



12/8/2016

Baseline Report

Stop Gender Based Violence- Capacity
Strengthening of Local Women
Organizations Project

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Special thanks to all assessment participants, for their willingness, time and trust.

LIST OF ACRONYMS

CEDAW - Convention on the Elimination of all Forms of Discrimination against Women

CSO - Civil Society Organization

GBV – Gender Based Violence

GEN- Gender Equality Network

KWEG- Karen Women Empowerment Group

MMCWA – Myanmar Maternal and Child Welfare Association

MPs- Member of Parliament

MW- Midwives

NGO – Non Government Organization

NGOGG – NGO Gender Group

NORAD - Norwegian Agency for Development Cooperation

NSPAW- National Strategy Paper for Advancement for Women

PTE- Phan Tee Eain

TMO – Township Medical Officer

UN – United Nation

UNFPA – United Nation Population Fund

VSO – Volunteer Service Overseas

WFFP – Women Federation for Peace

WON CU – Women Organization Network Coordination Unit

WON- Women Organization Network

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EXECUTIVE SUMMARY

Gender based violence (GBV) is a crime and a serious and unacceptable violations of a person's fundamental human rights to safety in their personal environment. It has wide reaching implications including affecting a victims mental and physical health and social interactions. In addition to impacting the livelihood and life choice opportunities of women and girls both directly and indirectly. Due to the difficulties in finding a culturally appropriate response within the community, the problem became hidden in Myanmar society, and was considered a taboo subject of discussion. This has led to there being no reliable sources of data of GBV. In addition to providing valuable information on GBV, this research has attempted to bring the subject of GBV into the open discussion forum.

The objectives of the baseline survey were to gather and analyze data to generate a holistic perspective of the current situation of Gender Based Violence (GBV) in the research target areas of Myanmar. Particularly in regard to the incident rate, prevention system(s), availability of support(s), awareness of preventative strategies, and the capacity of the Women's Organization Network (WON), NGO Gender Group (NGOGG) and their associated organizations to address GBV in the targeted areas. The survey sought to gain information in ten information areas, these were developed into ten overarching questions, from this a variety of survey tools were developed and both qualitative and quantitative data collection techniques were used.

The research team surveyed four principle population groups, women's organizations working in this field, community members, local authorities that would come into contact with GBV in the normal course of the their work and members of parliament representing the research area.

The survey found that the knowledge and understanding of local authority figures was low, their ability to respond minimal, and that referral pathways, if they existed, which often they did not, were not known. Community understanding of GBV was also low, and there was a large cohort of denial by community respondents that GBV existed within their community, indicating that GBV was a still taboo subject of discussion. The knowledge level regarding GBV of the MP's surveyed was equally low, although this group was comprised only three respondents, so caution must be used when drawing any wider conclusion about this group from the sample survey. The self-assessment and follow up discussion techniques used to assess the women's organizations capacity to respond to a GBV incident and support a GBV victim showed that capacity was varied. But generally they believed they did not have the skill base, knowledge, experience, capacity and / or operating resources to respond effectively or to offer appropriate support and referral pathways.

1 INTRODUCTION

Gender based violence (GBV) is a serious and unacceptable violations of a person's fundamental human rights, it has wide reaching implications including affecting a victims mental and physical health and social interactions. In addition to impacting the livelihood and life choice opportunities of women and girls both directly and indirectly. In Myanmar the previous military government denied that there was any wide spread gender based violence issues in the country¹, this has led to a large number of cases going unreported, because there was no reporting mechanism. Over time the problem became hidden in Myanmar society, and was considered a taboo subject of discussion. This has led to there being no reliable sources of data of GBV. In addition to providing valuable information on GBV, this research has attempted to bring the subject if GBV into an open discussion forum.

1.1 Project Overview

Volunteer Service Overseas (VSO) in Myanmar works in three main sectors, education, health and social accountability / civil society strengthening. The current research and the associated program to prevent GBV where ever possible and in particular in the target areas of project implementation, and to ensure appropriate responses to GBV events is part of the civil society strengthening work and an integral part of VSO' global commitment to promoting gender equality.

VSO works with two local networks in the GBV sector, the Women's Organization Network (WON) and NGO Gender Group (NGOGG) with the aim of improving the wider system for the prevention, appropriate response and advocacy to address GBV in Myanmar. VSO, WON and NGOGG through their network member organizations in five States and regions throughout Myanmar Kachin State, Kayin State, Mon State, Ayeyarwaddy Region and Yangon Region are undertaking a program to reduce the prevalence GBV, and increase the response to GBV events.

Impact: Reduce the incidence of GBV in the target areas, increase reporting and increase appropriate response to GBV events. Improve system to coordinate the prevention, response and advocacy efforts to address GBV through civil society women's organizations and their communities in the target areas of Myanmar

Approaches:

- Reduce GBV incidents through improved advocacy, increased awareness, and more appropriate responses to individual incidents and occurrences in general
- Increase the awareness and capacity of appropriate authority figures within the community
- Increase the number of GBV survivor's that access support (medical, legal and psycho-social)
- Strengthen the coordinated response mechanisms to prevent and respond to GBV in women's organizations, providing legal, medical, counselling support
- Increase the awareness of the relevant authorities and members of parliament of GBV and of the actions that can prevent GBV events.

1.2 Baseline Study Objectives

The objectives of the baseline survey are to gather and analyze data to generate a holistic perspective of the current situation of Gender Based Violence (GBV) in the research target areas of Myanmar. Particularly in regard to the incident rate, prevention system(s), availability of support(s), awareness of preventative

¹ Sexual and Gender Based Violence In Myanmar, Sara Meger, Monash University, July 2014

strategies, and the capacity of the Women’s Organization Network (WON), NGO Gender Group (NGOGG) and their associated organizations to address GBV in the targeted areas.

1.3 Research Questions

The research questionnaires were compiled from ten overarching questions.

1. What is the current GBV awareness level and incident rate in the areas of the research, Myitkyina Mawlamyaing in Mon State and Shwe Pyi Thar Yangon State
2. Can this be seen to be representative of Myanmar?
3. What GBV prevention coordination systems are available in these townships? What are their strengths and weaknesses? How could these weaknesses to be improved?
4. What supports are available for victims of GBV? How many GBV survivors accessed support from the organizations which belong to the WON and NGO GG Networks?
5. What is the level of awareness of GBV and of the prevention actions on GBV amongst parliamentarians and authorizes? How these levels could be improved?
6. What is the level of awareness on preventative action(s) on GBV amongst communities and local authorities? How could these levels could be improved?
7. Do Women’s Organizations including WON and NGO GG have sufficient data collection tools and processes to collect information to produce data to inform advocacy decisions?
8. How many events for policy advocacy between duty bearers and women groups were organized by NGO GG and its network members in 2014 and 2015?
9. How many grass-roots women’s organizations joined the National Strategy Pager for Advancement for Women (NSPAW) related planning meetings in 2014 and 2015?
10. What is the level of women’s organizations’ skills and knowledge to participate in advocacy, policy and alliance building currently? How could they could be improved?

2 METHODOLOGY

2.1 Population and Sample Size

The baseline research collected data from four population groups, (Table 1).

Type	Specific Groups
Intermediate Beneficiary	Women Organizations including their networks (WON & NGOGG) ²
Primary Actors	Members of Parliament
	Local Authorities
	Community Members

Table 1: Population Groups for collection of data

2.1.1 Sample Size

2.2.1 Women Organizations

² The organizations gain a benefit through the support and advocacy that comes from conducting the research in addition to the increased legitimacy gained from being involved with international organizations and the awareness raising of GBV and the role of the organizations in assisting in GBV related matters.

There are 40 organizations under WON, seven of which participated in the research project, in addition the WON co-ordination unit and NGOGG were interviewed to explore their knowledge of the research questions listed above and their capacity in the relevant areas.

2.2.2 Members of Parliament

There are 302 members of parliament in five States and Regions where the research was undertaken and the associated project will be implemented, of these 14% are female³. Approximately 10% (32) of this group are the representatives of the areas where the research was undertaken. Due to the current restrictions on MP's and the permission process implemented by the current government to limit the voice of MP's, the research team approached all 32 members of parliament either directly or indirectly with a view that a 10%

Cluster	State/ Region	Township	Village	Ideal Sample Size			Actual Sample Size		
				Community	Local Authority	MP	Community	Local Authority	MP
Cluster 1	Kachin State	Myitkyina	Nawng Nang	17	10	1	10	8	2
			Mai Na				12	2	
Cluster 2	Mon State	Maw La Myaing	Shwe Myaing Thiri	34	10	1	17	5	
			Thaton				17	5	
Cluster 3	Yangon Region	Shwe Pyi Thar	Inn Pauk Su	99	10		50		1
			Pan Chan Kone			1	40		
Total				150	30	3	146	28	3

engagement rate of this population group whilst not being ideal would be acceptable. The research team was able to collect data from three MP's, two from the Yangon Region and one from Kachin State, table 2.

2.2.3 Local Authorities

In this study, local authorities were defined as anyone who would under normal circumstances come into contact with BGV, victims or perpetrators in the normal course of their work. This included village tract administrator(s), township administrator(s), Township Medical Officer(s), Health Assistant(s), Midwives (MW) or police officer(s) working within the research areas. The research team wished to interview 30 local authorities from the three clusters, but due to the constraints of undertaking their duties, only 28 were able to be interviewed.

