



Overcoming Child Poverty in Myanmar

INVESTING IN HUMAN CAPITAL,
RESPONDING TO COVID-19



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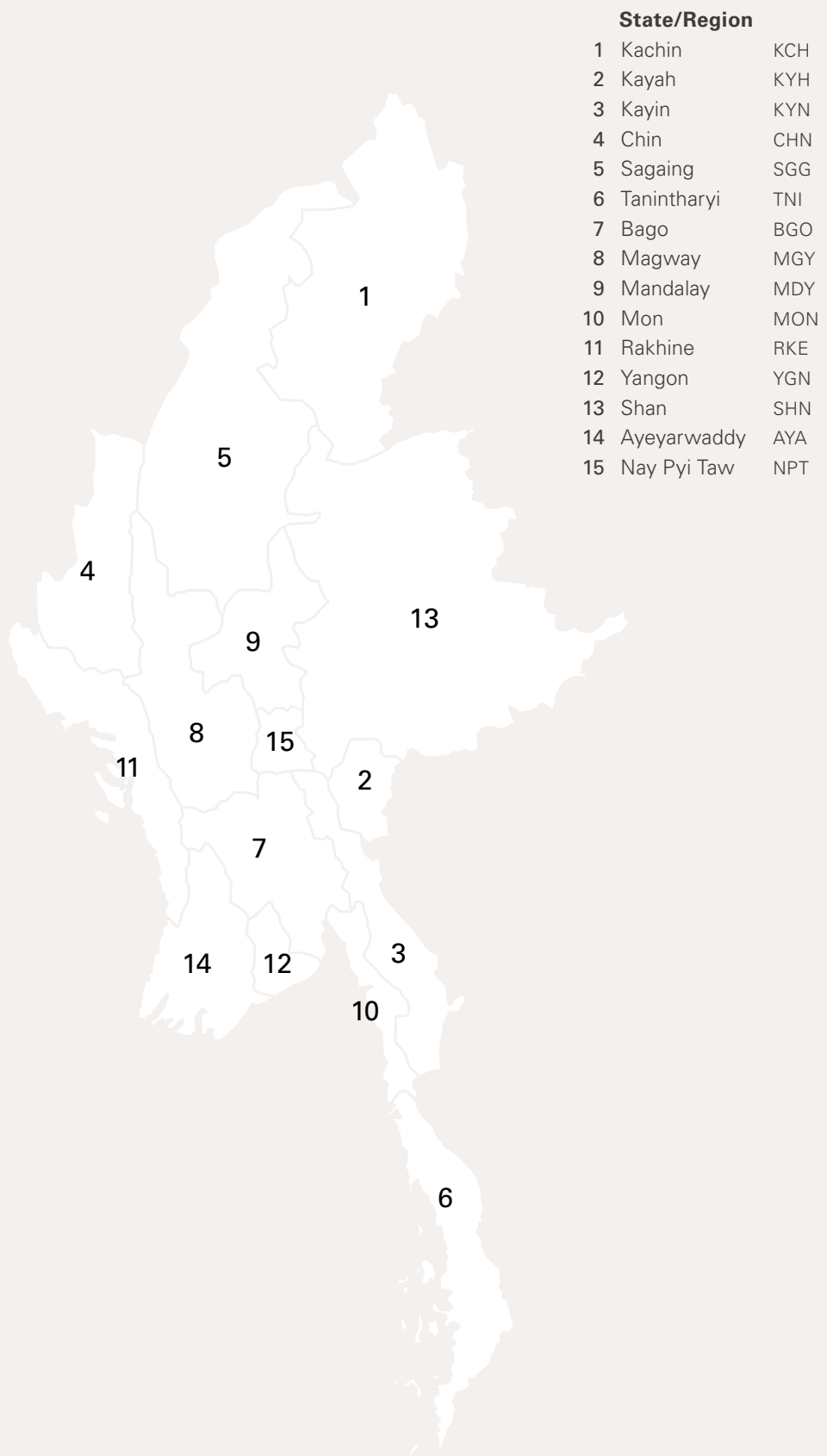
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Abbreviations

CERP	COVID-19 Economic Relief Plan
CHE	Catastrophic Health Expenditure
CSO	Central Statistical Organization
EAP	East Asia and Pacific
ECCD	Early Child-Care and Development
FY	Fiscal Year
GDP	Gross Domestic Product
GoM	Government of Myanmar
LM	Line Ministries
MCCT	Maternal and Child Cash-Transfer
MLCS	Myanmar Living Conditions Survey
MoE	Ministry of Education
MoHS	Ministry of Health and Sports
MoPFI	Ministry of Planning, Finance and Industry
MSDP	Myanmar Sustainable Development Plan
MS-NPAN	Multi-Sectorial National Plan of Action for Nutrition
MSWRR	Ministry of Social Welfare, Relief and Resettlement
MTEF	Mid-Term Expenditure Framework
MTFF	Mid-Term Fiscal Framework
NEL	National Education Law
NPIs	Non-Pharmaceutical Interventions
OoPE	Out-of-Pocket Expenditure
PEFA	Public Expenditure and Financial Accountability
PF4C	Public Finance for Children
P/CwD	Persons/Children with Disabilities
PFM	Public Financial Management
PPE	Personal Protective Equipment
SDGs	Sustainable Development Goals
SEE	State Economic Enterprises
UHC	Universal Health Coverage
WASH	Water, Sanitation and Hygiene
WB	World Bank



Introduction

The purpose of this report is to provide the Government of Myanmar, development partners and other stakeholders with a framework for an effective socio-economic response to COVID-19, with a clear focus on children.

The report highlights the pre-existing vulnerabilities and risks faced by children in Myanmar. It relies on a rapid change monitoring exercise and an analysis of public finances and their allocation, and it presents simulated and forecasted changes, to advocate for specific policy reforms to protect children and support the country's development.

The work outlined in this report precedes and prepares for further more in-depth empirical research yet to be undertaken, which will require additional investment in the coming months and years. **Child poverty is a new indicator in Myanmar.** While monetary household poverty in Myanmar has been measured frequently over the past decades, the number of children aged under 18 years living in poor households was first officially published in the Myanmar Living Conditions Survey (MLCS) – Socio Economic Report, published in February 2020, just a few weeks before the COVID-19 pandemic hit Myanmar.

This report therefore begins with an in-depth analysis of child poverty and vulnerability in Myanmar, including an overview of the correlates of poverty, pre-COVID-19.

This represents a useful baseline for modeling and forecasting how COVID-19 could affect children, and how cash transfers could protect children, to some extent.

The report presents the results of a panel monitoring exercise exploring the real experiences of families in Myanmar in the early weeks of the pandemic. It concludes by making a case for investing in human capital to respond to the effects of the pandemic, while at the same time also sustainably eradicating child poverty for a more prosperous Myanmar.

In this five-part report, the first three parts focus on child poverty and vulnerability, and the social protection response to this, articulated around a statistical analysis conducted by the Central Statistical Organization, UNICEF and UNDP.

The fourth and fifth parts are built around the results from a UNICEF programme monitoring exercise and UNICEF advocacy work in the field of public financial management for children.

Part 1 Child poverty and vulnerability in Myanmar

portrays the situation of monetary poverty before COVID-19, with a focus on children and their families. It shows that while poverty in Myanmar was declining during the period from 2005 to 2017, it still remained very high. In 2017, the most recent confirmed data, many children were living in poverty (31.2 per cent) or just above the poverty threshold (34 per cent).

Part 2 COVID-19 and child poverty in Myanmar

models the likely effects of COVID-19 on child poverty and vulnerability. Using statistical techniques and assumptions on the economic impacts of the pandemic, the model shows that child poverty in Myanmar is likely to increase by over 10 per cent. The model also shows that the many children already living in poor and vulnerable situations will be hardest hit, worsening the already wide inequalities in Myanmar society.

Part 3 Social protection responding to COVID-19

demonstrates that expanding social protection is a particularly effective response to mitigate the immediate and longer-term impacts of COVID-19. Social protection packages are core tools in the response to COVID-19 as they can help minimize the impact of the pandemic on child poverty, slowing down the potential rapid increase of child poverty.

Part 4 Monitoring early changes for families facing COVID-19

shows what is happening in Myanmar families, from a small sample interviewed repeatedly between April and July 2020. The families have shared their experiences of facing changes in their livelihoods and working situations; their knowledge and behaviours around COVID-19 prevention; their stress factors and concerns about the present situation; and the changes in household dynamics, including gender roles and childcare arrangements.

Part 5 Public finance, budgeting and policies that work for children

shows that there is currently an extraordinary opportunity to strategically re-think public expenditure in Myanmar. This involves a focus on prioritising policies that tackle the socio-economic effects of COVID-19 and creating positive impacts in people's lives, particularly for families and children.

Investing in human capital now, in the proactive response to COVID-19, can support the achievement of Myanmar's goals of more inclusive and equitable development and overcoming poverty, as outlined in the Myanmar Sustainable Development Plan (2018-2030).

1 Child poverty and vulnerability in Myanmar

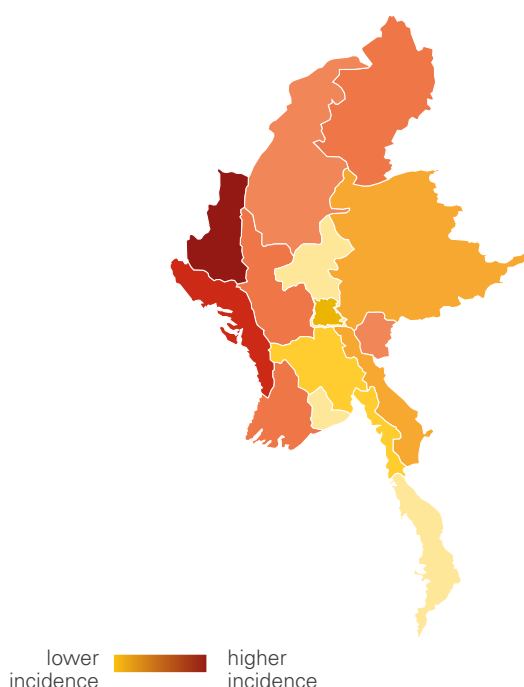


1.2 Poor and vulnerable children in Myanmar

Nearly one third of the children in Myanmar live in poor households. Myanmar’s child poverty rate is 31.2 per cent, higher than the national poverty rate of 24.8 per cent, thus revealing that children are more likely than the rest of the population to be living in poverty.

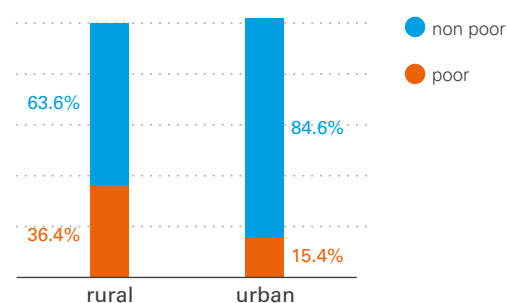
Child poverty has a strong geographic dimension, as shown in the map below.

Figure 1.1: Map of child poverty incidence in Myanmar, by State/Region



- The proportion of children living in poverty is almost two and a half times higher in rural areas (36.4 per cent) than in urban areas (15.4 per cent).

Figure 1.2: Percentage comparison of rural and urban child poverty in Myanmar



- Roughly 60 per cent of poor children in Myanmar live in five States/Regions, namely Ayeyarwady Region, Shan State, Sagaing Region, Rakhine State, and Magway Region.
- The two poorest areas – Chin State and Rakhine State – also have the highest share of poor children. Almost two-thirds of the children in Chin State (63.4 per cent) live in poverty. In Rakhine State, 49 per cent of children live in poverty.
- Conversely, child poverty in Myanmar is lowest in Tanintharyi Region (15.6 per cent) and Mandalay Region (16.5 per cent).

Defining monetary child poverty in Myanmar

Myanmar’s national poverty line in 2017 was 1,590 kyat per adult equivalent* per day (equivalent to approximately 1.18 USD, in 2017), as reported in the Myanmar Living Conditions Survey Poverty report, 2019.

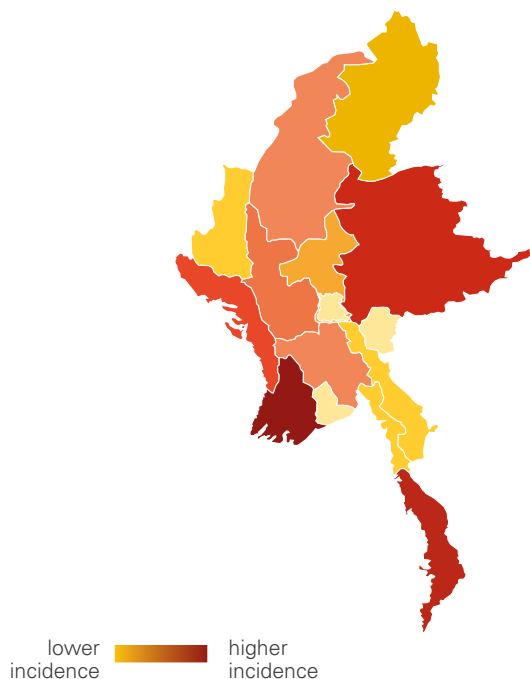
- A Myanmar household is considered poor if its per adult equivalent consumption level in kyats falls below the threshold that is considered necessary to meet the basic minimum standard of living in Myanmar.

- An individual in Myanmar is considered poor if he or she lives in a household with consumption per adult equivalent per day of 1,590 kyat or less.
- In line with the Myanmar Living Conditions Survey (MLCS) Poverty Report, 2019, and MLCS Socio-Economic Report, 2020, a child is considered to be poor **if she or he lives in a poor household, as defined above.**

* Adult equivalence scales are used to calculate proportionate increases in income per adult that would be necessary to maintain a certain level of household living standard (e.g. if children are born) / to compare HHs with different compositions (e.g. with different number of children). http://www.fao.org/docs/up/easypol/326/equv_scales_subjectmtd_033EN.pdf

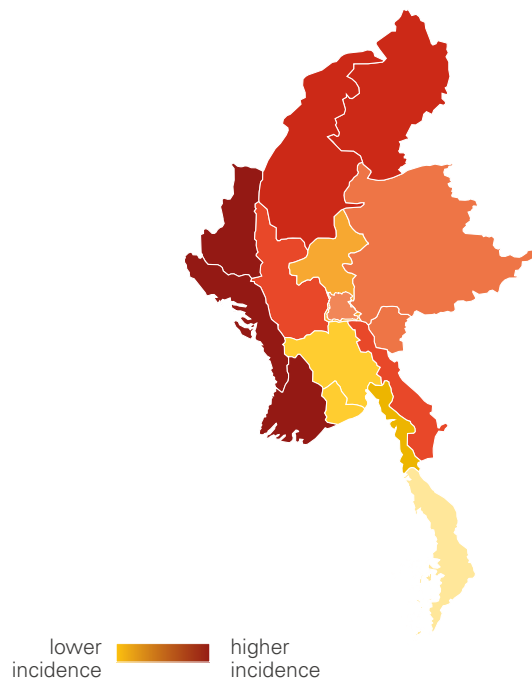
In terms of total numbers, this translates to more than five million children across the country living in poverty. Proportional to the population distribution, most of these children live in the Ayeyarwady Region, Shan State and Sagaing Region; because of its relatively small population, Kayah State also has the lowest number of poor children.

Figure 1.3: Number of poor children in States/Regions



Similarly, over two thirds of the children in Ayeyarwady Region and Kachin State are poor or near poverty. Tanintharyi Region is the only area in Myanmar where the proportion of children living in poverty or at risk of poverty is less than 50 per cent.

Figure 1.4: Per centage of poor and vulnerable children by State or Region



Vulnerable or insecure households are classified as those that are not poor but considered to be at a high risk of falling into poverty. Specifically, per adult equivalent daily consumption lies between the poverty line and one and a half times the poverty line, i.e. adult consumption is 1,590 to 2,385 Myanmar kyats per day (MLCS 2017).

In Myanmar, 34 per cent of children, nearly 6 million children, live in insecure or vulnerable households.

The living conditions of these children are precarious and any type of shock, such as a significant illness or a death in the family, or, indeed, a pandemic, can easily push the household down below the poverty line.

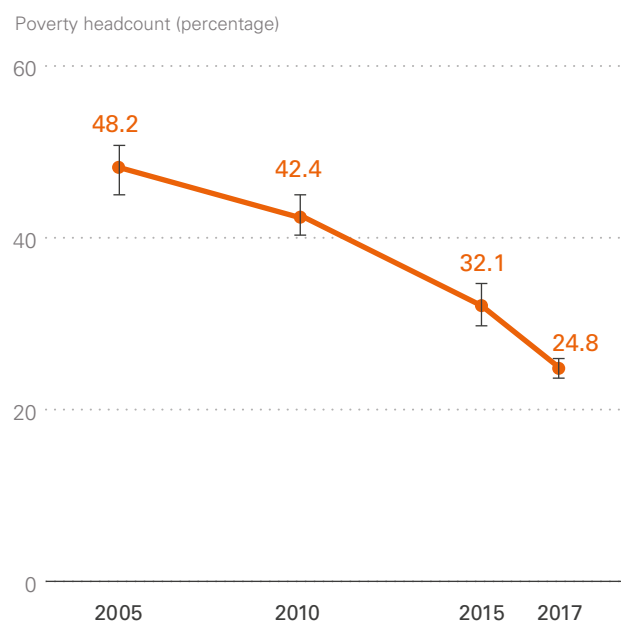
The map below shows the incidence of poor and vulnerable children across Myanmar. In Rakhine State and Chin State, over 85 per cent of children are either poor or at risk of poverty.

1.3 Why measure child poverty and vulnerability?

The Government of Myanmar has made a clear commitment to reduce poverty, a commitment that has translated into good progress in recent years. Through the Myanmar Sustainable Development Plan (2018-2030), the country has reaffirmed this commitment, and in particular aims to address the inequitable distribution of poverty and in parallel to improve the resilience to shock of its population.

Over the past decade or so, Myanmar has achieved a solid and rapid upward trend of economic growth, which has been accompanied by improved standards of living and a halving of the household poverty rate (Myanmar Living Conditions Survey, 2017). The proportion of the country's population living in poverty has reduced dramatically from 48.2 per cent in 2005 to 24.8 per cent in 2017.

Figure 1.5: Trend in household poverty incidence in Myanmar



Nevertheless, today over five million children in Myanmar are living in poverty. As reported in the MLCS Poverty Report published in 2019, poor households have almost double the number of children in non-poor households. Consequently, **intergenerational transmission of poverty remains a clear policy concern in Myanmar.**

Children living in States and Regions near the country's borders or in areas affected by conflict also suffer disproportionately from poverty and remain among the poorest.

Trends in monetary child poverty in Myanmar

Routine child poverty measurement is a requirement of Sustainable Development Goal (SDG) reporting (SDG Goal 1), and a foundation to ensuring child poverty is being reduced.

Monetary child poverty was not measured officially in Myanmar prior to 2020, when it was reported in the MLCS Socio-Economic Report, in line with the SDG indicator "Proportion of population living below national poverty line, disaggregated by sex and age group". Based on the Myanmar Poverty and Living Conditions Survey of 2015, UNICEF estimates that at that time, 55 per cent of children were living in poor households.

In line with the trend of overall household poverty, child poverty in Myanmar has declined significantly. However, child poverty and vulnerability remain high. As stated in the introduction of the Myanmar Sustainable Development Plan (2018-2030): "Along with the steady reduction of poverty, resilience to economic shocks has also improved, although there still is a long way to go".

Some children are more likely to be poor, particularly younger children, children with disabilities, children of uneducated parents and children living in remote rural areas. Measuring, understanding and addressing child poverty and vulnerability is essential for the wellbeing of the entire society.

Poverty in childhood can have lifelong consequences, with the poorest children less likely to access healthcare or complete their education and more likely to suffer from under-nutrition. Children who do not reach their potential cannot contribute fully to the social, political and economic growth of the country. Children who grow up in poverty are more likely to be poor when they are older, perpetuating a cycle of poverty and disadvantage.

However, child poverty is a problem with proven solutions and it is in Myanmar's long-term interest to invest in children and in child-sensitive policies and programmes.

Understanding and measuring child poverty provides policy makers with the necessary information to design and tailor quality and accessible services for the most deprived children.

Through child-sensitive social protection, families and households can be supported to have a minimum income and thus ensure that financial barriers do not prevent children from reaching their potentials and contributing to the country's overall growth.

1.4 Correlates of child poverty

Location, place of residence and other socio-demographic characteristics determine that some population groups are lagging behind, including people with disability, illiteracy or little education.

