COVID 19 EARLY RECOVERY

RAPID HOUSEHOLD NEEDS ASSESSMENT

World Vision International Myanmar & VisionFund Myanmar

Background

We are facing a global health crisis unlike any in the 75-year history of the United Nations — one that is killing people, spreading human suffering, and upending people's lives. But this is much more than a health crisis. It is a human crisis. The coronavirus disease (COVID-19) is attacking societies at their core and impacts on health system as well as social-economic status of the population.

In Myanmar World Vision International Myanmar (WVIM) and VisionFund Myanmar started responding to the COVID-19 Pandemic when the first COVID-19 cases were reported end of March 2020. The World Health Organisation (WHO) Country Office in Myanmar and partners have been rapidly expanding their support to the Ministry of Health and Sports (MoHS) to prepare for and respond to the COVID-19 Pandemic related challenges. In response to the growing threat posed by the COVID-19 Pandemic, WVIM and VFM jointly developed Myanmar COVID-19 Emergency Response (MCOVER) plan with a goal of limiting the spread of COVID-19 and reduce the impact on vulnerable children and families. To date, World Vision Myanmar's efforts have directly benefited 488,173 people including 152,594 children through; (i) scale-up preventative measures to limit the spread of disease; (ii) strengthen health systems and workers; (iii) support for children impacted by COVID-19 pandemic through education, child protection, food, and livelihoods and (iv) collaborate and advocate to ensure vulnerable children are protected.

As part of MCOVER, WVIM and VFM conducted an Early Recovery Rapid Needs Assessment which ran from 13 to 26 May 2020, across both organisations footprint to gather data on the emerging effects of COVID-19 pandemic on Most Vulnerable Children (MVC), Registered Children (RC), households and communities within both organisations catchment areas. Results from the assessment will be used to inform internal programming, and shared with humanitarian and development stakeholders, contributing to the body of knowledge on the effects of COVID-19 Pandemic.

Executive Summary

In response to the growing COVID-19 Pandemic, World Vision Myanmar, as part of a regional response in Asia Pacific, commissioned a Rapid Needs Assessment across its programmatic footprint across Myanmar. **World Vision Myanmar (WVM)** and **VisionFund Myanmar (VFM)** has been responding to the COVID-19 Pandemic through a global response known as **COVID-19 Emergency Response (COVER)**, with a goal of limiting the spread of COVID-19 and reduce the impact on vulnerable children and families. To date, World Vision Myanmar's efforts have directly benefited **488,173 people** including **152,594 children** through; (i) scale-up preventative measures to limit the spread of disease; (ii) strengthen health systems and workers; (iii) support for children impacted by COVID-19 pandemic through education, child protection, food, and livelihoods and (iv) collaborate and advocate to ensure vulnerable children are protected.

Assessment goal and objectives

The goal of the rapid needs assessment is to get a broad picture of COVID-19 pandemic impact in WVM and VFM operational areas, and anticipate risks and operational opportunities for the next 4 to 6 months, through;

(i) assessing the overall impact caused by COVID-19 pandemic;
(ii) assessing the capacity of the affected population to meet early recovery needs (degree of vulnerability) and
(iii) identifying the needs/gaps that require external intervention or resources.

Methodology

Data was collected from household representatives and children using structured questionnaires mostly through telephone calls and where possible one-on-one interviews. Households were purposely sampled, with households hosting most vulnerable children (MVC), under 5 children (U5C), pregnant and lactating women (PLW), children living with disabilities and VFM clients. Key informant interviews (KII) were also conducted to complement the household and children surveys.

Sample Profile

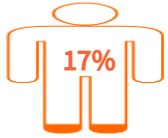
13 of **14** States & Regions sampled

+46 districts sampled

55% households reside in rural area

23% households reside in urban area

767 households



386 children

43% HHs have more than 5 family members

120 HHs have lactating mothers

43 HHs have pregnant women

Livelihoods

32% of HHs reported that their livelihoods had been fully or severely affected by the COVID-19 pandemic.

- **40%** in urban areas
- **25%** in Rural areas

1 in every **2** HHs reported experiencing livelihood losses, reduced incomes and overall revenue.

1 in **10** HHs reported relying on secondary income sources

41% of HHs attributed **movement restrictions (curfew)** as the main reason for livelihood disruptions. More urban **(43.1%)** HHs cited this over rural HHs over rural areas **(38.2%)**.

COVID 19 EARLY RECOVERY - RAPID HOUSEHOLD NEEDS ASSESSMENT

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Severely Affected Livelihoods			
24% causal labourer	23% Agriculture	21% Petty trade	Formal, 9%; small business, 6% and migrant workers, 4%

To mitigate the negative effects COVID-19 pandemic is having on livelihoods, HHs are employing various strategies such as**; tapping into savings (41%)**; **borrowing money from friends/relatives (29%)** and **pawning jewellery (20%)**.

61% reported that they don't have the means to cope a month from the survey without external support.

1 in every **6** HHs reported sending their children to work as a way to increase HH income.

Food Security

24% of HHs reported adults were reportedly consuming two or less meals yesterday, while 16% of children were reported to be doing the same, which was attributed to the COVID-19 pandemic. This was more pronounced in urban areas, with almost twice as many adults and children reported to be consuming two or less meals.

59% of HHs reported relying on less preferred, less expense food

21% of HHs have limited access to basic food supplies

20% of HHs reported reducing meal portion sizes

19% of HHs reported borrowing food from relatives and neighbours

32% HHs reported having exhausted food stocks.

27% of HHs reported food stocks that will last a week.

+41% of HHs reported food stocks greater than 4 weeks.

57% of HHs reported having reduced weekly food expenditure

Pre-COVID-19 **US$32** per week → Current **US$27** per week

Maternal, New-born and Child Health

25% HHs reported a member facing at least one health issue

18% HHs with under 5 children (U5C), reported U5C faced at least a health issue.

16% HHs with pregnant women reported a health issue faced by the woman

27% HHs with lactating mothers faced at least one health issue

80% of HH representatives claimed to know how to prevent the transmission of COVID-19

61% of households have access to COVID-19 preventive hygiene kit (mask including reusable cloth mask, gloves, hand sanitizers and soap)

Access to	Pre-COVID-19 Pandemic	During Survey
Hospitals	60%	53%
Community Health Centres/Clinics	80%	65%
Maternal Centres	50%	42%
Outreach or mobile health teams	28%	15%

Rural HHs were more likely to have limited access to health services compared to urban HHs.

Child Protection, children views and perspectives

15% HHs reported sending their children to work (child labour).

3.9% reported sending children to stay with relatives

3.2% HHs reported children engaging in begging

51.7% of parents used shouted, yelled or screamed at him/her

24.4% of parents spanked, hit or slapped children

- **50.2%** of children reported that parents provide other activities or toys to divert attention;
- **58.8%** of children identified they were bored during the lockdown;
- **28.5%** of children stated missing their friends;
- **28.2% of** children stated missing school, friends and teachers;
- **23.1%** of children identified their siblings/friends shown a negative change in personality or behaviour during the lockdown situation
- **21.1%** of children identified, they have concern for household income or food security

Access to COVID-19 information

83% of adults
75% of children

62% of adults
68% of children

62% of adults
68% of children

Access to critical COVID-19 information is not an issue for most communities.

87% of households receive adequate and regular updates on COVID-19

Recommendations

Building on the emergency response plan achievements, develop a recovery plan informed by the rapid needs assessment and secondary data;

- In the recovery plan, prioritize livelihoods recovery/restoration interventions targeting the most vulnerable households including those that were previously not classified as most vulnerable. Prioritized interventions should include;
  1. Support for farming season support - providing appropriate support e.g. agriculture inputs;
  2. Strengthen value chain development activities, strengthening market access, to offset anticipated declines in demand;
  3. Work with VisionFund Myanmar to integrate further and deliver appropriate financial services to support affected households and businesses.
- Design a menu of interventions targeting children across different age-bands geared towards;
  1. Supporting learning at home and equipping parents and caregivers with tools to support learning;
  2. Design interventions that will help children overcome fear of COVID-19 and create opportunities for them to play safely;
  3. On Child Protection, find innovative ways to disseminate positive disciplining messages and the importance of safeguarding and protecting children in general;
- Work with local health facilities to increase access to services especially for children, pregnant and lactating mothers, by providing a range of options

Assessment Goal and Objectives

The goal of the Early Recovery Rapid Needs Assessment was to get a broad picture of COVID-19 pandemic impact in WVM and VFM operational areas and anticipate risks and operational opportunities for the next 4 to 6 months, through;

(i) Assessing the overall impact caused by COVID-19 pandemic;

(ii) Assessing the capacity of the affected population to meet early recovery needs (degree of vulnerability) and

(iii) Identifying needs/gaps that require external intervention or resources.

The Methodology

The Early Recovery Rapid Needs Assessment is based on a mix of quantitative and qualitative data collection methods. The HH survey and child consultation survey were used as the main quantitative data collection methods, while key informant interviews with community leaders, children groups, youth groups, government representatives, women's groups, faith leaders, and other CBOs, were used as qualitative data collection methods across 13 of 14 states and regions of Myanmar. A secondary desk review complemented the data collected, provided a broad context understanding and interpretation of results. The Early Recovery Rapid Needs Assessment surveys were conducted in May 2020, mostly by telephone, and in some communities via face-to-face with appropriate social distancing measures.

The assessment used locally contextualized data collection tools developed by WVI Asia Regional Office, as part of the region-wide study. International industry guiding principles for ethical research (e.g. informed consent, voluntary participation, etc.), data protection regulations, anonymization of data before being processed were followed.

