migration Health Policy (NMHP) 	<ul style="list-style-type: none"> - Status of implementation of: (i) National SRHR policies and strategies, (ii) RMNCAH NSP, (iii) HRH-SP, and (iv) Midwifery Workforce Policy - Status of development of NHP and NMHP - Existence of workforce database 		X	MoHS Migrant Health Task Force UN Agencies	4,330,000 <i>Funded: 3,240,000</i> <i>Unfunded: 1,090,000</i>
1.1.2	Policy framework for occupational health and safety services strengthened	<ul style="list-style-type: none"> - Analyse current OHS practices and provide inputs for regulations on prevention and mitigation of highly infectious diseases under the OHS Law - Enhance the role of tripartite coordination mechanisms (OHS Council) in monitoring and learning from COVID-19 response, articulation of labour/OHS inspection & services 	<ul style="list-style-type: none"> - Prevention and mitigation of highly infectious diseases covered by OHS law and regulations. - # notes issued by OHS Council on OSH & highly infectious diseases. 		X	MoHS MoLIP UN Agencies	90,000 <i>Funded: 10,000</i> <i>Unfunded: 80,000</i>
1.1.3	Accountability in management of healthcare improved	<ul style="list-style-type: none"> - Support to the MoHS (through inter alia Corruption Prevention Unit) to conduct corruption risk assessment and to define a corruption mitigation plan 	<ul style="list-style-type: none"> - Decision to conduct a CRA adopted 		X	MoHS ACC UN Agencies	75,000 <i>Funded: 25,000</i> <i>Unfunded: 50,000</i>
Key Result 1.2: Higher supply side readiness and renewed service delivery models							Total: 21,809,500 <i>Funded: 8,618,000</i> <i>Unfunded: 13,188,500</i>
1.2.1	Vulnerability analytics updated and performance bottlenecks (incl. DHS, PFM, BeMONC) identified.	<ul style="list-style-type: none"> - Feasibility study of the Essential package of health services - PFM Bottleneck analysis and capacity strengthening both at central and sub national level - Support Myanmar DHS - Assess impact on maternal and new-born health and strengthen delivery of BeMONC - Assessment private sector engagement in the COVID19 	<ul style="list-style-type: none"> - Status of release of Feasibility Study and PFM Analysis - Status of Myanmar DHS - BeMONC assessment, MDSR analysis and report, health facilities assessment for RH commodity security - Status of Private Sector Assessment 	X	X	MOHS UN Agencies	3,490,000 <i>Funded: 1,980,000</i> <i>Unfunded: 1,510,000</i>

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
1.2.2	Continuity of integrated essential and lifesaving non-COVID-19 health services package ensured.	<ul style="list-style-type: none"> - Provision of gender-friendly PPE and MHPSS training for staff in non-COVID 19 essential services (RMNCAH, immunization, HOV, tuberculosis, malaria, etc.) and for community health workers - Equip staff of essential non-COVID 19 services with skills to manage both COVID and non-COVID 19 cases. - Private sector engagement including professional associations, INGOs, NGOs, CSOs and EHOs for the continuation of SRHR services provisions 	<ul style="list-style-type: none"> - # of healthcare staff in essential services who have sufficient PPE - # of staff in essential services trained on MHPSS - # of healthcare facilities (non COVID-19 hospitals) and community health workers equipped with PPE - # of midwives deployed in remote areas through collaboration between professional associations and MoHS - # of SRHR services provided non-state service providers through static and mobile clinics 	X		MNMC MMCWA MNMA UN Agencies	<p>17,550,500</p> <p><i>Funded: 6,437,000</i></p> <p><i>Unfunded: 11,113,500</i></p>
1.2.3	Migrants, prisoners and others key populations have better access to health services	<ul style="list-style-type: none"> - Provide infection control materials to all prisons - Distribute materials on global UN Contingency plans / prevention & control for key populations - Prepare and implement program continuity plans (National Strategic Framework on Health and Drugs, National Strategic Framework on Health Care in Prisons) - Develop parole and probation system to address the overcrowding in prisons 	<ul style="list-style-type: none"> - # COVID-19 cases among people in prison / detention / quarantine centres - # prisons & detention centres equipped with PPEs - Status of National Strategic Frameworks for service continuity - % overcrowding in prisons 	X	X	MoHS MoHA/Prison Department UN Agencies	<p>766,000</p> <p><i>Funded: 201,000</i></p> <p><i>Unfunded: 565,000</i></p>
Key Result 1.3: Stronger health support systems							<p>Total: 1,133,000</p> <p><i>Funded: 150,000</i></p> <p><i>Unfunded: 983,000</i></p>
1.3.1	Critical systems such as LMIS, HMIS and waste management correctly used	<ul style="list-style-type: none"> - Update Logistics Management Information Systems with COVID-19 information and expand reach to ensure the safety of reproductive health commodity and other supplies - Technical and infrastructure support to electronic LMIS system in prioritized States, in particular for immunisation. - Assess waste management practice / legislation / policy and issue guidance to tailor it to COVID-19 challenges. - Technical assistances to MoHS on program management, finances and procurement - Technical and infrastructure support in expansion of DHIS-2 down to sub township level - Cold Chain Expansion and Optimization 	<ul style="list-style-type: none"> - # of Townships with e-LMIS integrating COVID-19 information - % of health facilities and warehouses using integrated e-LMIS system - # medical facilities with adequate waste management - # of MoHS staff receiving technical mentorship in program management, financial and procurement areas - # of sub-township level facilities using DHIS-II for data reporting - Performance rate assessed for Vaccine Management - % of cold chain equipment with electronic continuous temperature monitoring system 	X	X	MoHS UN Agencies	<p>963,000</p> <p><i>Funded: 150,000</i></p> <p><i>Unfunded: 813,000</i></p>