- Poor people are more likely to live in larger households with more children and/or a head who is disabled or has little or no education.
- On average, poor households have almost double the number of children of non-poor households, resulting in a higher child dependency ratio; that is, 67.6 per cent for poor households compared with 46.6 per cent for non-poor households.
- Younger children are more likely than older children to be poor. The poverty rate of children aged under five years is 33.4 per cent. For children aged between five and 10 years, the rate is 32.6 per cent and for children aged between 11 and 17 years, the poverty rate is 28.9 per cent.

Poverty is more common among children with a reported disability (33.5 per cent) than among those without a disability (31.5 per cent).

Child poverty and the education level of the head of the house are directly related. Children living with parents or caretakers with little or no education are more likely to be poor.

Certain household characteristics are also correlated to child poverty. For instance, nearly 50 per cent of children who live in houses that do not have improved water sources are poor.

Similarly, 60 per cent of children living in households that practice open defecation are poor.

Some 41.7 per cent of children living in households with insufficient space (defined as three or more people per room) are poor, compared to 23.5 per cent of children living in households with sufficient space.

Using multidimensional tools to measure child poverty

This report refers to monetary child poverty, as defined in the SDG indicator 1.2.1 “Proportion of population living below the national poverty line, disaggregated by sex and age group.”

Monetary measures provide important information about the financial barriers that children and families face in the fulfillment of child rights. Children living in monetary poverty are often denied the right to food and nutrition, safety, shelter, medical services or protection from child labour.

While monetary poverty is a vital dimension of child poverty, it is not the only one. Multidimensional measures offer a broader understanding of child poverty, such as whether the child attends school, is well-nourished or has access to healthcare and safe clean water.

Measuring child poverty with multidimensional tools can capture the child’s full experience of poverty in a specific context, through the use of child-specific and household-relevant measures, avoiding problems of intra-household allocations inherent in monetary measures.

SDG indicator 1.2.2 “Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions” requires countries to define multi-dimensional child poverty and measure it. In Myanmar, multi-dimensional child poverty is not yet defined.

Conceptually and practically, both monetary and multidimensional measures can be used together to calculate, analyse and generate a fuller picture of the actual poverty that children experience.

Figure 1.6: Percentage of child poverty in Myanmar by age group

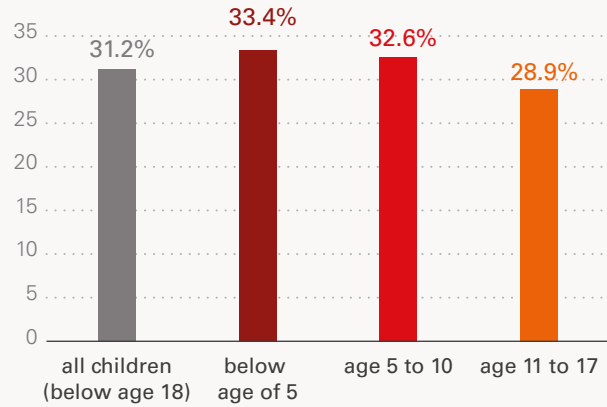


Figure 1.7: Poverty incidence by disability status

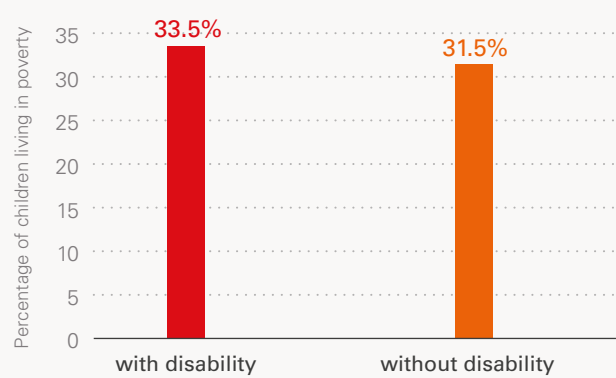


Figure 1.8: Percentage of children living in poverty and access to water sources

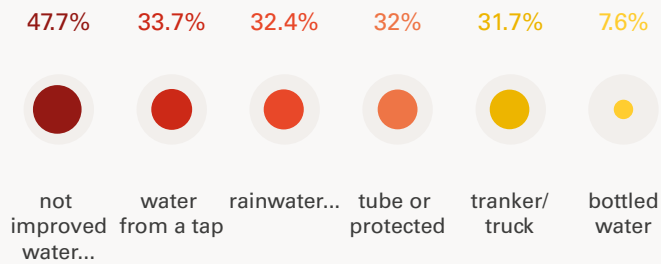


Figure 1.9: Percentage of children living in poverty and access to sanitation

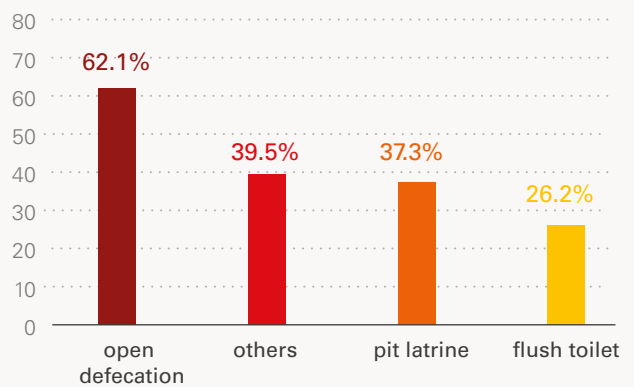


Figure 1.10: Percentage of children living in poverty and education level of HH head

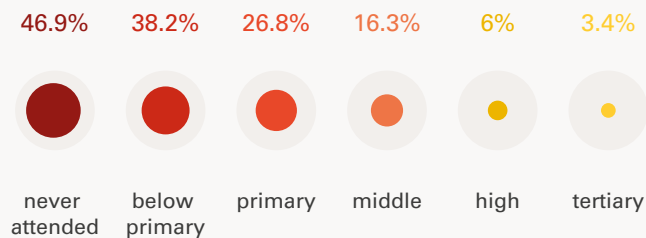
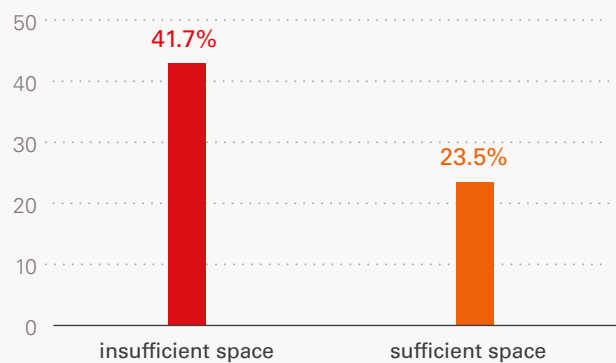


Figure 1.11: Percentage of children living in poverty and overcrowding



1.5 Policy recommendation

Use child poverty and vulnerability analysis to inform Myanmar's COVID-19 response. This analysis of child poverty at pre-COVID-19 level uses data from 2017, before the advent of COVID-19. It can be useful as a baseline from which to estimate and assess the socio-economic impacts of the pandemic at household levels, thus building an understanding of the number, location and ways that children have been affected by the pandemic.

While it appears at this early stage of the pandemic that children have been spared from the direct negative health effects of the disease, children are clearly at risk of facing severe consequences from the economic impacts of the mitigation measures enacted in Myanmar and the rest of the world.

The physical distancing and lockdown in place across the country are causing a significant slowdown of economic activity, translating into serious income reductions at the household level. Sudden, severe income shocks at the household level, even temporary, can have devastating effects on children, particularly those living in poor households with limited assets.

This information can be used to prepare an appropriate and effective response to the COVID-19 pandemic and other shocks, and support families to receive a minimum income and ensure financial barriers do not block children from reaching their potential.

2 COVID-19 and child poverty in Myanmar



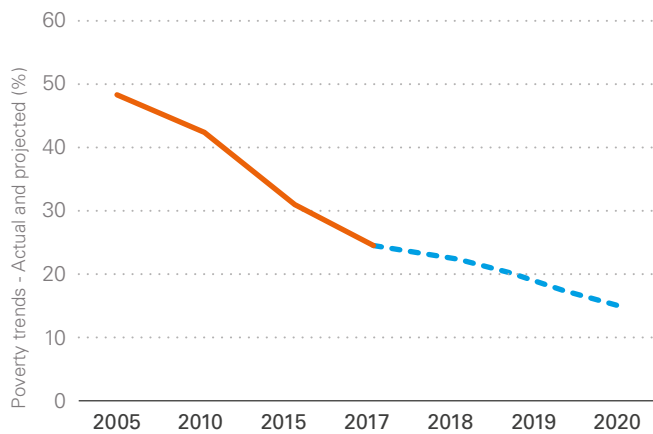
2.1 Key messages

- COVID-19 preventative measures are having negative socio-economic impacts, with job losses reducing the incomes of many families in Myanmar.
- Prior to the COVID-19 pandemic, data showed that children, more than other members of the Myanmar population, were more likely to be affected by poverty.
- Poor children are more likely to live with parents with little to no education, limited access to water and sanitation services, living in rural, remote areas of Myanmar.
- In Myanmar, 34 per cent of children live in non-poor but economically insecure households, meaning any shock could cause them to fall into poverty.
- Reduction in family income drives families to reduce their consumption and as a result child poverty is projected to rise by over 10 per cent in just a few months.
- Children most at risk to suffer from reductions in consumption are those who already live in poor and vulnerable families.
- Job losses, reductions in consumption and other socio-economic impacts from COVID-19-related measures have the potential to widen existing inequalities and disparities.

2.2 The effect of COVID-19 on child poverty in Myanmar

Part 1 Child poverty and vulnerability in Myanmar explains that until COVID-19 hit Myanmar and the world, Myanmar was on a path of consistent reduction of household poverty, which had contributed to lift millions of people out of poverty in recent years (Myanmar Living Conditions Survey 2017¹).

Figure 2.1: Trend and projected poverty incidence in Myanmar (%)

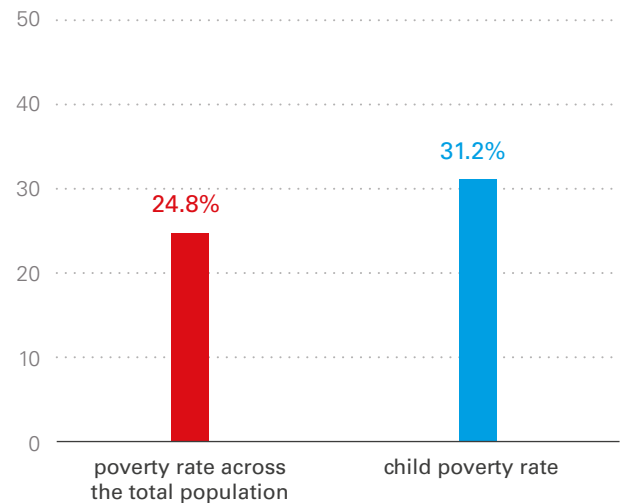


Projected poverty incidence is from the world bank MEM, June 2020

Despite these gains, and the clear commitment to reduce poverty by the Government of Myanmar², as of 2017 over five million children in Myanmar live in poor households (MLCS 2017). Approximately one in every three children (31.2%) lives in a household where the consumption is under the national poverty line³.

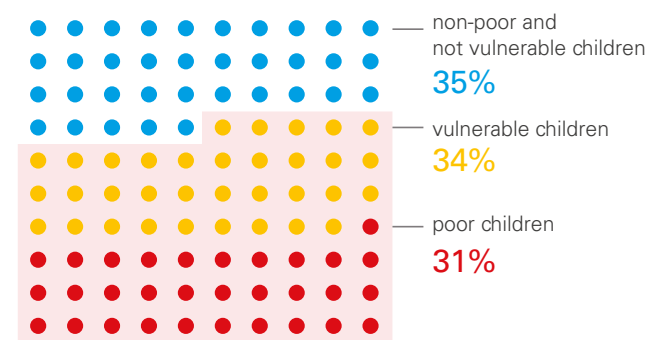
Myanmar’s total population poverty rate (across all ages) is 24 per cent, revealing that children in Myanmar are disproportionately affected by poverty

Figure 2.2: Poverty rate across the total population and child poverty rate



In addition to these five million children, a further approximately six million children (34 per cent) live in vulnerable households or households where consumption is only slightly above the national poverty line. Any shock could make these vulnerable households fall into poverty⁴. Like many other countries, Myanmar is implementing measures to mitigate the spread of COVID-19. Unfortunately, the socio-economic effects of these measures and the resulting economic slowdown may have life-long negative impacts on children and delay Myanmar’s achievement of the Sustainable Development Goals.

Figure 2.3: Proportion of poor, vulnerable and non-poor and not vulnerable children in Myanmar



1. MLCS Poverty Report 2019, and Socio-Economic Report 2020

2. The Myanmar Sustainable Development Plan (2018-2030) States that “The GoM is committed to mitigating poverty throughout the country, and has developed comprehensive strategies to address the issue, beyond simply stimulating economic growth.”

3. The national poverty line in 2017 was 1,590 Myanmar kyats per adult equivalent per day, as defined in the Myanmar Living Conditions Survey Poverty report, released in 2019. A household is considered to be poor if the per adult equivalent consumption level kyats falls below that threshold. The poverty line defines the minimum welfare level or basic standard of living and below that line a person is considered to be deprived

4. Vulnerable or insecure households are classified as those that are not poor but considered to be at a high risk of falling into poverty. Specifically, the adult daily consumption lies between the poverty line and one and a half times the poverty line, i.e. adult consumption is 1,590 to 2,385 Myanmar kyats per day (MLCS Socio-Economic Report, 2020).

The World Bank predicts a reduction in growth as a result of the COVID-19 pandemic, which would reverse Myanmar’s progress in reducing poverty. The negative impacts will not be distributed equally across Myanmar society and the people expected to suffer most are, once again, those in already disadvantaged situations (Myanmar Economic Monitor, World Bank, June 2020).

Children living in poor and vulnerable households in Myanmar are very likely to suffer more from the indirect negative impacts of the COVID-19 pandemic.

Approximately 18 million people, 83 per cent of Myanmar’s workers, are engaged in the informal sector, according to the most recent Labour Force Survey conducted in 2017. In poor and vulnerable households, where the single or main breadwinner often relies on daily or precarious wages, such as in casual or seasonal work, lockdown measures mean a significant reduction or even complete elimination of the family income. These families relying on daily wages do not have secure and predictable incomes and also lack the protection of benefits such as pensions and sick leave that formal employment guarantees. Their income is often completely consumed by basic needs, impeding the accumulation of savings.

Reductions in incomes cause households with limited assets, savings and access to credit to inevitably reduce their consumption levels. This translates into negative coping strategies that affect children, for example, eating less varied or smaller amounts of food, not accessing healthcare, and children dropping out of school to work. As outlined in Part 1 Child poverty and vulnerability in Myanmar, children living in poor households are also more likely to have very limited access to adequate water and sanitation services, and are more likely to live in overcrowded spaces. These factors increase the vulnerability of families to COVID-19 and other diseases. This becomes particularly dangerous at times when staying home is required and access to health services is more limited.

Identifying the sources of income and sectors most likely to be affected by the pandemic, using a bottom-up approach, makes it possible to estimate the resulting loss of household income and reduction in consumption. Annexes 1 and 2 provide a detailed literature review and outline the methodology for this.

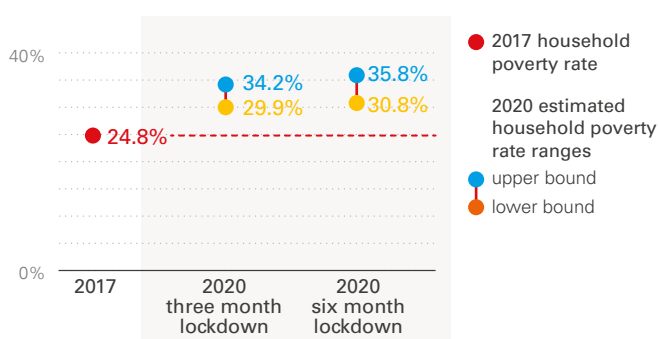
This exercise uses a model to test two relevant scenarios - one of short-term (three-month) lockdown and another of longer-term (six-month) lockdown – revealing that household and child poverty levels are expected to increase in both cases. This is in line with recent forecasts published by the World Bank (Myanmar Economic Monitor, June 2020) that

estimate household poverty levels will increase and not return to pre-COVID-19 levels for at least one to two years.

The results of this model also confirm the key insights from the profiling of child poverty presented in Part 1 Child poverty and vulnerability in Myanmar. COVID-19’s economic impacts will be felt most acutely by Myanmar’s poorest and most vulnerable families.

Presenting upper and lower ranges, Figure 5 shows how the baseline 2017 household poverty rate (MLCS 2017) increases in the cases of three-month and six-month lockdowns.

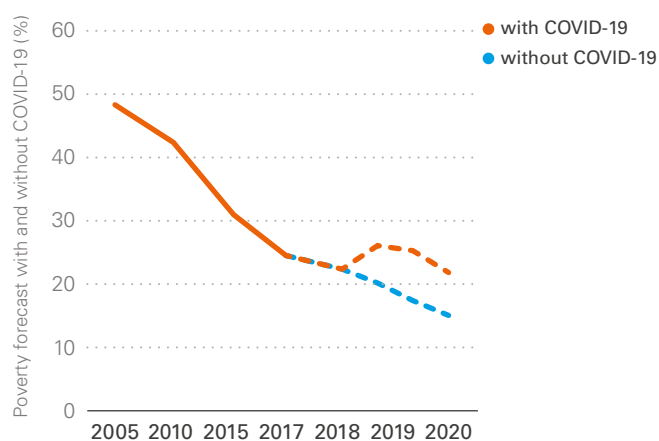
Figure 2.4: Impact of COVID-19 lockdowns on household poverty rate in Myanmar



Both scenarios show an increase in the national poverty rate, ranging from five to nine per centage points increase (24.8 per cent up to 29.9 or 34.1 per cent) in the case of a three-month lockdown and almost 11 per centage points increase (24.8 per cent up to 35.8 per cent) in the case of a six-month lockdown.

Since 2005, Myanmar had been experiencing a descending trend of poverty rates, but this model shows that poverty rates are expected to rise in 2021 to a level potentially higher than that recorded in 2015.

Figure 2.5: Modeled impact of COVID-19 pandemic on poverty in Myanmar



In line with these national household poverty projections, child poverty rates are expected to increase in both scenarios.

Figure 2.6: Impact of COVID-19 lockdowns on child poverty rate in Myanmar

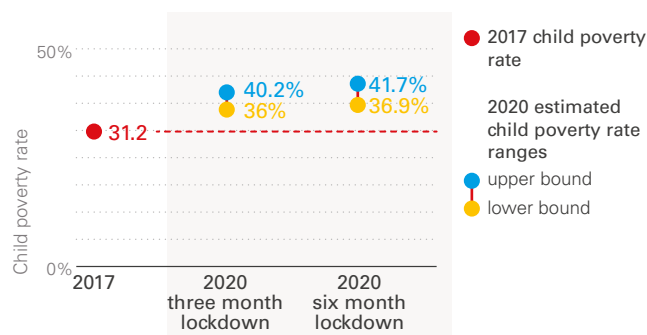


Figure 7 shows that in the three-month lockdown scenario, the child poverty rate is expected to rise from the current 31.2 per cent to almost 40 per cent, meaning that two out of five children in Myanmar would be living in poverty. The six-month lockdown scenario shows even higher levels of child poverty.

While child poverty rates in Myanmar were not officially reported before 2017, UNICEF estimates that in 2015, over 50 per cent of children were living in poor households. Although overall poverty and child poverty decreased significantly between 2015 and 2017 from over 50 per cent, falling to 31.2 per cent, based on the predicted impact of COVID-19 on the Myanmar economy, it is estimated that this trend will be reversed, and that by the end of 2020 child poverty is likely to increase by over 10 percentage points.

Child poverty projections shown through this modeling exercise estimate that as a result of COVID-19 mitigation measures, up to two million more children in Myanmar could fall into poverty by the end of 2020.

2.3 Policy recommendation

Define and measure multi-dimensional child poverty in Myanmar, in order to help design and implement quality and accessible services for the country's poor and vulnerable children. This will be instrumental in allowing children to fulfill their potential and break out of cycles of poverty.

The analysis of child poverty in Myanmar and the model presented in this report suggest that many children in Myanmar live in households that struggle to achieve minimum levels of consumption, that is, below, on, or just hovering at the poverty threshold.

A family's standard of living is a crucial determinant of child deprivation. Children experience poverty as being deprived in the immediate aspects of their lives, including nutrition, health, water, education, protection and shelter.

To ensure a full and comprehensive understanding of child poverty which could inform both the shorter-term social protection response to COVID-19 and the longer term development of resilient protection systems, it is essential that Myanmar focuses not just on monetary poverty but also on broader dimensions of child poverty.