Assessment at a glance

Demographic Profile

13 of 14 States and Regions sampled

+46 districts sampled

23% HHs reside in urban areas

55% HHs reside in rural areas

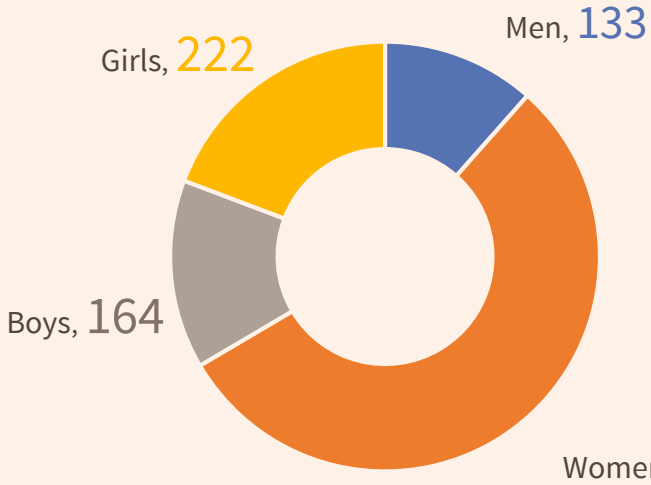
12% HHs reported staying under lockdown conditions

57% HHs reported staying under curfew orders

A look into our sample

61 % Registered Children families

43% registered children



24% difficulty in seeing

8% difficulty in remembering

7% difficulty in walking

7% difficulty in hearing

A total of 1,586 surveys/interviews were conducted, with 767 interviews with household representatives and the rest with 386 children (Table 1). A total of 538 key informant interviews were conducted.

Table 1. Type of method used in Rapid Recovery Assessment

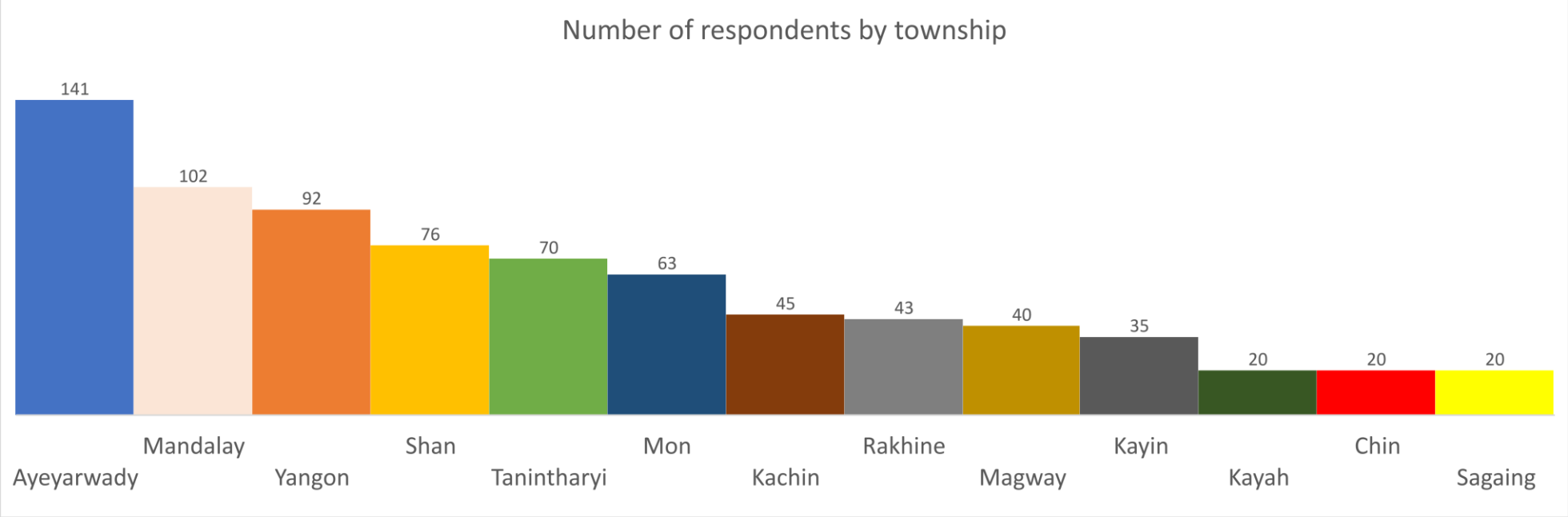
	# of Household Surveys	# of Child Surveys	# of Informant Interviews
World Vision Myanmar	429	386	433
VisionFund Myanmar	338	-	105

From the household survey, 17% (133) of respondents identified as males and the rest 83% as females (Table 2). More girls (57%) were interviewed for the child survey. 34% of HHs surveyed had at least one family member living with a disability or chronic illness.

Table 2. Respondents by gender and disability

	# of parents/caregivers	% of men	% of women	# of total children	% of boys	% of girls	% of disability/chronic illness
World Vision Myanmar	429	24.5%	75.5%	386	42.5%	57.5%	45.7%
VisionFund Myanmar	338	8.3%	91.7%	-	-	-	32.3%
Total	767	17.3%	82.7%	386	42.5%	57.5%	39.8%

The Early Recovery Rapid Needs Assessment covers 13 of 14 states and regions across the county, captured in the figure below.



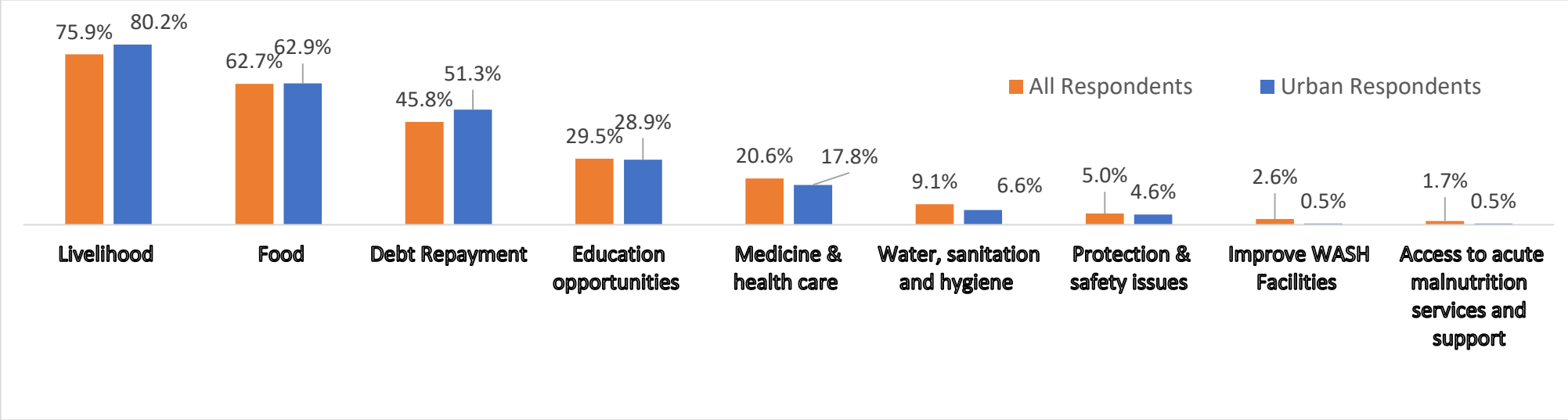
The limitations of the methodology are mainly related to the pandemic:

1) With all studies conducted over a short period of time, the results represent a snap-short of what is transpiring in Myanmar;
2) The sample size was small, while it provides a good overview, some gaps exist with the information collected;
3) The study utilized telephone interviews which limits the ability of a interviewer to build rapport and to gauge the flow of the interview, which are key research tools;

The Early Recovery Assessment Findings - Livelihoods

The loss of livelihoods was identified as the most important challenge (75.9% of respondents) in surveyed HHs followed by limited access to food (62.7% of respondents) and debt repayment (45.8% of respondents). There were no noticeable differences between male and female respondents. Urban respondents indicated slightly higher concerns for livelihoods (80.2%) and for debt repayment (51.3%), compared to their rural counterparts (see figure below).

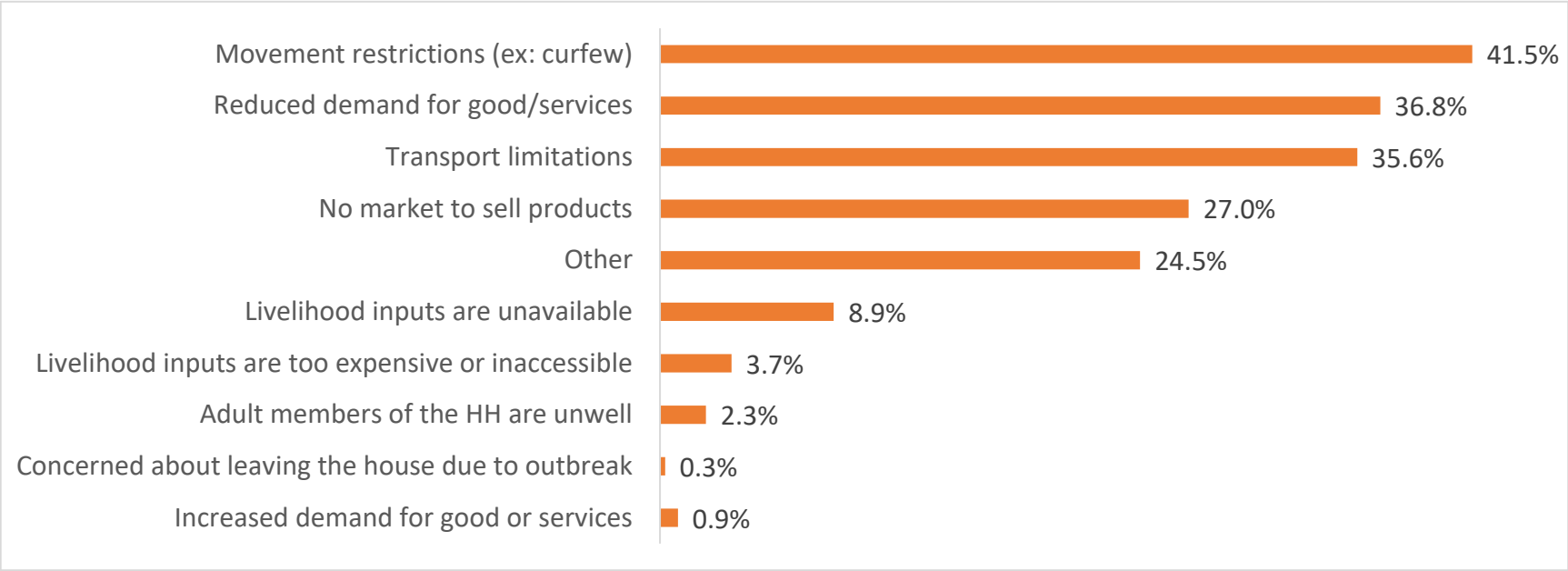
Most critical challenges in rural and urban communities



Key Informant Interviews revealed that vulnerable households were in dire need of financial support, food assistance and livelihood inputs as seeds and fertilizers because of COVID-19 Pandemic effects with social distancing and lockdown measures, joblessness caused by factor closures being commonly cited. This was particularly worse in urban areas. Key informants highlighted livelihood inputs such as agriculture inputs (seeds, agro-chemicals etc.) as available on local markets, but inaccessible to the majority due to increases in prices in part caused by high transport costs. Some local markets were reported being out of stock of agriculture seeds and livestock such as pigs and chicken.