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
1.3.2	Support systems for service provision for specific groups enabled	<ul style="list-style-type: none"> - Technical support for the integration of prison health management information system into the DHIS 2. - Technical / other support to establish a supply chain system for prisons according to the MoHS guidelines 	<ul style="list-style-type: none"> - Existence of Supply Chain System for medicines, medical supplies and equipment for prison health - Existence of Prison health management information system 		X	MoHS MoHA/Prison Department UN Agencies	170,000 <i>Funded: 0</i> <i>Unfunded: 170,000</i>
Key Result 1.4: Demand for quality healthcare stimulated							Total: 465,000 <i>Funded: 75,000</i> <i>Unfunded: 390,000</i>
1.4.1	Communities mobilized to boost services demand, increasing their awareness of COVID19 and non-COVID19	<ul style="list-style-type: none"> - Targeted messages for children and caregivers - Targeted messages (social / print / mass media) for pregnant women correcting the misconception on COVID-19 transmission from mother to child as well as responsive feeding for sick child - Strengthen community mobilization and outreach, screening and referral, community-based promotion and out/in-patient treatment of SAM and IYCF (emphasis on protection of breastfeeding and responsive feeding of sick children) 	<ul style="list-style-type: none"> - % of people knowing correct methods of prevention - Frequency of negative COVID-19 related messaging on social media - # of caregivers of children aged 0-23 months reached with messages on breastfeeding in the context of COVID - # of adolescents and youth reached with awareness-raising on COVID-19 as well as SRHR, GBV and MHPSS through mobile applications 	X	X	MOHS (HLPU) UN Agencies	465,000 <i>Funded: 75,000</i> <i>Unfunded: 390,000</i>
Pillar 2: Protecting People: Social Protection and Basic Services							
Key Result 2.1: Scaled up and expanded resilient and pro-poor social protection systems							Total: 58,727,000 <i>Funded: 10,907,000</i> <i>Unfunded: 47,820,000</i>
2.1.1	Maternal and Child Cash Transfers, and Social Pension Programme expanded	<ul style="list-style-type: none"> - Prioritise vulnerable groups and geographic areas for the expansion of the MCCT and SP programmes - Short-term vertical expansion of the MCCT programme - Provide one-off cash transfer to IDPs and persons with disabilities. 	<ul style="list-style-type: none"> - # and % of population receiving social cash transfers, of which percentage of (a) disabled people, (b) pregnant women and children < 2, (c) school going age children, and (d) elderly. 	X	X	MSWRR MoHS GAD	17,500,000 <i>Funded: 9,000,000</i> <i>Unfunded: 8,500,000</i>
2.1.2	Child Allowances for families with children 3-6 years & Disability Grants for PWD launched	<ul style="list-style-type: none"> - Cover families with children 3-5 years in Rakhine, Chin, Naga, Kayah, Kayin and other COVID impacted areas. - Launch disability grants for persons with disabilities as per NSPSP/Costed Sector Plan with both UN/DPs and government financing to meet basic needs 	<ul style="list-style-type: none"> - # of shock responsive cash transfer programmes - Public expenditures on social protection as % of GDP 		X	UN Agencies	32,000,000 (24 for Child Allowance + 8 for Disability Grants) <i>Funded: 0</i> <i>Unfunded: 32,000,000</i>

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
2.1.3	Support to social security system (Social Security Law 2012) continued	<ul style="list-style-type: none"> - Actuarial analysis for extension of social health protection to dependents (SSB) and launch of coverage extension. - Assessment of SB contributions to COVID-19 responses. - Analysis of financial impact on reserves and investment of the measures taken in relation to COVID-19 - Recommendations for harmonization of policies - Design, establishment and technical support to the start of the implementation of unemployment insurance scheme - Analysis of employment injury scheme as covid-19 response and launch of extended coverage. 	<ul style="list-style-type: none"> - Launch of social health protection to dependents (SSB) - Assessments of covid-19 response and financial sustainability done. - Launch of unemployment insurance branch - # workers benefiting from the employment injury scheme during COVID-19 pandemic 	X	X	MoLIP SSB UN Agencies	1,410,000 <i>Funded:</i> 110,000 <i>Unfunded:</i> 1,300,000
2.1.4	Systems and capacities to develop a right based, comprehensive, integrated and shock-responsive social protection strengthened	<ul style="list-style-type: none"> - Monitor the impact of COVID-19 crisis on vulnerable and key populations according to their geographical location and setting (urban/rural), along with an analysis of their needs and coping strategies - Hold consultations on expanding social protection floor - Improve SOPs for beneficiary targeting and delivery mechanism - Modernize MISs for Social Security / Assistance Programmes - Update cash readiness profiles for ramping up digital cash transfers in emergencies and institutionalize electronic payments supported by registrations and bio-metrics verifications - Streamline processes of the social security system to be client-centric - Adapt complaints & feedback to make it more responsive - Implement mechanisms to enable portability of existing domestic and international social security benefits - Cash for skills for returning unemployed migrants - Registration and certification for persons with disabilities. - Promote real time ICT-based monitoring with data by gender and disability status 	<ul style="list-style-type: none"> - # of impact monitoring reports produced by Government - # social security / assistance programmes guided by life cycle approach, universality and integration - # and type of vulnerable groups covered by the key flagship programmes - % of cash transfers (MCCT & SP) done electronically in a year - % of SSB-enlisted workers benefiting from electronic payments of social security benefits - Activation status of benefit portability 	X	X	MSWRR MoE MoALI MoHS GAD MoLIP UN Agencies	7,817,000 <i>Funded:</i> 1,797,000 <i>Unfunded:</i> 6,020,000
Key Result 2.2: Essential food and nutrition services maintained							Total: 47,695,000 <i>Funded:</i> 19,195,000 <i>Unfunded:</i> 28,500,000
2.2.1	Evidence generated on impact of COVID-19 on nutrition	<ul style="list-style-type: none"> - Conduct rapid food security and nutrition assessments - Integrate nutrition into relevant COVID-19 monitoring and impact assessments, including DHS 	<ul style="list-style-type: none"> - # of COVID-19 monitoring and impact assessments that include nutrition indicators 	X	X	MoHS, MoALI UN Agencies	1,125,000 <i>Funded:</i> 175,000 <i>Unfunded:</i> 950,000

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
		<ul style="list-style-type: none"> - Technical and operational support to MoHS to carry out SMART surveys in targeted locations; - Monitor market functionality and food prices 	<ul style="list-style-type: none"> - # of food and nutrition assessments conducted during COVID-19 pandemic. 				
2.2.2	Essential nutrition and food interventions continued and expanded as needed	<ul style="list-style-type: none"> - Develop SBCC/RCCE communication materials for nutrition in COVID-19 context - Provide guidance, capacity building and resources to adapt nutrition programming to COVID-19 context - Procurement of essential supplies and commodities (RUTF, RUSF, micronutrients) and 6,400 MT of fortified rice for distribution in safety net programmes. - Support MoHS in the establishment of an IYCF hotline - Advocate for domestic food distribution channels/food supply chains to be kept open for import/export. - Develop Food-Based Dietary Guidelines - Promote Nutrition-Sensitive Agriculture, including messaging on social distancing measures and food safety as part of a food system approach and support for specific value chains - Provide social protection measures, financial support, and agricultural inputs for most vulnerable farmers, particularly landless and smallholders - Increase support for community-based storage systems - Support Urban Food systems to mitigate the risk of COVID-19 within peri-urban communities in Yangon 	<ul style="list-style-type: none"> - # of caregivers reached with IYCF messages - # of children and PLWs with MAM admitted for TSFP and BSFP - # children with SAM admitted for therapeutic treatment - # PLW and children under 5 who receive RUTF, RUSF and micronutrient supplementation - # of COVID-19 response guidelines and materials (including for RCCE) produced by the Nutrition Cluster - Status of National Food-Based Dietary Guide (FBDG) - Distributed MT amount of fortified rice - # of farming HH reached with productive inputs (e.g. seeds, home garden kits, poultry) 	X	X	MoHS, NNC, MoALI UN Agencies	<p>27,870,000</p> <p><i>Funded: 9,220,000</i></p> <p><i>Unfunded: 18,650,000</i></p>
2.2.3	Multi-sectoral and cross-cutting issues for nutrition strengthened	<ul style="list-style-type: none"> - Sub-national planning and implementation of MS-NPAN in key S/R through Government nutrition promotion committees - Provide nutrition-related messages through MCCT - Strengthen Nutrition-WASH linkages to improve maternal and young child health hygiene and sanitation - Support nutritionally vulnerable groups - Harness SBN for increased engagement of the private sector in supporting national nutrition agenda 	<ul style="list-style-type: none"> - # of MCCT recipients who received nutrition COVID-19 related messages - # of Baby WASH kits distributed - Status of gender mainstreaming for Nutrition Emergency Preparedness and Response (EPR). 	X	X	MoHS, MoALI, MSWRR UN Agencies	<p>18,700,000</p> <p><i>Funded: 9,800,000</i></p> <p><i>Unfunded: 8,900,000</i></p>