Supported by the Sustainable Development Goals and as a Member State of the United Nations, Myanmar has the opportunity to develop a national definition of 'multi-dimensional child poverty', which can usefully guide a more comprehensive analysis and appropriate policy and programme responses, to eliminate child poverty.

3 Social protection responding to COVID-19



3.2 Social protection in Myanmar

Social protection responses can help to reduce the negative socio-economic impacts of the COVID-19 pandemic in the short, medium and longer terms.

Myanmar’s Sustainable Development Plan (2018-2030) recognizes the importance of raising the capacity of human capital and contributing to social development through the expansion and strengthening of social protection programmes.

Myanmar’s National Social Protection Strategic Plan 2014 aims to promote human and socio-economic development, strengthen resilience to cope with disasters, enable productive investments and improve social cohesion. Rooted in the Myanmar context, the plan endorses the principles of a lifecycle-based approach, universality and integrated national systems, to maximise linkages with other social services, such as education and health⁵. When Myanmar endorsed its National Social Protection Strategic Plan, the country effectively began a human rights-based approach to social protection.

The Social Protection Strategic Plan identifies eight key programmes tailored to address Myanmar’s poverty and vulnerability profile. The programmes are as follows:

1. Maternal and Child Cash Transfer - for pregnant women and mothers with children aged under two years;
2. Child Allowance - for children aged three to 15 years;
3. School Feeding;
4. Disability Grant;
5. Public Employment and Technical and Vocational Education Training;
6. Social Pensions;
7. Inclusive Self-Help Groups; and
8. Integrated Social Protection Services.

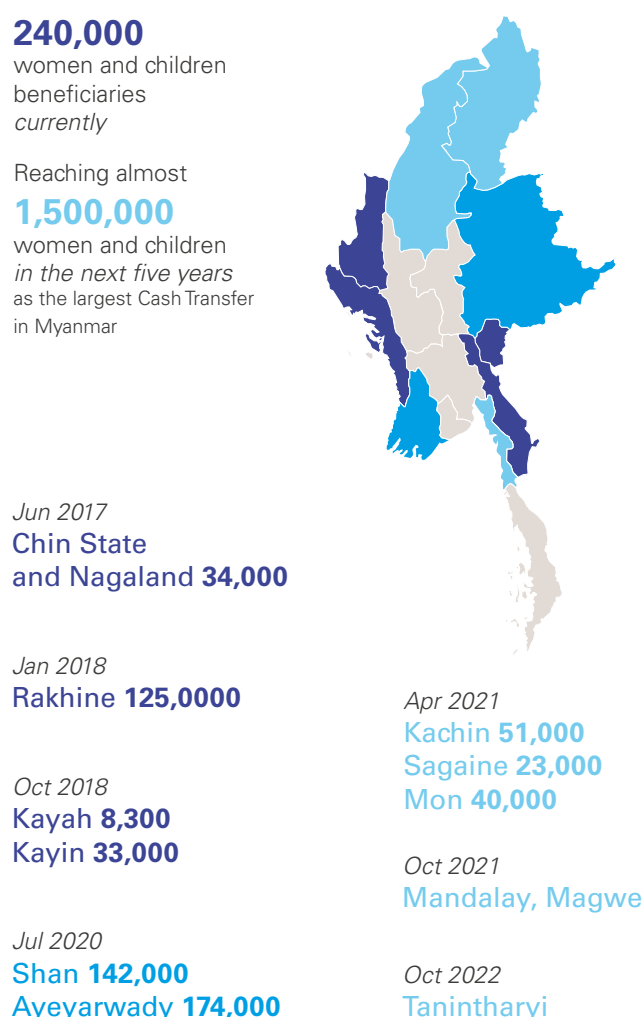
Despite government commitment and a progressively increased public budget allocations to social protection over the past three fiscal years, Myanmar’s spending on social protection remains among the lowest in East Asia and Pacific (the Region), an estimated 0.15 per cent of total Union budget, or 0.05 per cent of GDP.

Six years after the adoption of this National Social Protection Strategic Plan, just two of the four proposed cash transfer programmes are currently being implemented. They are the Maternal and Child Cash Transfer programme and the Social Pension programme. The Child Allowance and the Disability Grant programmes have not yet been launched.

The Maternal and Child Cash Transfer programme focuses on the first 1,000 days of life and provides pregnant women and mothers of children aged under two years with 15,000 Myanmar kyats per month (approx. 11 USD), paid quarterly. It covers more than 240,000 mothers and children and the programme has been rolled out in five areas, starting in June 2017 in Chin State, followed by the Naga Autonomous Area and Rakhine State in January 2018. These three areas have particularly high rates of poverty, vulnerabilities and child deprivations. In Chin State, 41 per cent of children aged under-five years are stunted and in Rakhine State the figure is 38 per cent.

The programme rolled out in Kayah State and Kayin State in October 2018 and there are plans for July 2020 launching in Shan State and Ayeyarwady Region, the most populous area of the country. It is estimated that more than 300,000 women and children beneficiaries in these two areas will participate in the programme, bringing the total number of Maternal and Child Cash Transfer programme beneficiaries to approximately 540,000 by the end of 2020.

Figure 3.1: Current and planned coverage of the MCCT programme



5. Costed Social Protection Sector Plan 2018-22

Myanmar's Department of Social Welfare plans to expand the Maternal and Child Cash Transfer programme to cover six more States and Regions by 2023. By that time, the programme will be reaching almost 1.5 million women and children.

The Social Pension programme provides 10,000 Myanmar kyats per month to people aged over 85 years and reaches around 200,000 beneficiaries. The Department of Social Welfare plans to gradually lower the eligibility age for the Social Pension, to provide broader coverage of the country's elderly population.

The Child Allowance programme, an extension of the Maternal and Child Cash Transfer programme, was planned to begin in the 2019-20 fiscal year but has not yet been launched. This programme will provide approximately 15,000 Myanmar kyats per month to families with children aged between three and five years. By providing additional resources and extending the period of support, the Child Allowance programme aims to strengthen the impacts of the Maternal and Child Cash Transfer programme by building on the social and behavioural communication change focused on the child's early years, particularly around improved child nutrition, which will in turn contribute to improved development of these children later in life.

The proposed Disability Grant programme is planned for launch within the next two years.

3.2.1 Immediate social protection response to COVID-19 in Myanmar

Swiftly and proactively, the Government of Myanmar announced immediate social protection measures as part of the COVID-19 Emergency Response Plan.

This rapid response included a one-off payment of 30,000 Myanmar kyats (approx. USD 20) as a vertical expansion of existing cash transfers. Current beneficiaries of the Maternal and Child Cash Transfer (240,000 families) and Social Pension (200,000 beneficiaries) are receiving this additional cash payment at the time of writing.

In addition, a cash payment to Internally Displaced Persons (IDPs) is ongoing at the time of writing (July 2020); a one-off cash payment of 20,000 Myanmar kyats (approx. USD 14) is planned for pregnant women in areas where the Maternal and Child Cash Transfer is not yet active; and another for persons with disabilities.

3.2.2 Short and medium-term social protection response

As the COVID-19 pandemic evolves, it is vital to gather, monitor and analyse the emerging data, in order to gain better understandings of the ways that the lives of children in Myanmar and their families are being affected. That knowledge can help in the design of effective responses to meet emerging needs.

Part 1 Child poverty and vulnerability in Myanmar highlighted the fact that approximately one in three children (31.2 per cent) in Myanmar are poor, and another 34 per cent live just above the poverty line (Myanmar Living Conditions Survey, 2017).

Further modeling work, outlined in Part 1 COVID-19 and child poverty in Myanmar shows that as a result of COVID-19, the number of poor and vulnerable households and children in Myanmar will significantly increase, by up to 10 per cent in the event of a six-month slowdown. This increasing poverty exposes more families to risks. The incomes of many families are being significantly reduced as a result of closure of non-essential workplaces, restrictions on movements and reductions in remittances received, due to border closures.

This is further confirmed by the findings from the World Bank's Myanmar Economic Monitor (June 2020), estimating an increase of household level poverty, as a result of the economic slowdown caused by COVID-19⁶.

Building on this modeling, this part presents the results of a simulation exercise undertaken by UNICEF to forecast the potential mitigating effects of existing and expanded social protection programmes. This simulation exercise also helps to inform programme by providing helpful insights into the most effective and efficient combination of transfers that would maximise the positive effects on household consumption.

This is an opportunity to adapt and strengthen shock responsive social protection systems towards building household resilience, not only during the current COVID-19 pandemic, but also against any other future shocks and challenges.

6. The World Bank's Myanmar Economic Monitor report released in June 2020 models two scenarios. Under the baseline scenario, where GDP is set to increase by 0.5 per cent in 2020, poverty levels are expected to increase in the short term, and only come below pre-crisis levels in 2021/22. Under the downside growth scenario, the GDP growth in FY19/20 is set to be -2.5 per cent, it would take an until 2022/23 to resume the downward path of the past.

3.3 Simulating the impact of scaling-up social cash transfers

The Myanmar government has launched a vertical expansion of the Maternal and Child Cash Transfer programme, providing a one-off cash payment of 30,000 Myanmar kyats (approx. USD 21), in addition to the regular 15,000 Myanmar kyats (approx. 11 USD). This extra top-up payment reduces poverty rates, but only marginally, and not enough to fill the poverty gap and increase consumption levels significantly. The majority of poor households in Myanmar have children aged under five years⁷ (MLCS, 2017), and many are not reached by the Maternal and Child Cash Transfer programme, which only targets pregnant women and families with children aged under two years.

The micro-simulation exercise was developed to inform further expansion of the cash transfers. It estimates ex-ante the effects of various social protection options on household consumption, and therefore their impact on poverty. This micro-simulation exercise explores the extent to which the provision of additional cash or income to families could affect household consumption, and therefore mitigate the increase of child poverty caused by the COVID-19 pandemic.

The results generated by the simulation exercise are useful to design the scale up of Myanmar's key social protection programmes, the Maternal and Child Cash Transfer and Child Allowance programmes.

3.3.1 Simulation approach - vertical and horizontal expansion

The simulation modeled both vertical and horizontal expansion of social protection programmes.

Vertical expansion: The simulation exercise first tested the impacts of the following vertical expansion scenarios, increasing the amount of current cash payments:

- a. cash transfer, and a two-fold increase in the one-off top-up payment
- b. cash transfer, which is increased by 10%, 25%; 40%

- c. cash transfer, which is increased by 10%, plus a child allowance⁸
- d. cash transfer, which is increased by 25%, plus a child allowance
- e. cash transfer, which is increased by 40%, plus a child allowance

Horizontal expansion: The simulation exercise then tested the impacts of the above scenarios considering the horizontal expansion of the Maternal and Child Cash Transfer programme to include additional States and Regions until 2022. This broadening of geographical coverage is in line with the expansion pathway defined in Myanmar's medium-term Social Protection Costed Sector Plan developed by the Department of Social Welfare and the Ministry of Social Welfare, Relief and Resettlement in 2019.

The simulation considered the impact of adding Kachin State, Mon State, Mandalay, Magway Region and Tanintharyi Region to the current States and Regions included in the Maternal and Child Cash Transfer programme (Chin, Naga, Rakhine, Kayah, Kayin, Shan and Ayeyarwady). The introduction of the MCCT to new States and Regions is outlined in the Social Protection Costed Sector Plan, and its sequencing considers the poverty, vulnerability and nutrition indicators in each State and Region.

In analyzing and developing the scenarios, it is assumed that the entire sum of the cash transfer received by the beneficiaries will be spent. This is a reasonable assumption as, according to evidence from cash transfers in other developing countries⁹, the entire amount (conditional or unconditional) is spent. In a low-saving context such as Myanmar, as the cash transfers increase household purchasing power, households are likely to expand their expenditure proportionally.

7. As reported in the MLCS Socio Economic report of 2020, for every additional child five years old or younger, per adult equivalent consumption decreases by about 11.3 per cent and the likelihood of being poor increases by 8.9 per cent percentage points.

8. 15,000 MMK per month is assumed for Child Allowance similar to the MCCT beneficiaries

9. Cash transfers: what does the evidence say? A review of programme impact and of the role of design and implementation by Francesca Bastagli, Jessica Hagen-Zanker, Luke Harman, Valentina Barca, Georgina Sturge and Tanja Schmidt, with Luca Pellerano, July 2016

3.3.2 Key findings

The following key findings have emerged from the simulation exercises:

a. Vertical expansion of the Maternal and Child Cash Transfer

The simulation considering the Maternal and Child Cash Transfer programme operating in the existing five areas plus Shan State and Ayeyarwady Region shows a reduction in child poverty by 2.9 percentage points (scenario 1).

This has almost the same effect on poverty reduction as a 40 per cent increase in the regular amount of the Maternal and Child Cash Transfer (scenario 4).

Increasing the regular payment by more than 40 per cent of the current value would not have a major impact on the poverty rate. This happens because once poor households have reached a consumption level that is above the national

poverty line, the poverty rate will not be further reduced if households are provided additional cash.

b. Horizontal expansion of the Maternal and Child Cash Transfer

The simulation findings from scenarios 8 to 14 suggest that an accelerated horizontal expansion of the Maternal and Child Cash Transfer to other States and Regions, more rapid than is planned as per the Costed Sector Plan, does have an impact on poverty. However, the impact is not major, as most of the poor in Myanmar are concentrated in the areas currently covered by the cash transfer programme, plus the populous Shan State and Ayeyarwady Region.

This is understandable as the Costed Sector Plan was developed before the COVID-19 pandemic, which has now increased the needs of vulnerable groups and wiped out the good progress made in the last couple of years, in terms of reaching more women and children.

Figure 3.2: Child poverty and cash transfers scenario testing

Scenario	Description	percentage point drop in child poverty rate	new poverty rate
Scenario 1	only increase in the top up of MCCT threefold	2.9	36.22
Scenario 2	selected states increase in MCCT by 10 per cent	2.5	36.62
Scenario 3	selected states increase in MCCT by 25 per cent	2.8	36.36
Scenario 4	selected states increase in MCCT by 40 per cent	3.0	36.11
Scenario 5	selected states increase in MCCT by 10 per cent and child allowance	4.9	34.19
Scenario 6	selected states increase in MCCT by 25 per cent and child allowance	5.3	33.85
Scenario 7	selected states increase in MCCT by 40 per cent and child allowance	5.5	33.64
Scenario 8	only increase in the top up of MCCT threefold in states with planned expansion up to 2022	2.7	31.89
Scenario 9	all planned states increase in MCCT by 10 per cent	2.2	32.37
Scenario 10	all planned states increase in MCCT by 25 per cent	2.6	32.00
Scenario 11	all planned states increase in MCCT by 40 per cent	2.7	31.82
Scenario 12	all planned states increase in MCCT by 10 per cent and child allowance	4.4	30.12
Scenario 13	all planned states increase in MCCT by 25 per cent and child allowance	4.7	29.87
Scenario 14	all planned states increase in MCCT by 40 per cent and child allowance	4.8	29.73

c. Combination of vertical and horizontal expansion

The simulation tested a combined vertical and horizontal expansion of the cash transfer programme, to model the impact of variations in the Maternal and Child Cash Transfer programme with the Child Allowance programme in the seven¹⁰ programme areas listed above.

The results show that the **biggest effect of the cash transfers on poverty (percentage point decrease in poverty for scenario 14 and a 5.5 percentage point decrease in poverty for scenario 7' is achieved by a combination of the Maternal and Child Cash Transfer and Child Allowance programmes.**

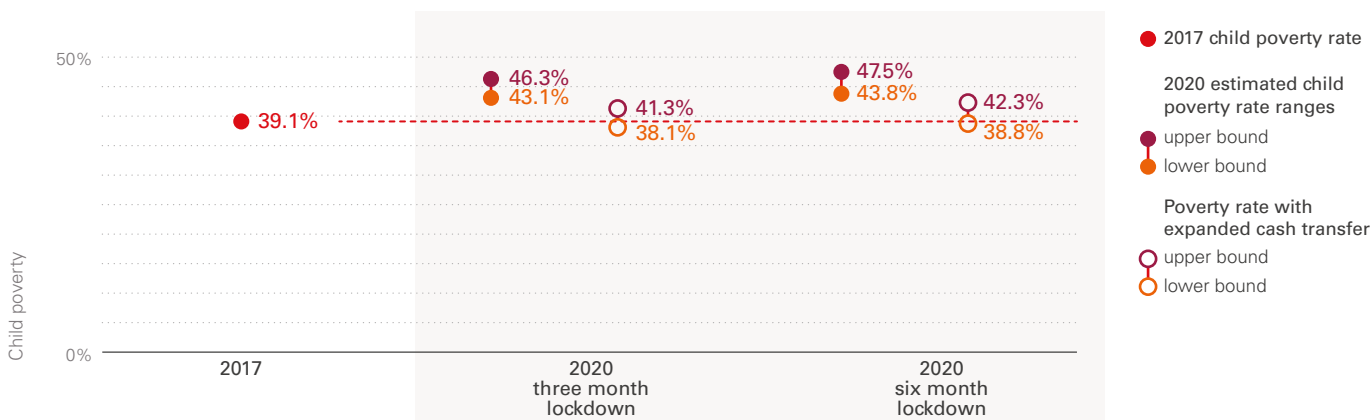
This is so because the majority of the poor households in Myanmar have children aged under five years. As reported in the MLCS Socio-Economic report of 2020, the number of (young) children is correlated to lower household

welfare: for every additional child five years old or younger, per adult equivalent consumption decreases by about 11.3 per cent and the likelihood of being poor increases by 8.9 per centage points.

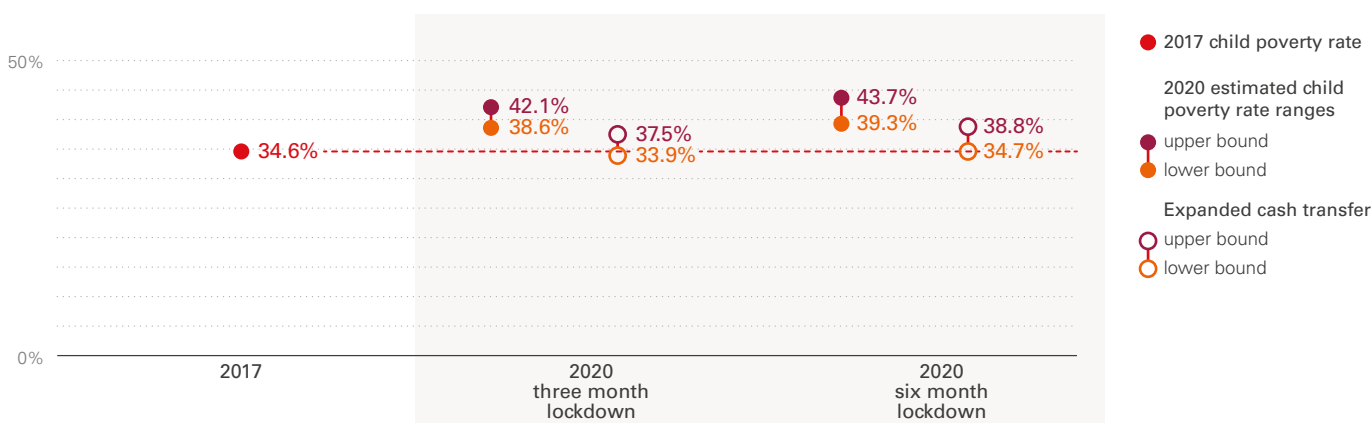
The simulation exercise shows that the combination of an increased Maternal and Child Cash Transfer (increased by 40 per cent of the current value) together with a Child Allowance, could provide an effective buffer to the negative socio-economic impacts of the COVID-19 pandemic.

An expansion of cash transfers would reduce the one to four percentage point increase in poverty rates that has been predicted to occur as a result of the COVID-19 pandemic. Without the cash transfers, the poverty rate is expected to increase from one to four per centage points in the case of a three-month lockdown and two to six per centage points in the case of a six-month lockdown and a longer economic slowdown.

Scenario 1: Expanded cash transfer effects on child poverty in current States and Regions



Scenario 2: Expanded cash transfer effects on child poverty in all planned States and Regions



10. Chin State, Rakhine State, Naga Self-Administered Zone, Kayah State, Kayin State, Shan State and Ayeyarwady Region

3.4 Policy recommendations

3.4.1 Immediate scale-up of cash transfers

The multiple damaging effects of the COVID-19 pandemic, including widespread reduction of incomes and loss of livelihoods, will cause an increase in the rate of child poverty in Myanmar.

The simulation exercise presented above shows that scaling up the existing Maternal and Child Cash Transfer programme and rolling out the planned Child Allowance programme could buffer the expected reductions in consumption brought on by the pandemic and the subsequent reduction of incomes.