Movement restrictions have the most impact on livelihoods, including income losses. 42% of respondents noted that lockdown and movement restrictions had severely hampered transport system and were contributing to reported HH economic distress. Slightly more urban respondents pointed to lockdown and movement restrictions compared to rural HHs (43.1% vs. 38.2%) (see figure below).

Reasons for disruption of livelihood



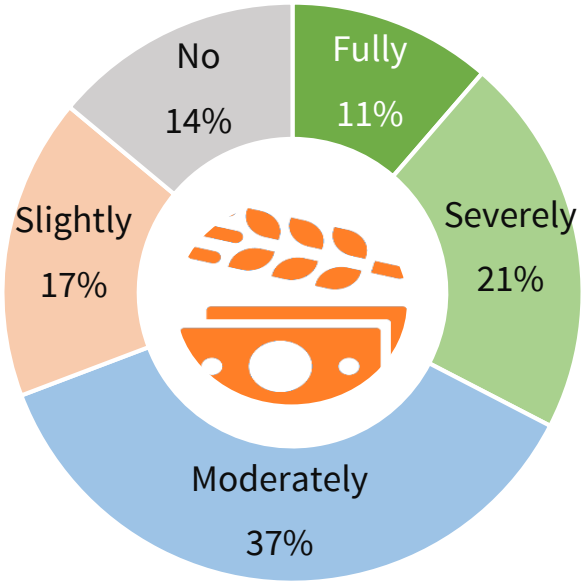
Lockdown and movement restrictions such as curfews from 9:00pm to 4:00 am, lack of public transport has resulted in the breakdown of flow of goods, and producers and sellers access to markets. Key informants highlighted that travel restrictions net effect has been the hiking of fares, beyond the reach of most people. Some routes were not being serviced by public transporters. Another hurdle faced by individuals was acquiring travel permission from village authorities to travel outside villages, therefore unable to travel to distant markets.

32% of all HH survey respondents stated that they had fully or severely lost their livelihood. More peri-urban respondents (42.5%) indicated this compared to rural and urban respondents.

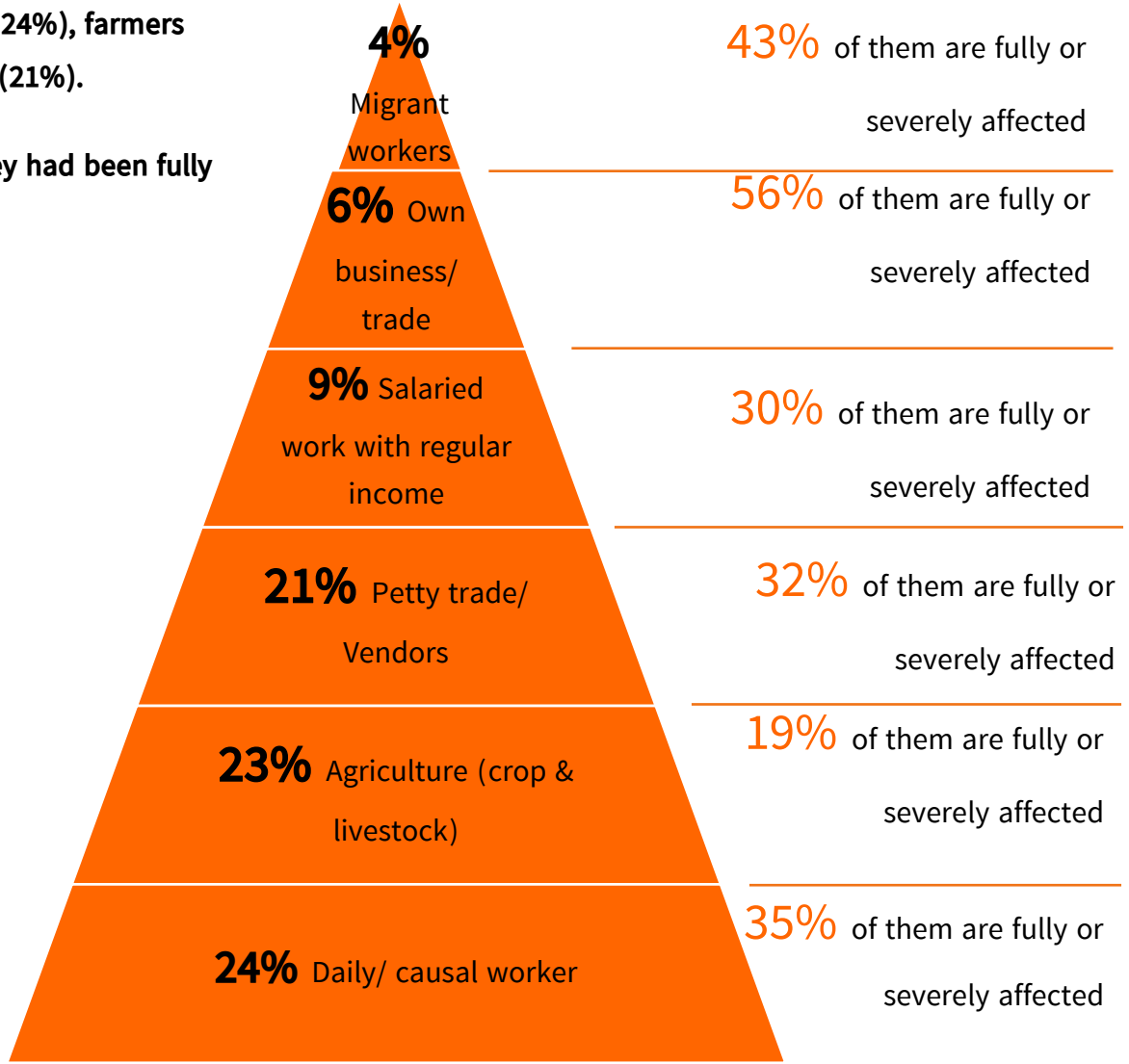
The largest segment of HHs surveyed were daily wage earners (24%), farmers (agriculture/livestock) (23%) and petty trade/selling on streets (21%).

The largest segment (35%) in the survey that indicated that they had been fully or severely affected were daily wage earners.