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
Key Result 2.3: Continuity and quality of water and sanitation services ensured							Total: 27,581,000 <i>Funded: 6,747,000</i> <i>Unfunded: 20,834,000</i>
2.3.1	Key hygiene practices among vulnerable populations in at-risk areas improved.	<ul style="list-style-type: none"> Promote hand washing with soap and social behaviour change communication messages focussing on good hygiene practices 	<ul style="list-style-type: none"> # of people reached with accessible information on COVID-19 and targeted messages on prevention and on access to services 	X		MoHS MoE UN Agencies	6,581,000 <i>Funded: 4,531,000</i> <i>Unfunded: 2,050,000</i>
2.3.2	Access to WASH services and materials maintained and increased	<ul style="list-style-type: none"> Conduct rapid assessment to establish critical WASH needs public facilities / spaces in vulnerable areas. Establish WASH & Infection Prevention and Control (IPC) Minimum Packages Provide 2,500 handwashing facilities and IPC packages for 800 healthcare facilities, 700 schools, as well as public spaces, homeless shelters and informal settlements. Distribute critical WASH supplies and services to 950,000 vulnerable populations Support increased access to safe and quality water supply at the household level in 470 communities with poor water access 	<ul style="list-style-type: none"> # of people reached with WASH supplies and services # of people having access to handwashing # HH newly covered with access to safe and quality water in rural areas. # of Healthcare Facilities supported with IPC supplies and services # of schools implementing COVID-19 safe protocols # of health/education facilities and communities with continuity of WASH services in high risks areas 	X		MOHS MOE MOALI YCDC UN Agencies	10,625,000 <i>Funded: 976,000</i> <i>Unfunded: 9,649,000</i>
2.3.3	Stronger resilience of WASH services in emergency situations	<ul style="list-style-type: none"> Develop policy and frameworks for WASH in emergency Strengthening WASH sector coordination and capacity for emergency response Handwashing and Hygiene Promotion through national programme Improve sustainable WASH services to 1,500 social institutions including 40 detention facilities. Improve sustainable WASH services for crisis-affected and vulnerable populations (750 informal urban settlements and rural communities) 	<ul style="list-style-type: none"> Status of WASH emergency framework for outbreak response Status of implementation of National Handwashing Programme # of (i) vulnerable communities; (ii) social institutions; (iii) detention facilities, with sustainable improved water access. 		X	MoHS MoE MoALI YCDC UN Agencies	10,375,000 <i>Funded: 1,240,000</i> <i>Unfunded: 9,135,000</i>
Key Result 2.4: Sustained learning for all children, and adolescents, preferably in schools, secured							Total: 60,039,000 <i>Funded: 4,893,000</i> <i>Unfunded: 55,146,000</i>
2.4.1	Educational gaps due to COVID-19 are identified	<ul style="list-style-type: none"> Monitor school closures and consequences of the socio-economic crisis on access to and participation in formal and non-formal education, and on educational outcomes. 	<ul style="list-style-type: none"> Availability of data on school closures and educational impact of COVID-19 	X	X	MoE CSO UN Agencies	Not needed

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
2.4.2	Access to School Feeding services and nutrition education improved.	<ul style="list-style-type: none"> - Support MoE to implement and expand school meal program as per national guidelines, including COVID-19 prevention guidelines - Develop "back to school campaign" with package of school meals, cash transfers and other interventions (targeted to girls and children with disabilities) - Link smallholder farmers to the school meal program to implement home-grown school feeding - Provide technical advice to government on alternative school feeding modalities and support linkages with other social safety-net provision (WASH, health, etc.) 	<ul style="list-style-type: none"> - # of schools reopened in a safe, healthy and inclusive manner - # of school children benefiting from government (i) school meal program, and (ii) cash transfer - # farmers linked to school meal programme. - Total food and cash distributed to school children - # of student and parents receiving health and nutrition knowledge 	X	X	MoE MoHS MSWRR MoALI UN Agencies	<p>41,500,000 (incl. 34 m for school feeding)</p> <p><i>Funded:</i> 3,800,000 <i>Unfunded:</i> 37,700,000</p>
2.4.3	Management and governance of the education system strengthened, especially in crisis situations	<ul style="list-style-type: none"> - Support MoE to update and refine COVID response and recovery plan based on the pandemic evolution. - Support to MOE with longer term system strengthening through the development of an Education Preparedness and Response Framework and multi-risk contingency plan as well as inclusion of crisis sensitive planning in NESP2 - Improve data collection capacity of MoE during emergencies that can be integrated with Education Management and Information System (EMIS) 	<ul style="list-style-type: none"> - # of updates of MoE COVID response plan - # of emergency-response related policies for the education sector produced (EPR framework, contingency plan, NESP2) - Status of integration of crisis sensitive data elements in EMIS 	X	X	MoE UN Agencies	<p>2,020,000</p> <p><i>Funded:</i> 320,000 <i>Unfunded:</i> 1,700,000</p>
2.4.4	Methods and materials for facilitating access to education during prolonged school closures at all levels of education, in particular for vulnerable groups, are developed.	<ul style="list-style-type: none"> - Provide school kits to 80,000 children affected by COVID-19 - Adapt teaching materials and methods to be suitable for teacher education and for learners using alternative instruction methods, including in low tech/no tech environments. - Develop education materials targeted at vulnerable groups, including learners with disabilities and internally displaced learners. 	<ul style="list-style-type: none"> - # of teachers trained through new teaching solutions for teacher education - # children provided with learning kits - # of learners accessing distance/home-based learning 	X	X	MoE MSWRR UN Agencies	<p>1,463,000</p> <p><i>Funded:</i> 717,000 <i>Unfunded:</i> 746,000</p>