2.2 Data Collection Method and Sampling

In this study, both qualitative and quantitative data collection techniques were applied, with a variety of sampling methods utilized⁴ when gathering information from informants within each population.

Women Organizations

Nine women organizations, seven of whom work under WON, the WON coordination unit in Yangon and NGOGG were surveyed to assess their base knowledge of GBV, and their skill and confidence to deliver appropriate awareness raising, prevention strategies and respond to GBV incidents⁵.

³Paul Minoletti, 2016

⁴ Open question interviews, closed question surveys and participatory capacity assessment tools.

⁵ They were responding to survey questions 1-3 and 6-9

A face to face open question interview technique, participatory capacity assessment tool (annex 1) and semi-structured open typed questionnaires were used in this assessment.

The interviewees were purposively selected from each organization, the organization leader and the GBV project related staff member.

Community, Local Authorities and Member of Parliament

The objectives of the study were to collect baseline data to assess the awareness of GBV amongst the community, local authorities and Members of Parliament, the targeted areas were divided into three clusters by using a multi-stage cluster sampling method as detailed in table 3.

Cluster	Township	State/ Region	Selected Township for assessment by sampling method
Cluster one	Myitkyina , Waingmaw	Kachin State	Myitkyina
Cluster Two	Mawlamyaing, Hpa-An	Mon and Kayin State	Mawlamyaing in Mon State
Cluster Three	Dedeyae, Wakhaema , Pantanaw	Ayeyarwaddy Region	Shwe Pyi Thar Yangon State
	Hlaing tharyar, Shwepyithar, East Dagon	Yangon Region	

Table 3: selected Townships / areas for assessment by random sampling

Upon arrival at the cluster, the research team selected the households using a standard random sampling method. Every fifth household was approached to participate in the survey. Any person who is a Myanmar citizen aged from 18- 60 years old was eligible to be interviewed.

A closed type/ structured survey questionnaire was used for community members, local authorities and Members of Parliament covering two broad aspects; Part 1: Demographic knowledge, EG: how prevalent is GBV in your area of influence; Part 2 Knowledge and Attitude on Gender Based Violence and its Prevention.

2.3 Data Collection Tools

The data collection tools were developed in a participatory workshop format with the partner organizations and the VSO focal team. In summary, three types of data collection tools were developed, structured questionnaires for community members, local authorities and Members of Parliament, and semi- structured questionnaires in addition to participatory capacity assessment tools for the women organizations.

Fourteen research team members / data collectors were recruited including two team leaders who led the data collection process in Mawlamyaing, Mon State and Shwe Pyi Thar, Yangon Region. The data collectors working in Myitkyina were recruited locally by the local women's organization, had experience in the type of data collection required and were trained and supervised remotely. Consideration was given to a variety of electronic and paper based data collection options. Due to the face to face nature of the data collection, multiple language barriers and technology constraints, it was decided to use a paper survey form system. A data management person was recruited and assigned to undertake the data collating, cleaning and compilation.

2.4 Training and Data collection

Selection and training of the interviewers:

A total of fourteen research team members with previous experience in interviewing and survey data collection were recruited. All had bilingual language skills where required, and therefore could understand and speak the local language. In addition the interviewers received one day of intensive training at the VSO Yangon office prior to the data collection commencing.

The training focused on:

- Understanding Gender and Gender Based Violence
- Confidentiality protocols
- Interviewing techniques and methodology
- Survey instruments, to ensure the interviewers are comfortable with using them
- Field work activities
- Obtaining informed consent

Data Collection

The data collection spanned the period 18th July to 24th July, 2016, data was collected between the 18th to 21st in Myitkyina and Mawlamyaing simultaneously and on the 24th July in Yangon. The face to face interviews with organization leaders and the project team members for the capacity assessment was carried out between 21st July - 2nd August.

2.5 Quality Assurance

The quality of the data was bolstered by the following measures:

- Protocol and tools were developed and refined as per review and feedback provided by the VSO focal team to ensure validity, and the partner organizations to ensure cultural appropriateness
- Informed consent was obtained and the permission of each respondent was sought prior to the interview being undertaken in the local language
- A daily data quality check was undertaken by research team leaders during field work
- Triangulation of information, information was obtained from different sources including WON and NGOOGG, secondary documents / academic material and quantitative and qualitative methods which enabled cross comparison of the information.

2.6 Sensitivity and Confidentiality Considerations

GBV issues are very sensitive, interviews with victims were likely to touch on sensitive issues, and could cause past trauma to be revisited by the victim, this could be stressful, cause some level of discomfort. These concerns were fully recognized by the VSO focal team, and was conveyed to the research team during recruitment and training. All efforts were made to negate or minimize the possibility that the interview could have any negative effect, through training staff and careful construction of the survey tools. Training of the research team placed an emphasis on sensitivity in the questioning process and how to frame and ask questions within acceptable cultural values and norms, avoiding judgmental phrasing.

Confidentiality and privacy were carefully assured in all the interviews. Efforts were taken to identify places for the interviews where privacy was assured, the participant were comfortable and there was little risk of interruption.

2.7 Limitations

The current restrictive political situation and very inclement weather were the principal limitations on carrying out the research. There was severe flooding in many areas, which were either part of the area of research, or through which the research team had to travel. Whilst this did cause the target number of participants to not be reached (28 rather than the desired 30 authorities, and 146 rather than 150 community members), the research team did undertake the research at a stressful time in people's lives, and GBV rates rise during stressful periods, so working in this environment may have led to more honest and open conversations.

The research was undertaken in a sample area only, and whether the results can be generalized to the wider situation in Myanmar is debatable, but without doubt the research produced important information that is not currently available. This research did not intend to explore the reasons behind GBV any specific event or the prevalence in any particular area.

3 Demographics of Survey Respondents

3.1 Demographics of Community Survey

Whilst GBV can be female on male or male on female, it is generally considered that predominantly females are the victims and males the perpetrators. It is therefore understandable why victims were more likely to consent to be interviewed than those that that may have been a perpetrator or may have known a perpetrator. A gender balance in interviewing was sought, but as depicted Figure 1, females were twice as likely to respond to requests for interviews, than their male counterparts, 67% and 33% respectively.

Another important demographic variation in the survey is age group of the respondents, figure 2 clearly shows that the older the person, the less likely they were to agree to discuss GBV. Two thirds of respondents (68%) are 45 years or below. Whilst no conclusion can be deduced from this single survey, this strongly indicates that younger people are more open to discussing GBV related matters.

Figure 1: Classification of respondent by sex (n=146)

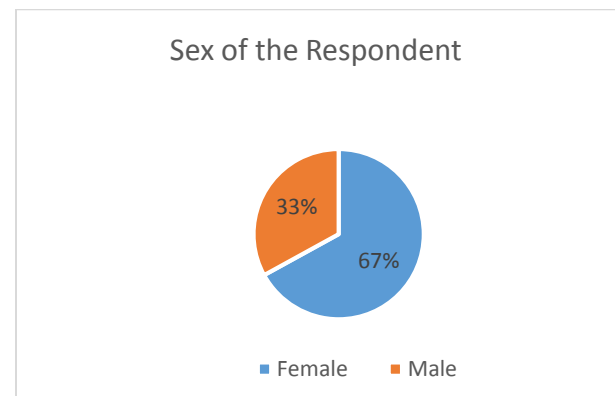
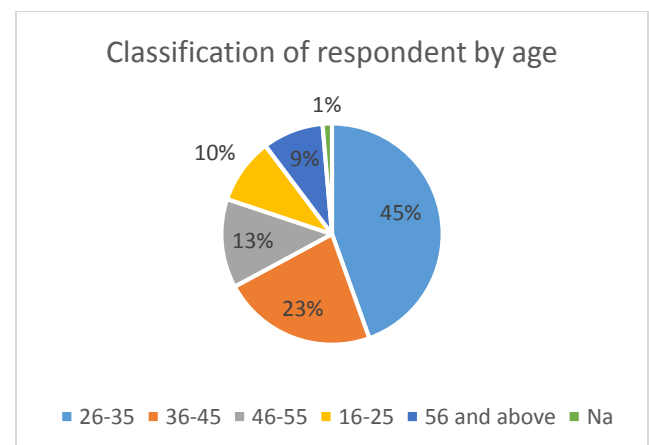


Figure 2: Classification of respondent by age (n=146)



It is beneficial to know the relationship between the level of education of a person and their awareness of GBV. The participants of the survey are differentiated into six different groups according to their education background.

Figure 3 shows 93% of survey participants completed primary education, with 43% completing only primary education, 31% continuing on to complete middle school, 9% completing high school and a further 7% completing university. An additional 2% attending non-formal education such as monastic schools.

The majority of the respondents who had started an education 83% has never completed high school, and 7% of the respondents had never attended any formal education.