Specifically, the simulation shows that the **most effective results would be obtained by combining a larger Maternal and Child Cash Transfer (with the benefit increased by 40 per cent) together with a Child Allowance; and immediately expanding this to include all the States and Regions the Maternal and Child Cash Transfer programme is expected to reach by 2023.**

If all eligible households receive these cash transfers, the expected increase in poverty rates will be less than otherwise, without these programmes. According to the simulated support package, Myanmar's poverty rate is projected to increase by between one and four percentage points (in the case of a three-month lockdown) or two to six per centage points (in the case of a six-month lockdown). Both these projections indicate a smaller increase in the national poverty rate than would be the case without the cash transfers.

3.4.2 Shock-responsive social protection systems

The experience of COVID-19 provides an opportunity to check, refine and strengthen the current social protection systems, to move forward towards more sustainable, long-term, shock-responsive, social protection systems. The specific recommendations here are as follows:

3.4.2.1 Adopt risk-adjusted procedures for existing national social protection programmes

Since the registrations and payments of the existing social cash transfers are still based on manual, paper-based delivery systems and require the physical presence of large numbers of beneficiaries, it is important to conduct the programme operations in a way that promotes physical distancing, avoiding the gathering of beneficiaries.

Keeping mindful of COVID-19 risks and the need to ensure the continuity of Maternal and Child Cash Transfer and Social Protection programmes, mitigation measures and risk-adjusted procedural guidelines need to be adopted. Temporary administrative arrangements are being introduced to ensure smooth delivery of the programmes during the crisis, with a strong focus on Do No Harm and minimizing the risk of transmission of risk the virus during implementation.

3.4.2.2 Adjust and scale up the Social and Behavioural Change Communication package

Existing behavioural change communication and communication for development messages are being adapted to include strong focus on COVID-19 prevention, and dissemination is being rapidly scaled up. Strengthening messages on the use of cash to meet immediate needs, prioritising food, nutrition, health and hygiene, as well as exclusive breastfeeding, and infant and young child feeding practices is advised. The cash transfer payment sites provide an additional opportunity to scale up Social and Behavioural Change Communication activities and share relevant materials and resources with families, women and children.

3.4.3 Linking social protection with basic and social services and with productive and financial inclusion interventions

Regular, predictable cash transfers can make critical impacts on the welfare and development outcomes of families, women and children facing the negative economic impact of COVID-19. However, these payments alone are not enough to protect people. An integrated approach linking cash transfer programmes with universal and accessible social services and information about all basic social services is highly recommended. This integrated social protection system can help to achieve multiple and widespread positive outcomes in the areas of health, nutrition, water, sanitation and hygiene, birth registration, protection, early childhood and childcare. On the demand side, the Maternal and Child Cash Transfer programme already creates incentives for beneficiary families to learn about and seek access to health and nutrition services. Increasing the range of services offered, to cover complex and multi-dimensional risks, can be done through creating a referral system of key national social protection programmes internally within the Ministry of Social Welfare, Relief and Resettlement services, and externally with other ministries including the Ministry of Health and Sports, the Ministry of Education, and others providing basic social services.

Specific policy recommendations in this area are as follows:

- a. Nutrition services:** COVID-19's negative impacts on economic activities and household income generation create challenges for poor and vulnerable families, specifically women and children, to consume the required quality and quantity of the food for health and survival. Linking the Social and Behaviour Change Communication package with the cash transfer programmes, particularly the Maternal and Child Cash Transfer programme, will reinforce important messages on diet diversity for women and children, exclusive breastfeeding for the first six months and infant and young child feeding practices.

Social media platforms, along with radio and mobile phone messaging are being used increasingly at this time when midwives and community health workers cannot convene mother support group sessions. The messages will also cover identification of a malnourished child and referral mechanisms for seeking nutrition screening and services from specific health facilities. A telephone answering service is recommended to provide information and assist callers to make linkages and access budgeting help, to monitor expenditures related to nutrition and diet diversity.

- b. Health and birth registration:** In areas where the Maternal and Child Cash Transfer programme is being implemented, beneficiaries, as well as pregnant women and mothers among migrant returnees can be linked with the Department of Public Health mechanisms. This enables and ensures that women have access to regular antenatal and postnatal care, immunization and family planning services provided at or near mobile health facilities and following the COVID-19 accessing health facilities protocol. The beneficiaries, particularly children returning with their migrant parents, can be provided with assistance to obtain birth registration certificates.

- c. Health micro-insurance to ensure availability of preventive services and protect vulnerable families and children from Catastrophic Health Expenditure:** This option is particularly appropriate for Myanmar's poor and vulnerable households which pay for 74 per cent of total health expenditures out of pocket (Census, 2014). A benefit-incidence analysis of the public health system in Myanmar conducted by UNICEF and OPM in 2019 provides additional insights and understanding on the patterns of out-of-pocket expenditure incurred by users of the public health system.

- d.** On average, Myanmar users of public health facilities spend nearly eight per cent of their annual budget to make a single visit to a public health facility¹¹. UNICEF Myanmar is exploring the opportunities with a global partnership to develop a mobile-based micro-insurance providing health information, tele-medicine, contribution/reimbursement of health-related expenditure and outpatient services. A pilot project is being considered by the Myanmar government and other partners.

- e. Child protection, psychosocial support and case management:** As a result of the COVID-19 pandemic, the enforced lockdown and social isolation situations, there are rising concerns about increases in child abuse, domestic and sexual violence against women and adolescents. When victims of abuse and violence are unable to access support services, they may resort to negative coping strategies, such as finding escape in drugs, committing petty crime and suicidal thoughts.

Myanmar likely follows this international trend and there is risk of increased numbers of gender-based violence and child protection issues, particularly in areas facing lockdown and movement restrictions.

In this situation, to help women and children manage anxiety-related behaviours, sleep disturbances, mental illness and stigma, beneficiaries of the social protection programmes are being proactively linked with the child protection and gender-based case management. Expanding the Social and Behaviour Change Communication package will require inclusion of information on child protection, risks of abuse, psychosocial support, and procedures on how to access regular services of the government and partners.

The child protection awareness can provide information and support for migrant returnees and their families, to avoid separation of children from their families during the quarantine period. The Department of Social Welfare case managers implementing the Maternal and Child Cash Transfer and Social Protection programmes are collaborating with Child Protection case managers to enable the efficient identification of cases and support for women and children in need, linking them with available services.

11. Benefit-Incidence Analysis (BIA) of the public health system in Myanmar, UNICEF, 2019

f. WASH: In addition to receiving cash transfer payments, Social Protection beneficiaries will be encouraged to buy basic hygiene items including soap, hand gel and facemasks to protect themselves and their families from COVID-19. These key messages are part of the Social and Behaviour Change Communication package. Cash transfer distribution sites have handwashing facilities and provide beneficiaries with orientation on COVID-19.

g. Education: COVID-19 physical distancing measures are negatively impacting the beneficiaries of the government school stipend and school feeding programmes, making it more difficult for families to access education, cash and food. An effective mechanism is being explored for these programmes, to maintain support for vulnerable children to continue their education as the new academic year starts.

h. Productive and financial inclusion interventions: developing linkages between cash and social and productive services: Similar to Myanmar's Maternal and Child Cash Transfer programme, other social cash transfer programmes around the globe, such as Brazil's Bolsa Familia, Pakistan's Benazir Income Support Programme and Ethiopia's Productive Social Safety Net, have proven successful in developing linkages between cash and social and productive services, supporting long-term developmental outcomes in beneficiary households.

COVID-19's long-term adverse impacts on Myanmar's economy highlights the importance of building these linkages, to enable the Maternal and Child Cash Transfer beneficiaries to access productive and financial interventions including micro-finance, health insurance, saving groups, income-generating activities, and livelihoods and skills trainings such as technical and vocational training programmes.

To build these linkages:

- i) Assess the characteristics of beneficiary women and family members, their needs, financial and non-financial barriers to accessing specific services and any cultural barriers;
- ii) Develop a clear approach, with well-defined results and governance arrangements to implement it;
- iii) Develop a clear approach with sharp objectives and make governance arrangements;
- iv) Support trainings on the linkages with ranges of options for complementary productive and financial services, in conjunction with basic social services.

Creating opportunities for poor and vulnerable families to achieve economic security over the long term will help to mitigate the negative socio-economic impacts of the COVID-19 pandemic.



4 Monitoring early changes for families facing COVID-19



4.1 Key messages

- In all of the four survey rounds conducted between April and July, more than half of families interviewed reported that their employment or income situation had changed as a result of COVID-19.
- Most of those reporting changes are daily wage earners or owners of small family businesses, or people working for the travel and tour industry affected by the national lockdown measures.
- No major changes were reported in food consumption, but some respondents noted reduced market availability of certain types of foods (meat and fish) and increases in prices. By May, most respondents had reported no change in food consumption. This tallies with WFP price monitoring information, which shows little change in prices.
- In April 2020, most parents were concerned about potential direct health consequences of COVID-19 infection on their children. By May, parental concerns had moved to the education of their children, reflecting uncertainties around the reopening of schools. These concerns remained the same in July.
- Two thirds of the women interviewed reported an increase in their burden of household chores and childcare duties as a result of the lockdown in April, suggesting a worsening of an already unequal distribution of responsibilities between genders. Almost half of women interviewed in July reported that this situation had not improved.

4.2 Background and Objectives

The identification of Myanmar's first case of COVID-19, on 23 March 2020, led the country to put in place a raft of measures to contain the disease outbreak. Despite the ongoing increase in cases at the time of writing, the pandemic's direct health effects have been less dramatic than in other countries. However, people around the country are feeling the negative socio-economic effects of the restrictions on movement, business suspensions and border closures.

In Myanmar, many people live hand-to-mouth and are engaged in the informal sector (83 per cent of Myanmar's workers, approximately 18 million people)¹². Over five million children live in poor or vulnerable households (31.2 per cent) and another six million (34 per cent) live in non-poor but insecure households¹³. These poor, vulnerable and insecure households are most at risk during periods of shock, such as the current COVID-19 pandemic.

UNICEF is also working with the Government of Myanmar and development partners to design research that will capture the socio-economic effects of the COVID-19 pandemic in statistically robust ways. An example of this is the upcoming Living Conditions Surveys.

In the short term, UNICEF sought to undertake a more rapid assessment, to quickly build a picture of the kinds of changes taking place and affecting families in Myanmar at this time, to understand the situations of the people in need that it strives to support.

UNICEF extended an existing Long-Term Agreement for third-party field monitoring of UNICEF activities on the ground with Mekong Economics, and asked this local company to conduct a quick, socio-economic phone-based panel assessment of 120 households with children, in six States and Regions, focusing on demographics, working situations, knowledge and perceptions, mental and psychological wellbeing and family arrangements.

UNICEF also hired Myanmar journalist, Ko Yee Mon Tun, to interview six child caretakers (five parents, one caretaker of a child with disability) across the country, to gather

qualitative insights into their experiences and those of their children. These telephone interviews asked about the changes that the family was experiencing, particularly in relation to the everyday life of the children.

4.3 Methodology

This rapid monitoring exercise uses mixed quantitative and qualitative methodologies, including a panel telephone questionnaire and telephone interviews.

The questionnaire respondents are from six States and Regions, Yangon, Mandalay, Rakhine State, Kachin State, Kayin State and Shan State, and live in townships identified as priorities by UNICEF for its COVID-19 response¹⁴ in Myanmar. With the help and guidance of UNICEF field offices in these locations¹⁵, Mekong Economics identified 120 women currently undertaking childcare duties, mostly in their capacity as mothers, who agreed to be involved in this monitoring exercise.

Each respondent was interviewed four times, with a four-week interval between each call. The first round of interviews took place in April 2020; the second in May 2020; the third and fourth in June and July 2020, respectively. There was a period of four weeks between each round of calls, and each interview takes approximately one hour to complete. The questionnaire produced by UNICEF with inputs from other development partners covers a range of topics including demographics, working situation, knowledge and perceptions on COVID-19, mental health and psychosocial responses to the situation and family arrangements (see full questionnaire in Annex 4 – Questionnaire for monitoring exercise).

Phone interviews were deemed the most suitable approach given the requirement to follow social distancing guidelines as well as the desire to survey a relatively large number of respondents across six States and Regions. The questionnaire was translated into Myanmar language and coded onto Kobo software. By completing the questionnaire on Kobo, UNICEF staff members were able to access and extract the latest raw data for analysis at any given time. Mekong Economics field monitors in Rakhine State and Kachin State conducted the phone interviews with respondents in Sittwe and Myitkyina, respectively, while the

12. Myanmar Labour Force Survey, Department of Population and International Labour Organization, 2017

13. MLCS Socio Economic Report 2020; Child Poverty and Vulnerability in Myanmar, UNICEF 2020

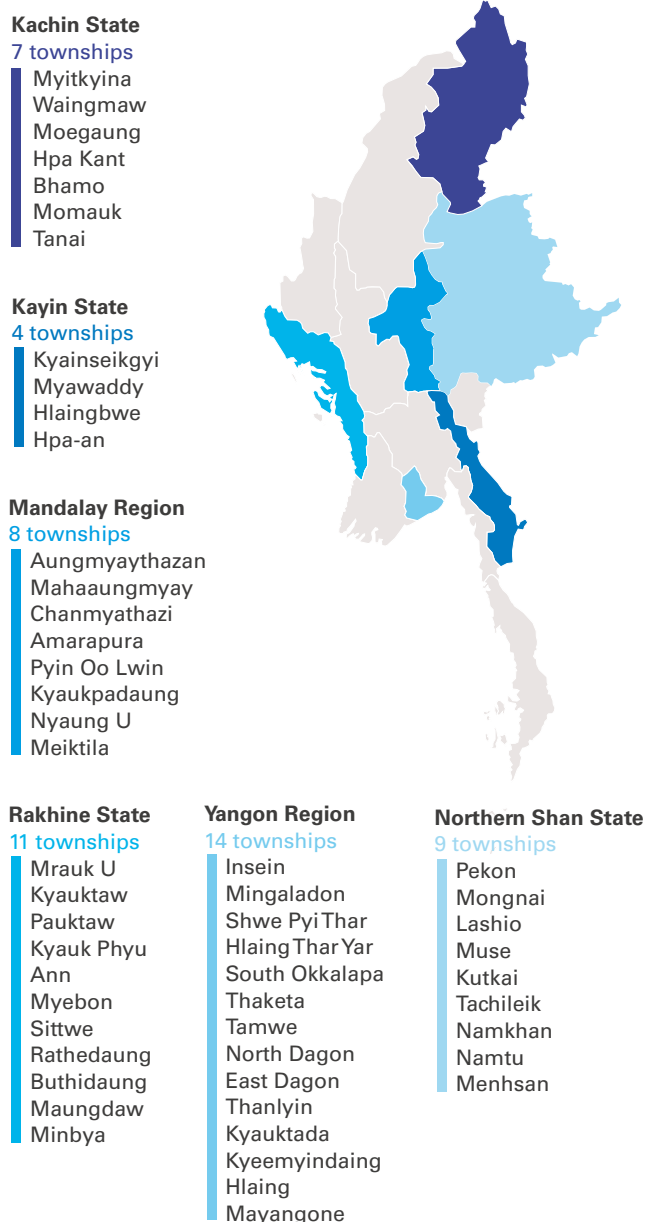
14. UNICEF has identified 103 townships for its response, based on the following criteria: presence of IDP camps; high levels of migrant workers/cross-border trade; densely populated areas; distance from a health facility; (limited) access to services (including humanitarian); and Non-Government-Controlled Areas.

15. UNICEF Myanmar operates through a country office based in Yangon, and field offices located in States and Regions. The field offices of Mandalay, Sittwe (Rakhine), Hpa-An (South East), Myitkyina (Kachin), Taunggyi (Southern Shan and Kayah); and Lashio (Northern Shan) were all engaged in this process and provided lists of beneficiaries, implementing partners and community-based structures and organizations, which were then use by Mekong Economics to identify respondents.

company’s Yangon staff conducted phone interviews with respondents in Mandalay, Kayin State, Northern Shan State and Yangon.

Figure 4.1: Map of State/Region covered by the survey

The survey was conducted with 120 respondents from across six states and regions. The respondents were sampled from the following townships:



In addition, and complementary to this survey, six unstructured in-depth interviews were conducted with parents of children in Yangon, Rakhine State, Chin State, Shan State and Kayin State). These interviews, published on the UNICEF website and social media, aim to provide a qualitative representation of the changes and challenges that the COVID-19 pandemic is bringing to the lives of children and their families in Myanmar. They also serve to provide qualitative illustration of the quantitative findings emerging from this survey.

4.4 Challenges and limitations

This exercise answers a need for rapid information, but it cannot be considered a representative survey. It is intended to inform programme design and subsequent data collection activities.

Some challenges were encountered during the conducting of this monitoring exercise:

- a. **Sampling:** In Rakhine State, it was possible to mobilise respondents in all priority townships. However, in Kayin State, Northern Shan State, Mandalay and Yangon, the survey team experienced some restrictions in sampling respondents from certain townships. As a result, the final sample of respondents contains a bias towards female respondents who were in a safe position to be able to participate in the survey and could converse well in Myanmar language. These individuals naturally tended to be better educated and of a higher socio-economic status. Because of this bias, it is likely that the most vulnerable families, e.g. families headed by single mothers, were under-sampled. This represents a major limitation that needs to be acknowledged. In Kachin State non-government-controlled area, there is an additional sampling bias as participants were selected by the IDP and Refugee Relief Committee and camp leaders. In some townships where a suitable respondent could not be identified, an additional respondent was mobilised in another township with similar geographical, socio-economic and ethnic demographics.
- b. **Language:** Some language difficulties were initially experienced by interviewers conducting interviews with respondents in northern Rakhine State and northern Shan State. These language barriers decreased as the interviewers became familiar with the local accent.
- c. **Trust:** In Rakhine State, respondents were very suspicious of the ‘check in’ nature of the survey and the subsequent need for the same questions to be repeated from the first round. Given the unstable political situation in the State, many people perceived risk of being investigated for participating in an activity, such as this survey, that could be considered suspicious. Some respondents requested to withdraw from the third round of the survey. In Kayin State, respondents who were government employees were hesitant to participate in the second round of the after being warned by fellow villagers that involvement in the survey could have a negative impact on their employment.
- d. **Timing:** Some respondents were only available to be called in the evening due to work and childcare commitments. The interviewers were able to adjust the timing of the calls, but this meant a reduction in the number of calls which could be made each day.

- e. **Connectivity:** Due to the weak telephone connection in some mountainous Regions of northern Shan State, it was difficult to speak with respondents. The interviewers were eventually able to adjust the timing of the calls, so they were made when the connection was at its strongest, but this caused some initial delays.
- f. **Dropouts:** Seven respondents dropped out of the survey in the second round, resulting in a dropout rate of 5.8 per cent. The dropouts were replaced with new respondents.

4.5 Results

4.5.1 Demographics

In this study, all the respondents are females and the average age of respondents is 38 years. Most of the women (110/120) are married. Very few are widows or separated. The one single mother from Kayin State dropped out after the first round.