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
2.4.5	Learning of children, especially the most disadvantaged, during and after the COVID-19 pandemic sustained	<ul style="list-style-type: none"> - Implement COVID-19 Recovery Training Program for 250,000 education system personnel (teacher, facilitators and education officers) to facilitate learning and retain learning achievements in current circumstances. - Support continuity of learning at scale to retain student learning achievement following the COVID-19 crisis. - Ensure healthy, safe and inclusive school operations after reopening, including psychosocial support and communication for children, parents and teachers. - Provide targeted support to 150,000 vulnerable and disadvantaged children and 2,000 teachers in NGCAs to retain them in school and improve student learning. 	<ul style="list-style-type: none"> - # of teachers / facilitators / education officers complete COVID-19 Recovery Training Program - # of children in COVID-19 affected townships benefiting from stipend support (target: 25,000) - # of children and teachers in MoE recognized schools in EAOs supported (ethnic basic education providers) 	X	X	MoE UN Agencies	<p>15,056,000</p> <p><i>Funded: 56,000</i> <i>Unfunded:¹ 15,000,000</i></p>
Key Result 2.5: Continuity of social services and access to shelters enhanced							<p>Total: 8,298,000</p> <p><i>Funded: 103,000</i> <i>Unfunded: 8,195,000</i></p>
2.5.1	Housing policy decisions that protect particularly most vulnerable groups during and after the COVID-19 crisis are adopted	<ul style="list-style-type: none"> - Support GoM emergency housing policy decisions and implementation for the COVID-19 period: (i) moratorium on all evictions until the end of the pandemic; (ii) rent freeze; (c) mortgage holidays. - Produce a State of Homelessness Report - Include an addendum to the National Housing Policy & Strategy on a policy to address homelessness 	<ul style="list-style-type: none"> - # and type of emergency housing-related policy decisions taken and implemented - Status of: (i) Report on State of Homelessness; (ii) Draft addendum on homelessness 	X	X	MoC DUHD YRG YCDC UN Agencies	<p>95,000</p> <p><i>Funded: 0</i> <i>Unfunded: 95,000</i></p>
2.5.2	Homeless and vulnerable people have access to adequate shelter or self-isolation and quarantine places	<ul style="list-style-type: none"> - In townships with a high concentration of informal settlements, support the creation of community isolation and quarantine facilities. - Upgrade identified shelters for homeless persons to create a network of adequate, safe, and accessible emergency shelters in Yangon. 	<ul style="list-style-type: none"> - # of community isolation and quarantine facilities renovated/built - # of shelters upgraded 	X	X	MoC DUHD YRG YCDC UN Agencies	<p>2,060,000</p> <p><i>Funded: 60,000</i> <i>Unfunded: 2,000,000</i></p>
2.5.3	Vulnerable populations in conflict settings (not covered by humanitarian response) with access to improved protection services	<ul style="list-style-type: none"> - Support Government and CSOs in conducting protection assessments in quarantine facilities and provide material NFI support, adopting a 'whole of community' approach. - Conduct a series of analyses and assessments including on (i) referral pathways, Mental Health and Psycho-Social Support (MHPSS) "nature of caseload" and case management, using administrative data; (ii) protection services functionality (counselling & case management) mapping. 	<ul style="list-style-type: none"> - # of people in conflict-settings with protection needs not covered by humanitarian support who receive needed support 	X		MSWRR GAD SHD UN Agencies	<p>4,843,000</p> <p><i>Funded: 43,000</i> <i>Unfunded: 4,800,000</i></p>

¹ Proposal submitted to GPE COVID funding on May 11

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
		<ul style="list-style-type: none"> - Expand MHPSS helplines (introducing different languages) and remote capacity development and supervision for case managers. - Referral and integration of persons with specific needs to complement existing Government initiatives [e.g. Mother and Child Cash Transfer program (MCCT)] considering and responding to impact of COVID-19 vis-à-vis access, mobility income generation etc. 					
2.5.4	The implementation of durable solutions in line with international standards for IDPs and stateless people is strengthened.	<ul style="list-style-type: none"> - Share protection monitoring of IDPs, host communities and persons affected by conflict with recovery and development workstreams, to analyse risks and vulnerabilities and coping mechanisms, in order to support durable solutions plans and strategies. - Engage with GoM and stakeholders on ensuring that durable solutions for IDPs (re. National Strategy) consider the impact of and opportunities resulting from COVID-19. - Awareness-raising and technical support on COVID-19 response around birth registration, civil documentation and citizenship, so that groups at risk are aware of their rights and are able to access documentation 	<ul style="list-style-type: none"> - # of high-level advocacy interventions made for IDPS, people facing citizenship challenges and/or population affected by conflict to be included in, and treated without discrimination during COVID-19 prevention and response measures - # of persons from groups at risk accessing ID papers 	X	X	MSWRR GAD UN Agencies	<p>1,300,000</p> <p><i>Funded:</i> 0 <i>Unfunded:</i> 1,300,000</p>
Key Result 2.6: Survivors of Gender-Based Violence and Violence Against Children enhanced							<p>Total: 14,709,500</p> <p><i>Funded:</i> 5,564,500 <i>Unfunded:</i> 9,145,000</p>
2.6.1	Capacities and system to generate evidence and conduct analysis on GBV and VAC in linkage with COVID-19, strengthened	<ul style="list-style-type: none"> - Community response survey, youth consultations - Capacity building on data collection, analysis and usage - Situation analysis of female migrant returnees - Strengthening administrative data management system on GBV and VAC - Women's Life Experience Survey - Rapid assessment of COVID-19 impact on children's physical and psychological well-being 	<ul style="list-style-type: none"> - # of survey, assessment, analysis conducted - # of government and NGO partners trained - # of strategic discussions with government on strengthening administrative data system 	X	X	DSW CSO MPF AGO UN Agencies	<p>2,346,000</p> <p><i>Funded:</i> 616,650 <i>Unfunded:</i> 1,730,000</p>