Figure 3: Educational level of respondents

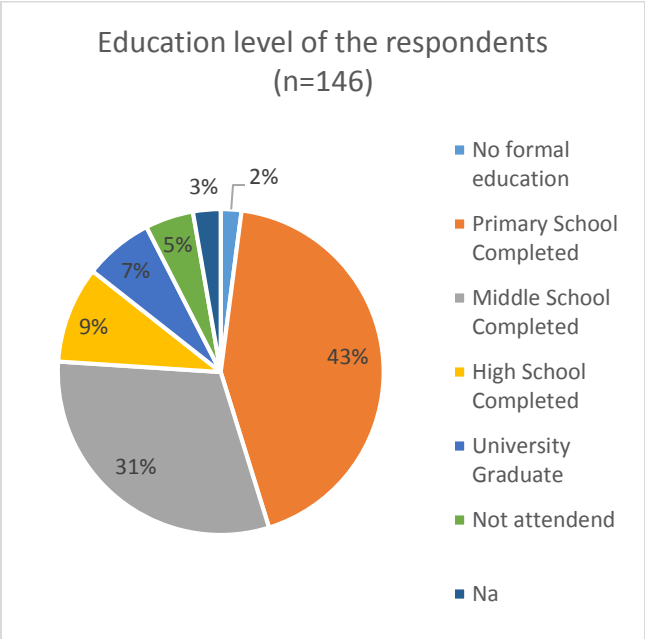
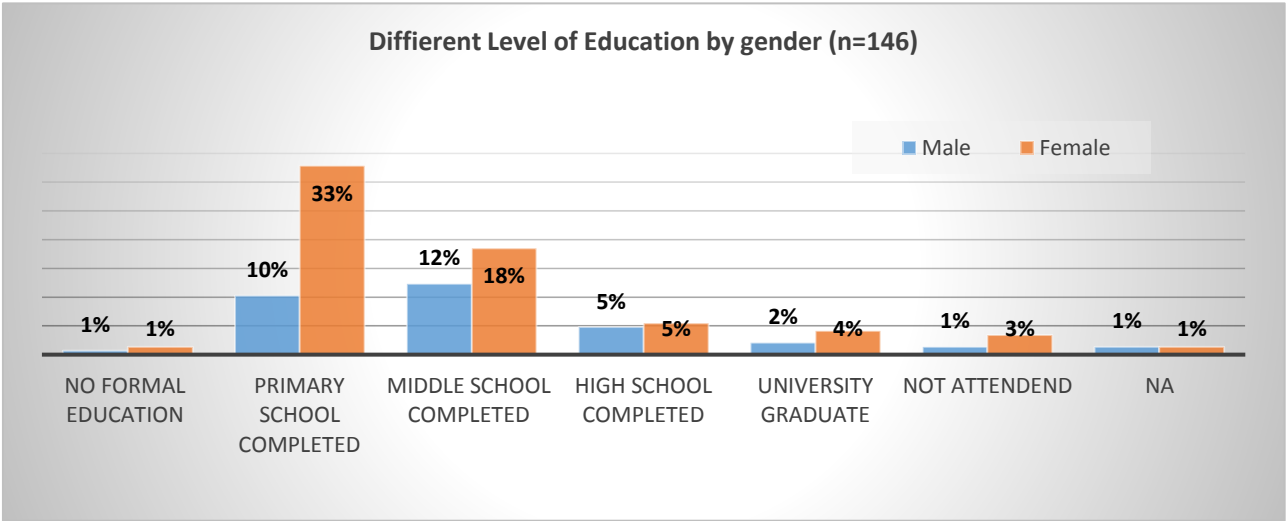


Figure 4. Different Level of Education by gender



In depth disaggregated analysis of level of education by gender, reveals that at all levels females achieved a higher level of education, this is shown in figure 4 (page 14).

Primary Livelihood of the respondent

The occupation of the respondents is shown in figure 5, this shows that the research survey reached a good representative sample across all types pf livelihoods that is congruent with the general percentages of people in those employment categories in the areas where the research was undertaken.

Figure 5: Primary Livelihood of the respondent

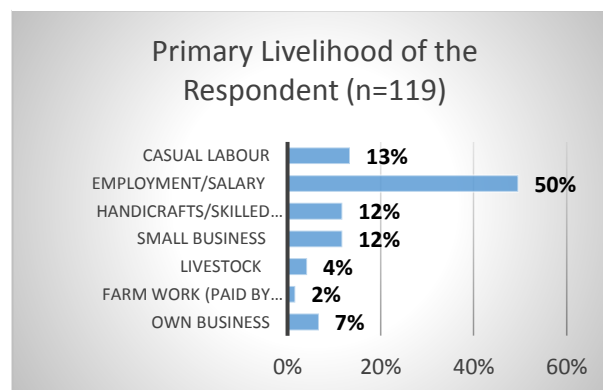
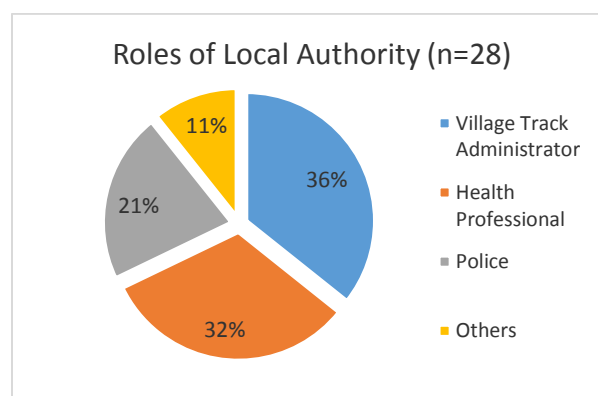


Figure 6: Roles of local authority interviewed



3.2 Demographics of authority survey group

Based on the local authority definition described, the survey respondents included the village track administrators (36%), health personal (32%), police officers (21%) and camp leaders and youth leaders in the community (11%), this group is shown as others⁶. This is shown in figure 6.

4 Key Findings

The findings are organized in four sections, reflecting the outcome and output level indicators that the research survey sought to answer.

4.1 Awareness of GBV and the preventive actions among Parliamentarians and Authorities

The research sought to establish a baseline of awareness of GBV and the actions that can prevent it amongst parliamentarians and authorities. The respondents were asked questions to test their knowledge of GBV – which includes what is GBV, what are types of GBV are there, what laws exist in relation to GBV, and what GBV preventive actions do you know of.

4.1.1 Awareness of GBV

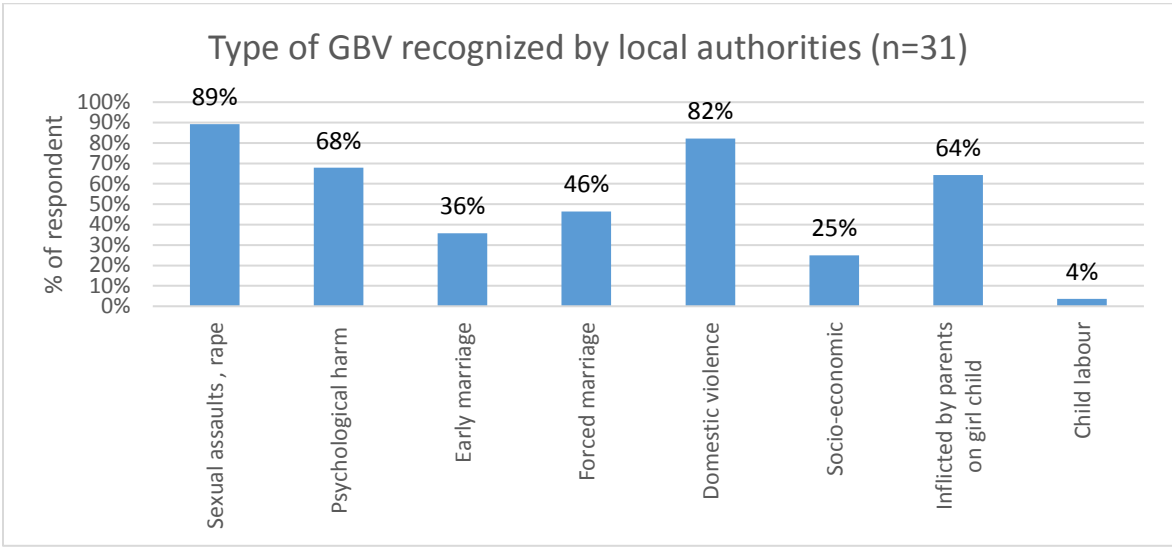
Due to the low number of MP's in the survey the MP's and local authority figures were analyzed as one group, of this group only 57% were suitably aware GBV. Awareness of GBV refers to having some knowledge of what is GBV, knowing that there are different types of GBV, being able to identify half (4 out of 7) of what those types are, and having a working knowledge of the laws related GBV.

⁶ The 'others group was added during the survey, when it was realized that this group of influential people in the community existed, prior to the survey commencing, it was not known that there were identified youth leaders in the community.

When it is considered that the group members were selected because they would come into contact with victims or perpetrators of GBV in the normal course of their duties, this indicates not only a low level of awareness, but also a low level of training in this area and an absence of wanting to know about GBV.

