



**GENDER PROFILE FOR HUMANITARIAN ACTION:
RAKHINE, KACHIN AND NORTHERN SHAN,
MYANMAR**

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ABOUT

The gender profile for humanitarian action in Rakhine, Kachin and Northern Shan, Myanmar was developed in 2018 through collective inputs from and consultations with humanitarian and gender stakeholders from national and subnational levels from UN, (I)NGOs and CSOs with technical and coordination support from UN Women and in partnership with OCHA and UNFPA.

The purpose of the GiHA profile is to provide a summary overview of the overall context for gender equality and empowerment of women and girls in humanitarian action in Myanmar and to highlight key sector-specific and cross-section gender issues, needs, gaps, response efforts taken, constraints/challenges to address these, and finally recommend strategic goals and further action needed to strengthen gender mainstreaming.

The profile is aligned with the new [IASC policy on gender equality and empowerment of women and girls in humanitarian action \(2017\)](#) and the new [IASC gender in humanitarian action handbook \(2018\)](#). It serves as a consolidated snapshot of existing datasets, research, analysis, assessments available.

**The profile is updated on an annual basis*

GENDER PROFILE FOR HUMANITARIAN ACTION: RAKHINE, KACHIN AND NORTHERN SHAN, MYANMAR

The crises in Kachin, Northern Shan and Rakhine, Myanmar, have different impacts on women, girls, boys and men among crisis-affected populations based on gender, age, disability, ethnicity, religion, citizenship status, sexual orientation and gender identity, and other diversities. **The crises disproportionately affect women and girls, as well as the most vulnerable and marginalized population groups, by perpetuating and exacerbating pre-existing, persistent gender and social inequalities, gender-based violence, and discrimination.** These gendered barriers lead to their lower ability and opportunity to survive and recover from crises as well as lower resilience against and influence in preventing future shocks and conflict escalation. The most vulnerable and marginalised groups include older persons, persons with disabilities, children (especially unaccompanied or separated), adolescents, female-headed households, single women, pregnant and lactating women, single parents, ethnic/religious minorities, persons of diverse gender identities and sexual orientations – lesbian, gay, transgender, intersex and queer (LGBTIQ+). Women and girls, and the most vulnerable and marginalized, are thus the first to experience additional access barriers to scarce and overstretched humanitarian relief services, as well as restrictions in humanitarian access, which have grown more complex in 2019. The adoption of a national strategy on resettlement of internally displaced people (IDPs) and closure of IDP camps by the Myanmar government in 2019 can be an effort towards identifying durable solutions but has hitherto raised concerns, most significantly around questions of segregation and protection.

Notably, pre-existing gender norms of roles also shape the differential impact of the crises on men and boys, who have been exposed to human rights violations due to performing their gender roles as heads of households and breadwinners (forced recruitment, arbitrary arrests, landmines etc.). Evidence from disasters and crises in the Asia-Pacific region, demonstrate that lesbian, gay, bisexual, transgender, intersex, and queer persons (LGBTIQ+) face increased vulnerability, particular risks and discrimination during times of crisis and in crisis aftermaths, including due to discriminatory laws and socio-cultural practices which can create barriers to their safe and equitable access to relief, services and information and render them particularly vulnerable to sexual and gender based violence and other forms of harassment and abuse.

Strengthened efforts to integrate gender equality measures into the crisis responses - including disaster response – as well as preparedness, recovery and resilience building processes, is critical to ensuring that all women, girl, boys, and men — particularly the most vulnerable and marginalized — have equitable access to (and benefit from) relief, services, information, community level activities and decision making. **Humanitarian responses often miss opportunities to transform gender relations through the leadership and empowerment of women and girls** in their role as decision makers, first responders and economic actors — notwithstanding the fact that these are key to effective response and to communities' longer-term resilience and social cohesion.

The **purpose** of this annually updated gender profile is to present:

1. An updated **overview of the gendered context** in crisis settings in Rakhine, Northern Shan and Kachin states in Myanmar including key gender issues, needs and gaps,
2. A **stock-take of current and past efforts** to address these gender issues, needs and gaps by humanitarian actors and the humanitarian coordination system, and finally
3. **Key strategic goals and recommended actions** to further promote gender equality and empowerment of women and girls in humanitarian action and across the humanitarian-development peace nexus by the humanitarian country team (HCT) and inter-cluster coordination groups (ICCGs) at national and state levels in Myanmar.