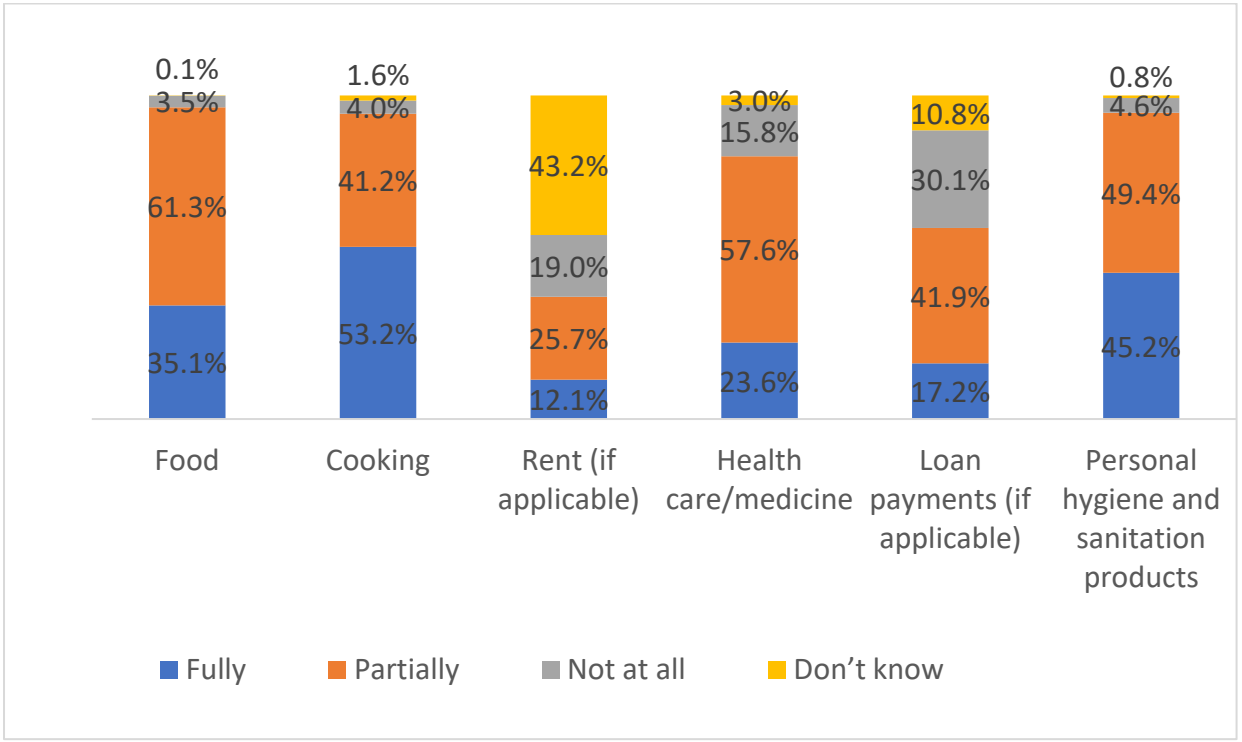
Level of impact on livelihoods



Impact on type of livelihoods and COVID-19 Pandemic effects



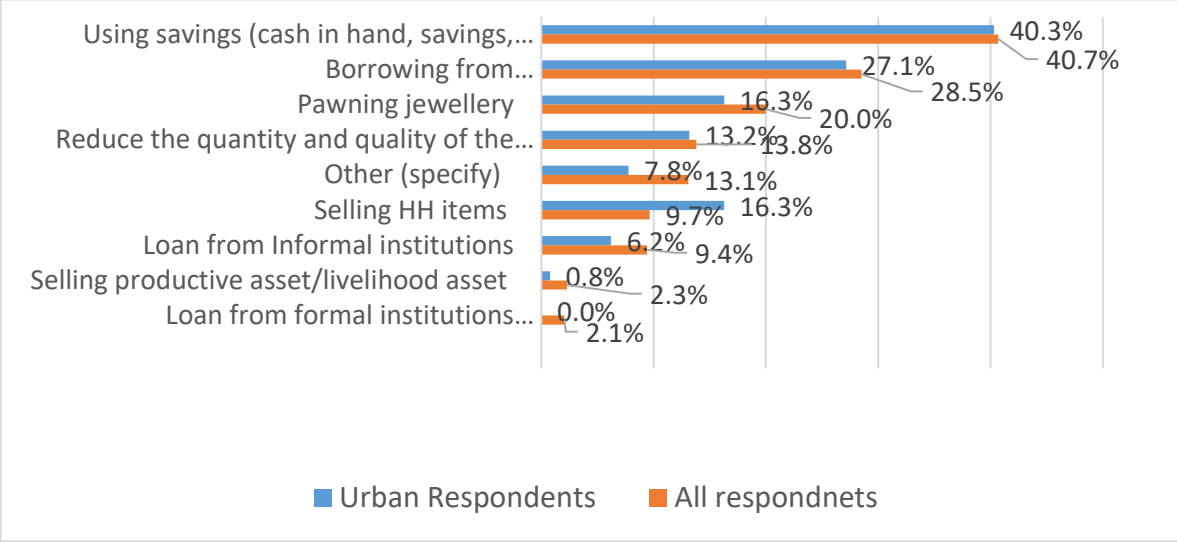
HH affordability of basic expenses



Ability to afford basic HH expenses was reported to have been significantly impacted in rural areas (see adjacent figure). 30.1% of respondents (34.2% of rural areas) stated not being able repay loans, and 19% of respondents (and 21.5% of rural respondents) claimed they could not pay rent, indicating a significant dip in HH finances. Loan repayment defaulting borrowers is likely to lead asset losses held as collateral and increase the cost of future borrowing.

"Before, we used to scavenge at various landfills every day but now we can only collect one time per day. We also cannot sell scraps, plastics and other material as rubbish-recycling shops are closed. A few shops that are operating, which are buying a lower price due to depressed demand and increased supply. As a result, we are borrowing money to purchase food. Unfortunately, the loans have matured, yet our livelihoods are not back to normal. We faced difficulty to repay." Thin 16, Street Children

Mechanisms to cope with the loss of livelihoods



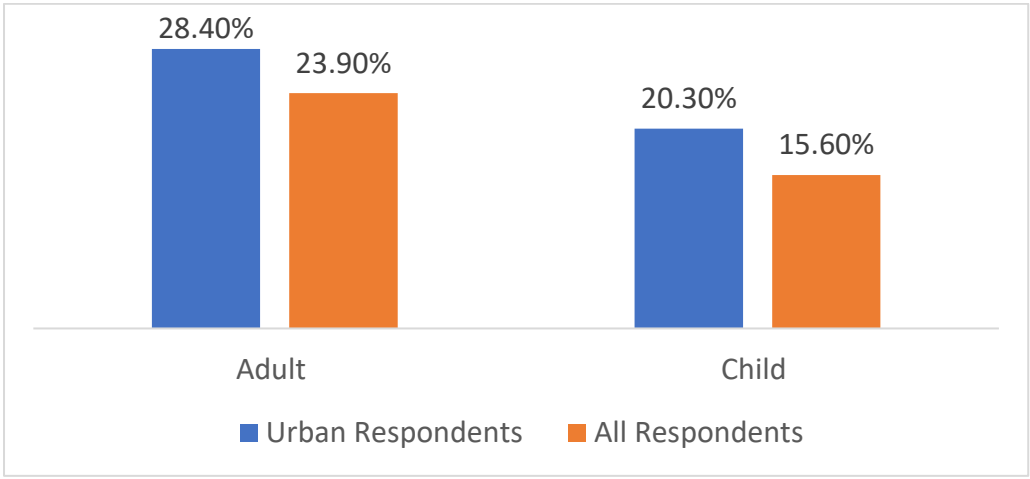
41% of respondents (40% urban respondents) have used savings – cash in hand, savings and fixed deposits for basic needs and 28.5% of respondents (27% rural respondents) have borrowed money from neighbor/relatives/friends.

More urban respondents reported having sold HH items compared to other respondents to offset income losses due to impact on livelihoods. 61% of respondents reported that they don't have means to cope, a month from the survey without external support. KII highlighted that vulnerable HHs were less likely to borrow money from informal sources such as money lenders as they did not possess the required collateral.

"It is difficult to survive as my parent lost their job. I failed high school exam, so I was employed by a doctor who opened a clinic in my village. Now the clinic is closed so I'm no longer employed. Weaving is the main business here, however, the weaving shops stop working as the merchants stop their businesses. As a result, the number of unemployed people has increased rapidly. Some are resorting to pawning their gold for survival money, while some are disposing jewelry to get money. A number of children have since dropped-out from the school due to their poor household condition." Cho 17 years, Amarapura Township

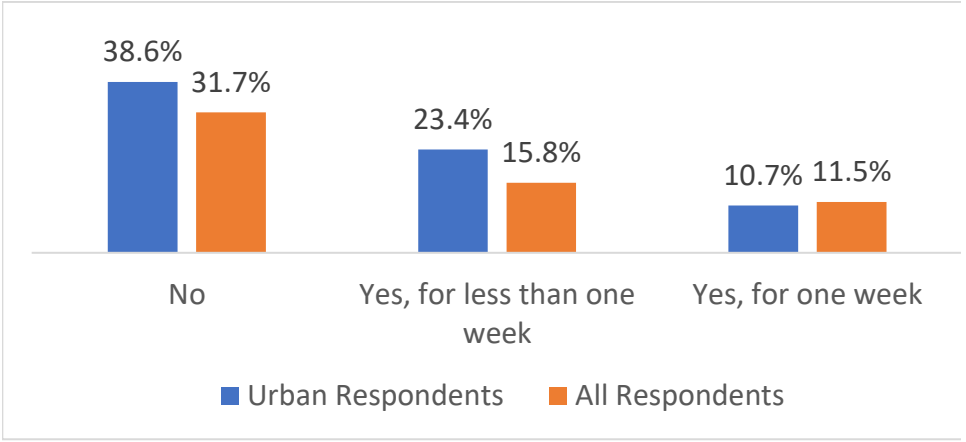
The Early Recovery Assessment Findings – Food Security

Reducing the quantity and quality of meals



24% (adults) of all respondents (28%, urban) reported reducing the quantity and quality of meals consumed to cope with the loss of livelihood, while 16% (child) of all respondents (20%, urban) reported the same coping strategy.

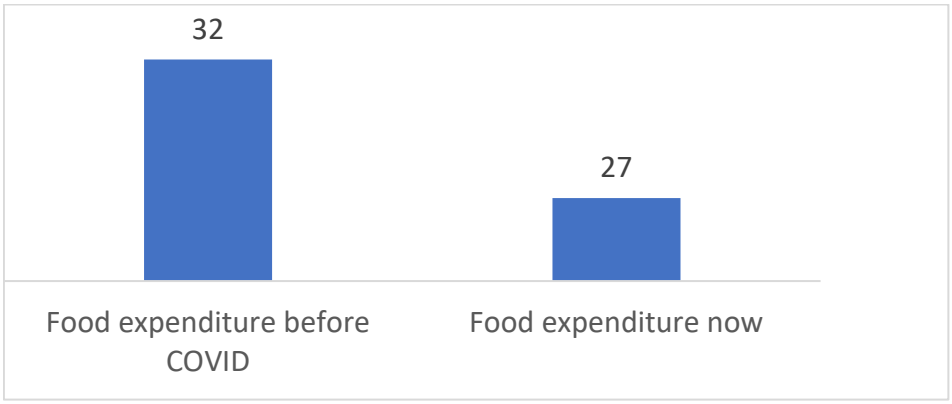
Food Stocks Availability within the household



32% of all respondents indicated they do not have any food stocks, while 27% of all respondents indicated they have stocks sufficient for only one week and less. Urban respondents face an even more dire food availability gap, as 39% do not have any food stocks and 34% have stocks sufficient for a week.

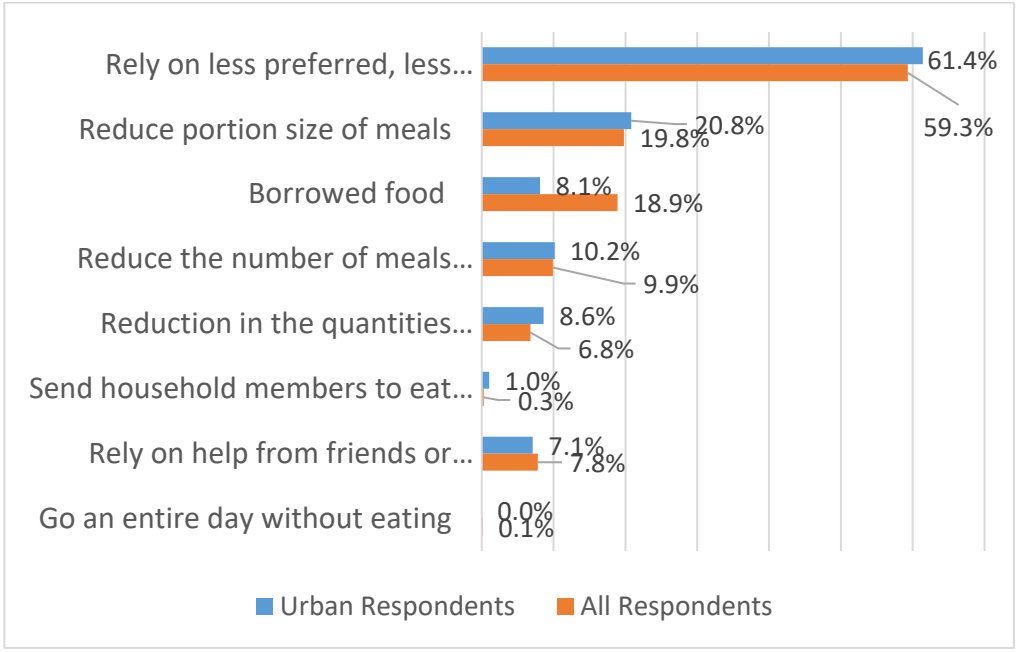
"There are difficulties in economic and some shops are closed. Due to the restriction on movement, we cannot go to Loikaw (the town) and it is difficult to get medicines. It is difficult to go to the clinic when getting ill. Landless people who work in foreign countries do not have job and cannot go aboard. Some had to eat corn only. Returnees also have problem in living. Poor households can have only 1 to 2 meals per day. Celebration of ceremonies are forbidden. Emma 16 years, Demosoe Township

Average weekly household expenditure before and after COVID 19



Before COVID 19 pandemic, the average food expenditure of the same was US$32. After COVID 19 pandemic, this has dropped to US$27, a 20% drop. The drop in average food expenditure indicates the impact of COVID-19 pandemic on food intake, a consequence of livelihood losses and less availability due to the lockdowns imposed and limited transport.