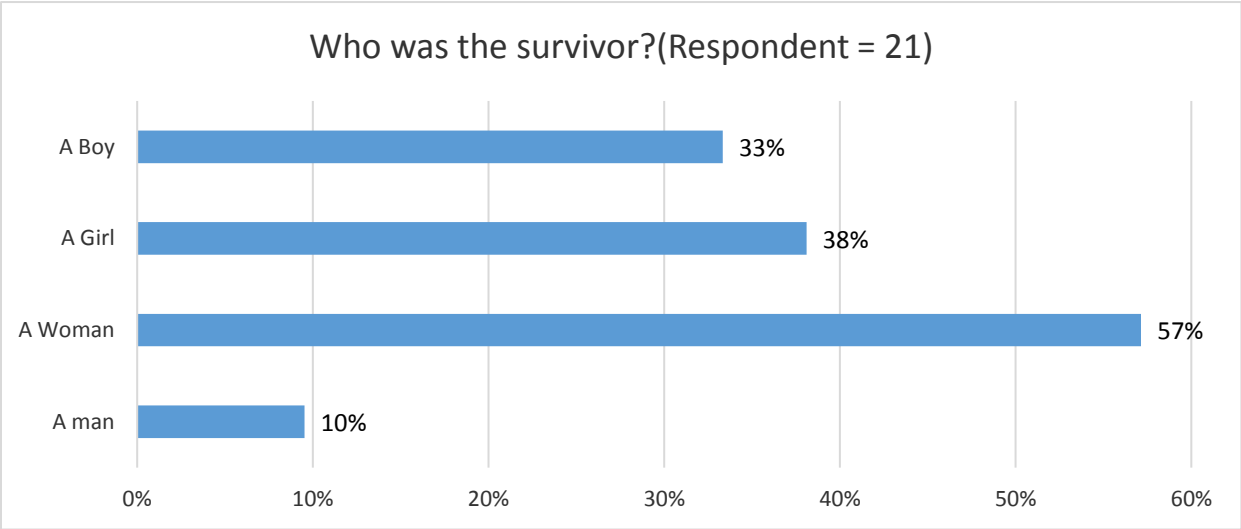
The two most known types of GBV by local authorities are sexual assaults/rape (89%), and domestic violence (82%). Other commonly recognized ones included psychological harm (68%), violence on girls inflicted by their parents (64%), forced marriage (46%) and early marriage (36%); detail analysis of awareness of type of GBV is shown in Figure 7.

Figure 7: Awareness on type of GBV by local authorities



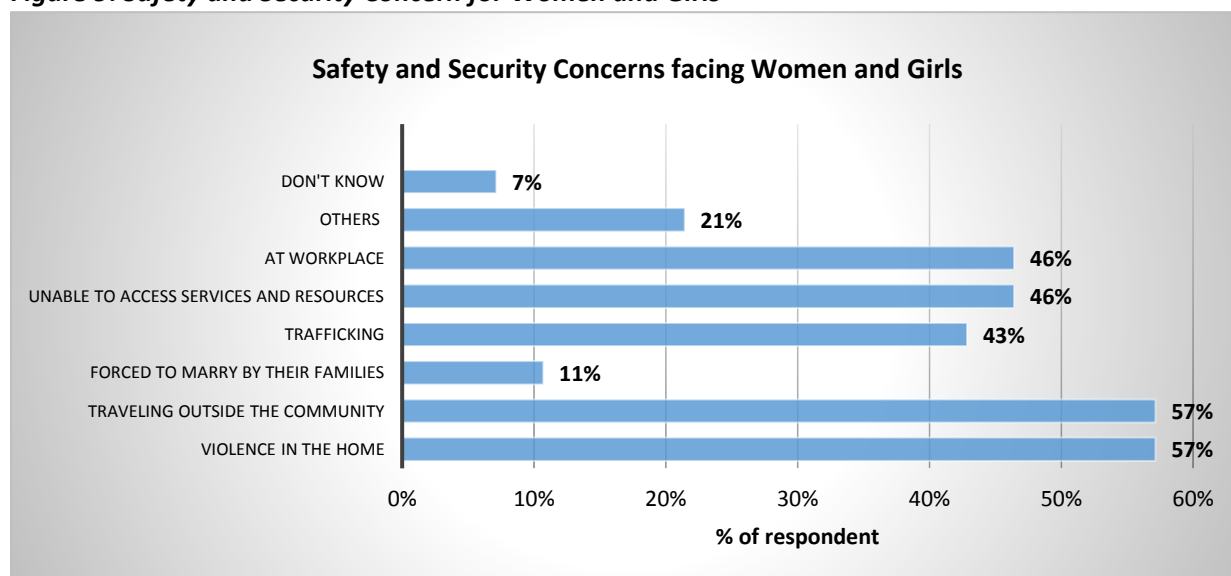
Of the authorities that answered this question (57%) believed that women and (38%) believed that girls were the most vulnerable population to being a victim of GBV, as shown in figure 8.

Figure 8: Most at Risk Population on GBV



As depicted in figure 9⁷, the top two safety and security concerns for women and girls were violence within their home and while travelling outside their community, 57%. Workplaces were areas of concern for almost half of the respondent authorities, with 46% believing they were unsafe, with an equal percentage stating that the inability to access appropriate services and resources to address GBV issues being of concern, this was followed by human trafficking at 43%.

Figure 9: Safety and Security Concern for Women and Girls



When asked if they believed GBV was increasing or decreasing 47% believed that it was increasing, with 39% believing that it was decreasing, as shown in figure 10. When asked what they believed was the causes of GBV 92% believed that poverty was a principle driver 23% believed migration, 23% believed alcohol and drug use were responsible and 15% believed external conflicts were the major factor. Figure 11⁸ shows this information and also that inappropriate clothing and lack of education were factors in GBV incidents for some people.

Figure 10: Perception on GBV Incident Rate

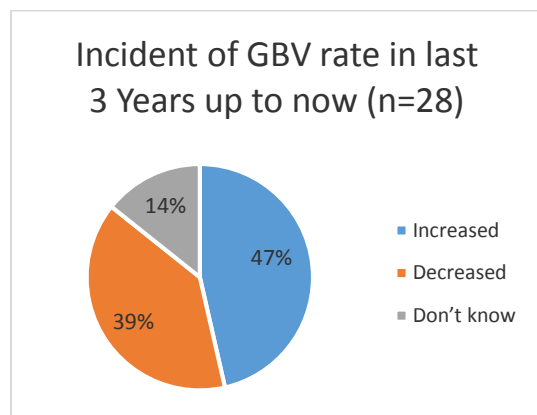
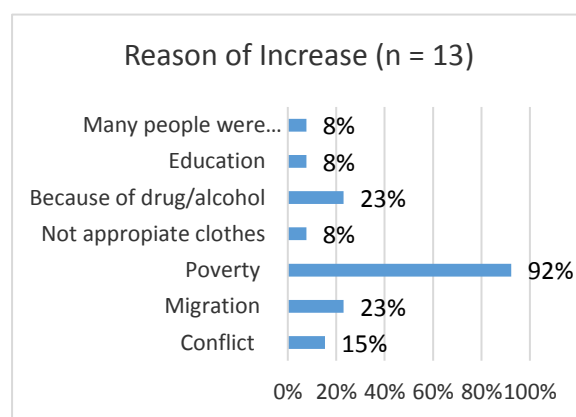


Figure 11: Perception on Increase Rate



⁷ The percentages in figure 9 should ideally be 200% as respondents were asked to name two places of vulnerability, the percentage is greater, due to the fact that some respondents misunderstood the question and named 4, 2 x safety concerns and 2 x security concerns, it was decided to include all responses.

⁸ This does not add up to 100% as respondents could offer multiple reasons.

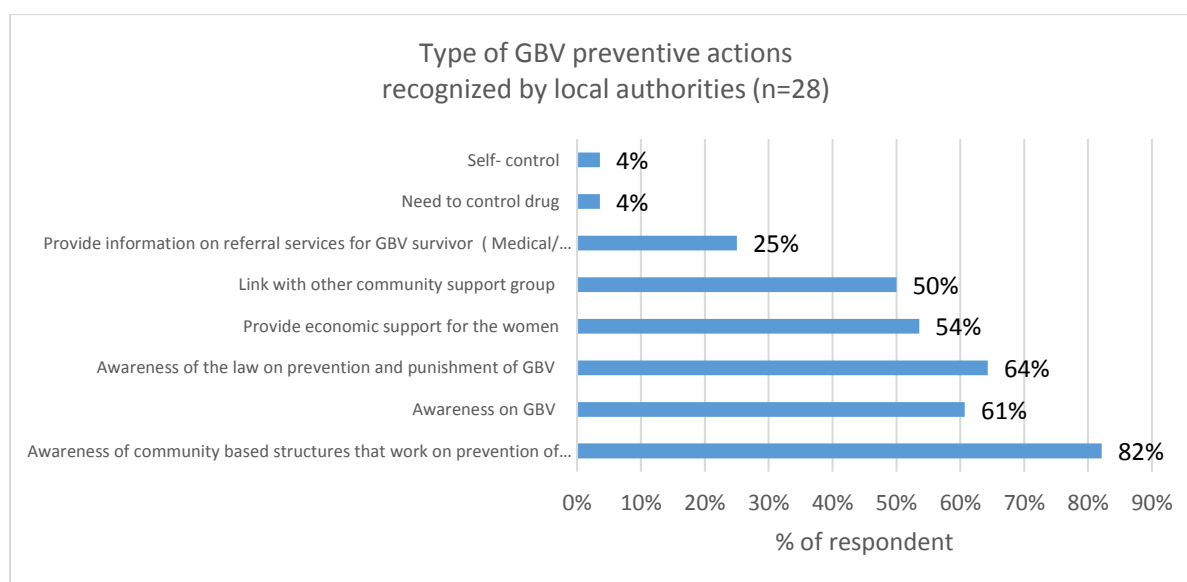
4.1.2 Awareness on GBV preventive measures by local authorities and MP

Awareness of GBV prevention actions refers to having some knowledge of how to prevent GBV. It is concluded that a parliamentarian or an authority has awareness of GBV preventive actions when he or she is able to recall at least 50% of the major preventative actions;

- Acknowledging that GBV exists
- Raising awareness of community based structures that work on the prevention of GB
- Raising general community awareness on GBV
- Awareness of the law on punishment offenders of GBV
- Knowledge of medical and psycho-social supports for victims

The most-frequently selected GBV preventive action (82%) was raising awareness of community based structures that work on the prevention of GBV, with raising general community awareness on GBV (61%), and awareness of the law on punishment offenders of GBV (64%). Providing economic support for women (54%) was also considered an appropriate prevention strategy as shown in figure 12.