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
2.6.2	GBV and VAC policy and legal frameworks prioritized and strengthened	<ul style="list-style-type: none"> - Support drafting and adoption of PoVAW Law - Support implementation of GBV and age-/disability-appropriate VAC-related guidelines and SOPs - Develop Child Protection Policy and costed end-VAC plan of action, rules and procedures to the Child Rights Law - Support development and implementation of multi-sectoral GBV and VAC legal and policy framework, including PoVAW Law, social service workforce strengthening strategy and investment plan, anti-trafficking policy, inclusive strategy for functioning justice system for GBV and VAC survivors - Engagement with frontline police officers on effective and timely response to GBV incidents during COVID-19 - Support setting-up of multi-sectoral national coordination mechanism 	<ul style="list-style-type: none"> - # of laws/strategies/policies supported for development and implementation in relation to (i) GBV; and (ii) Child Protection - Status of PoVAW draft bill - # of strategic discussions held to facilitate multi-sectoral coordination mechanism on GBV and CP - # of government staff trained on GBV, CP, case management, MHPSS, trafficking issues - # of frontline police officers sensitized on GBV issues during COVID-19 	X	X	DSW CSO PFU AGO UN Agencies	3,359,950 <i>Funded: 1,304,950</i> <i>Unfunded: 2,055,000</i>
2.6.3	Availability of and accessibility to GBV and CP services ensured during COVID-19 period and beyond	<ul style="list-style-type: none"> - Support continuous operations of institutions providing CP, GBV and MHPSS services (e.g. safe houses, Women and Girls Centres, etc.). - Capacity building and mentoring of service providers and managers of GBV/CP services to adapt to COVID-19 context (e.g. remote case management) and ensure continuity of access to alternative care, MHPSS, legal aid, medical services, etc. - Support helplines for GBV and VAC survivors as well as self-care for social workers/case managers. - Briefing and engagement with police and other justice actors to continue prioritizing GBV issues. - Information campaign and awareness-raising on safe migration. 	<ul style="list-style-type: none"> - # of women and children who accessed GBV/VAC services during COVID-19 period - # of service providers trained/mentored - # of call attended by hotlines/helplines - # of police and justice actors engaged - # of people reached with information on safe migration. 	X	X	DSW MoHS MPF AGO CSOs UN Agencies	6,548,250 <i>Funded: 2,828,250</i> <i>Unfunded: 3,720,000</i>

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
2.6.5	Initiatives on resilience building, social norm change, rehabilitation and reintegration enhanced	<ul style="list-style-type: none"> - Conduct resilience building activities, such as asset creation and training, for GBV and VAC survivors - Conduct public campaigns on men & boys engagement to promote social norm change - Strengthen grievance-handling mechanisms as well as rehabilitation measures for trafficking survivors and survivors of violence/abuse - Mobilize and build capacities of community-based support groups (e.g. Child Protection Groups, Adolescent Groups, women's groups, youth groups, etc.) for violence prevention and reduction initiatives (e.g. early detection, referrals for survivors). 	<ul style="list-style-type: none"> - # of women and children who benefited from resilience building activities - # of campaigns conducted to promote positive social norm change - # of (i) trafficking survivors, (ii) survivors of violence, who accessed complaint mechanism 		X	DSW CSO MPF AGO UN Agencies	<p>2,454,650</p> <p><i>Funded:</i> 814,650 <i>Unfunded:</i> 1,640,000</p>
Pillar 3: Economic Response & Recovery: Protecting jobs, small and medium-sized enterprises, and vulnerable workers in the informal economy							
Key Result 3.1: Impact on vulnerable workers reduced							<p>Total: 61,605,000</p> <p><i>Funded:</i> 16,535,000 <i>Unfunded:</i> 45,070,000</p>
3.1.1	Employment opportunities created and labour market functions improved for vulnerable workers including migrant returnees	<ul style="list-style-type: none"> - Conduct gender-sensitive analyses, surveys and assessments on labour market, impact of COVID-19 on migrants' contribution to development - Produce policy recommendations for increasing formal & inclusive jobs in rural areas - Enhance job-matching using both offline and online platforms including through mobile apps - Create job opportunities through employment-intensive schemes for infrastructure and administrative systems, for women and men. - Create jobs that directly address COVID-19 response-induced immediate demands including supply of PPE and needs of people in the quarantine centres - Expand access to migration information and services for migrants and family members through Government and CSO/labour organization support centres. - Support Government in developing safe, regular and dignified (re)migration channels and procedures and effective services for migrants affected by crises overseas 	<ul style="list-style-type: none"> - % of est. returned wo/men migrants in unemployment, disaggregated by S/R [bi-monthly] - # of job-matching solutions enhanced - # jobs (man/day) created through different labour-intensive and response-induced schemes, by age, gender and migration status. 	X	X	MoLIP Industry associations and business groups CSOs & Labour Unions UN Agencies	<p>15,190 000</p> <p><i>Funded:</i> 4,490,000 <i>Unfunded:</i> 10,700,000</p>
3.1.2	Targeted capacity-building support to	<ul style="list-style-type: none"> - Provide mapping, analysis, policy alignment and partnership to identify pathways for vocational training 	<ul style="list-style-type: none"> - # of wo/men completing capacity-building support, by target group and S/R [bi- 	X	X	MoLIP	4,490 000

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
	enhance employability of vulnerable workers implemented	<ul style="list-style-type: none"> programmes and strengthen capacity through counselling and e-learning modules for youth - Strengthen skill assessment and capacity building for returning migrants including through career counselling and existing CSO/trade union information centres - Provide skills training through e-learning agricultural targeting value chain actors (incl. farmers) - Provide trainings on digital and financial literacy targeting female household heads 	<ul style="list-style-type: none"> monthly], with disaggregation by migration status - # of value chain actors enrolled in e-learning - # of female HH heads trained on digital and financial literacy. - # of rural women gaining access to financial services for 1st time. 			<ul style="list-style-type: none"> Industry associations and business groups TVET providers CSOs & Labour Unions UN Agencies 	<i>Funded:</i> 1,440,000 <i>Unfunded:</i> 3,050,000
3.1.3	Productive assets, units and networks protected for vulnerable groups to maintain production and reduce liability burden on households	<ul style="list-style-type: none"> - Conduct assessments of crisis impact on MFIs and on needs for loan restructuring and rescheduling - Modify loan classification regulations and procedures and establish programs to improve access to finance including international loan capital - Ensure capacity and liquidity of MFIs through technical assistance and reimbursable grants - Support Government in negotiating wage subsidy arrangements with labour intensive industry sectors - Establish private sector-led village shared service facilities; - Implement food assistance for assets interventions and provide cash for asset creation and supporting livelihoods through productive community assets. - Ensure rural users' access to MFIs 	<ul style="list-style-type: none"> - % of microfinance credit provided to vulnerable households, by vulnerable group and by S/R [monthly] - # of MFIs receiving technical assistance # MFIs saved from bankruptcy - # of village-led shared facilities 	X	X	<ul style="list-style-type: none"> MoLIP MoPFI Industry associations and business groups Dana Facility CSOs VDCs, Local contractors and artisans UN Agencies 	13,125,000 <i>Funded:</i> 6,325,000 <i>Unfunded:</i> 6,800,000
3.1.4	Decent work and occupational health and safety ensured for vulnerable groups through digital payments and policy support	<ul style="list-style-type: none"> - Support policy development and implementation on protection of fundamental labour rights. - Pilot an expansion of social security benefits to informal sector workers - Assess status and needs of children aged 14 to 16 years that may be vulnerable to child labour - Systematize digital wage payment to ensure safety as well as transparent and fair receipt of wage - Promote equal wage regardless of gender - Implement rights-based and gender-responsive capacity-building program in locally owned garment factories - Implement measures to strengthen the care economy and support female health and education workers - Develop digital remittance services 	<ul style="list-style-type: none"> - # of companies establishing a) digital payments; b) decent work opportunities for migrants [semi-annually] - # of informal sector workers receiving social security benefits - Proportion of children 5-17 engaged in child labour (SDG Indicator 8.7.1 / MSDP Indicator 3.2.6). - Gender pay gap on daily wage in different sectors 	X	X	<ul style="list-style-type: none"> MoE MoLIP MoPFI MoEAF UMFCCI Labour unions Myanmar national Child labour eradication committee Private sector employers CSOs 	20,430,000 <i>Funded:</i> 2,950,000 <i>Unfunded:</i> 17,480,000