Figure 4.2: Demographic overview of respondents

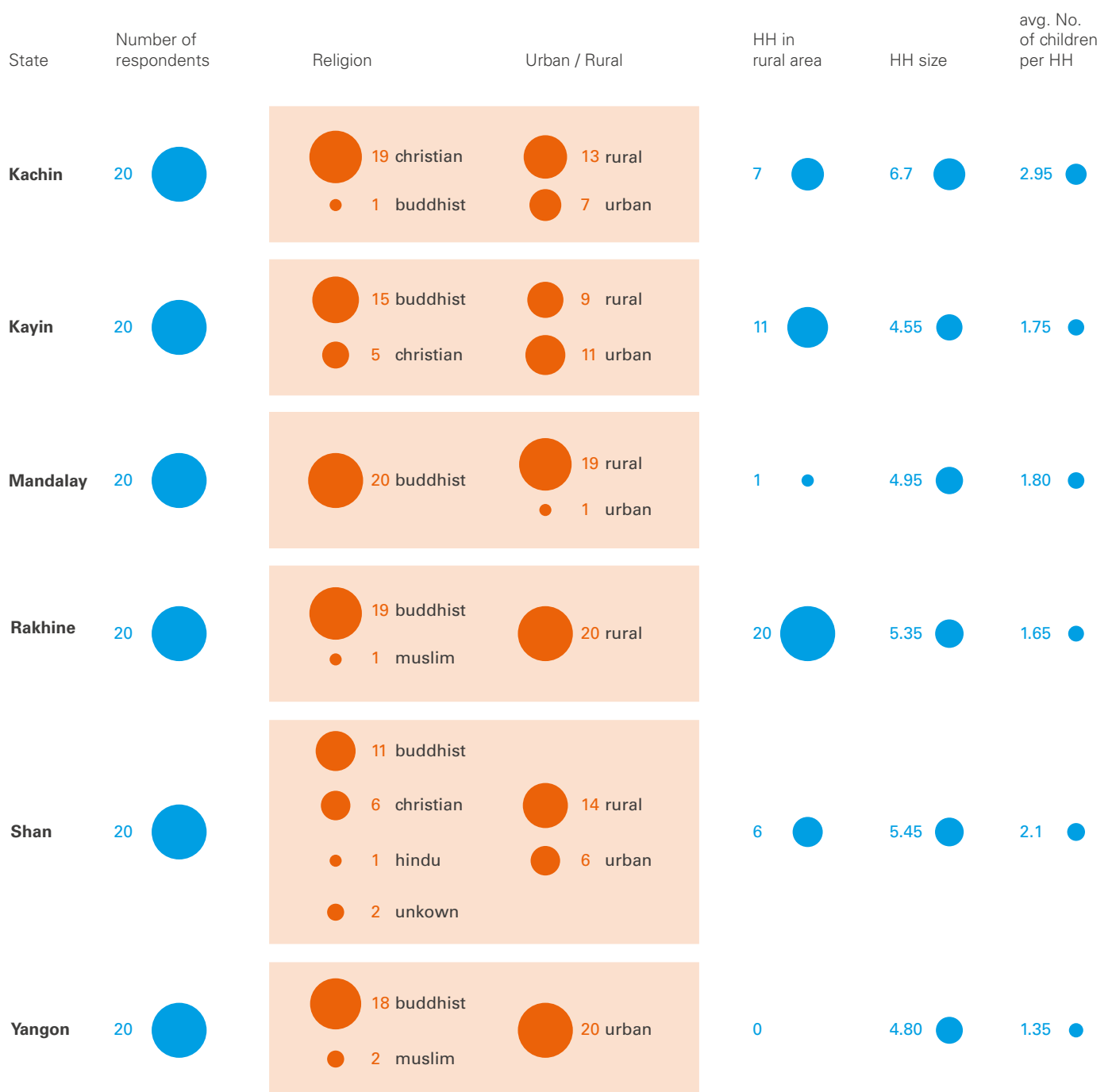
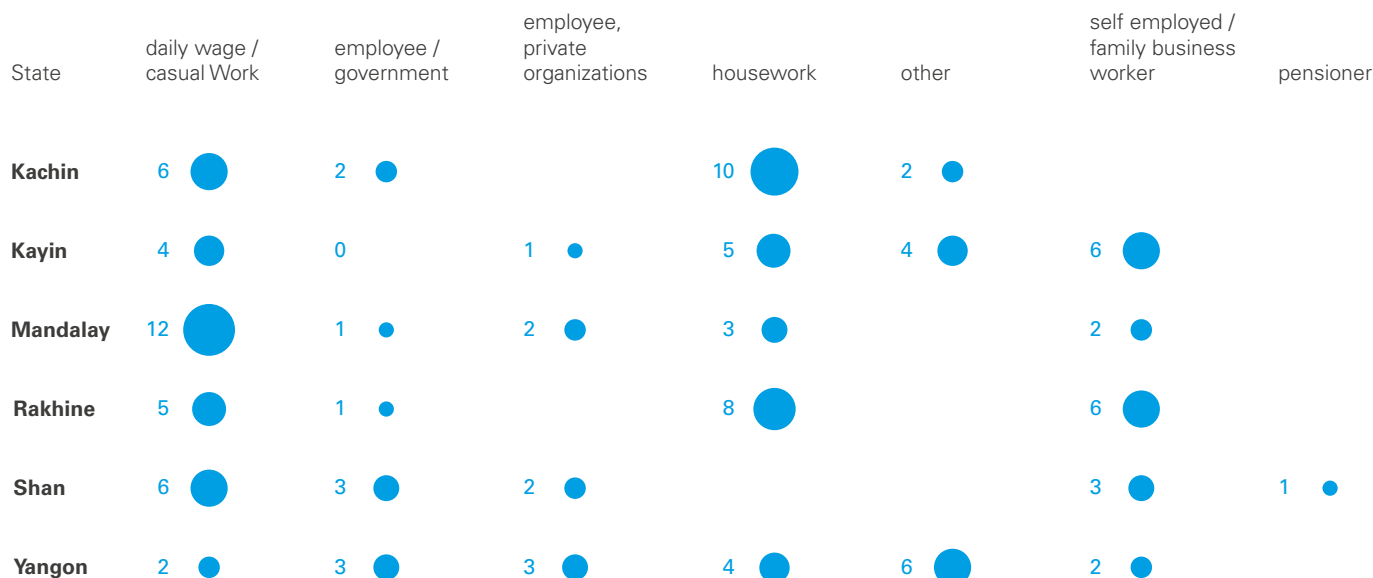
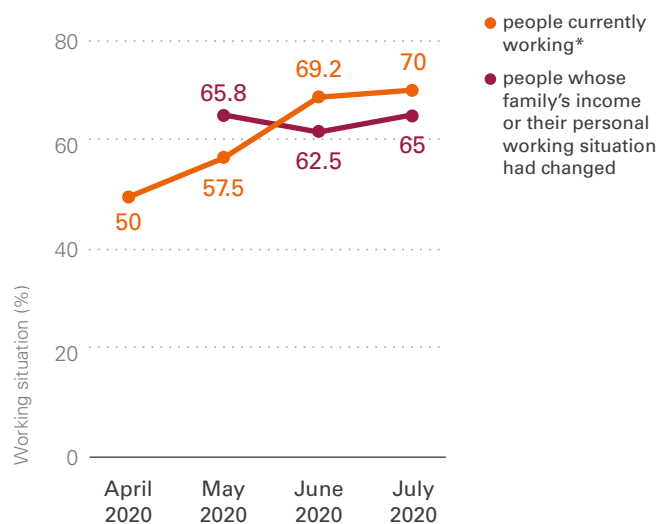


Figure 4.3: Main economic activities of respondents



4.5.2 Changes in the work and income situation

Figure 4.4: Change in working and / or income situation as a result of COVID-19



*The wording of the question had been altered to refer to 'a change in working and family income situation' as opposed to only 'a change in working situation'. This alteration was made to ensure that changes to the working or income situation of other household members, such as the husband of the respondent, was captured in the survey.

Respondents who did report that their families' income and working situation included merchants, traders, daily wagers, freelance miners and small or family shop workers. The reasons provided for the changes in situation included a reduction in the number of customers, a decreased number of sales being made, fewer opportunities for daily wagers, reduced monthly salaries and ongoing travel restrictions.

“The demand for flowers has dropped during COVID and the prices for our flowers have also fallen. So our income is also way down these days.”

Ko Aung Myo Oo, father of two and gardener from Heho, Shan State

On the other hand, respondents who are government employees, employees of private companies, NGO staff, housewives and small business owners reported that their working situation had returned to normal. Many reported being able to receive a regular income, but those self-employed or working for private companies also lamented a decrease in their salaries.

- In Rakhine, travel restrictions were still effective in villages within Sittwe, Rathedaung and Myebon townships. As such, respondents from these villages were unable to go to their places of work, such as a weaving factory, as entry to the next township was not permitted. Consequently, daily wagers were not able to earn an income and/or purchase groceries or other goods for daily consumption.
- In the Non Government Controlled Areas of Kachin, some IDP camp respondents who had previously crossed the border into China to work in sugarcane plantations, reported that the Myanmar-China border remained closed. As such, these respondents were unable to work as daily wagers and could not generate income.

When the first COVID-19 case was reported in Myanmar, Ma Lei Lei, a mother of two from Yangon, was forced to give up her job as a housemaid, losing her daily earnings of 15,000 Myanmar kyats (approx. US\$12). This has put the family in an extremely precarious position.

- In May, IDP camp residents from Myebon Township, Rakhine, who worked in a weaving workshop prior to the COVID-19 pandemic reported that the workshop had closed, and they had been locked in the camp, with no alternative livelihood. The same situation has been experienced by IDP camp residents in non-government-controlled areas of Kachin State due to the closure of the Myanmar-China border, which IDPs would typically cross to engage in income-generating opportunities in China.

“My husband used to earn about 7,000 Myanmar kyats a day, but now no one asks for errands anymore. We have to be careful with our spending.”

Ma Nge Thein Chay, mother from Minbya, MCT beneficiary from Rakhine State

The number of mothers experiencing changes to their breastfeeding routine did not change from the baseline. However, one mother reported that her four-month old baby’s growth had declined as a result of her daily nutrient intake being insufficient to allow her to breastfeed.

“I had to buy medicine for the baby on credit and then I paid off that debt when the aid payment came in. There was certainly no chance to buy any food supplies and groceries in advance, like other people preparing for the pandemic lockdown.”

Man Huai Kim, mother from Tedim, Chin State

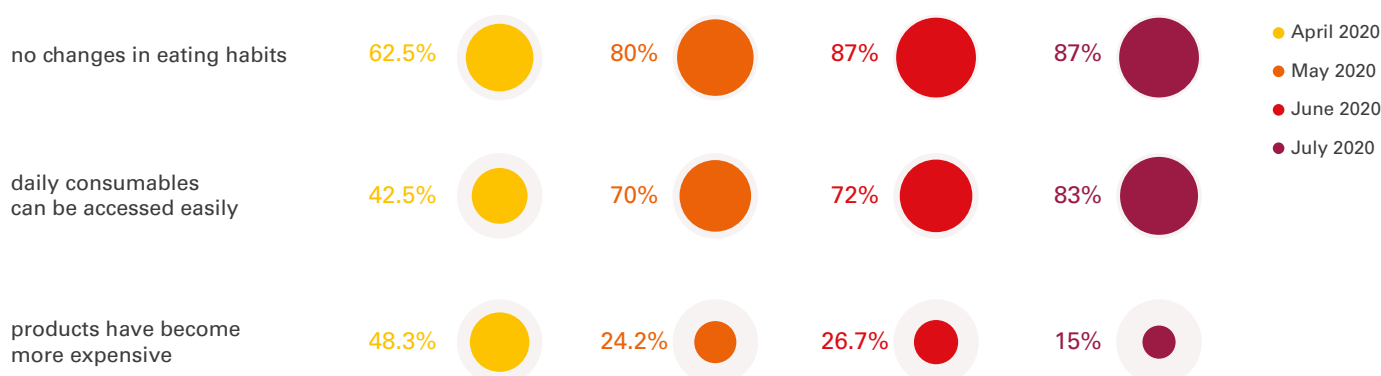
- In both Northern Shan and Kayin, respondents from rural villages where there is no local bazaar reported that mobile sellers were not able to make regular visits to their villages due to travel restrictions. This drop in supply had resulted in significant increases in prices for food products including meat and fish.
- Respondents living in rural villages in Rathedaung township, Rakhine, reported that local shops were selling commodities at a high price as the shop owners had been unable to re-stock due to the ongoing conflict in the surrounding area. Incidentally, for respondents in Rathedaung township, the impact of the conflict on their daily lives and activities was far greater than any impact caused by the COVID-19 pandemic.

4.5.3 Changes in consumption

Access to food and other consumables is returning to normal, with prices and availability of products back to pre-COVID-19 levels.

Figure 4.5: Change in access to daily consumables

Access to food (% of people)



4.5.4 Changes in COVID-19 awareness and behaviours

By the second round of interviews in May, all respondents had heard about COVID-19 and most reported good awareness of transmission channels and preventive measures.

In comparison to the second round, there was a fairly significant increase in the number of respondents who recognised that both muscle pain and respondents who mentioned “muscle pain” and “no symptoms” among the possible manifestations of COVID-19. Additional signs and symptoms of COVID-19 mentioned by respondents included feet ulcers, red spots on the skin, a loss of smell or taste, sore throat, sneezing and symptoms similar to dengue fever.

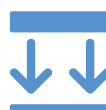


By far the main sources of information about Covid-19 used by respondents are TV and social media.



TV and social media were also viewed by respondents as being among the most trustworthy sources of information.

Amongst the four types of information, education and communication materials (posters, pamphlets, notices at hand-washing points and community announcements), respondents in all states and regions indicated that posters were the most observed.



Respondents noticed that, with the exception of posters, the availability of all other information, education and communication materials reduced sharply between April and May. By June, respondents reported that they were observing less IEC materials such as posters and pamphlets in their local community than during the previous rounds.

Figure 4.6: IEC Materials

Percentage of respondents reporting having seen this type of IEC material within the past month



- Some respondents explicitly mentioned that community announcements were made during the lockdown period in April and early May and then they gradually disappeared.
- Those who did observe posters stated that they included information on the signs and symptoms of COVID-19, good hand washing practice, wearing masks, avoiding crowded places, coughing etiquette, quarantine rules, preventive methods and advice on the need to seek medical treatment immediately if experiencing fever. However, some respondents from Rakhine reported that posters which had been put on display in early April had become damaged due to heavy rain.
- In Yangon, street disinfection and other COVID-19 prevention activities were no longer being carried out by local authorities or volunteers.

4.5.5 Mental health and psychosocial responses

In the first three rounds of this study, families reported that children were generally very happy, particularly as they liked to have parents around the house for more time.

“Many of the affordable clinics are still closed, and the hospitals we can think of going to not treating non-urgent cases. Trying our best to stay healthy seems to be the best practice for us now”

Ma Lei Lei, mother of two and housemaid from Yangon

Parents, however, reported being worried. In April, many of them were very concerned about the health of their children and families. Health concerns diminished in following rounds, as the outbreak situation stabilized in the country. However, when schools did not re-open in June, parents became increasingly concerned about their children’s education, and about the family income and job situation.

Education: “I will have to buy school supplies and uniforms for my elder daughter when the school opens. Actually, I hope the schools don’t open again too soon as we can’t afford it”

Ma Nge Thein Chay, mother, wife and MCCT beneficiary from Minbya Township, Rakhine State

- Some health concerns in June were also reported by respondents in the border townships of Kayin who expressed concern over rumors that some returnees had left Myaing Gyi Ngu quarantine centre without permission. Similarly, respondents from border townships in Northern Shan were also concerned about the number of positive COVID-19 cases found among returnees in the quarantine centres.

In particular, the wider impact of COVID-19 on the education system proved to be a key discussion point for many respondents.

- In Kayin, some respondents expressed doubt as to whether schools would be able to comply with COVID-19 guidelines. In general, they were also more concerned as to whether or not their children would be able to complete the course in time for forthcoming examinations rather than feeling concerned about whether they should refrain from sending their children to school, thereby putting them at risk of COVID-19 transmission.

At the time of writing, it is expected that government schools will remain closed until the end of July or early August 2020, with plans for a staggered re-opening, following the national COVID-19 guidelines.

- Some respondents planned to postpone their children’s return to school for the rest of the academic year if the COVID-19 situation worsens. As such, their children would re-take the current school year in order to reduce the negative impact on their education.
- Respondents living in Rathedaung, Sittwe and Myebon townships, Rakhine, were concerned that teachers commuting from the city to their villages could be at risk of spreading COVID-19 to their children. As such, they felt reluctant to send their children to school when they re-open. Similarly, in Mandalay, some respondents were concerned that one positive COVID-19 case could easily spread to other teachers and children. Therefore, they also felt reluctant to send their children to school when they re-open.

- In the NGCA of Kachin, some schools under the KIO government had re-opened in late June while others would be re-opening in the coming weeks. Children were attending school for half-day sessions, two days per week. Local travel restrictions had been lifted in all areas except Laiza town which required any visitors or returnees coming from outside of the town to be in quarantine for 21 days.
- In Yangon, 50 per cent of respondents' children were attending private schools, some of which had begun using an online teaching system in June 2020. However, some respondents expressed that they were too busy to closely monitor and supervise their child when undertaking online classes. As such, they suggested that the online system could only be effective if children are given sufficient guidance and attention.

Parents reported other concerns around the risk of other diseases, such as dengue fever, malaria and flu, as during the pandemic these diseases are being potentially overlooked, with less vigilant monitoring.

“If I didn’t receive the money from the MCCT programme, I don’t know what would happen to us. The last payment was late due to the pandemic and I had to wait. That was hard for me.”

Man Huai Kim, mother from Tedim, Chin State

IDP Camp residents in non-government controlled areas reported that visitors and migrant workers returning from China and other States and Regions are avoiding quarantine. One respondent noted that control measures in camp settings were no longer being practiced.

“I know that this MCCT payment is for the children, so we usually keep that money separate and only touch it to buy things for them. But now we are having to use it to cover the household expenses.”

Mya Than Aye, mother, teashop owner and MCCT beneficiary from Mawngdaw, Rakhine State,

4.5.6 Family arrangements

During the summer holidays, most children spent their time in their own houses and a few children stayed in the houses of their grandparents or other relatives. Almost all children were taken care of by their parents. Almost all families reported children spending their days inside. In May, parents expressed many concerns around current childcare arrangements, but by May and June these concerns had diminished.

“I can no longer take [the kids] along with me when I go out. They must stay at home. Fortunately, the compound around our house in the suburbs has some space for them to play and be active”

Ko Aung Myo Oo, father of two and gardener from Heho, Shan State houses

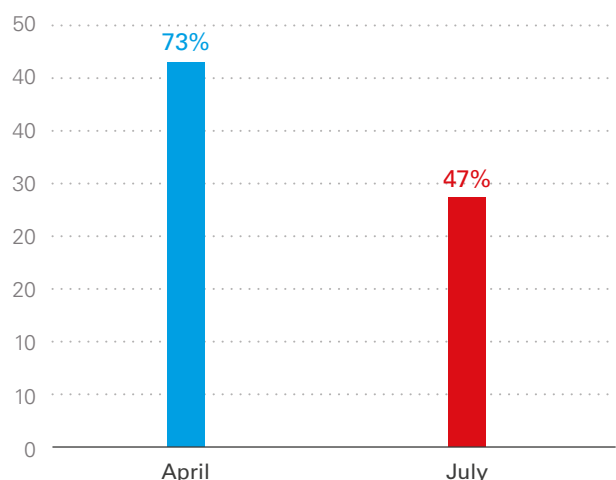
Many children have access to books, toys, telephones or TV, and some to all of these. Women reported an increase in household chores and childcare burden as a result of the COVID-19 pandemic, but less in May than in April.

“I’m scared something will happen to my girls, that they will catch the virus, so I persuade them to play inside the house.”

Ma Lei Lei, mother of two and housemaid, from Yangon

Figure 4.7: Chore increase as a result of COVID-19

Women who said their share of household work had increased as a consequence of the measures taken in the context of COVID-19



4.6 Conclusions

Between April and July 2020, when the first and second rounds of this monitoring exercise were conducted, there had been a shift in the situation of many families.

In April, during the first weeks of COVID-19 in Myanmar, families were extremely concerned about the health situation, and showed particular concern about the health of their children. Later, in May, when the outbreak in the country appeared to be relatively under control, respondents were more worried about medium and long-term effects of the COVID-19 pandemic on their livelihoods and family income.

During the April break, with the beginning of the school year still a few weeks away,¹⁶ families did not express much concern about their children's education being disrupted. When it became clear in May that the beginning of the school year would be delayed, parent perceptions and responses revealed an increase in concerns about negative impacts on children's education and worries remained in July.

The findings from this study, while they may not be fully representative, provide useful insights into the concrete experiences of families across Myanmar during this particular period of April and May 2020. They confirm that, while the impacts on population health and health systems of COVID-19 have been smaller than expected in Myanmar, socioeconomic consequences resulting from movement restrictions, workplace closures and the economic slowdown, have been very serious and widespread. All respondents reported facing adverse socio-economic consequences.

As outlined in the Myanmar Living Conditions Survey Report 2017 and earlier in this report (Part 1 - Child poverty and vulnerability in Myanmar; Part 2 - COVID-19 and child poverty in Myanmar), many families in Myanmar live in poverty, or just above the poverty line. Their livelihoods are insecure and a shock such as the COVID-19 pandemic can severely impact their wellbeing, with particularly serious consequences for children. If not supported through the shock of the pandemic, these poor families are likely to reduce their consumption of essential goods and services, including nutritious food for their children and basic health and educational services (clinics and schools).

It is therefore vital that Myanmar's social protection scheme be immediately expanded, as outlined in Part 3 - Social protection responding to COVID-19.

The findings from this monitoring exercise provide helpful insights for UNICEF and other development partners to consider in designing response interventions and support to the Government of Myanmar. They provide a picture of the most used and trusted information channels; can be used to assess the effectiveness of risk communication and community engagement campaigns; and show the importance of gender-sensitive approaches, with women being overwhelmingly burdened by the increase in household and childcare chores.

They also show some positive opportunities, such as the reported willingness of children to spend more time with parents, providing openings for expanded efforts around positive parenting and family-based early childhood development programmes.