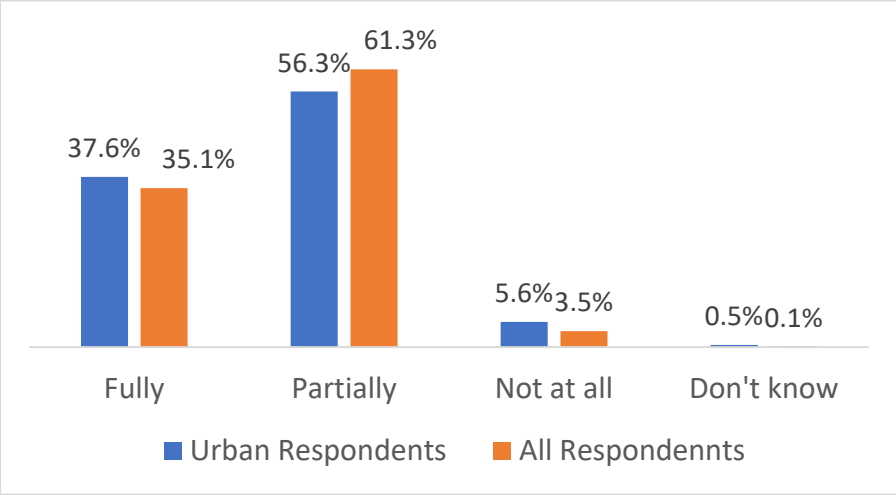
Coping mechanisms of lack of affordability of basic food supplies



To cope with emerging food insecurity, communities are mostly relying on less preferred and nutritious foods, reducing meal portion sizes and borrowed food from relatives and friends.

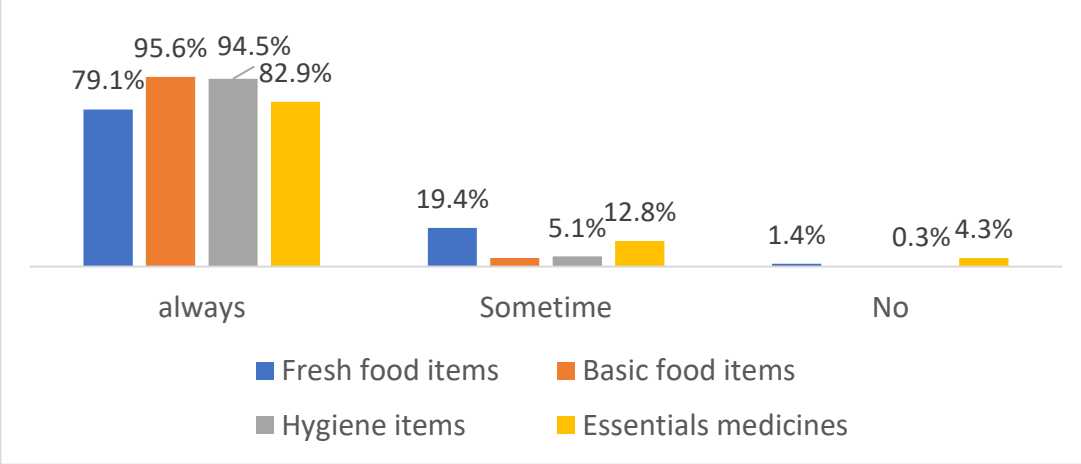
- 59% of respondents (61.4% urban) indicated that they relied on less preferred or expensive food as less nutritious food.
- 19.8% of respondents (20.8% urban) indicated that they reduced meal portion sizes
- 18.9% of respondents (8.1% urban) indicated that they borrowed food from relatives and friends

Affordability of basic food



Only 35% of respondents (37% in urban respondents) are able to afford basic food supplies. 61% (56% in urban) can only afford partially and 4% (6% in urban) cannot afford food at all.

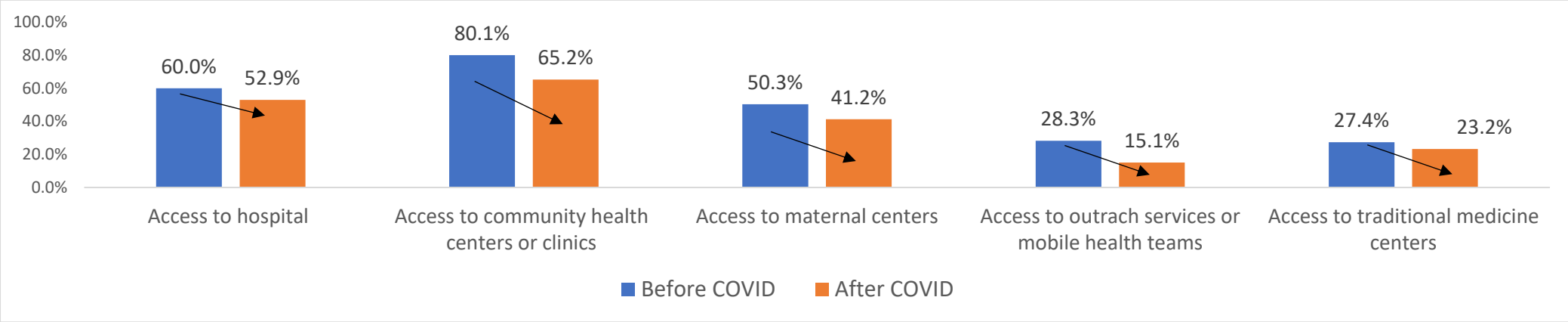
Accessibility of food supplies



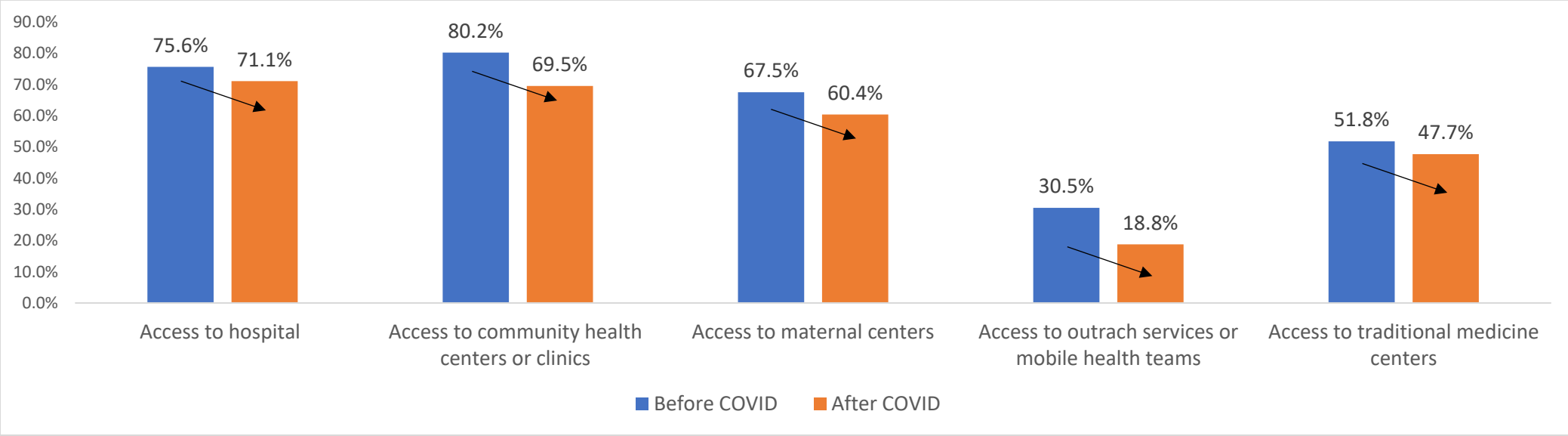
Availability of fresh food items which are more nutritious has diminished compared to other food items. 79% of all respondents (95% urban) are able to access fresh food items. Over 90% of respondents (95% urban) reported easier to source basic food supplies. HHs reported not encountering any challenges to access other items such as hygiene and essential medicines items.