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
						UN Agencies	
3.1.5	Immediate household level livelihood support provided to ease burden on vulnerable households	<ul style="list-style-type: none"> - Conduct livelihoods assessment to ensure livelihood support is combined with stimulated production and markets as well as social assistance interventions - Provide targeted support to women headed households e.g. toolkits for livelihood sources such as home-gardening. - Implement cash-based programming and in-kind support for immediate livelihood restoration/recovery to COVID-19 affected households and informal workers across sectors - Stimulate e-commerce and digital solutions to allow secure access to services for vulnerable groups, including loans and deposit services for rural women 	- # of households reached, disaggregated by type of livelihood support and by S/R [monthly]	X		MoALI MoLIP CSOs Local Academia and Think-Tanks UN Agencies	2,505,000 <i>Funded:</i> 765,000 <i>Unfunded:</i> 1,740,000
3.1.6	Measures to promote job creation and inclusive growth based on monitoring of long-term impact of COVID-19 on vulnerable workers, implemented	<ul style="list-style-type: none"> - Develop comprehensive strategy and recovery investment plan for the improvement and development of basic rural productive and public infrastructure - Support Government on integrating migration into the national and S/R socioeconomic recovery, skills development plans, employment promotion and entrepreneurship policies and programs - Develop and implement rural development programs to achieve poverty alleviation, agriculture sector development, and sustainable rural development 	- % of S/R that implement rural development programs integrating migration and female workers in socioeconomic recovery plans [bi-monthly]		X	MoE MoHS MoPF MoALI MoLIP CSOs Local Academia and Think-Tanks IFPRI UN Agencies	5,865,000 <i>Funded:</i> 565,000 <i>Unfunded:</i> 5,300,000
Key Result 3.2: Impact of COVID-19 crisis on MSMEs reduced and MSME inclusive recovery enhanced							Total: 30,313,000 <i>Funded:</i> 4,873,000 <i>Unfunded:</i> 25,440,000
3.2.1	Policy and regulatory environment enabled for enterprises to steer recovery towards a transformational green growth pathway facilitated by innovations	<ul style="list-style-type: none"> - Conduct rapid gender-sensitive socio-economic assessment of MSMEs and digital payment on business development of garment factories - Develop a National Multisectoral Decoupling Strategy for Building Back Better - Equip policy makers with capacity building programs and training modules on integrating greener options into COVID recovery strategies and tools, including training on sustainable agri-business and ICT-enabled green SMEs 	<ul style="list-style-type: none"> - Status of National Multisectoral Decoupling Strategy for BBB - # sectors benefiting from climate funds for their recovery 	X		MoPFI MoTC MoC MoALI UMFCCI UN Agencies	1,003,000 <i>Funded:</i> 403,000 <i>Unfunded:</i> 600,000

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
		<ul style="list-style-type: none"> - Identify and utilize synergies with existing and upcoming vertical fund climate projects to promote ICT-enabled, climate-resilient recovery of key sectors - Develop guidelines for the administration of countermeasures for reducing corruption risks specific to the Covid-19 economic response. 					
3.2.2	Capacity of SMEs in accessing and utilizing digital products and services strengthened to enhance COVID-19 business response and operational safety	<ul style="list-style-type: none"> - Assess SME training needs for digitalization and provide SMEs with online coaching and digital training - Expand health messaging and COVID-19 response communication through digital products and services - Ensure access to digital financial services, including through digitalization of MFIs e.g. digital payments and financial consultations. 	<ul style="list-style-type: none"> - # of SMEs switching to digital products/services as a result of COVID-19 [semi-annually] 	X		MoPFI MoTC MoC MoHS UN Agencies	<p>13,810,000</p> <p><i>Funded:</i> 3,530,000 <i>Unfunded:</i> 10,280,000</p>
3.2.3	Productivity and safe and viable value chains recovered through targeted support for key sectors including in rural areas	<ul style="list-style-type: none"> - Strengthen agricultural policies to improve food security and safety during and after COVID-19 - Strengthen agribusiness financing through finance programmes - Provide inputs and services to recover production food production, food transportation and marketing services - Strengthen operational measures and training on safety and hygiene in production and processing 	<ul style="list-style-type: none"> - % increase in agribusiness financing through finance programmes - # agrifood MSMEs receiving inputs and services - % of food insecure households (measured in 2.3). 	X	X	MoPFI MoC MoALI MoHS CSOs Local Academia and Research Organizations UN Agencies	<p>8,485,000</p> <p><i>Funded:</i> 215,000 <i>Unfunded:</i> 8,270,000</p>
3.2.4	Inclusive entrepreneurship strengthened through targeted support to nurture MSMEs led by vulnerable and/or marginalized populations	<ul style="list-style-type: none"> - Provide impact assessment of ICT-enabled COVID-19 response on inclusive business practices including financial inclusion and women's economic empowerment - Promote youth leadership in establishing social enterprises including through digital platforms - Provide technical support to women SME entrepreneurs through ICT-enabled financial services - Provide nascent women MSME entrepreneurs with seed money and tool kits for initiation of small-scale business - Improve access of migrants and migrant-sending households to business development and financial services 	<ul style="list-style-type: none"> - # of wo/men headed SMEs employing vulnerable groups, by S/R [semi-annually] - # of women-headed SMEs receiving technical support through ICT services 	X		MoPFI MoLIP MoC UN Agencies	<p>7,015,000</p> <p><i>Funded:</i> 725,000 <i>Unfunded:</i> 6,290,000</p>
Pillar 4: Macroeconomic response and multilateral collaboration							