16. Schools in Myanmar closed in April and May, during regular summer break, and resumed in June.

5 Public finance, policies and budgets that work for children



5.1 Key messages

- The COVID-19 pandemic has hit Myanmar's economy and people, hard, imposing a heavy burden on families and households, especially children. The pandemic's effects will not disappear when the health emergency is over, and negative socio-economic impacts will last for a long time.
- The socio-economic impacts of the COVID-19 pandemic need to be tackled through proactive policy interventions, placing particular focus on the most vulnerable population groups.
- Urgent efforts are required to improve public financial management systems, ensuring strategic allocation of resources and rapid scale-up of social programmes.
- Public financial management systems can support rapid, coordinated and transparent responses through effective social programmes.
- Public financial management is essential for responsible, child-centered and equitable development.
- Implementation of the 10 public financial management measures outlined in this report would improve Myanmar's position for a stronger and more sustainable response and recovery from the pandemic shock.
- Major public investment is required in the social sectors, particularly the health, social protection and education systems; as well as water and sanitation.

5.2 Why public finance is important for children

Public finance directly affects children's wellbeing in almost every aspect of their lives.

A government's financial decisions on funding social policies and services have critical impacts on children's welfare and development and they affect the country's overall equitable progress¹⁷.

Public finance looks at the roles, mandates, responsibilities and functions of public institutions in the collection, allocation and utilisation of raised funds, as the country's development vision is pursued through strategies, public policies and services.

All the processes involved in the management of public funds are encapsulated in public financial management. On the revenue side, these include taxation, domestic resource mobilisation, development assistance and debt management; while on the expenditure side, the key areas are planning and budgeting to allocate funds to institutions and programmes; the execution of the budget through procurement and payroll systems; and monitoring and oversight of public expenditure.

Strong public financial management systems guide rapid, targeted, effective and transparent government actions that achieve impact where needed and can deliver most value. Public financial management systems and processes support governments to activate public policies and design people-centered recovery plans that put children, youth and vulnerable populations at the core of the agenda. Improved child outcomes can be directly traced to careful and thoughtful public financial management. Public finance allocations need to be sufficient and appropriately targeted, so that all children, especially the most disadvantaged, can access services and programmes that can help them to survive and thrive, learn, be free from violence and exploitation, live in safe and clean environments and have a fair chance in life.

When a government is in the process of planning, allocating budget and implementing policies, it considers the current State of its country and the future, which is dependent upon social policies that are committed to children, the country's precious human capital.

During this extraordinary period of the COVID-19 pandemic, the Myanmar Government is facing challenges to find

viable solutions and steps to mitigate the negative socio-economic impacts of the crisis. Answers lie in effectively reallocating funds to meet immediate emergency needs, while considering longer-term implications. The short-term adjustments and actions need to connect with, and support the goals of, the Myanmar Sustainable Development Plan, to ensure its important targets are not missed.

The economic slowdown is affecting everyone - families, households and children - and the social impacts are expected to last much longer than the economic crisis itself. The downturn will inevitably have negative effects on Myanmar's overall development, exacerbating risks of malnutrition, domestic violence, child poverty, school dropouts and forced child labor.

The social problems exacerbated by the crisis will not disappear when the economy restarts, whenever that might be. It is not prudent to assume that things will just 'get back to normal' anytime soon, in these uncertain circumstances.

In times of economic difficulty, children and vulnerable people are the most disadvantaged and require protective policies to keep them safe.

Myanmar's ability to respond to, and recover effectively from, the COVID-19 emergency is dependent upon the government putting in place public policies and budgets that put people at the centre. It calls for supportive, inclusive economic development and prioritised investments in children and youth, to secure early gains. This direction can be propelled with focus and increased investment in nutrition and immunization programmes, water and sanitation services, access to public schools and social protection systems for the most disadvantaged people.

5.3 The impact of COVID-19 on Myanmar's economy and public finance

Despite Myanmar's geographical proximity to China, when COVID-19 broke out in China, health threats were not immediately perceived in Myanmar. Throughout February 2020, when substantial health concerns were apparent in China, general public opinion in Myanmar seemed more concerned about the negative economic effects, evident in the slowdown in trade. A third of Myanmar's trade is with China and there was a clear reduction in China's importation

17. UNICEF's Public Finance for Children Global Programme Framework (2017)

of raw materials for production and a drop in Chinese tourists visiting Myanmar¹⁸.

Compared to the first quarter of 2019, in the first quarter of 2020 the Government of China's revenues decreased by 14.3 per cent, total government expenditure decreased by 5.7 per cent and gross domestic product decreased by 6.8 per cent¹⁹.

In March 2020, Myanmar's Ministry of Health and Sports introduced Non-Pharmaceutical Interventions, such as the cancellation of inbound flights, fever tests and physical distancing, including the prohibition of public gatherings, closure of shops and restaurants, and cancellation of events, including the New Year Water Festival (Thingyan).

Lockdown restrictions have affected service delivery, businesses and the production of goods, slowing down or paralysing economic activities and reducing orders, transactions and incomes. In many cases, workers have faced salary cuts or job losses.

The severe economic consequences of the pandemic will have deep and long-lasting negative impacts, complicating the identification of durable solutions.

While the nation's health emergency has remained relatively under control so far, the measures introduced to control the spread of the disease, including the COVID-19 Economic Relief Plan 2020, have led to unprecedented economic challenges. The far-reaching extent of the economic and social damage is yet to be fully understood.

In April 2020, the World Bank initially estimated that Myanmar's economic growth would fall from almost seven per cent in fiscal year 2018-19 to two to three per cent in the fiscal year 2019-20. In June 2020, the World Bank's Myanmar Economic Monitor projected that growth would fall to just 0.5 per cent in fiscal year 2019-20.

This economic depression is much worse than the slowdown caused by the 2008 financial crisis. The Union budget deficit is expected to reach over seven per cent of Gross Domestic Product, compared to the fiscal target of five per cent (World Bank, Myanmar Economic Monitor).

The COVID-19 pandemic's negative impacts on the economy will have knock-on effects in the domain of public finance. Fewer resources will be available to be mobilised for public purposes, financing for large-scale infrastructure will be challenged and the expansion of public services will be constrained.

Rather than viewing public finance as yet another area affected by the pandemic, it is possible to see public finance as part of the solution. Crucially, strategic government action in the area of financial management will be required to counterbalance the pandemic's adverse effects on people in Myanmar, and children, in particular.

Public finance is directly affected by the slowdown in the economic activities of state enterprises. The slowed execution of public projects will result in slower disbursement of public funds. What is more, the slowed economy will provide fewer resources for financing the public budget. This means a reduction in fiscal space and potential level of services provided by the government.

5.4 The role of public financial management in the COVID-19 response and recovery

The COVID-19 pandemic is seriously affecting the lives and livelihoods of people in Myanmar. For this reason, people need to be placed at the centre of budgetary choices. Immediate actions are required to develop country systems for service delivery, and to support and protect affected people, families and especially children.

The Myanmar Government's ongoing planning and budgeting processes and the 2020-21 Budget Law will reflect the COVID-19 pandemic and the associated emergency efforts, the implications of the economic slowdown on the national resource envelope, and public programmes to support livelihoods.

The dire economic situation is likely to worsen in the coming months as the world grapples with this widespread health crisis.

Even with economic recovery, families will struggle and take time to get back on their feet. People will require support and protection. Real recovery must view challenges as opportunities to reimagine society and economy, and explore creative approaches to driving positive progress and improving on the previous situation. This response requires substantial public investment in systems that support both the demand and supply sides of essential employment, protection and social services.

18. Myanmar Times, 3 February 2020, Myanmar government asks tour operators to suspend travel services for Chinese visitors

19.

Public financial management is an essential support mechanism to ensure a reliable, fast and effective policy response, which is needed now to meet urgent needs and to protect people and especially children.

This report proposes 10 key public financial management actions for strengthening and supporting social policy making, with children as the focus. Five of these proposed actions relate to the revenue side of public finance, while five relate to the expenditure side. This approach is helpful in preparing and designing people-oriented strategic plans and budgets.

5.4.1 Strengthening public financial management for a child-centred budget in 2020-21

Proposed revenue-related actions

1. Align budgets and plans with agreed and established long-term strategies and sector plans, such as the MSDP/NIF.
2. Request Development Partners to proceed to register ODA in the Union Budget, providing more timely and transparent flows of information, including comprehensive and regular reporting on financial commitments and utilization of funds. More accurate data will allow the Government of Myanmar to make better informed decisions, prioritise according to needs and align decisions with the country's Sustainable Development Plan and the COVID-19 Emergency Response Plan.
3. Take extra steps to register and report on the sources of revenue collected through private individual or company donations, and entities willing to contribute to funding the emergency response. Align these with the country's public financial management procedures.
4. Scale up efforts to create conditions and facilitate the progressive return of off-budget revenues. Consider the significant opportunity to work on a roadmap to bring off-budget resources in the framework of the Budget Law, under the oversight of Parliament.
5. Investigate the possible implications of low budget execution, especially in terms of volume and areas where significant savings of public funds are to be expected. Whereas the Union Budget 2019-20 places much emphasis on infrastructure and energy institutions, it is likely that the current economic circumstances will create challenges for these institutions to make steady progress on their projects.

The first Non-Pharmaceutical Interventions were introduced in March 2020, five months into the FY2019-20²⁰, procurement processes for new projects were due to be completed around this time, but the implementation of NPIs resulted in projects being delayed until the monsoon season (May to October), a time when implementation of construction projects is usually slow.

Proposed expenditure-related actions

1. Implement people-centered planning and budgeting processes. Develop budgets for essential services and put these at the heart of government action. Focus particularly on water and sanitation, education, health systems and social welfare. Align budgets and plans with agreed and established long-term strategies and sector plans. Allocations to essential services and to social sectors in particular have, to date, been incremental, based on historical figures, unrelated to sector-based costed plans and not informed by principles of needs-based expansion. Change the angle of allocation away from institutions and towards target populations, in order to create budget responsiveness and build budget stakeholder accountability.
2. Solicit revisions of the sector Mid-Term Expenditure Framework, taking into consideration sector reallocations, and reshuffle resources towards mitigating the effects of the COVID-19 emergency. Ensure that public systems are funded sufficiently so they can provide needed services, without any rupture in the value chain or suspension of service.
3. Request a waiver on expenditure directed as investments in public, essential and social services, such as recruitments of basic health staff. There should not be a cap²¹ on public expenditure on hiring basic health staff, to the extent it is aligned with the strategic directions to achieve Universal Health Coverage or ensure full staffing of the public health system. Perceive these expenditures as investments, as they will positively impact the lives of citizens in the medium-longer-term.
4. Allocate a temporary, additional transfer to States and Regions for systems strengthening in support of essential education, health and social services. The current revenue-raising capacity of most States and Regions is insufficient to support local initiatives which are needed to support current national programmes. In this emergency response, local governments play a significant role, providing community-based services.

20. Fiscal Year (FY) goes from October of Year X, to September of Year X + 1

21. Usually this is calculated as a share of public expenditure on the payroll compared to GDP

- 5. Consider strategic purchasing of drugs and medical equipment, leveraging economies of scale and thereby reducing the overall costs of these items and minimizing inefficiencies associated with engaging in parallel procurement processes over different and uncoordinated timeframes.

5.4.2 Guaranteeing essential social services in the COVID-19 response and recovery

Myanmar’s COVID-19 Economic Relief Plan States that, “the nation’s economic response should not involve cutting down social services or increasing taxes on labour and investment²².”

The definition of social sectors and social services – education, health, social protection – is enshrined in Myanmar’s Constitution²³.

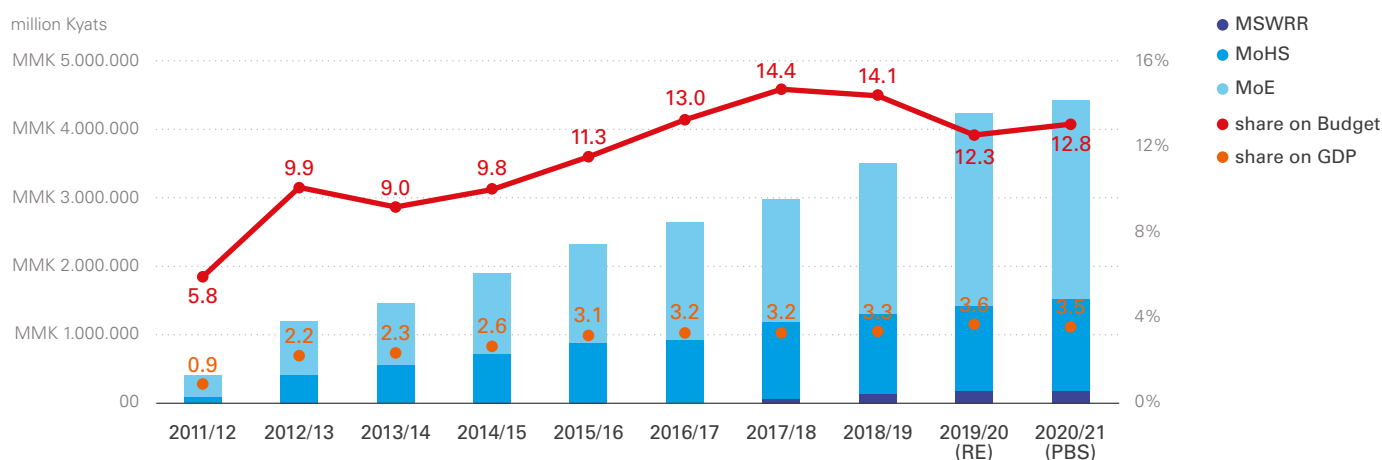
While the Ministry of Planning, Finance and Industry, and UNICEF have initiated work towards better understanding patterns of public expenditure for households, families and children, this section uses social sectors as the most adequate proxy for social expenditure.

Public expenditure in social services depends overwhelmingly on allocations from the Union Budget. Union Line Ministries operate under broad coordination mechanisms and in collaboration with State and Region governments. Over the past decade, the Government of Myanmar has allocated an increasing proportion of funds to social sector expenditure, starting from a 5.8 per cent of its Union Budget in 2011-12 to 12.3 per cent in 2019-20²⁴. The Pre-Budget Statement 2020-21 indicates that this allocation may again increase slightly to 12.8 per cent. The rate of increase has slowed, likely because of the growing volume of Union Budget expenditure allocations, which were up 20 per cent in 2018-19 and 39 per cent in 2019-20²⁵. The rate of allocation compared to Gross Domestic Product has remained flat at just over three per cent of the gross domestic product for the last five years.

The immediate response to COVID-19 was guaranteed with disaster management emergency funds and possibly through reallocations of sector budgets. The Supplementary Budget Law has allocated to the social ministries²⁶ an additional US\$126 million. International organisations and partners are mobilising resources by reprogramming existing initiatives and associated budgets.

Figure 1 shows the gradual increases in Union Budget allocations to the three social ministries.

Figure 5.1: Union Budget allocations to the Ministry of Social Welfare, Relief and Resettlement, the Ministry of Health and Sports, and the Ministry of Education from 2011/12 to 2020/21



22. COVID-19 Economic Relief Plan 2020, pp. 3

23. Constitution of the Republic of the Union of Myanmar (2008), Schedule One “Union Legislative List”, chapter 9, pp. 185.

24. Source: Union Budget Laws. Nominal values, in million kyats. For all years, this include both initial and supplementary budgets

25. This includes the allocations recently approved within the 2019-20 Supplementary Budget Law.

26. The Ministry of Social Welfare, Relief and Resettlement, Ministry of Health and Sports, and Ministry of Education

5.4.2.1 Protecting and strengthening the public health system

The 2019-2020 Union Budget allocated the Ministry of Health and Sports 1,266.4 billion Myanmar kyats²⁷, representing 3.7 per cent of the total Union Budget. This is a smaller proportion than the 4.6 per cent of the total Union Budget allocated in 2018-2019.

Although the nominal allocation has increased, the share of the Union Budget allocated to the Ministry of Health and Sports has decreased in recent years.

Of every four Myanmar kyats spent on the cost of health services in Myanmar, three Myanmar kyats are paid by householders themselves, as out-of-pocket expenditures. This is one of the highest rates of out-of-pocket expenditure on health in the world.

Budget allocations to the Ministry of Health and Sports, and the public health system need to be substantially increased in order to implement the strategic directions for financing Universal Health Coverage in Myanmar.

Additional resources should also be allocated to ensure families have access to improved water sources and sanitation.

5.4.2.2 Scaling up and accelerating social protection

The 2019-2020 Union Budget allocated to the Ministry of Social Welfare, Relief and Resettlement a total of 162.7 billion Myanmar kyats, representing 0.47 per cent of the total Union Budget, including a significant addition as part of the Supplementary Budget Law.

The Ministry of Social Welfare, Relief and Resettlement is responsible for almost all disaster management, social welfare and social protection services, which obviously impact children and vulnerable groups.

Social protection and social safety nets are essential to protect vulnerable families against the socio-economic impact of the COVID-19 pandemic.

Early learning opportunities, focusing on the education of young children at preschools and kindergartens are also important, particularly when parents are engaged in economic activities.

Across the range of options available to policymakers, social safety nets and particularly social protection represent

the most effective tools to protect vulnerable populations from falling into poverty. They provide essential support to vulnerable families facing hardships.

5.4.2.3 Investing strategically in public education

The Union Budget Law 2019-2020 allocated 8.1 per cent of the total budget to the Ministry of Education, as compared with 8.8 per cent in the previous 2018-2019 fiscal year. This decrease reveals that important steps towards the national target are being missed.

The National Education Law, revised in 2015, established that the target for budget allocations to the education sector should be 20 per cent of public expenditure.

Education is one of the most strategic investments that a government can make to build human capital for the country's socio-economic development.

An emergency such as the COVID-19 pandemic creates risks that children who are already marginalised and not receiving quality and inclusive education will be further disadvantaged.

5.5 Policy recommendations

Health

1. Ensure effective budgeting of the Health Sector Contingency Plan, in reference particularly to the indicated funding gap of USD189.7 million;
2. Maintain a solid and growing financial investment in health systems strengthening, in line with the Strategic Direction for Health and the Health Financing Strategy, and consider cost implications of achieving Universal Health Coverage; specifically,
 - a) Reestablish the immunization programme, with enhanced risk-management measures to provide a safer environment that prevents the transmission of COVID-19, maintaining the government's commitment to co-financing;
 - b) Ensure the continuity of an essential package of health services. In nutrition, follow-up on the high-level commitment, and in line with the costing of the Multi-Sectorial National Plan of Action for Nutrition, provide the necessary budget allocation to scale up nutrition interventions across the country;

27. Here and below, including Supplementary Budget allocations

- c) Continue strong risk communication and community engagement activities that incorporate other key practices to protect and promote the health and nutrition of children;
- d) Promote health insurance to protect households and citizens against catastrophic health expenditure.

Social Protection

3. Increase the amount of cash transferred under the Maternal and Child Cash Transfer programme to boost the purchasing power of pregnant women and breastfeeding mothers;
4. Increase the allocation for operational costs of cash transfers to ensure swifter implementation and better coordination;
5. Initiate the roll-out of the Child Allowance for children aged two to five years old, especially in Chin State, Naga Self-Administered Zone and Rakhine State, where child beneficiaries of the Maternal and Child Cash Transfer have graduated out of the programme;

For people with disabilities not in receipt of a Disability Grant but who are receiving the Maternal and Child Cash Transfer or a social pension, top up their allowances by an additional 16,000 Myanmar kyats per month. A person with a disability who is an immediate caretaker of a child benefitting from the Maternal and Child Cash Transfer programme should also be eligible for this top-up benefit;

6. Roll out the Disability Grant and certification or registration of persons and children with disabilities in Kayin State, as per the Costed Social Protection Sector Plan;
7. Invest in social workforce strengthening and prioritise key social services such as mental health support.

Education

8. Maintain as a long-term objective the allocation commitment established in the National Education Law of 20 per cent of the total Union Budget for education;
9. Strategically allocate necessary resources to Early Childhood Care and Development, considering the target for 2020 was established in the Early Childhood Care and Development Policy at two per cent of Gross Domestic Product;
10. Ensure the education system has the capacity to support continuity of learning and adequate resources to scale up investment to ensure a safe and healthy school environment for students, learners, teachers and facilitators; setting up a system to provide distance teacher education and digital education platforms;
11. Provide extra support to children who are disadvantaged, including children affected by conflict and out-of-school children, to realise the 'No One Left Behind' policy, as a measure to achieve inclusive education.