The Early Recovery Assessment Findings – Health Services

Access to health care services before and after COVID19 – All respondents



Access to health care services before and after COVID19 – Urban respondents

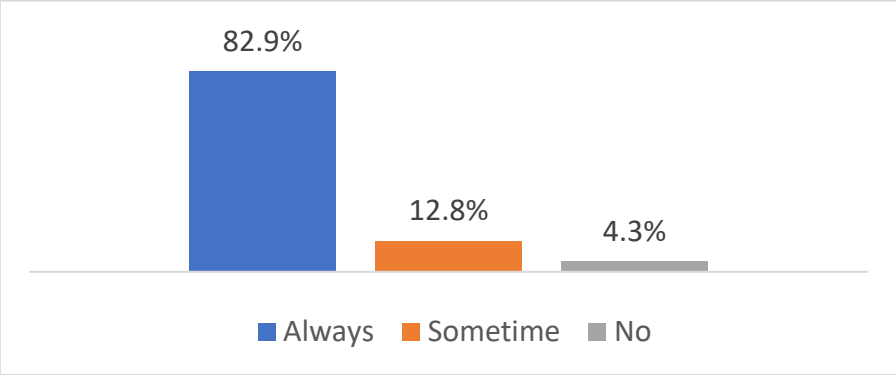


The gap in access to basic healthcare services has grown, increasing risks to newborns, pregnant and lactating women and under 5 children (U5C). Access to hospital services has declined by 7% (5% for urban respondents); access to community health center has declined by 15% (11% of urban respondents); access to maternal service centers has decreased by 9% (7% for urban respondents); access to outreach services has decreased by 13% (12% of urban respondents; access to traditional medicine centers has decreased by 4% (% for urban respondents).

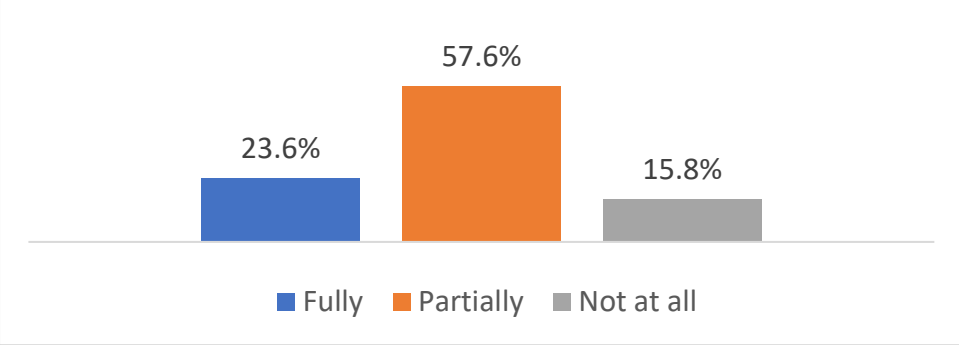
Key informants highlighted that access to rural health centers had declined due to lockdowns, either because people being unable to access transport to travel to health facilities or health facilities and due to some health facilities prioritizing COVID-19 Pandemic related services. Irregular antenatal and post-natal care services are available but health education sessions for Maternal, newborn and child health (MNCH) have been suspended.

"Before COVID-19 pandemic, we could buy medicine for my mother. Conditions worsened with COVID-19 pandemic. My father lost his job. My mother's health worsened so my father had to sell his trishaw to raise money to purchase my mother's medicine. There was no more money for rent. I felt so sad. Nothing to eat. A sick mother. I did not know what to do. I sneaked out with my sister and without my parents' knowledge, we begged for money under the hot sun. I was shy asking for money but we needed it."
Thandar, 9 years

Access to essential medicines



Affordability of medicines



1/4 of households are facing at least one health issue since COVID-19

16% of pregnant women faced at least one health issue

80% of households aware how to prevent the transmission of COVID-19

18% of under 5 children faced at least one health issue

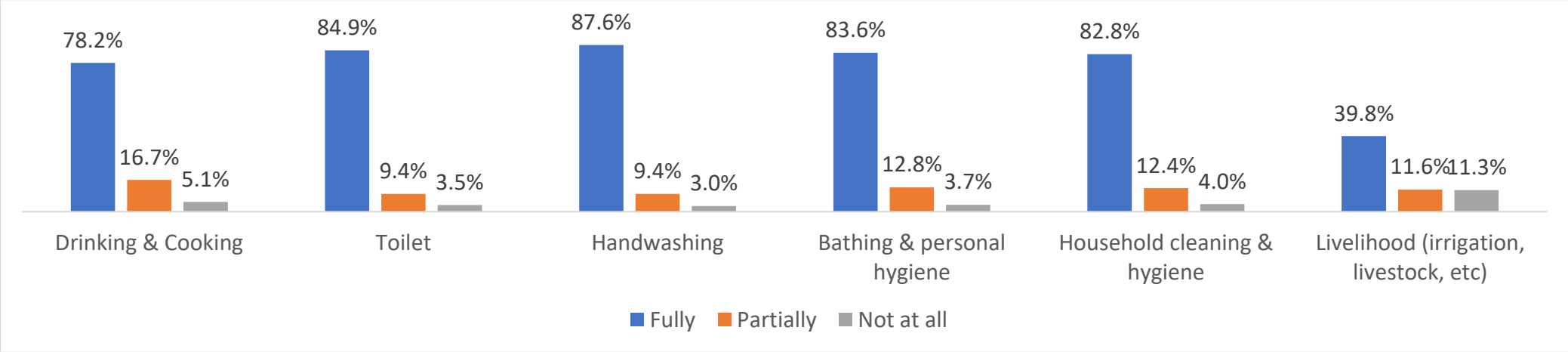
27% of lactating mothers faced at least one health issue

61% of households have access to COVID preventive hygiene kit

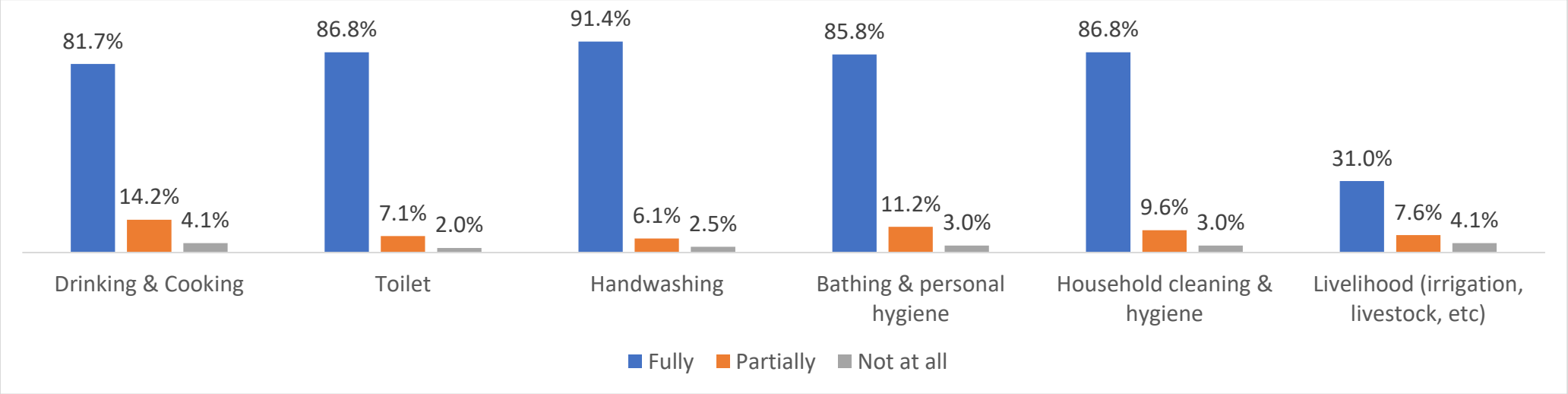
While 82.9% of respondents (92.9%, urban) confirmed essential medicines were readily available on the market, 73.4% (73.6% for urban respondents) of all respondents stated medicines were no longer affordable. Since COVID-19 pandemic, 1 out of 4 households are facing at least one-health issues such as physical illness or injury or mental illness or severe stress. 80% of all respondents reported that they are aware of how to prevent the transmission of COVID-19. KII highlighted that COVID-19 awareness raising through public announcement with loudspeakers and pamphlet distribution was common in every township by government.

The Early Recovery Assessment Findings – WASH, Sanitation and Hygiene (WASH)