ACKNOWLEDGMENTS OF ONGOING COMMITMENTS AND EFFORTS FOR GENDER MAINSTREAMING IN HUMANITARIAN ACTION

The government of Myanmar has demonstrated strong commitments to advance gender equality and promote the empowerment of women and girls, including through its national strategic plan for the advancement of women (2013-2022) (NSPAW), the Myanmar sustainable development plan 2018-2030, the nationwide ceasefire agreement, and the draft protection and prevention of violence against women (PoVAW) law in line with the government's commitments to the convention on the elimination of discrimination against women (CEDAW), the Beijing platform for action, the agenda 2030 and its sustainable development goals (SDGs) and the UN Security Council resolutions 1325 and 1820. Both NSPAW and the PoVAW constitute essential steps for Myanmar's progress towards their commitment to ensure women have access to a legal framework that protects them from the disproportionate levels of discrimination and violence they experience in their home, work and public life. Also, the government's establishment of an advisory commission on Rakhine state in 2016 demonstrated the government's commitments to finding lasting solutions to the complex nature of the conflict in Rakhine state, yet, their further strengthened efforts are needed to implement the recommendations submitted by the Rakhine advisory commission (RAC) in August 2017.

Humanitarian actors from the UN, (I)NGOs, CSOs, bilateral and multilateral donors have made significant efforts of promoting gender mainstreaming in humanitarian action, as well as across the humanitarian-development-peace nexus efforts, in Myanmar. Within the humanitarian country team (HCT) and inter-cluster coordination groups (ICCGs) at national and state levels, the protection sector and the gender-based violence (GBV) coordination working group and sub-sectors have especially been leading these efforts of developing guidance, tools and capacity strengthening on gender mainstreaming as a part of protection and GBV mainstreaming efforts across and within all sectoral areas. In recognizing that there remain gender gaps in humanitarian action in Myanmar, the work on further strengthening gender mainstreaming efforts will build further on these efforts to further ensure that broader gender issues beyond GBV and protection are adequately addressed for more gender transformative humanitarian programming across all sectoral and cross-cutting areas. The adoption of a new Prevention of Sexual Exploitation and Abuse (PSEA) strategy by the HCT, the cluster-specific checklist which have been developed to support the inclusion of gender equality and empowerment of women and girls (GEEWG) within clusters, as well as the gender in humanitarian action trainings for humanitarian workers across the country are among key actions taken in 2019 to promote gender mainstreaming. While a number of actions are further required to enhance consistent gender-responsive humanitarian action in Myanmar, it should be noted that the lack of humanitarian access and the deteriorating operational space for humanitarian action remains a challenge to addressing not only practical needs of women, girls, boys and men, affected by crisis, but also limits the opportunities for transformative interventions that address the strategic needs of women and girls, as well as men and boys.

KEY OVERALL STRATEGIC GOALS FOR GENDER EQUALITY AND EMPOWERMENT OF WOMEN AND GIRLS IN HUMANITARIAN ACTION¹

Advocacy with Government and key stakeholders is increased to uphold the commitments to gender quality and women's empowerment in compliance with the principles of the Convention on the Elimination of Discrimination against Women (CEDAW), the Beijing Platform for Action, the Sustainable Development Goals (SDGs), the UN Security Council Resolutions 1325 and 1820, and the IASC Gender Policy. Advocacy is increased for the implementation of the National Strategic Plan for the Advancement of Women (NSPAW), and the recommendations of the Rakhine Advisory Committee (RAC), as well as the adoption and implementation of a CEDAW compliant Protection and Prevention of Violence against Women (PoVAW) Law.

Sex, age and disability disaggregated data is collected, analysed and used and consultations are conducted equally with women, girls, and the most vulnerable and marginalized groups, across all ages and diversities, including during assessments and in the overall response monitoring. Advocacy is increased with the Government to facilitate assessments in order for humanitarian actors to develop evidence-based programmes.

Gender mainstreaming and targeted action for Gender Equality and Empowerment of Women and Girls (GEEWG) is integrated in preparedness, response, and recovery. These are rights-based and gender transformative, meeting the specific needs and priorities of women, girls, and men and boys of all ages and diversities. To guide this process, application of the IASC Gender with Age Marker, the IASC Gender in Humanitarian Action Handbook and other IASC global and regional gender in humanitarian action guidance¹ is ensured. Protection mainstreaming throughout humanitarian action is continued.

Positive and healthy constructions of masculinities are promoted and fostered throughout humanitarian actions in order to address the root causes of gender inequalities as fueled by negative power dynamics shaped by restrictive, negative and harmful socio-cultural constructions of gender identities, norms and roles and thereby empower and provide equal opportunities for women, girls, boys and men.