Figure 12: Awareness of GBV Preventive Actions by local authorities



4.2 Awareness of GBV preventive actions among communities

One of the project expected outputs is to increase the current awareness of GBV. The current GBV awareness of community members is shown in figure 13.

4.2.1 Incidence GBV among communities

The study showed that 54% of the respondents knew that GBV cases existed in their community whereas 37% of the respondents denied the existence with 9% having no opinion. From the 54% of respondents who confirmed the GBV existence, 18% reported experiencing GBV directly.

Table 4 summarizes awareness of different types of gender based violence cases recognized by the community.

Figure 13: Incidence of GBV in the community

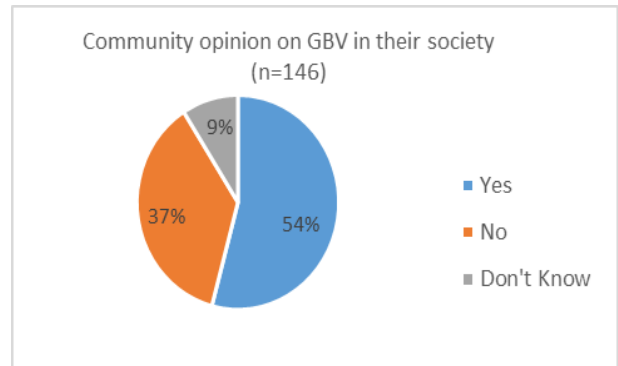


Table 4: Awareness of type of GBV among communities

	Sexual assaults, rape	Psychological harm on woman	Early marriage	Forced marriage	Domestic violence on woman	Socio-economic abuse	Inflicted by parents on girl child
Yes	78%	51%	30%	42%	55%	26%	34%
No	12%	34%	51%	46%	29%	15%	39%
Don't Know	10%	15%	19%	12%	15%	20%	25%

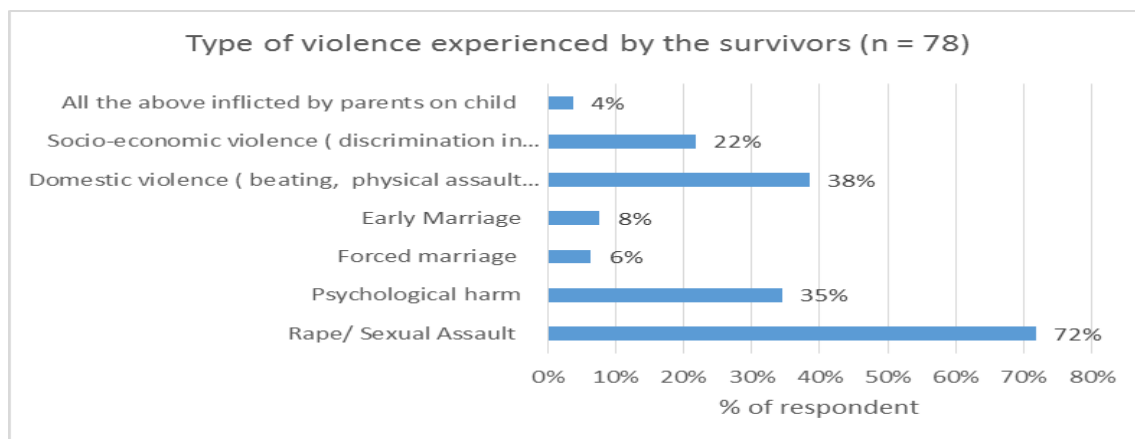
Figure 13 above illustrated that 54% of respondents stated they knew about a GBV case in their community. The breakdown of the incidents this group had come into contact with are shown in table 4. With (78%) mentioned sexual assaults⁹ and rape as the type of GBV they knew of with domestic violence¹⁰ being 55% and psychological harm¹¹ 51%. When the victims from this group were asked to identify their experience (72%) reported rape, 38% domestic violence, and 35% psychological harm as shown in Figure 14.

⁹ Sexual assaults -any form of unwanted sexual contact/touching that does not result in or include penetration (i.e. attempted rape).

¹⁰ domestic violence- beating, punching, burning, kicking

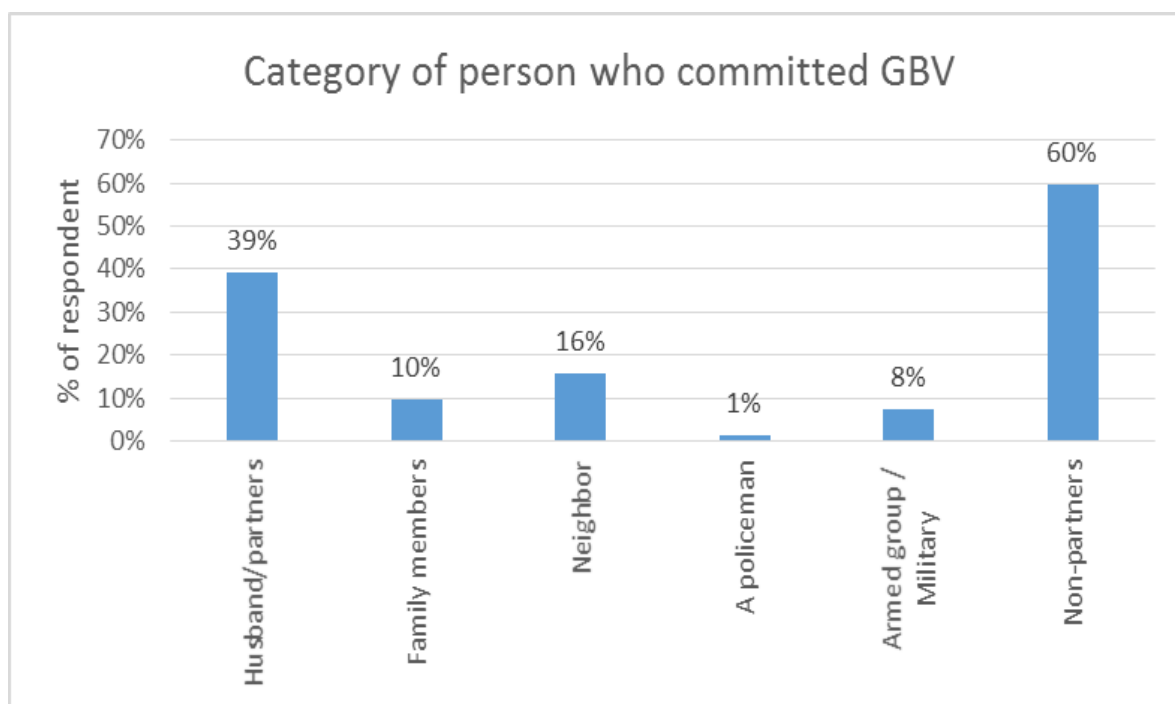
¹¹ Psychological violence include Threats of physical assaults, intimidation, humiliation

Figure 14: Type of violence experienced by the survivors



The respondents were asked about their perception on the alleged perpetrator for those types of GBV. More than half of them (60%) mentioned strangers, with 39% mentioning husbands or partners, 16% neighbors and 10% family members, as shown in figure 15.