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
Key Result 4.1: Multidimensional sustainability strengthened due to macroeconomic response							Total: 2,910,000 <i>Funded: 110,000</i> <i>Unfunded: 2,800,000</i>
4.1.1	Social, environmental, and economic sustainability in investment projects enhanced	<ul style="list-style-type: none"> - Capacity building to strengthen GoM legal, institutional, technical and financial capacity to attract and implement social infrastructure projects, through foreign development assistance leveraging addition FDI, that are gender-responsive, equitable and respond to immediate socio-economic needs. 	<ul style="list-style-type: none"> - # of new social infrastructure investment projects funded during the COVID-19 period - % change in total amount of investment funding for social infrastructure in 2020 compared to 2019. 	X	X	MoPFI MoLIP UN Agencies	800,000 <i>Funded: 0</i> <i>Unfunded: 800,000</i>
4.1.2	Transition to clean energy, enhanced environmental sustainability and resilience supported through recovery financing	<ul style="list-style-type: none"> - Capacity-building of banks to support national efforts in addressing COVID-19 impacts drawing on UNEP Finance Initiative coalition's practices, solutions and lessons learned 	<ul style="list-style-type: none"> - # of participants from financial sector and its stakeholder supported through capacity development programme 		X	MoPFI MoLIP UN Agencies	50,000 <i>Funded: 50,000</i> <i>Unfunded: 0</i>
4.1.3	Public and private financing aligned to the SDGs under new Covid-19 priorities	<ul style="list-style-type: none"> - Support SDG financing as identified in global SDG Socio-Economic Framework - Mobilize and align public and private finance to the SDGs under new COVID-19 priorities under the 'Poverty Environment Action for SDGs' (PEA) initiative - Scale up a technical assistance facility in support of integrated national financing frameworks. 	<ul style="list-style-type: none"> - Status of establishing a national integrated environmental financing framework related to COVID-19 recovery 		X	MoPFI MoLIP UN Agencies	2,060,000 <i>Funded: 60,000</i> <i>Unfunded: 2,000,000</i>
Key Result 4.2: Multilateral and regional coordination, trade policy and connectivity strengthened							Total: 340,000 <i>Funded: 150,000</i> <i>Unfunded: 190,000</i>
4.2.1	Solutions to supply chain disruptions in the garment sector identified and implemented	<ul style="list-style-type: none"> - Research on good practice to inform COVID 19 responsive supply chain solutions. - Support dialogue and consensus building with global brands on medium- and long-term supply chain solutions working with employers, employer organizations, workers organizations and Government. - Support to implement programmes with solutions identified by stakeholders. 	<ul style="list-style-type: none"> - Evidence of a bipartite and/or tripartite agreement between industry and workers organizations - Evidence of one or more implementing programmes by brands 	X	X	MoLIP Private sector brands, business organisations, labour unions. UN agencies	100,000 <i>Funded: 40,000</i> <i>Unfunded: 60,000</i>

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
4.2.2	Costs of critical items brought down by enhanced efficiency in supply chains.	<ul style="list-style-type: none"> Map existing market dynamics and value chains of critical items and identify opportunities for efficiency gains through linking local, regional, and global markets. 	<ul style="list-style-type: none"> Evolution of the percentage of \$/beneficiary cost for the assistance provided 	X		MoPFI MoLIP UN Agencies	100,000 <i>Funded:</i> 0 <i>Unfunded:</i> 100,000
4.2.3	South-South Cooperation around environment and health enhanced	<ul style="list-style-type: none"> Support to government participation in Regional South-South and Triangular Cooperation through the joint UNEP & WHO Regional Ministerial Forum on Environment and Health. 	<ul style="list-style-type: none"> Number and type of lessons learnt exposed at the ministerial forum that are incorporated in government recovery plan. 	X	X	MoPFI MoLIP UN Agencies	40,000 <i>Funded:</i> 40,000 <i>Unfunded:</i> 0
4.2.4	Operating space for trafficking and illicit trade curtailed.	<ul style="list-style-type: none"> Support data gathering on COVID-19 impact on the Drug Supply Chain Support regional cooperation on curtailing trafficking and illicit trade, strengthened the AML and anti-corruption framework 	<ul style="list-style-type: none"> # report/paper analyzing the impact of COVID-19 on the Drug Supply Chain # interregional meetings held on the issue of trafficking and illicit trade, AML and anti-corruption 		X	ACC UN Agencies	100,000 <i>Funded:</i> 70,000 <i>Unfunded:</i> 30,000
Pillar 5: Social Cohesion and Community Resilience							
Key Result 5.1: Inclusive social dialogue, advocacy and political engagement							Total: 6,575,000 <i>Funded:</i> 5,065,000 <i>Unfunded:</i> 1,510,000
5.1.1	Inclusive dialogue platforms promoted	<ul style="list-style-type: none"> Support new or strengthened multi-stakeholder dialogue forums at different levels for shaping and coordinating response to COVID-19 and recovery, including with MPs, civil society, private sector and EAOs where relevant. Support participation of CSOs (including women organisations and youth groups) in COVID-19 response and recovery planning, to reinforce gender, youth and social inclusion imperatives. Support the establishment and capacity-building of Youth, Peace and Security Coalitions, based on youth needs and opportunities around resilience and social cohesion. Strengthen parliamentary capacities for (i) inclusive and gender-responsive representation on COVID-19 response and recovery; (ii) oversight of Government policy and budgets related to COVID-19 (e.g. parliamentary inquiries); (iii) inclusive and resilience-oriented law making on COVID-19 response and recovery. 	<ul style="list-style-type: none"> # of multi-stakeholder dialogue forums/coordination platforms at different levels on post-COVID development # of plans and strategies developed by supported dialogue forums in relation to crisis response and recovery. # of YPS coalitions established # MPs involved in dialogue events around COVID-19 response and recovery # parliamentary inquiries on COVID-19 response supported. 	X	X	President's Office MSWRR Sectorial Ministries Hluttaws UMFCCI CSOs UN Agencies	3,240,000 <i>Funded:</i> 2,115,000 <i>Unfunded:</i> 1,125,000