6 Annexes



6.1 Annex 1 – Literature review on income shocks and consumption smoothing

Author	Dataset(s)	Research questions/ methodology	Findings
Skoufias and Quisumbing (2005)	Household panel data from Bangladesh, Ethiopia, Mali, Mexico and Russia	Impact of shocks on consumption and poverty	All the case studies show that food consumption is better insured than non-food consumption from idiosyncratic shocks. Adjustments in non-food consumption appear to act as a mechanism for partially insuring ex-post food consumption from the effects of income changes.
Dercon et al. (2005)	Data for 15 Ethiopian villages for the period between 1999-2004	The impact of various types of shocks on consumption	The authors find that drought and illness related income changes decrease per capita consumption of households by about 20 per cent and nine per cent respectively. The impact of these shocks is persistent, having an impact on consumption level despite having occurred two to five years previously.
Yang and Choi (2007)	Data on linked household surveys from the Philippines	The use of remittances as a buffer to income shocks	Roughly 60 per cent of declines in household income are replaced by remittance inflows from overseas. Consumption in households with migrant members is unchanged in response to income shocks, whereas consumption responds strongly to income shocks in households without migrants.
Casado (2011)	Spanish Household Continuous Budget survey	Impact of permanent and transient income shocks on consumption	A permanent income shock of 10 per cent reduces the permanent consumption by 4.8 per cent. There is, however, heterogeneity across households, with richer households being better able to insure themselves against an income shock.
Chen et al (2013)	UHIES from 1992-2003	Impact of income changes on consumption patterns	In the first half of the 1990s, a one per cent change in income associated with a 0.6 per cent change in consumption. In the second part of the 1990s, households' ability to ensure consumption increased. When faced with a shock, households first cut down durable goods consumption to ensure the consumption of the non-durables.
Bruckner and Gradstein (2013)	Panel of 39 SSA countries for the period 1980-2009	Effects of transitory shocks to aggregate output on consumption in poor countries	The authors' estimates yield a marginal propensity to consume out of transitory output of around 0.2.
Cui and Huang (2017)	Household survey in rural China	Food expenditure responses to income/ expenditure shocks in rural China	Large negative income shocks result in a 25-30 per cent reduction in food expenditure. Moreover, food expenditures among low-income households are much more sensitive to large negative income shocks.

6.2 Annex 2 – Methodology of poverty modeling

In order to inform a targeted and timely response to the COVID-19 pandemic in Myanmar, this report outlines an ex-ante exercise undertaken to consider the socio-economic impacts of COVID-19 on poor and marginal populations, including children.

It applies national household poverty data from the 2017 Myanmar Living Conditions Survey and in particular information related to consumption and sources of income. This report also refers to the results of the Myanmar Living Conditions Survey Poverty Report 2019, which investigates total consumption at the household level, and the Myanmar Living Conditions Survey Socio-Economic 2020 Report, which presents types of income by aggregate categories, for example, wages, remittances, etc.

Estimating the impact of COVID-19 on child poverty is a complex and challenging yet necessary exercise. Various methodologies have been used in other countries and to make global estimates.

Poverty forecasts are built on predictions and assumptions about changes in growth and how these growth changes may impact the poor in terms of income and consumption patterns. Where country data is weak or incomplete, as in the case of Myanmar, the task becomes even more difficult. This model reviews relevant literature to inform assumptions around income losses and consumption patterns.

The COVID-19 pandemic is impacting the overall income-generating capacities of households. Some people are left temporarily or permanently without an income. In turn, the loss of income has a bearing on what and how much people consume, directly affecting the household levels of consumption and, ultimately, rates of poverty.

However, the literature reviewed (ref. Annex 3 – Literature review of social protection micro-simulation) suggests a unit loss in income does not always translate to a unit loss in consumption. Evidence from other previous shocks around the world suggests that the extent to which consumption adjusts as a result of an income shock depends on many factors, such as whether the shock affects a wider Region or only a few households, the coping mechanisms available to the households, and other factors.

People use various mechanisms to ‘smooth’ consumption during periods of economic distress, such as by borrowing from a bank, a family member or a friend, or relying on more negative coping strategies, for instance, reducing the number of meals consumed or removing children from school and sending them to work. Based on the literature (Annex 3 – Literature review of social protection micro-simulation), the assumption in this model is that because of the coping mechanisms, a unit decrease in income would result in a decrease in consumption between 0.2 and 0.35.

Before estimating the reduction in consumption and associated changes in poverty rates in Myanmar, this model looks at the ways household incomes are likely to be affected in the current COVID-19 circumstances.

To estimate household loss of income, this model uses a bottom-up approach, identifying the sources of income and the sectors that are most likely to be affected by the pandemic. The main references for this approach are materials published by the Institute for Fiscal Studies (2020)²⁸ and a recent note prepared by the UNDP in Myanmar (UNDP, 2020)²⁹.

Building on the findings from the relevant literature, this model applies the following set of scenario assumptions:

- (i) **A lockdown of three months**, where wages are not paid for the three months of the year and only partially paid for the rest of the year;
- (ii) **A lockdown of six months**, where wages are not paid for the six months of the year and only partially paid for the rest of the year.

Figure 4 shows that wages are most likely to be affected in the case of a lockdown. This is particularly so in the sectors of construction, retail and manufacturing. Based on Regional experiences of other countries in the Region, agricultural production is projected to drop by almost eight per cent. For non-farm income, the model applies the same assumptions as in the case of wages. Applying recent estimates by the World Bank (2020) and based on discussions with in-country experts, this model estimates annual remittance inflows will drop 20 per cent.

28. IFS (2020) “Sector shutdowns during the coronavirus crisis: which workers are most exposed?”

29. UNDP (2020) “Socio economic impact of COVID-19 in Myanmar”

Figure 4. Scenarios and assumptions

Scenario	Three-month lockdown	Six-month lockdown
Wages	Wages completely affected for three months and partially affected (50 per cent) for the rest of the year	Wages completely affected for six months and partially affected (50 per cent) for the rest of the year
Non-farm business income	Completely affected for three months and partially affected (50 per cent) for the rest of the year	Completely affected for six months and partially affected (50 per cent) for the rest of the year
Remittances	20 per cent reduction on annual level (latest estimates from World Bank, 2020)	
Crops, agriculture, aqua production	Drop of 7.8 per cent for the year (similar to some other countries in the Region)	
Other income	Not affected	Not affected

6.2.1 Annex 3 – Literature review on conditional and unconditional cash transfers and consumption smoothing

Author	Dataset(s)	Research questions/ methodology	Findings
Maluccio and Flores (2004)	3 waves of experimental surveys administered before the introduction of Nicaragua's Red de Proteccion Social Program	difference in difference	Positive (or favourable) and significant double-difference estimated average effects on a broad range of indicators and outcomes. Where it did not, it was often due to similar, smaller improvements in the control group that appear to have been stimulated indirectly by the program. Most of the estimated effects were larger for the extreme poor.
Atanassio and Mesnard (2005)	11,500 households from Colombia's Families in Accion.	difference in difference	The estimated effect on total household consumption estimated around 53000 pesos represents a 15% increase as compared to the average consumption level at baseline. Food consumption that represents 72% of total consumption at baseline has increased by around 39000 pesos as a consequence of the programme, which does not represent a significant increase in the share of food consumption in total consumption.
Angelucci and Attanasio (2006)	evaluation of PROGRESA (similar dataset as the one above)	Difference in difference; propensity score matching	Overall, the average marginal propensity to consume for the period before and after the cash transfer is roughly 80%.

Gertler et al. (2006)	evaluation of PROGRESA (similar dataset as the one above)	difference and difference	The authors specifically focus on the impact of the additional income on consumption in rural areas. Overall, the findings, in terms of marginal propensity to consume are similar to the cases above - about 88% of the received transfer was consumed in the first 2.5 years since the programme started.
Resende and Oliveira (2008)	evaluation of Brasil's Bolsa Escuela	difference in difference	The proportion of the transfer income consumed was estimated to be roughly 90 per cent
Handa et al (2009)	24,000 households in 506 PROGRESA localities	diff-in-diff on the impact of income on household consumption.	Results indicate that transfer income is not spent differently from general income, suggesting that transfers exert only an income effect.
Rubalcava et al. (2009)	24,000 households in 506 PROGRESA localities	difference in difference	In Mexico, transfers to women in couple headed households resulted in higher quality nutritional intake, purchases of children's clothing and female associated forms of investment, but not in households headed by a single parent, whether male or female
Todd et al (2010)	data from rural experimental evaluation of the Oportunidades program in Mexico	first difference and weight estimators	The programme is found to increase the value and variety of food consumed from own production and to increase land use, livestock ownership and crop spending. Results support the hypothesis that transfers influence agricultural production and impacts are greater for households invested in agriculture.
Hauschofer and Shapiro (2016)	randomized control trial to study the response of poor households to unconditional cash transfers from the NGO GiveDirectly	difference in difference estimator	The authors find a strong consumption response to transfers, with an increase in household monthly consumption from \$158 PPP to \$193 PPP nine months after the transfer began. Transfer recipients experience large increases in psychological well-being.
Handa et al (2018)	about 3,000 households from the baseline and follow up study on unconditional cash transfers in Zambia	difference in difference methodology	Some of the impacts on consumption and asset accumulation are comparable to graduation type programs recently evaluated in the literature. In addition, the transfer led to an increase in the income generating activities of the households - increasing them by roughly 67 per cent.
Saeed and Hayat (2020)	Household budget survey for Pakistan 2015-2016	propensity score matching using the nearest neighbour match.	The findings show that there is no significant relationship between BISP cash transfer and poverty when full dataset is used and a negative but economically insignificant relationship when only people from the bottom consumption quintiles are considered.

6.3 Annex 4 – COVID-19 Assessment Questionnaire (Revised: 16/5/20)

Purpose of the survey: to monitor change over time in the situation of families and children, during COVID-19. Respondents will be asked a few questions, every two weeks, to check if their situation has changed.

Confidentiality: Responses will be kept confidential, and only analysed information will be disseminated. No names or details of respondents will be circulated.

1. GENERAL INFORMATION AND WORKING SITUATION

(In survey rounds 2,3 and 4, for previous respondents, ask them to confirm that there have been no changes to their general information since the last round. For replacement respondents, ask the questions).

1.1 Gender of the respondent

- Male
- Female

1.2 Age in years _____

1.3 Marital status

- Single
- Married / in a union
- Widow / widower
- Divorced / separated

1.4 Ethnicity

- Kachin
- Kayah
- Kayin
- Chin
- Bamar
- Mon
- Rakhine
- Shan
- Mixed _____
- Other _____

1.5 Religion

- Buddhist
- Christian
- Muslim
- Hindu
- Animist
- Unknown
- No religion
- Other _____

1.6 How many family members share the same household? _____

1.7 How many children do you have? _____

Include 0 as an option. Drop and replace the household, if this is their answer.

1.8 If answer is >0, how old are the children? What is their gender? *(Include numbers 0/1/2/3/4/5/6/7/8/9 etc until 17 and make respondents circle as many answers as the number of children they mentioned earlier)*

1.9 Are any of your children living with a disability? *(if they answer yes, there's an extra question at the end)*

- Yes
- No

1.9.1 If yes, what is the age of the child living with a disability? _____

1.9.2 If yes, gender of the children living with a disability (male/female) _____

1.10 What is your main activity / occupation? *(Do not read out the list, record their answers)*

- Employee, government
- Employee, private organizations (Check for sector e.g. tourism)
- Daily wagers from casual work
- Self-employed / family business worker
- Not working, seeking work
- Not working, not seeking work (please specify why _____?)
- Full time student
- Housework
- Pensioner, retired, elderly person
- Ill, disabled
- Migrant worker
- Other _____

1.11 What is your telephone number? _____

1.12 Alternative phone number if available _____

1.13 Email address or Facebook messenger or Viber if available _____

1.14 Township / village name / IDP Camp _____

1.15 Are you presently working? *(this question needs to be asked each time, not just at baseline)*

- Yes
- No

When calling back one person, the interviewer should have the previous 'General Info' section. From the Question 1.8, please ask, "is your main activity still _XXXX (response from Q 1.10), and if it is not the same record, please record the new activity and ask Q 1.16 below.

1.16 Has your (or your households) employment and/or income situation recently changed, because of COVID?

- Yes
- No

1.16.1 For any of answer above, please explain.

1.17 Have you experienced any change in getting access to daily consumables? (Select all that apply, read out the list)

- No changes
- Some products unavailable (please specify products _____)
- Some products are more expensive (please specify products _____)
- Some products are less expensive (please specify products _____)

1.18 Has what your or child is eating changed in the past week? *(Select all that apply, do not read out the list)*

- No change
- Less quantity of food
- Increased quantity of food
- Less frequent
- More frequent
- Different types of food such as less fruits, vegetables, meat etc.
- Other _____

1.19 Are you still breastfeeding your children?

- Yes
- No

1.19.1 If yes, has your breastfeeding of your infant changed?

- Yes (please specify _____)
- No

1.20 Do you / your household receive any kind of support from the government, NGOs or development agencies?

- Yes
- No

1.20.1 If yes, which one?

- Maternal and Child Cash Transfer
- Social Pension
- WFP/NGO humanitarian cash transfer
- Other cash transfer (please specify: _____)

2. UNDERSTANDING AND PERCEPTIONS AROUND COVID-19

2.1 ‘Since we last spoke (in the previous survey round), do you have any reason to believe that there has been an increase in respiratory-related cases in your area (symptoms such as difficulty breathing, cough, chest pain, etc.)?’

- Yes
- No

2.1.1 If yes, what have you seen or heard which has led you to believe this?

Please specify: _____

2.2 Have you heard of a disease called COVID-19 (also known as Coronavirus, or Wuhan)?

- Yes
- No

2.2.1 If yes, where do you find regular information* about COVID-19? (Please select 3 record)
(Please ask respondent to list UP TO three most important sources of information without reading out the below list)

- Radio
- TV
- Social media (please specify)
- Viber or WhatsApp (please specify)
- SMS messages
- Health Centre
- Family members
- Friends /neighbours
- Community health workers
- Other community mobilisers (please specify)
- Community leaders
- Religious leaders
- Traditional healers
- Other_____

2.2.2 For each source, what specific COVID-19 related-information are you seeking to access? (Select all which apply)

- Updates on the country-wide situation (i.e. total no. of cases, total no. of deaths)
- Updates on local (township / village / ward) orders (i.e. movement restrictions, closures)
- Updates on symptoms, transmission pathways and preventative methods
- Other (please specify):_____

2.3 What source of information do you trust most?

(Please review the five most important sources of information from Q. 2.2.1)

<input type="checkbox"/> I trust ‘Option 1’	a. Strongly disagree
<input type="checkbox"/> I trust ‘Option 2’	b. Disagree
<input type="checkbox"/> I trust ‘Option 3’	c. Neutral (neither disagree nor agree)
	d. Agree
	e. Strongly agree

2.4 In your village/ward, which of the following IEC materials are displayed/available? *(Select all that apply)*

- Posters related to Covid 19 (i.e. promoting hand washing / providing advice on what to do if you are displaying symptoms of respiratory complications) please specify the messages)
- Pamphlets (please specify the messages)
- Hand-washing point (please specify how hand-washing point is installed and which products are available)
- Community announcement (please specify how often community announcement are delivered per week/which messages?)
- None
- Other_____

2.4.1 If you live in an area where Myanmar is not the primary language, did you hear the message the local language? (Consider that the local language may not be the respondent's primary language, but still important to ask this question)

- Yes
- No
- Please specify language: _____

2.5 Since the last time I spoke with you (last survey round), have you seen or heard of any of the following in your community? *(Select all that apply)**(Read out the list) (Some may not be applicable in rural areas)*

- Shops, restaurants or other businesses with reduced opening hours or closed
- (Wet) markets closed
- Factories or office buildings closed
- Decreased use in public transport (i.e. buses)
- Decreased number of pedestrians walking in the street
- Decreased number of hawkers / street sellers
- Increased number of people wearing plastic disposable gloves
- Increased number of people wearing masks
- Increased volume of deliveries (i.e. food) directly to homes

2.6 Do you now what are the main symptoms of COVID-19? *(one or more options)**(Do not read out the list, record their answers)*

- Fever
- Coughing
- Shortness of breath / breathing difficulties.
- Muscle pain
- Headache
- Diarrhoea
- No symptoms (sometimes)
- Don't know (Do not know any of above)
- Other: _____

2.7 Do you know how does the coronavirus/Covid 19 spread? *(one or more options)**(Please read out the list)*

- Blood transfusion
- Sneeze droplets
- From the air
- Touching infected people
- Touching contaminated objects/surfaces
- Sexual contact
- Contact with contaminated animals
- Mosquito bites
- Eating contaminated food
- Drinking unclean water
- Don't know
- Other_____

2.8 In your opinion, what should your household and others be doing to stop the virus? *(One or more options)**(Do not read out the list, record their answers)*

- Sleep under the mosquito net
- Wash your hands regularly using alcohol or soap and water;
- Drink only treated water
- Cover your mouth and nose when coughing or sneezing;
- Avoid close contact with anyone who has a fever and cough;
- Eliminate standing water
- Cook meat and eggs well.
- Avoid unprotected direct contact with live animals and surfaces in contact with animals
- Stay at home and limit movements
- Wear a mask
- Don't know
- Other: _____

2.9 (Question removed)**2.10 When you cough/sneeze, should you:** *(One or more options. Do not read out the list, record their answers)*

- cough/sneeze without any cover
- cover with your hand
- cover with your elbow
- cover with disposable tissue paper
- cover with towel/cloth
- other_____

2.11 What would you do if someone from abroad or other cities or villages visit your village/ward/neighbours? (*Do not read out the list, record their answers)*

- I will do nothing
- I will immediately inform village leader/ward leader
- I will suggest them to leave our ward/village immediately
- Others_____

3. PSYCHOSOCIAL CHECK-IN

3.1 How do you feel today?

(Please read out each option and rate from 1 to 10)

- Happy *(please rate 1 to 10: 1 as not happy at all and 10 as very happy)*
- Relaxed *(please rate 1 to 10: 1 as not relaxed at all and 10 as very relaxed)*
- Sad *(please rate 1 to 10: 1 as not sad at all and 10 as very sad)*
- Anxious / worried *(please rate 1 to 10: 1 as not anxious/worried at all and 10 as very anxious/worried)*

3.2 How are your children doing? *(select only one)* **(To be repeated for each child in the household)**

- They are happy and relaxed as usual
- They are happy and relaxed more than usual
- They cry or complain as usual
- They cry or complain more than usual
- I don't know

3.3 Are you worried about COVID-19?

- Yes
- No

3.3.1 If yes, what are your health, economic and other worries? *(select all that apply):*

(Do not read out the list, record their answers)

- getting sick
- my children getting sick
- my family members including my parents getting sick
- my family's income
- losing my job
- Having to stay in quarantine
- having to spend a lot of time in the house
- my children's education
- friends and relatives I cannot see / meet
- lack of access to commodities and services
- the future of my community / country
- Other: _____

3.3.2 If yes, what do you do to cope with the worries and stress? *(select all that apply)*

(Do not read out the list, record their answers)

- Keep in touch with friends and relatives on the phone
- Focus on the positive sides (e.g. more time to spend with my family)
- Stay updated reading the news
- Spend more time on social media / online
- Drink alcohol
- Smoke tobacco / chew betel nut
- Nothing different
- Others_____

4. FAMILY ARRANGEMENTS

Note to interviewer: Please review the general information section such as age, gender and other household related questions. Then, use that list each call to ask about each child individually. E.g. child one, where does child one spend most of his/her day nowadays? (Q 4.1 to 4.5)

4.1 Where do your children spend most of their day nowadays? (one answer allowed)

(Do not read out the lists, record their answer)

- In school (only to be asked if schools are open)
- At home
- At work with me / another relative
- In the house of grandparents / other relatives
- In the house of friends / neighbours
- With a caregiver (paid to do this job)
- In the street
- Elsewhere (specify)_____

4.2 Where do the children spend most of their time?

- Indoor
- Outdoor

4.3 Who takes care of them during the day these days? *(circle up to three. Add validation that if Nobody is selected, no other option can be selected)* *(Do not read out the list, record their answers)*

- Nobody
- Teachers
- Me or the other parent
- Grandparents or another relative
- With a caregiver (paid to do this job)
- Friends or neighbours (not relative)
- Someone else (specify)

4.4 Is the care arrangement for your child different to normal (i.e. as a result of COVID-19)?

- Yes**
- No**

4.4.1 If yes to 4.4, are you concerned about this arrangement?

- Yes
- No

4.4.2 If yes, why? *(select as many as applicable)* *(Do not read out the list, record their answers)*

- I worry about their safety and security
- I worry about their learning outcomes
- I have to take time away from other activities (like work) to take care of my children
- I have to pay extra money for this caretaking arrangement
- I worry about their health
- Other reasons (specify)_____

4.5 Do children have access to any of the following: *(read out the list)*

- Television
- Telephone / smartphone
- Computer
- Children’s books
- Toys
- Writing / drawing materials
- Other (please specify) _____

4.6 Who does the household chores in your home? *(Do not read out the list, record their answers)*

Chores	Main person (for each chore)	Second person (for each chore)
Cleaning (N/A)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other adult female household members (aunt / uncle; etc. not paid) <input type="checkbox"/> Other adult hired for this (e.g. maid, nanny, etc.) <input type="checkbox"/> Female children (family members, below age 18) <input type="checkbox"/> Male children (family members, below age 18) <input type="checkbox"/> Someone else	<input type="checkbox"/> N/A (No Second Person) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other adult female household members (aunt / uncle; etc. not paid) <input type="checkbox"/> Other adult hired for this (e.g. maid, nanny, etc.) <input type="checkbox"/> Female children (family members, below age 18) <input type="checkbox"/> Male children (family members, below age 18) <input type="checkbox"/> Someone else
Cooking (N/A)		
Laundry (N/A)		
Going to market / getting food supplies (N/A)		
Taking care of children (N/A)		
Taking care of elders (N/A)		
Taking care of sick family members (N/A)		
Running other errands (N/A)		
Other chores		

4.7 Have you seen your share/load of household chores increase as a consequence of measures taken in the context of COVID-19?