Figure 15: Perception on Alleged Perpetrators

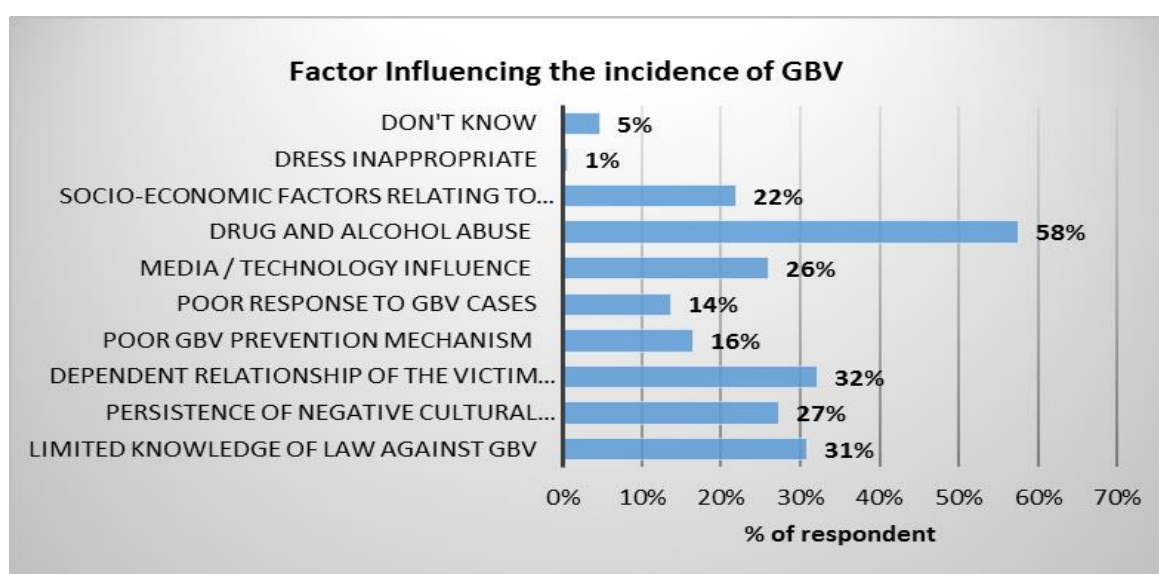


When the authority figures were asked who they believed was the usual perpetrator, 54% believed it was someone from the home, and 24% believed it was usually someone from the workplace, 18% mentioned others which included people (the victim) going to unusual places, travelling at night time alone and between the work place and home.

It has been found that sexual violence has emerged in conflict affected or post-conflict areas in Myanmar, Kachin State, Kayin State and Mon State are the most affected and reported incidents were usually of group crime such as gang-rape¹². The *Behind the Silence* report by Gender Equity Network ¹³described sexual harassment or assault was an increasingly likely common experience for women outside of their home by men where were not their partners. It was also reported that this type of incident was increasingly taking place in more public areas such as on the public transport, and in crowded places like pagodas, at festivals and at other public events.

The *Behind the Silence* report also concluded that culturally, Myanmar women were assumed to have a lack of power, decision-making and autonomy in any relationship, including the relationship that would take place when attempting to report an incident. This left the woman more vulnerable to GBV incidents such as rape, both inside and outside the home, domestic Violence and other forms of sexual assault. It reported that a very high percentage of women had experienced at least one kind of GBV within their family unit.

Figure 16: Factor influencing the incident of GBV



When the respondents were asked what factors influence the incidence of GBV, drugs and alcohol abuse (58%) were believed to be directly linked to incidence of violence, followed by a dependent relationship of the victim to the perpetrator (32%). Other less significant influences were believed to be a persistent negative cultural belief on the place of women in society (26%), limited knowledge of the law in relation to GBV (31%), poor GBV prevention mechanism (16%) and poor response to GBV cases (14%), as shown in figure 16.

4.2.2 Awareness on GBV preventive measures

Awareness of GBV prevention actions refers to having some knowledge of how to prevent GBV. It is concluded that communities have awareness of GBV preventive actions when they are able to recall at least 50% of GBV prevention actions.

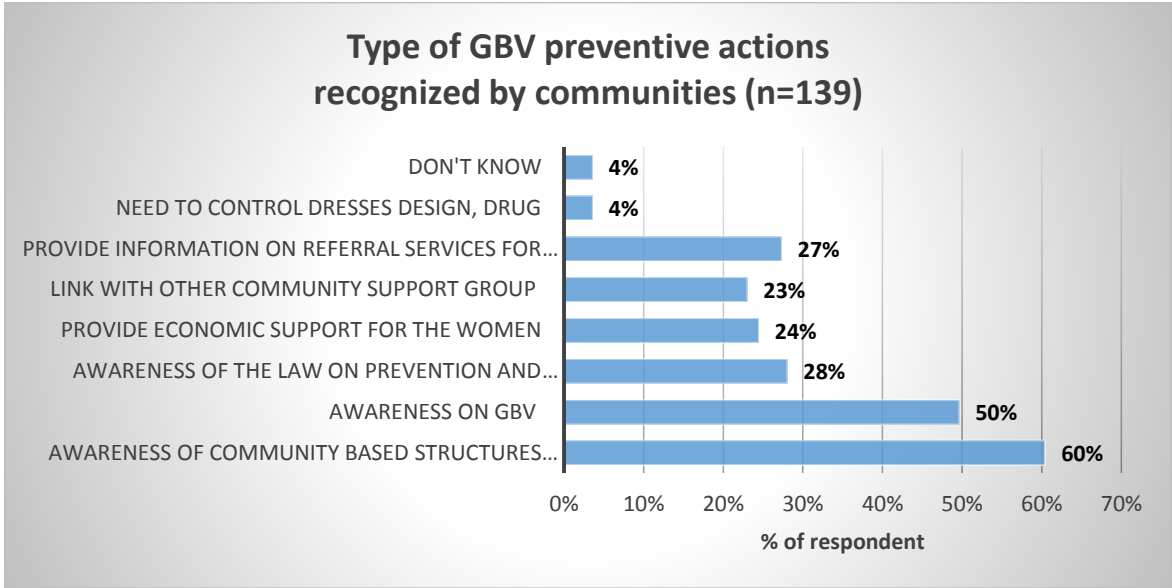
¹² Sexual and Gender Based Violence in Myanmar , Sara Meger, Monash University, July 2014

¹³ “Behind the Silence” report by Gender Equity Network Myanmar (2015)

When asked about the preventive measures, almost 95% of the community agreed that they have a responsibility to be involved if a community member is involved in a GBV incident, although (64%) admitted they do not attend awareness raising community meetings where GBV is discussed.

Only 19% of community members are aware of at least 50% of GBV preventive actions they can take in order to reduce GBV in their communities, as shown in figure 17.

Figure 17: Awareness of GBV Preventive Actions by communities



Help Seeking Practices of GBV survivors

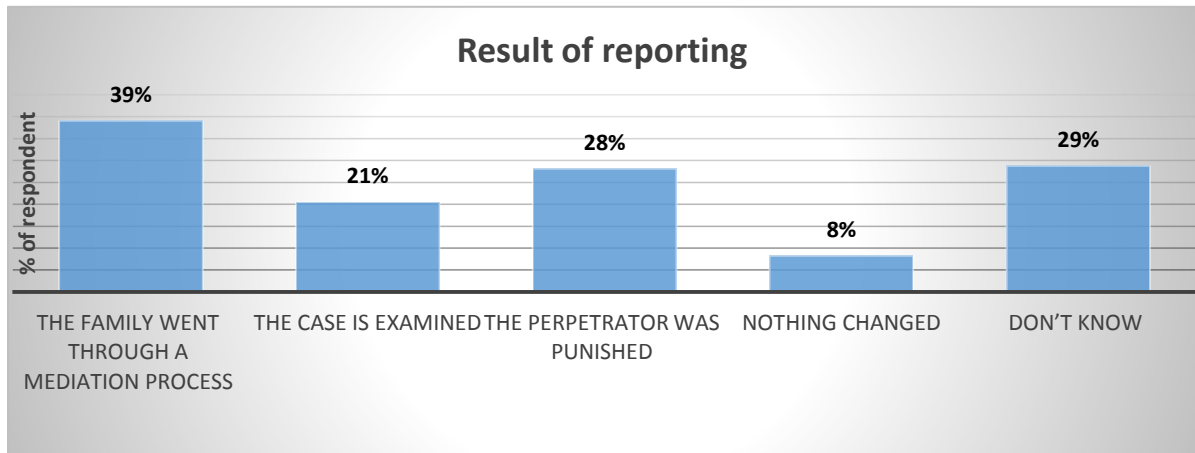
Most victims of GBV incidents went to the village tract administrator (54%) to look for help, followed by family members (35%) and friends (32%). Only 23% were reported to the police, as shown in figure 18.

Figure 18. Figure 18: Help Seeking Practices



Of cases reported only 39% went through family mediation process and the perpetrator was punished on 28% of cases reported as shown in figure 19.