Leadership, decision-making as well as meaningful, equal representation of women and marginalised groups is promoted and consistently advocated for in overall humanitarian action as well as in the longer-term peace building and development processes.

Women's economic empowerment is supported through livelihoods and employment interventions (including cash-based programmes wherever feasible and appropriate) ensuring that these activities adequately take gender dynamics into consideration to ensure that they are gender transformative going beyond traditional gender stereotypical divisions of labour instead of perpetuating gender inequality and ensure they minimize risks of potentially contributing to gender-based violence including intimate partner violence. Strategies are adopted that recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls.

Activities to prevent, mitigate and respond to gender-based violence and sexual exploitation and abuse, especially against women, girls are strengthened and expanded through systematic gender mainstreaming that addresses harmful societal and institutional gender norms and ensuring that gender-based violence response and prevention services are more widely available and accessible to women and girls and that attention to quality and Guiding Principles is upheld through expansion of activities and continued efforts to localize services. To this end, work with men and boys is increased to achieve the goal of gender equality and the empowerment of women and girls in humanitarian action, and to promote positive masculinities.

Collaboration and engagement with and capacity strengthening of local women's rights civil society organisations (CSOs) and those working with persons with diverse Sexual Orientation, Gender Identity and Expression and Sexual Characteristics (SOGIESC), and other marginalised groups is increased. Women's rights CSOs play critical role in often being first responders in humanitarian settings where other actors cannot reach. Women's rights CSOs require systematic support in a long term maximize their preparedness to respond to the humanitarian crises.

Strengthening of work with all ministries and departments of the Government of Myanmar, especially the Department of Social Welfare under the Ministry of Social Welfare, Relief and Resettlement, at Union and State levels with a focus on strengthening their capacities on gender equality and empowerment of women and girls in humanitarian action. Investing in these national stakeholders' capacities to prevent, prepare for and respond to crises and disasters of all types, resourcing them financially and technically, and protecting the spaces in which they can operate, in support of equality, inclusion and localisation.

Gender balance and adequate numbers of trained competent international and national female staff in the overall response is promoted. This includes ensuring female staff are provided with necessary safety and security measures and are supported through capacity enhancement and mentoring.

Advocacy is increased with donors to make financial provisions to fully resource GEEWG programming for both mainstreaming and targeted action, including **by ensuring the application of IASC gender with age marker** and creating specific budget lines for the purpose.

Existing multi-stakeholder coordinating bodies to promote gender equality and mainstreaming are strengthened at national and state levels that cut across the humanitarian-development-peace nexus by recognizing that the empowerment and resilience of women and girls is critical to effective humanitarian efforts across sectors/clusters.

All guidance and engagement from humanitarian actors towards the **implementation of the National Strategy on Resettlement of IDPs and Closure of the Camps should be informed by gender-specific considerations** and the participation and leadership of affected women and girls should be a priority in upcoming decision-making exercises relating to durable solutions including voluntary return, relocation and resettlement.

¹ in line with Inter-Agency Standing Committee Gender Policy and Accountability Framework (2017) <https://interagencystandingcommittee.org/gender-and-humanitarian-action/documents-public/accountability-framework-iasc-policy-gender-equality> and <https://interagencystandingcommittee.org/gender-and-humanitarian-action/documents-public/iasc-policy-gender-equality-and-empowerment-women>

CONTEXT OVERVIEW FOR GENDER EQUALITY AND EMPOWERMENT OF WOMEN AND GIRLS

RAKHINE

On 25 August 2017, a military offensive in Rakhine state caused the large-scale forced displacement of Rohingyas in the northern part of Rakhine state. Since then, more than 700,000 Rohingya refugees – over half of whom are women and girls - have fled Rakhine, Myanmar, and sought safety in Cox's Bazar, Bangladesh.² In the central Rakhine, 128,000 people remain displaced since conflict escalation in 2012 and are living in IDP camps - the vast majority of whom are Rohingya and 78% are women and children.³ The vulnerability of the Rohingya population in IDP camps is further exacerbated by their status as a stateless population and severe restrictions on their freedom of movement which renders them almost completely reliant on international assistance. Kaman Muslims in IDP camps in central Rakhine, are also impacted by lack of access to basic services. Humanitarian access in central Rakhine was restricted even before 25 August, and was further severely curtailed post 25 August 2017, particularly in the northern part of the state, where women also face higher risk of GBV.⁴ Humanitarian access has remained limited with more complex requirements being instated in late 2019. Women and girls bear the brunt of the crisis in Rakhine due to restrictive socio-cultural norms and high levels of sexual and gender-based violence that have been further exacerbated by the conflict and crisis context of protracted displacement combined with a policy of segregation, overcrowding and lack of privacy in IDP camps, and overall lack of safety and sense of fear of violence. Marginalization is further compounded for women and girls with disabilities, pregnant and lactating women, adolescent girls, female headed households and older women who are at higher risk of unemployment, poverty, exclusion from humanitarian aid, facing barriers to access to sanitation facilities, healthcare, and clean water, and to community participation, and obtaining assistive devices, and face higher risk of GBV.⁵