- Yes
- No

4.7.1 If yes to 4.7, which chores have you seen your share /load increase in? *(Select all which apply)*

- Cleaning
- Cooking
- Laundry
- Going to the market / getting food supplies
- Taking care of children
- Taking care of elders
- Taking care of sick family members
- Running other errands
- Other chores (please specify) _____

4.8 Since you have at least once child living with a disability in your household, do you (only if they answered yes to this in the first section): *(please read out the list)*

- Worry about how COVID-19 can affect his/her health
- Enjoy having extra time to dedicate to him/her
- Worry about his/her learning and development
- Worry about his/her safety and security
- None of the above
- All of the above

7 Annex 5

Human Interest Stories of children and COVID-19 in Myanmar



Protecting the baby; feeding the family

Ye Mon, Chin State, Myanmar, May 2020

When Myanmar's first case of COVID-19 was detected in the remote village of Keptel, in Tedim Township of Chin State, anxiety quickly spread among the residents of Tedim and the surrounding areas.

Ma Man Huai Kim's family is among many very worried about their current survival and the future.

Since Man Huai Kim, 29, left work from a mining business to have her first baby, she has been most concerned about her family's livelihood, food security and the health of her little daughter, now seven months old. Ma Man Huai Kim's husband drives a truck for his family's mining business.

"My husband's parents give us rice and cooking oil because my husband drives their truck. He doesn't want to ask his parents for money," explains Man Huai Kim.

Fortunately, Ma Man Huai Kim brings home 45,000 Myanmar kyats (approx. US\$30) every three months from the Government's Social Welfare Department Mother and Child Cash Transfer (MCCT) programme which started in 2009 and provides financial aid to pregnant women and women with children under two years of age.

"If I had not received the money from the MCCT programme, I don't know what would have happen to us. The last payment was late due to the pandemic, the wait was hard for me," Man Huai Kim reveals.

The young mother uses the MCCT money to buy necessities for her child including complementary food and good quality infant formula milk powder. She is grateful and says the cash support helps ease her anxiety, a bit.

Sometimes Man Huai Kim finds she has to use the cash payment meant for her child to pay for other family living expenses. There is not always enough money to buy a small can of milk powder, which costs 16,000 MMK (approx. US\$11), so Man Huai Kim feeds the baby boiled roasted rice powder. The adults eat vegetables with no chance to add meat to their meals, as it's just too expensive, since the prices have gone up since the onset of COVID-19.

"I had to buy medicine for my baby on credit and then paid off that debt when the cash support came in. There was certainly no chance to buy any food supplies and groceries in advance like other people preparing for the pandemic lockdown," says Man Huai Kim.



Man Huai Kim and her daughter in Tedim, Chin State.

Chin State has significant challenges with transportation and shipping of products from other parts of the country due to its remoteness. During the COVID-19 lockdown in Tedim and Kalay, only trucks with government approval letters can only travel. This made life much more difficult for the families like Man Huai Kim's who depend on local food products, which are normally cheaper than the imported products. Few fresh produce stalls are still operating, and most grocery stores are more often closed than open.

The pop-in visits from relatives and friends also add to Man Huai Kim's concerns.

"Our parents and relatives live in another ward, away from here. So, when they come to visit, I feel bad telling them they can't hold the baby or stay near her. So, I let them hold her. I do, however, tell them to wash their hands before touching the baby," says Man Huai Kim.

Man Huai Kim and her family would like to take their children to church since their births. In the times of COVID-19, they have not been allowed to visit their local Baptist Church during lockdown. However, churches have been broadcasting bible teachings through loudspeakers, a service that villagers say is convenient and appreciated, but not the same as worshipping in person.

Stretching the daily wage during the pandemic to meet family demands

By Ye Mon, Yangon, May 2020

Across the world, workers on daily wages are suffering greatly during the COVID-19 pandemic. Particularly in developing countries with weak economies such as Myanmar daily wagers have few real choices. They are being forced to prioritize their families and livelihoods over the risks of catching the virus, regardless of their understandable fears and concerns.

Ma Lei Lei, 38, her husband and two children aged ten and seven live in Hlaing Thar Yar Township in Yangon with Ma Lei Lei's mother, on her land. While they are fortunate to have a home in the compound, both parents have to work to ensure there is food for the family.

When the first COVID-19 cases were reported in Myanmar, Ma Lei Lei was forced to give up her job as a housemaid, losing her daily earnings of 15,000 Myanmar kyats (approx. US\$12). This has put the family in an extremely precarious position.

Ma Lei Lei's husband works at a ceramic tile store where he earns 8,000 Myanmar kyats (approx. US\$6) a day. The family now has to find ways to survive on this small single income. Ma Lei Lei is also not sure how long her husband can keep this job as there is no formal contract, and jobs are not properly secured, and there is no social security for the family.

"The food we would normally eat for one day, I'm having to stretch over two days. It's fish and beans these days, with meat very occasionally," explains Ma Lei Lei. "We have to take austerity measures. I think the children understand." In these difficult days, the family is living carefully, ?? out their few resources. Ma Lei Lei is hopeful that they might be eligible to receive the basic food donations, which include rice and oil, being distributed by the Government and other organizations, but she hasn't so far.

While the pandemic has no clear end in sight, Ma Lei Lei and her husband, like many parents, are worrying about the health and education of their children.

"I'm scared something will happen to my girls, that they will catch the virus, so I persuade them to play inside the house," says Ma Lei Lei.



38 year-old Ma Lei Lei living in Hlaing Thar yar township, Yangon.

The Government of Myanmar has not yet announced when schools will re-open despite it being enrolment time. This is contributing to Ma Lei Lei's increasing anxiety. The family was already struggling to keep the children in schools before the pandemic with income from both her and her husband, so it is even more worrying now with smaller income. However, Ma Lei Lei is still praying for the reopening of schools for the best interest of her children's education. The only way to support them is for her husband and herself to try to increase their income, which remains as a great challenge.

A Hindu, Ma Lei Lei has been praying at home, since the temple has been off limits during the lockdown. In the meantime, she has also been teaching the local children about Hinduism.

When Ma Lei Lei goes to the market, she leaves her daughters with their grandmother and is not worried, as she believes her mother and her siblings have good knowledge about the coronavirus and can protect them.

"My siblings and I take food to our mother who doesn't go out at all. We don't let her. That's why I can leave my children with her, with peace of mind," declares Ma Lei Lei. "Many of the affordable clinics are still closed, and the hospitals we can think of going are not treating non-urgent cases. Trying our best to stay healthy seems to be the best practice for us now," says the concerned mother.

Difficult then, difficult now: Rakhine State and COVID

Ye Mon, Rakhine State, Myanmar, May 2020

People living in the poorest part of Myanmar, Rakhine State, have long struggled to take care of their wellbeing and have their basic rights respected, within the challenging environment of complex and bitter armed conflicts. The consequences of the COVID-19 pandemic add to the widespread deprivation here.

Many residents of Rakhine State leave home to find work somewhere less impoverished, in another part of the country or abroad. Those who remain have to face the ongoing headaches of ensuring there is enough food for the family. They have no chance to build up any savings, to buffer unexpected upsets, such as the appearance of coronavirus in our world.

Daw Mya Than Aye, a mother of three, from Maungdaw Township shares, "For us, there has been no difference. Living was difficult then; living is difficult now. The challenges and poverty that people in other places are now suddenly facing due to the COVID pandemic are what we in Rakhine State have been forced to endure for a long time." Because of the armed conflicts, Maungdaw residents have been living with imposed curfews for months, before the lockdown.

"Our kids don't go out to play and the adults haven't been going around much either. As far as personal freedoms, this age of COVID is not so unusual for us here in Maungdaw. I suppose other people might be finding the confinement annoying," assumes Daw Mya Than Aye.

Ten years ago, Daw Mya Than Aye, now 33 years old, opened a teashop and soon after that she was experiencing the turmoil from violent conflicts in and around the township, which have continued over the years. For people like her, curfews and movement restrictions were already the reality of people in northern Rakhine state, now facing additional pandemic-related challenges imposed by the COVID-19 measures, making their difficult lives even more challenging and for her teashop to survive, let alone succeed.

"We can't open the shop as usual, only takeaways, no sit downs. So, the daily takings are down, from 15,000 Myanmar kyats (approx. US\$10) to 5,000 Myanmar kyats (approx. US\$3), just enough to feed my family," reflects the disappointed businesswoman.



Daw Mya Than Aye (Left) with her children in Maungdaw, Rakhine State.

Daw Mya Than Aye's husband works at the Myanmar Posts and Telecommunications earning a monthly salary of 340,000 Myanmar kyats (approx. US\$240), so the family is managing, but just.

Every three months Daw Mya Than Aye receives 45,000 Myanmar kyats (approx. USD30) from the Maternal and Child Cash Transfer (MCCT) programme that was initiated in Rakhine State in March 2017 and provides financial aid for pregnant women and women with children aged under-two years. Managed by the Social Welfare Department, the MCCT programme operates in 17 townships around Rakhine State. With the teashop earnings down, Mya Than Aye is finding that she must use the MCCT aid supplement to pay for other house utilities.

"I know that this payment is for the children, so we usually kept that money separate and only touched it to buy things for them. But now we are having to use it to cover the household expenses," she confides.

Grocery prices have gone up during this time of the virus outbreak and subsequent tumbling economies.

"Usually we eat fish three or four times a week, but these days, fish is more expensive than meat and now rice prices are up too," says Mya Than Aye. "We can't afford nutritional supplements for the baby, so I have been feeding him a mixture of rice and red lentils, along with breast milk. My two other children who are aged ten and three are eating vegetables and beans as the main part of their meals. I'm trying to ensure everyone is getting nourishment."

As governments and individuals around the world are juggling health and wealth priorities and having to make tough decisions, this entrepreneurial mother is doing her bit to make ends meet and keep her family safe. The challenges are huge.

Not rosy in the garden: flower farmers face slump

Ye Mon, Heho, Shan State, Myanmar, May 2020

COVID-19 restrictions on travel and personal contact have negatively impacted businesses around the world. The painful shock of losing one's livelihood is a stressful experience not easily remedied.

Agri-businesses in Southern Shan State including the flower gardens around Heho and Aung Ban Townships are hurting badly from the economic recession.

"The demand for flowers has dropped during COVID-19 and the prices for our flowers have also fallen. So, our income is way down these days," reflects Ko Aung Myo Oo, a gardener from Heho Township, and a father of four-year-old twin boys.

When Ko Aung Myo Oo moved from Yangon to Heho in 2014, he was looking for a chance to make a better living, so he rented a property and started a flower farming business. Most of the flowers grown commercially in southern Shan State are sent to Yangon and sold through the flower traders in Thiri Mingalar Market.

Each year, Ko Aung Myo Oo has worried about his flower gardens being damaged by hailstones as a consequence of climate change. Now the virus is adding to those concerns.

Up until the outbreak, Ko Aung Myo Oo's flower business had been operating quite well so he had been able to accumulate some small capital to invest in growing the next crop of flowers. However, this year, since his sudden loss of income, the keen gardener has had to borrow money from a lender at eight per cent interest rate.

"I used to be able to buy my children whatever they wanted. Now, I hesitate and have to think hard about whether it is really necessary for them," the frustrated father says.

Each crop of flowers takes three months to mature and Ko Aung Myo Oo has been growing at least three crops a year, earning an income of 400 lakhs Myanmar kyats) from each crop season. From that he would pay his employees about 160 lakhs Myanmar kyats.

"At pre-COVID rates, I was finding it easy to save money to invest in the next round of flowers. But now, I'm only earning about 200 lakhs half the sum of before, and I have only around 30 lakhs Myanmar kyats left after all the costs are deducted," explains the depressed gardener.



Ko Aung Myo Oo at his home in Yangon.

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As well as monthly salaries Ko Aung Myo Oo must pay daily wages and buy new plants, fertilisers and supplements. Most of the family's money is invested in the flower gardens and receives the money only when flowers are sold in Yangon's Thiri Mingalar Market. As Ko Aung Myo Oo is struggling financially, he has also applied for a government loan being offered at a low interest rate.

Ko Aung Myo Oo's family has been cutting down on their expenses during COVID-19 and trying to save some money in case of emergencies.

"I'm worried about my children's health. Last month, when my younger son fell sick, we couldn't afford to take him to the Taunggyi public hospital. We could only go when the money arrived," says Ko Aung Myo Oo.

Despite the challenges, the devoted father has decided that he is not going to cut back on food because he feels it is important to prioritise a healthy and nutritious diet for his children.

As Myanmar's schools are not open yet Ko Aung Myo Oo's wife has been teaching the two children. Both parents do their best to stimulate and engage the young learners, showing them cartoons, encouraging them to listen to songs and keeping them active.

“I can no longer take them along with me when I go out. They must stay at home. Fortunately, the compound around our house in the suburbs has some space for them to play and be active,” says the earnest father. Like many, this family is trying very hard to manage the COVID-19 storm. Support and assistance to ensure children continue to gain access to all basic services are highly needed.

The Department of Social Welfare (DSW) has launched the Maternal and Child Cash Transfer (MCCT) programme in Shan State for pregnant women and children under two years old, where eligible women could register for the programme starting from the 1st July 2020 and receive 15,000 Kyat per month. This programme aims to improve nutrition status of a child in first 1,000 days of life and to access basic services.



Ko Aung Myo Oo with his family in Yangon.

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Orphans, disability and COVID-19

Ye Mon, Kayin State, Myanmar, May 2020

The COVID-19 pandemic is robbing children of their vital need to play outside. Orphans and children with disability in Myanmar are facing particularly difficult circumstances.

Ma Chaw Su Khin is one of the 19 children at the Child Care Foundation in Myawaddy, Kayin State, and one and only disabled child under their care. In Kayin state, many people had abandoned their homes due to conflicts between armed groups and looked for better opportunities to cross borders after being displaced. Parents usually choose to send their children to orphanages believing they will have better access to food, shelter and education.

At the Child Care Foundation, the children receive three meals a day of rice, meat or fish, and vegetables, along with afternoon snacks. Foundation founder Daw Khin Htar says the organization uses up over seven kilograms of rice per day and that prices have tended to go up little by little during the pandemic. As well as buying food for the children, the foundation pays about 10 lakhs Myanmar kyats (approx. US\$700) per month for staff salary and office space utilities. Child Care Foundation's expenses are covered by income received from Daw Khin Htar's daughter's furniture shop in Myawaddy.

"Thankfully, my daughter's business is not falling as much as we had expected. We have also received more donations than before COVID-19, which I think is surprising. For now, we do not have to worry too much about the children. We are still OK, now," explains Daw Khin Htar.

15 out of 19 children at the foundation, including Ma Chaw Su Khin are attending school. However, when Myanmar's schools reopen this month, Daw Khin Htar is a bit concerned that they will then face challenges, to meet the needs for school supplies, including uniforms, notebooks, backpacks, lunchboxes and water bottles.

"All the children are very diligent, even little Chaw Su Khin who is now in Grade 2. She is smart, a good listener and tries harder at school than other children. She understands what is going on with this pandemic too," says Daw Khin Htar. However, the 12-year-old Chaw Su Khin still faces difficulties in trying to attend higher level of education and has faced challenges to express her anxiety or worries like other children.

To protect the children from being exposed to the Coronavirus, they are no longer allowed outside the office



Ma Chaw Su Khin (left) and Daw Khin Htar at the Child Care Foundation center in Myawaddy, Kayin State.

compound to mingle and play with other children in the town, as they used to do in the past. For Chaw Su Khin, even before the pandemic, it has been difficult for her to mingle and play with others as she is physically different from them. However, Chaw Su Khin remains lucky that other children do not bully her for her physical differences, mainly because of the education and knowledge they are being provided with.

"I am trying to fulfil the children's needs and keep them happy by buying toys for them, but we can't let them go outside of our space and sight. All the children know that for now they can only play in the yard here. They also understand that they have to wash their hands frequently to prevent infection," says Daw Khin Htar. However, we cannot afford to provide relevant facilities for the children with disabilities at the centre or at her school. Daw Khin Htar is aware that the lack of stimulation can have greater affects towards children with disabilities than it does to other children.

UNICEF has supported the Government of Myanmar in developing the by-laws on the rights of the persons with disabilities in 2016-2017. The law enables rights of the children with disabilities on many areas including the inclusive education, disability registration and certification of these children. The Trainings on the Assessment Tools for children with disabilities in 4 pilot areas were almost completed and implementation has been delayed due to the on-set of COVID-19. The certification and registration procedures were then rapidly reviewed; and the process is planned to restart within the month of August 2020, in Kayin State (one of the pilot areas) by using the remote-assessment methodology. If successful, this model is to be replicable to all areas of Myanmar and benefit children like Chaw Su Khin.

Raising a family amidst poverty, violence and disease

Minbya, Rakhine State, Myanmar, June 2020

In 2019, armed conflicts between the Myanmar military and the Arakan Army forced Ma Nge Thein Chay and her family to flee their village and seek shelter in a site for internally displaced people (IDP) set up at Pone Nya Yar Ma monastic school in Minbya Township, Rakhine State. A year later they are still in the displacement site and facing the challenges of the COVID-19 pandemic.

Myanmar's COVID-19 statistics are fortunately not as extreme as other countries, but the people living in Rakhine State are scared of getting infected as they are at greater risk since the State is much less developed than other States and Regions in the country, and there are less advanced testing and diagnostic facilities. Social distancing and access to adequate water, sanitation and hygiene (WASH) facilities are challenges for many of them living in crowded IDP camps and sites. In addition, socio-economic consequences of reduced incomes, job losses, price increases for food and basic needs, etc. remain a challenge for them.

Ma Nge Thein Chay, her husband and their three children depend on Ma Nge Thein Chay's husband earnings from working as a daily wager at random jobs.

"He used to earn about 7,000 Myanmar kyats a day, but now no one asks for errands anymore. We have to be careful with our spending," says Ma Nge Thein Chay. "Meat and fish prices have gone up, so these days we are mostly going without," observes the concerned mother.

Support from the Maternal and Child Cash Transfer programme run by the Social Welfare Department means Ma Nge Thein Chay can continue to feed her one-year-old daughter. The benefit provides the family with 45,000 Myanmar kyats every three months. The 59 households in the site have received soaps and facemasks, and the site administrators have installed handwashing sinks for those living in the sites to use. A nurse from the State Health Department comes to the site clinic every week to conduct health check-ups, according to Ma Nge Thein Chay.

"I can only buy milk powder and other necessities for my one-year old baby daughter when the support money comes through," explains Ma Nge Thein Chay. "It would be really difficult for us if the grant was discontinued. When I run out of money, I can feed my child rice only, I cannot afford



Ma Nge Thein Chay and her one-year-old baby daughter at the IDP site in Rakhine State.

to buy milk powder as supplement. Once when the grant money came in late, I had to borrow some money from a monk. I paid him back, of course," says the frugal family manager who is under pressure.

The family is finding it very difficult to have cash in hand and currently depends on the regular shares of rice, oil, and salt provided from the Government, as Ma Nge Thein Chay's daily income could barely cover the groceries.

"Even before the COVID-19 outbreak, each day my husband's small earnings were always spent completely. We couldn't save up any and I could never really buy anything extra for my children. Even then, we could still send them to school with very basic things they need for class," says Ma Nge Thein Chay. "Now I will have to buy school supplies and uniforms for my elder daughter when the schools reopen. I hope the schools don't open again too soon as we can no longer afford buying things for them. COVID-19 has made our lives even worse," reveals the stressed mother.

Ma Nge Thein Chay's two older children, aged four and six, are only allowed to play inside of the house since schools are closed and because their mother worries about the risks of contracting COVID-19.

"I don't know how long this lack of income will continue. The children are growing up and the cost of raising children gets more expensive as they grow older. It's going to be even more difficult in the future if this disease doesn't go away," says Ma Nge Thein Chay anxiously

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