Figure 19: Result of reporting a GBV incident

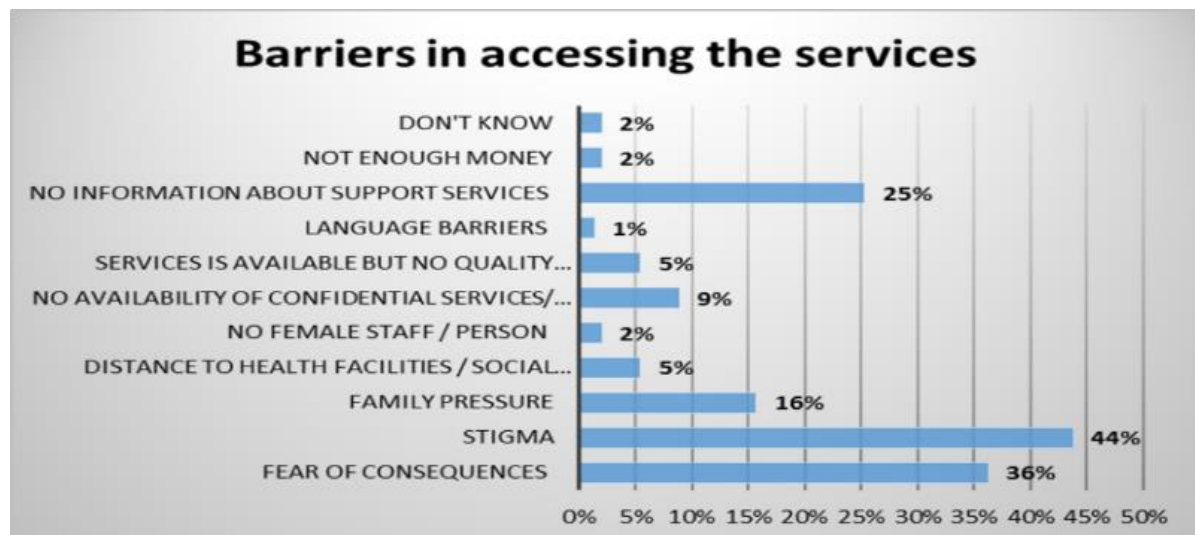


Availability and Accessibility to GBV services

Out of 146 community survey participants, 65% of respondents did not know what services were available and 26% did not know if their community had any services available to support GBV victims. Of the 35% of respondents who knew of the services available in the community, legal assistance (38%) counseling services (36%) and social support (34%) were the three most known services.

When asked the barriers in accessing the services, the respondents mentioned stigmatization as the leading barrier. Figure 20 shows the barriers to seeking support, stigma (44%), fear of being identified as a GBV victim / survivor (36%) were the biggest barriers. Family pressure (16%), lack of confidentiality, unskilled staff, distance from service provision points and language barriers, which were 9%, 5%, 5% and 1 % respectively, were also given as reasons for not seeking support.

Figure 20: Barriers in accessing the services



5 Confidence of Women's Organization's to respond to GBV

Nine women's organizations (members of Women Organization Network and NGOGG) capacity were assessed by measuring the level of skill and confidence to response the GBV incidents in their operational areas. The assessment included the WON coordination unit in Yangon , Kindness women, Karen Women Empowerment Group (KWE), Phan Tee Eain (PTE), Precious stone , the Rainbow Womens organization, the Mother Union (MU), Womens Federation for Peace (WFFP), and NGO Gender Group (NGOGG). These organizations were categorized into three groups based on the year the organization was founded.

- Category 1, less than 10 years of operation comprised Kindness Women, WFFP, Rainbow, PTE, and WON Yangon.
- Category 2 comprised organizations that have been operating for between 11-15 years, this comprised KWE and NGOGG.
- Category 3 operating more than 15 years comprised only the mother union.

The level of skill and confidence to response to GBV used a self-capacity assessment tool, with a range of 1 to 5; 1 = no skill and confidence at all / 2 = low confidence / 3 = moderate confidence / 4 = confident and 5 = is very confident.

None of the organizations were very confident to respond to a GBV incident with legal support. The Karen Women's Empowerment Group, self-rated a four in legal aid capacity, and a three in both counseling and referral skills. The remainder of the organizations self-rated below 3 for all areas of skill and knowledge.

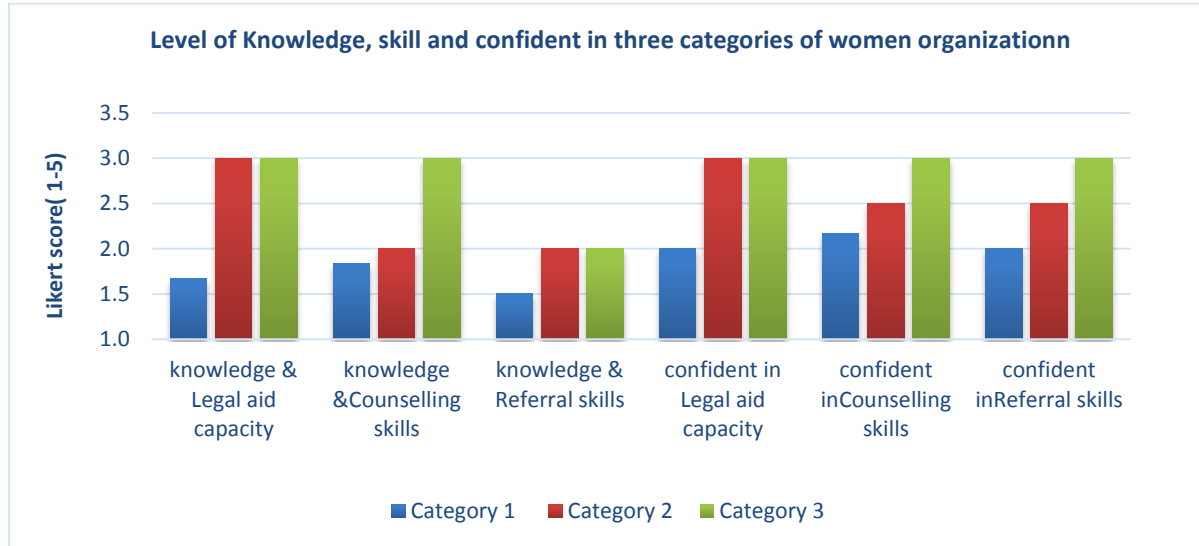
Overall the level of knowledge and capacity of legal aid was 2.1, counseling skill 2, and referral skill 1.7. The self-rating level of confidence to provide the services, such as legal aid, counseling and referral to other services was 2.3, 2.3 and 2.2 respectively. Details are shown in table 5.

Table 5: Level of Confidence to Response to GBV

	Category 1						Category 2		Category 3		
Description	Kindness women	WFFP	Rainbow	Pan Tee Eain	WON C	Precious stone	KWEG	NGOGG	mother union	general	percent
CONFIDENCE OF ORGANIZATION TO RESPOND TO GBV											
What level of knowledge and capacity does your organization have in these areas?											
knowledge & Legal aid capacity	2	2	2	1	2	1	4	2	3	2.1	11%
knowledge & Counselling skills	2	2	2	2	2	1	3	1	3	2.0	0
knowledge & Referral skills	1	1	2	2	2	1	3	1	2	1.7	0
Rate your level of confidence in your organization's ability to provide the services below.											11
confident in Legal aid capacity	2	2	2	1	3	2	4	2	3	2.3	11
confident inCounselling skills	2	2	2	2	3	2	3	2	3	2.3	0
confident inReferral skills	1	1	2	3	3	2	3	2	3	2.2	0

Comparing the three categories, the organizations in Category 2 and 3 had more knowledge and skill in legal, counseling and referral as shown in figure 21.

Figure 21: Level of Knowledge, skill and confident in legal aid, counseling and referral by group



Follow up discussions after the self-reporting found that the organizations in category 2 and 3 had a clearer strategy and guidelines to respond to GBV cases and staff were more qualified and experienced. For example: KWEG has the separate legal team to provide legal support to victims of GBV incidents, and have also developed a referral information booklet.

6 Sufficient of data collection tools and processes among Women Organizations for advocacy

The level of sufficient data collection tools and processes had been rated 1 to 5:

- 1 = The organization does not have proper data collection methods and no M&E plan
- 2 = The organization has some data but it is not properly collected and very little experience of M&E
- 3 = The organization has documented information but not locked cabinets / information protected with password, data is collecting is ad-hoc
- 4 = The organization has documented information of GBV survivors in a locked cabinet with electronic versions protected with password and data collection is ongoing/ reporting to donors
- 5 = The organization has documented information of GBV survivors in a protected form, staff are well trained and understand about data protection protocol and the organization has a well-developed M&E system.

The detailed analysis is shown in table 6 on page 26.