Availability of water for key daily activities – All respondents

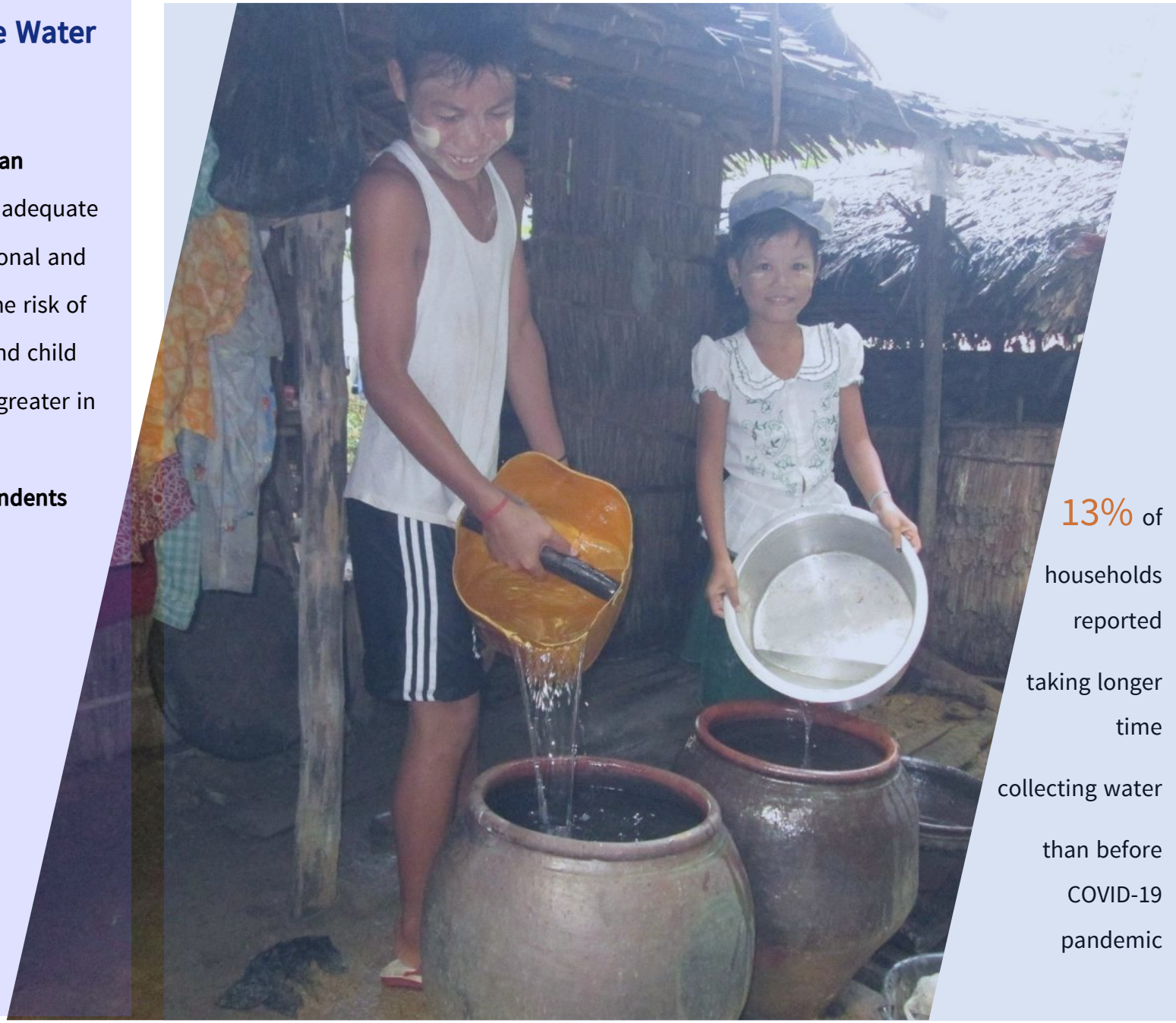


Availability of water for key daily activities – Urban Respondents



Access to Adequate Water and Sanitation

21.8% of respondents (18.3% for urban Respondents) do not have access to adequate water for drinking, cooking and personal and HH hygiene needs which increases the risk of waterborne and infectious disease and child malnutrition. Availability of water is greater in urban areas for all key activities, except for livelihood**. 22.9% of respondents (11.7% for urban respondents)** do not have sufficient water for livelihood (irrigation and livestock).

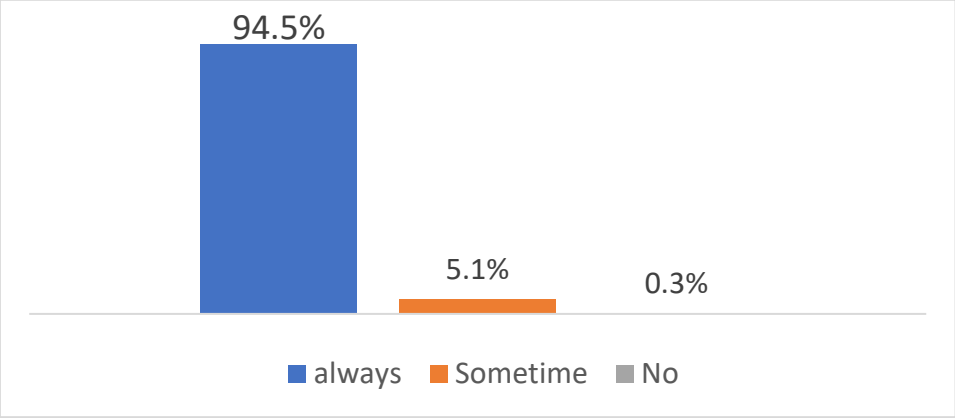


13% of households reported taking longer time collecting water than before COVID-19 pandemic

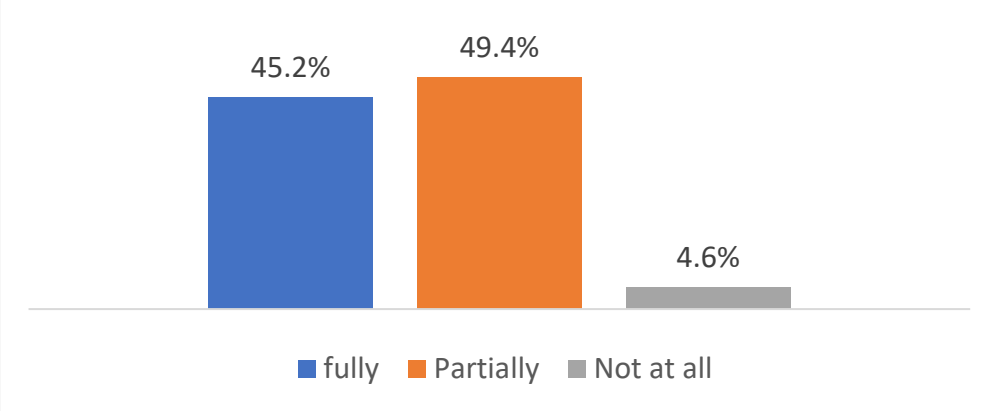
"There is water shortage in the village, so children are helping their parents to fetch water from a far distance, to get water for hand washing and general domestic use." Thuzar 15 years, Rakhine State

"We have to buy water for household use. Water vendors do not want to come to this place (the rubbish disposal place). They are afraid of contracting diseases. So, we have to convince them to come here and we are buying water at higher price. There is curfew in my place. Thin 16 years, Mandalay Region

Access to hygiene and sanitation products (e.g. soap, detergent)



Affordability of hygiene and sanitation products (e.g. soap, detergent)



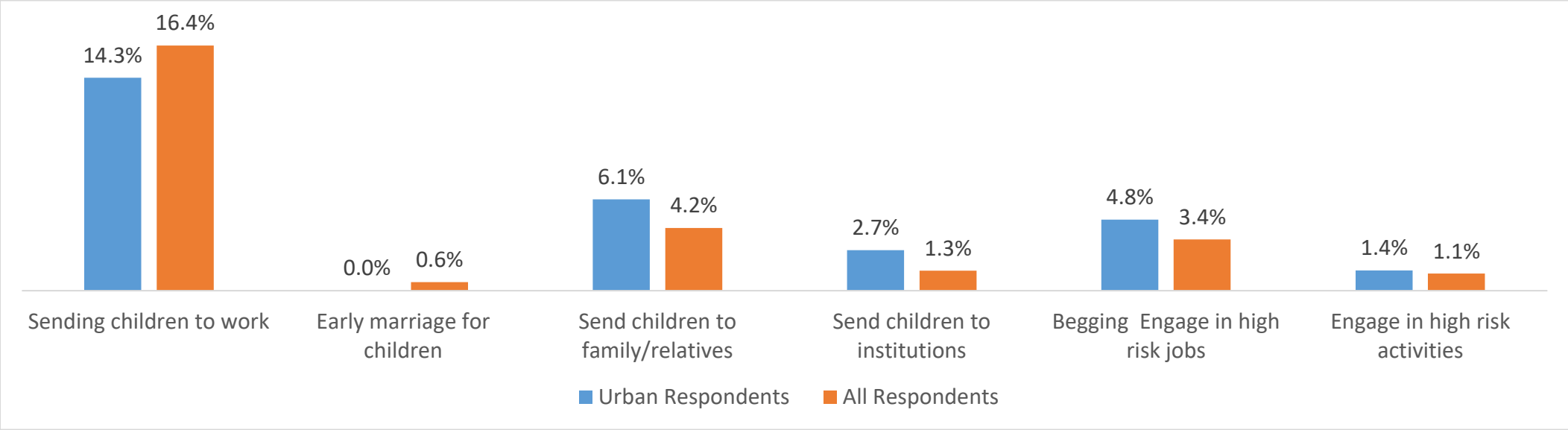
While 95% of study respondents (98% for urban respondents) confirmed hygiene products were readily available on local markets, 54% of respondents (58% for urban respondents) stated these were unaffordable (partially and not affordable). Availability of hygiene goods is closely linked to market access. Key Informant Interviews highlighted that most food, hygiene and cleaning products are readily available on local Markets. However, some items like surgical masks and medicines are moderately unavailable on local markets.

The Early Recovery Assessment Findings - Child Protection

15.4% of HHs	• sending children to engage in causal labour
3.9 % of HHs	• sending children to temporarily stay with relatives and friends
3.2 % of HHs	• Engaging in begging
1.3 % of HHs	• Have sent children to institutions
1.1% of HHs	• Engaging in illegal activities
0.5% of HHs	• marriage linked to COVID 19 effects

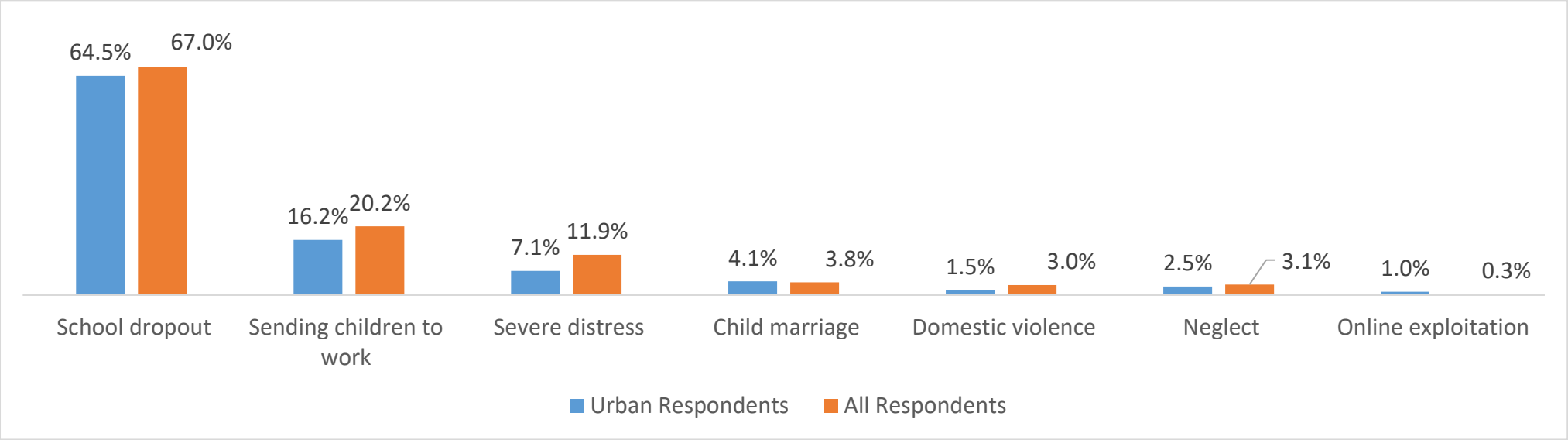
"We, children, are frustrated because my parents have lost their job. They stay at home and quarrel often. Daily survival is a challenge as my father lost his job since the disease (COVID-19). I am frustrated and don't want to stay at home while my parents are quarrelling, so, I leave. Although my father is looking for a job, it is not easy. In the coming academic year, I am going to be in Grade 11. During school holidays, my mother asked me to work, carrying lime bags. But, I didn't get that job because the supervisor told me that my body is not fit to carry those heavy bags. Earlier, during school holidays, I did not need to work, but now, my mother scolds me often for not working and forces me to work. She was not like this before, but now I think it is due to the difficult living conditions." Tun, 15, Amarapura Township