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
5.1.2	Increased engagement of different actors to minimize negative impact of COVID-19 on social cohesion	<ul style="list-style-type: none"> - Track trends in social cohesion through using gender-sensitive tools such as household surveys, crowdsourcing and the SCORE Index. - Capacity building of CSOs/CBOs on peaceful resolution of tensions/disputes in relation to COVID-19 and response - Promote access to reliable and gender-responsive information on COVID-19, social cohesion, community empowerment and response plans, through media, education and service delivery channels. 	<ul style="list-style-type: none"> - # of social cohesion monitoring reports published - # of CSOs & community leaders trained on resolution of COVID-19 related disputes. - % of citizens with positive outlook on recovery from COVID-19 and impact on social cohesion 	X	X	MoHS MoI MSWRR CSOs UN Agencies	<p>3,335,000</p> <p><i>Funded:</i> 2,950,000 <i>Unfunded:</i> 385,000</p>
Key Result 5.2: Community resilience, participation and equitable service delivery promoted							<p>Total: 35,463,000</p> <p><i>Funded:</i> 9,198,000 <i>Unfunded:</i> 26,265,000</p>
5.2.1	Policy and regulatory frameworks for integrating multiple risks in response and recovery strengthened.	<ul style="list-style-type: none"> - Conduct multi-hazard risk mapping relating to COVID-19 response - Support analysis, policy review and research for national and local risk informed decision making, while integrating COVID-19 considerations - Provide the technical support on revising the MAPDRR integrating COVID-19 / pandemic considerations, including SOPs and protocols for disaster response. - Build capacities of key Union and State/Region DRR and COVID-19 crisis committees on sustainable and resilient disaster and pandemic recovery, so that disaster resilience can be mainstreamed into all sectorial COVID-19 recovery strategies and programmes and vice-versa. 	<ul style="list-style-type: none"> - # of analysis, policy document, research produced to support or risk informed decision making - # of revised DRR SOPs and protocols considering COVID-19 implications - # of DRR / COVID-19 committees at Union and S/R level strengthened. 	X	X	MSWRR MoALI GAD MoCON CSOs UN Agencies	<p>3,883,000</p> <p><i>Funded:</i> 2,908,000 <i>Unfunded:</i> 975,000</p>
5.2.2	Communities empowered through resilience programmes to withstand the nexus of COVID-19 and natural disaster shocks	<ul style="list-style-type: none"> - Work with specialized firms in developing user-friendly risk information dissemination through digital innovations bringing together community engagement and social networks. - Conduct Rapid Urban Health Security Assessments for secondary and tertiary cities with a focus on reducing health risks linked to congestion, lack of basic infrastructure and inappropriate housing. - Strengthen community preparedness to respond to multiple hazards in a COVID-19 context, including for agro-livestock issues. - Support participatory community-based recovery for disaster-struck communities to support smooth 	<ul style="list-style-type: none"> - # of Rapid Urban Health Security Assessments conducted - # of communities supported, by type of support and S/R - # of communities reached with multi-hazard information - # of people benefiting from QIPs - % of disaster victims benefiting from government assistance programmes 	X	X	MoHS MoALI MoSWRR GAD CSOs UN Agencies	<p>25,655,000</p> <p><i>Funded:</i> 5,270,000 <i>Unfunded:</i> 20,385,000</p>

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
		humanitarian-development transition, including, through local recovery funds <ul style="list-style-type: none"> - Support community-driven development interventions in Rakhine State that focus on common infrastructure used by co-existing communities to buttress social cohesion. - Implement community-based Quick Impact Projects (QIPs) in areas where inter-group tensions may arise due to disinformation on the circulation of the epidemics (over 18 months period). - Pilot informal urban settlements upgrading and basic services improvement and selective resettlement project 					
5.2.3	Sub-national authorities better prepared to respond to multiple hazards	<ul style="list-style-type: none"> - Review the upcoming 2020/21 State/Region annual plans and budgets to be aligned with Union response and recovery plans and packages. - Support operations and capacities of Township Disaster Management Committees and build capacities of Township-level officials on sustainable and resilient disaster and pandemic recovery, including for implementing revised SOPs and procedures on DRR & COVID-19. - Build capacities of the Ward/ Village Tract Administrators to better perform their role as critical links between government and communities to build resilience to and recover from the epidemics and other hazards. - Promote and build capacities for participatory township planning led by Township Administrations incorporating COVID-19 recovery into their Township Annual Plan. 	<ul style="list-style-type: none"> - # Township Administrations, City Development Councils, TDMCs supported for COVID-19 crisis response. - # of W/VTAs benefiting from capacity-building around COVID-19 response - % increase in operational expenditures budget for S/R most affected by COVID-19 impact - # of TA officials receiving training on DRR & SOPs, by gender. - # of Township Annual Plans incorporating elements of COVID-19 recovery. 	X	X	S/R Govts. TDMCs GAD CSOs UN Agencies	5,925,000 <i>Funded:</i> 1,020,000 <i>Unfunded:</i> 4,905,000
Key Result 5.3: Democratic governance, fundamental freedoms and the rule of law preserved							Total: 4,576,000 <i>Funded:</i> 2,936,000 <i>Unfunded:</i> 1,640,000
5.3.1	Human rights and fundamental freedoms monitored and protected in the time of COVID-19	<ul style="list-style-type: none"> - Monitor through phone surveys the occurrence of opportunistic evictions and land grabs from small farmers during the crisis, loss of inheritance for women, housing eviction for dwellers in informal urban settlements, human rights impacts of business activity under the cover of COVID-19 restrictions, and arbitrary detentions - Implement information campaigns in a variety of languages, against (i) human rights violations (see above) revealed through monitoring; (ii) disinformation, hate 	<ul style="list-style-type: none"> - # monitoring reports on specific human rights violations in the context of COVID-19. - Trend in % of people associating COVID-19 with particular population groups. - % of overcrowding in prisons and places of detention. - # of electoral violence cases - % of elected women MPs (Union, S/R) and women W/VTAs. 	X	X	MNHRC UAGO Hluttaws UN Agencies	3,856,000 <i>Funded:</i> 2,711,000 <i>Unfunded:</i> 1,145,000

#	Activity Results	Indicative Actions	Indicators	Time Frame (months)		Implementer	Budget (USD)
				0-6	6-18		
		<p>speech, stigma, and discrimination towards people and communities associated with COVID-19 transmission.</p> <ul style="list-style-type: none"> - Advocacy to end restrictions on access to information, particularly in conflict-affected locations. - Advocacy to promote decongestion of prisons and places of detention through various means. - Support to electoral process to be safe, transparent and violence-free (biocide ink procurement, revised voting SOPs, management of candidate nomination and election results) and promote women's participation as voters and candidates. - Contingency fund for legal defence for journalists, labour activists, human rights defenders, artists and CSOs against lawsuits filed, restricting freedom of expression. 					
5.3.2	Good governance and integrity strengthened during the COVID-19 response	<ul style="list-style-type: none"> - Media and communications campaigns to tackle corruption risks related to the pandemic. - Strengthen institutions committed to transparency, accountability and openness to identify and mitigate corruption risks during the crisis - Foster civil society's oversight role in relation to anti-corruption efforts during COVID-19. - Support Government and the Myanmar Police Force in addressing possible surge in drug trafficking and organized crime during the COVID-19 crisis. - Enhance enforcement of relevant laws related to the regulation of wildlife trade, focusing on high-risk species in terms of zoonoses, including by building capacity to regulate markets involving live animals, improving conditions along supply chains through health and safety enforcement, sanitation improvements and regular animal health checks. - Provide technical advice and guidance to government to strengthen legal frameworks and policies, e.g. to support the regulation of wildlife trade and markets 	<ul style="list-style-type: none"> - Myanmar's TI Index 2021. - Illegal trafficking statistics (UNODC) for 2020 - # of legal and policy documents updated to better protect wildlife against trafficking. 	X	X	MNHRC UAGO ACC Hluttaws UN Agencies	<p>720,000</p> <p><i>Funded:</i> 225,000 <i>Unfunded:</i> 495,000</p>



UNITED NATIONS
MYANMAR



United Nations Myanmar

No. 6, Natmauk Road, Tamwe Township

Yangon, Myanmar

Phone: +95 1 542911-9

For more information: mm.undp.org

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