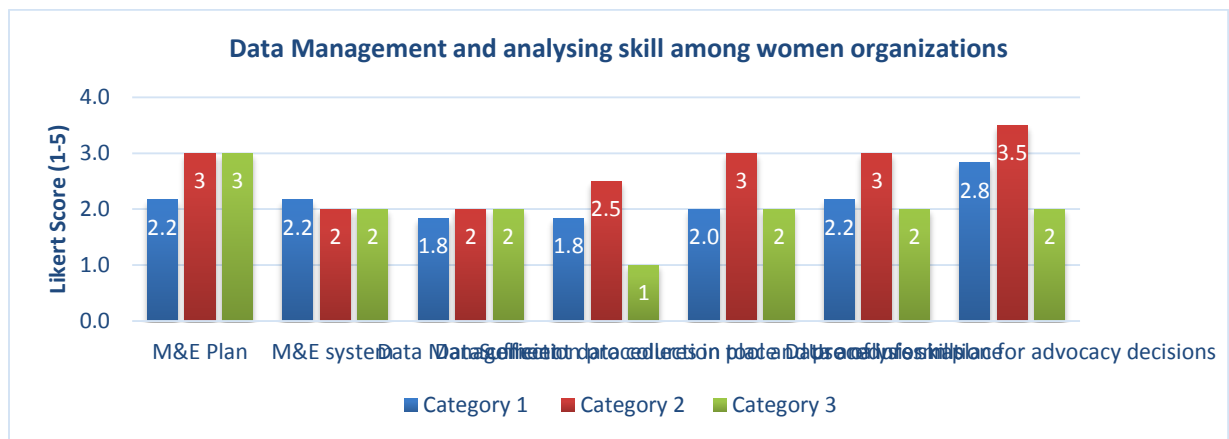
Table 6: Level of sufficient data collection tool and process

Description	Category 1						Category 2		Category 3	
	Kindness	WFFP	Rainbow	Pan Tee	WONCU	Precious	KWEG	NGOG	mother	percentage
SUFFICIENT DATA COLLECTION TOOLS AND PROCESSES TO INFORM ADVOCACY DECISIONS (M&E)										
M&E Plan	2	1	1	3	4	2	3	3	3	11
M&E system	1	2	1	3	4	1	4	2	2	22
Data Management on GBV survivors	2	2	2	1	3	1	4	1	2	11
Data collection procedures in place	2	2	1	1	3	2	4	2	1	11
Sufficient data collection tool and procedures in place	2	2	2	2	3	1	4	3	2	11
Data analysis skills	2	3	2	2	4	1	3	3	2	11
Use of information for advocacy decisions	2	3	2	4	4	2	4	4	2	44

The average scoring of M&E plan for experienced organizations (Category 2 and 3) was 3 indicating that these organizations have short term M&E plans based on major event or donor project, not a systematic organizational. Organizations in Category 1 had an average score of 2.2, which indicated they had only a short term ad hoc plan centered on a requirement to submit a proposal or based on donor request. Details are shown in figure 21.

An in-depth qualitative analysis discussion revealed that only one organizations had appropriate data documentation protocols for GBV cases and victim / survivor information. The information was usually kept in a note book or record book kept in an open office, which was neither locked nor protected. Some organizations kept the data in a password protected computer, but the files were not password protected. Most of women organizations surveyed collected data for advocacy processes and to use in NSPAW or CEDAW reporting, but this was not systematic.

Figure 21: Level of Knowledge, skill and confident in data management by group



7 Capacity of women organization in advocacy, policy and alliance building

The level of skill and knowledge to participate in advocacy, policy and alliance building was also included in the self-capacity assessment tool. It was also rated from 1 to 5;

- 1 Indicates no skill or confidence
- 2 Indicates a low level of confidence
- 3 Indicates moderate confidence
- 4 Indicates confidence
- 5 Indicates high level of confidence

The rating process included self-rating by the organization followed by discussion and verification of evidence for the self-rating score under each category. The results of this are shown in table 7.

Table 7: Organization's Skills and Knowledge on Advocacy, Policy, and Alliance Building

Description	Kindness women	WFFP	Rainbow	Pan Tee Eain	WON CU	Precious stone	KWEG	NGOGG	mother union	percent
What level of knowledge and skills does your organization have in these areas?										
Advocacy skills	2	2	1	4	4	2	4	4	2	33%
Policy analysis	2	2	1	3	4	1	2	3	2	11%
Alliance building	2	3	2	4	4	2	4	4	3	44%
Involvement in Policy advocacy work	2	4	2	3	5	2	4	4	4	56%
Involvement in advocacy campaign	2	4	3	4	4	2	4	3	4	56%

All organizations under the umbrella of WON and NGOGG, which participated in this study are considered strong in alliance building, both within the network and with external partner organizations such as Gender Equity Network. One third (33%) of the organizations have good advocacy skills, yet only one (11%) has strong policy analysis skill which allows it to participate in policy and campaign work. Despite this during 2014-2015, almost all of the organizations reported participating in policy and advocacy actions such as submitting NSPAW policy paper(s) and CEDAW reporting to the international community.

All members of WON and NGOGG regularly participated in campaigning activities such as International Women Day, 16 day Activism, and Peace Day at their project implementing sites area every year. Those raised awareness about GBV issues and advocated for women rights among the communities and with local authorities.

8 GBV Survivors Accessing Support from WON and NGO GG Networks

During capacity assessment interviews with the organization, information on the number of GBV survivors accessing support from the organizations which belong to the WON and NGOGG networks was also gathered. In 2015, 82 GBV survivors received support such as counselling, medical and legal services from the organizations interviewed. The number of GBV survivors supported by each organization was compiled and is shown in Table 8.

Table 8: GBV survivors accessing support in 2015

	Kindness women	KW EG	Mother Union	Precious stone	PTE	Rainbow	WFF P	WON CU	NGO GG	Total
Number of survivors accessing support	10	10	6	No record	2	30	24	Not support directly	0- not support	82

It was noted that some organization only have an estimated number of the survivors accessing to their services, the support is often provided on an emergency and / or informal basis and data is sometimes not properly recorded. The actual number is much higher, but could not be supported by documentation.

9 Participation of women organizations in NSPAW related planning meetings

In 2015, only two member organizations (Phan Tee Eain and KWEG) from WON and NGOGG represented the grass-root level organizations at the National Level. However, the new government has indicated that there will be a new guideline on representation of CSO's on women protection issues, which should encourage greater participation although the details are still unclear.

10 Policy Advocacy events between duty bearers and women groups

During the interviews with organizations under WON and NGOGG, it was noted that there was little reliable data and information in this area, there was some information however it was not collated in a way that could be shared with the study team.

11 Conclusion

The overall objective of this research and assessment is to gather and analyze baseline data regarding the current situation of Gender Based Violence in five selected townships in Myanmar with emphasis on; incident rate, prevention coordination system(s), and development of appropriate awareness and prevention strategies to respond to GBV incidents.

The key findings from the study were:

- 54% of community members believed GBV existed in their community. There was also a general perception that the incidence of GBV cases had been increasing, for a range of reasons with poverty the most often cited reason.
- In 2015, there were 82 documented cases of GBV survivors receiving support from the organizations involved in the study, although all the organizations reported there were much greater numbers receiving informal support.
- Only approximately half of local authorities or MP's that would come into contact with GBV in the course of the normal duties were aware of GBV and only one third could recall half of the major preventative actions most commonly used.

- Of those authority figures that did acknowledge GBV existed (57%), they recognized that women and girls were higher risk of GBV and had safety concerns at their home, travelling outside the community and within the workplace.
- Despite the lack of awareness by authority figures, more than half of GBV victims went to the village tract administer as the first reporting point, next most common was a family member or close friend.
- Only one women's organizations had sufficient skill and knowledge in legal aid support, the other organizations in the study had concerns about being able to offer appropriate counseling, support and onward referral.
- Less than half of the organizations in study had appropriate data collection and storage protocols, with only two organizations having well organized M&E systems. Only one organization reported they had sufficient data collection tools and processes such as tool usage, data analysis and management.
- None of the organizations interviewed had tracked their number of events for policy advocacy between duties bearers and women groups.
- Only two representatives from WON and NGOGG attended at NSPAW related planning meeting in 2015.
- Half of the women's organizations had been involved in policy and advocacy campaigns while almost half believed they had strong network / alliance building capacity, but only one third believed they had sufficient skill and knowledge in this area.
- All organizations under the network umbrellas of WON and NGOGG, which participated in this study believed they could access appropriate support from the network to build relations and partnering capacity.
- Only one of the organizations surveyed believed they had sufficient skill in policy analysis.

12 Recommendations

Based on the key findings, the following recommendations were developed:

12.1 Community or Society level Intervention

- GBV awareness raising programs should be constructed and presented in such a way that males are welcome to participate.
- Awareness raising sessions should provide simple messages which can be grasped in a single session, and provide a platform for increased understanding community members over time.

- Increased dissemination of information regarding both formal (authority figures, police, medical and legal) and informal supports (family members, neighbors, designated safe houses in each community).
- Increased education and training of stakeholders and relevant contact people in appropriate 'first response' protocols when dealing with a GBV incident.
- Support increased training for stakeholders in the referral pathway, to improve the quality of the response and ensure trust from the community, this training should include confidentiality, privacy and effective response.
- Strengthen and support the development of a coordination, information sharing and cross referral platform among GBV stakeholders at Township level.
- Provide support to strengthen women groups who provide a safe haven and non-judgmental psychosocial support for women victims and survivors of GBV incidents

12.2 Authorities

- Support awareness raising, information dissemination and education provision to community leaders, local authorities and members of parliament. This will require the development of customized information for the various groups and the development of a culturally appropriate delivery mechanism.
- Support advocacy at the national, regional and township level to authorities and stakeholders to address violence against women, this will require working closely with pre-existing organizations working in the field civil society organizations generally.

12.3 Women Organizations

- Support the establishment of local data collection systems and information sharing protocols
- Support the development of clear referral pathways among and between community groups, medical and legal supports and relevant CSO stakeholders, in addition to appropriate government agencies.
- Support the strengthening and development of the capacity of women organizations (NGO GG, WON and its' member organization) in general operations, with particular emphasis on legal aid provision, referral mechanisms and counseling skill development.

Annexes

Structure Questionnaire



survey questionnaires for community (final).pdf



survey questionnaires local authority final.pdf

Semi-Structure Questionnaire



Capacity assessment - VSO Final.pdf



capacity assessment - VSO rating final.pdf