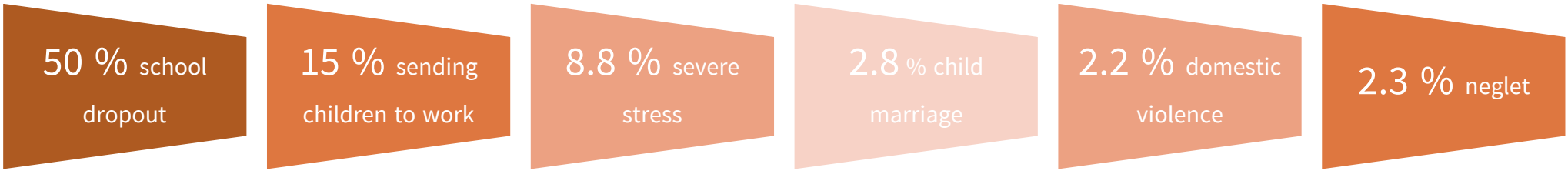
Impact of loss of livelihood in child well-being in communities



Loss of livelihood is forcing parents and caregivers to take desperate actions that are negatively impacting the wellbeing of children with 16% of caregiver sending their children to work (14% in urban), 4% sending children to live with relatives (6% in urban), 3% sending children to beg (5% in urban), 1% sending children to institutions (3% in urban) and 1% consenting to an early marriage for their children (0% in urban). Sending children to live with relatives and sending children to beg seems greater in urban areas. Key Informant interviews also included domestic violence on children has increased because of economic hardships by parents, physical and sexual violence and abuse increased, increased working children to support their family which may results in school dropout and less interest in learning. The economic consequences of the lockdown are thus increasing safety risks for already vulnerable children and pushing those on the brink into deeper vulnerability.

Child Protection issues may emerge or become more prominent for children if the COVID-19 pandemic situation is prolonged





If the COVID-19 pandemic situation is prolonged, 67% of parents (65% in urban) expect children will drop-out will be increase, 20% of parents (16% in urban) expect sending children to work will increase, 12% of parents (7% in urban) expected that there will be mental health issues for children and 4% of parents (4% in urban) expected that child marriage will increase.

33.2% of parents/caregivers (20% in urban) indicated that they are only partially able or completely unable to handle changes in their children's behaviors which increases the risk of children's physical and emotional punishment. 21.5% of parents (19.8% in urban) spanked, hit or slapped on the bottom of children with bare hand. Both boys and girls (26%) indicated experiencing abusive language and scolding from their parents. *"Parent beat their children. When adults forced children to buy alcohol, children were threatened and shouted at if they refused to go. When they were beaten by stick and thrown by projectiles, they ran-away from home and returned when their parents had calmed down. I also stayed at my grandma's house for 2 days when my mom asked me to do the things I did not want to. Sometimes, I was scolded but sometimes I was not." Emma 16 years, Demoso Township*

54.8% of parents/caregivers indicated that they have used physical or psychological punishment in the last month, while 69.4% of children confirmed that their parents or caregivers used physical and/or psychological punishment in the past month (88.7% for urban parents). Urban children indicated higher rate of physical punishment and emotional abuse. *"There is physical abuse on children. Currently, there is no such case. My younger sister got inappropriate favors from my brother-in-law, in the last seven months. Now, he no longer stays in my house. I cannot use phone and have no phone. If I face abuse, I will inform to village leader, my mother and World Vision." Thin 16 years, Mandalay Region*

6.9% of children indicated that they feel unsafe during lockdowns, with more urban children (9.4%). *"We feel unsafe and worry when father forced us to buy alcohol at liquor house, where there are drunk people and I feel scared. When I am asked to buy cigarettes and betel or go somewhere for any reason at night, I am afraid, because it is dark." Thuzar 15 years, Rakhine State.* **1.3% of parents/caregivers reported that they had mental health illness and 12% of parents/caregivers had stress and other behavioral problems in surveyed**. Both boys and girls (23.1%) indicated that their siblings/friends shown a negative change in personality or behavior during the lockdown situation.

60.9% of children reported that they are aware of the child protection services in their community.

"Yes, I know. I can ask help and report to Myanmar Women's Affair Federation. They are working on those cases. Social welfare workers and ward authorities can be asked for help. And I will report to the officer who operate a project in my village for three years now. "Emma 16 years, Demoso Township

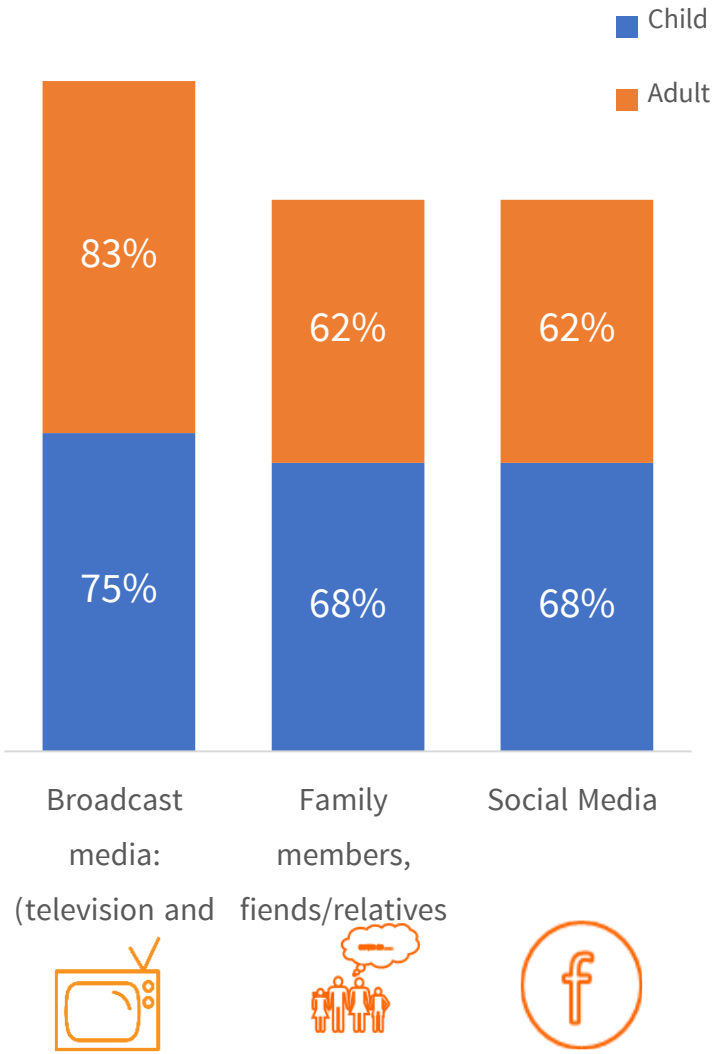
Key Informant Interview highlighted that stress on families related to the loss of income, reduced access to schooling, and changes to children's behavioral during quarantine contributes to an increase in the physical and emotional abuse of children.

Other key informant interview respondents mentioned that the rise in abuse and violence was due to the loss of jobs and school closures, which have resulted in families spending more time together, children cannot attend training and summer tuitions and children are less interest in education. In addition, an increase in child marriage, addiction to gaming and drugs in children. E-learning services were not available for children to learn, however TV and internet were reported to be in use, but expensive and out of reach to poor and vulnerable households.

"This time should be time to prepare for school, we usually start our tuition classes now. But due to COVID-19, schools and ECCD centres are closed. I am afraid, I can't return to school. To study at home, we need teachers to help us with lessons. If schools reopen, there may be children who are not able to return to school due the inability of their parents to pay school fees." Hnin 15 years, Kyangin Township.

A significant portion of key informants revealed that for those whose livelihoods and income sources were affected by the COVID-19 pandemic were likely to have challenges sending children to school, resulting in increased dropout rates. Some parents indicated being concerned with possible COVID-19 infection when schools reopen.

87% of respondents confirmed that they have receive adequate and regular updates and information about COVID 19 so access to critical COVID-19 information is not an issue for the most communities. Main channels are television (75% by adult and 83% by children), family, friend and relative (68% by adult and 62% by children) and social media (68% by adult and 62% by children) are the key channels used to access COVID-19 updates.



Recommendations

Building on the MCOVER plan achievements, develop a recovery plan informed by this assessment and secondary data;

- In the recovery plan, prioritize livelihoods recovery/restoration interventions targeting the most vulnerable households including those that were previously not classified as most vulnerable. Prioritized interventions should include;
  1) Support for farming season support - providing appropriate support e.g. agriculture inputs;
  2) Strengthen value chain development activities, strengthening market access, to offset anticipated declines in demand;
  3) With VisionFund Myanmar design and deliver appropriate financial services to support affected households and businesses, especially in urban areas where restarting livelihoods will become critical for those that have become unemployed;

- Design a menu of interventions targeting children across different age-bands with the aim of;
  1) Supporting learning at home and equipping parents and caregivers with tools to support learning;
  2) Design interventions that will help children overcome fear of COVID-19 and create opportunities for them to play safely;
  3) On Child Protection, find innovative ways to disseminate positive disciplining messages and the importance of safeguarding and protecting children in general;

- Work with local health facilities to increase access to services especially for children, pregnant and lactating mothers, by providing a range of options

- Develop a robust M&E system for the recovery plan including context monitoring during the next 4 to 6 months, for early detection and response as many locations start reopening, curfews and lockdowns lifted.

- With partners, develop contingency plans and scenario planning for the next 6 months for COVID-19 pandemic, as the global figure increase with no clearly defined trends.