In late 2019, a surge in the fighting between the Myanmar armed forces and the Arakan army has led to increased humanitarian needs and challenges in the state with more than 32,000 people reported newly displaced since September 2019.⁶ Overall, in Rakhine, about 128,000 mostly stateless IDPs in Rakhine displaced by the violence in 2012 as well as the 32,000 people displaced due to the escalation in the conflict between the Myanmar armed forces and the Arakan army are in need of humanitarian assistance.⁷

² Joint Response Plan for Rohingya Humanitarian Response 2018, Cox's Bazar, Bangladesh

³ Interim Humanitarian Response Plan (2018).

⁴ Handicap International (2016). Needs Assessment, Persons with Disabilities, Rakhine State, Myanmar.

⁵ Ibid.

⁶ Myanmar Humanitarian Needs Overview (2019)

⁷ Myanmar Humanitarian Needs Overview (2020)

GENDER ROLES AND NORMS

Rakhine state is culturally diverse, with cultural and social norms serving as barriers to women's access to humanitarian services as well as public life across both Muslim and Buddhist Rakhine communities. While there are variations based on levels of education, wealth, and urban vs rural context, gender segregation is generally common amongst the Muslim population in Rakhine, closely connected to conservative cultural and religious practices. Rohingya women face significant restrictions to their movement based on cultural and religious practices such as purdah, which change according to age and other determinants such as marital status.

While often less acknowledged, Rakhine women and girls also face restrictions to their movement based on cultural and religious beliefs such as *ein-da-ray* which determine appropriate behavior. The word *ein-da-ray* has both physical and spiritual meanings in the Myanmar context. According to the meaning women are expected to have a certain appearance and behave decent silent and obedient. *Ein-da-ray* leads to submissiveness and being controlled, which violates women's freedom. With these 'supposed' virtues, women are not allowed to have equal status with men or participate in many spheres of the social, political and religious affairs, thus limiting their behaviors, careers, abilities, and defining their moral character.⁸ women and girls are generally expected to stay in the home, take up traditional gender roles including looking after the family, elderly parents, caring for children, housework, and concerned with matters of the family and the home. For example, women are the ones who are main responsible for water collection in 80% of households.⁹ Men and boys on the other hand are more present in life in the camp outside the home.¹⁰ There are also gendered divisions among children - girls are oriented towards the home e.g. Washing, cleaning and feeding backyard animals, whilst boys perform tasks such as fetching water and are more likely to play and engage outside - which in turn also exposes boys more to protection risks such as engagement in unsafe casual labour as a coping strategy for the economic security of the family. A woman mainly interacts with women in her own household, her family members if they visit, and her closest neighbours.¹¹ her main source of information is male relatives, next-door neighbors and community leaders. As a result, female-headed households with no male relatives struggle to get reliable assistance; not knowing where to go and who to consult for information. This has a major impact on women's ability to engage in life outside the home. Volatile security conditions as well as pushback from male community members when women do take on leadership roles in the community further hinder their participation. However, there have also been experiences of women being recognized as leaders within Rohingya and Rakhine communities which have slowly begun to change perceptions around gender roles. While the socio-cultural gender norms that shape all communities in Rakhine are less well understood or studied, studies on women's leadership in the state have demonstrated that Buddhist ideologies have also been used to explain highly gendered expectations of behavior, uneven divisions of labor, and the separation of physical spaces between men and women.¹² The division of labor within homes also remains heavily gendered. Women and girls' domestic responsibilities and their traditional gender roles constitute a big burden for women and girls, as they impede women and girls' participation in other activities as well as their access to key humanitarian services such as health, education, and livelihoods skill development.

⁸Authority and Submission: postcolonial feminist reading from Myanmar. A Thesis Submitted to The University of Birmingham. Naw Eh Tar Gay PHD of Philosophy University of Birmingham

⁹Myanmar Gender Situation Analysis (2016) Asian Development Bank, UNDP, UNFPA, UN Women

¹⁰"Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

¹¹Ibid.

¹²Oxfam, ActionAid, and CARE (2011). If given the chance: Women's participation in public life in Myanmar.

“Raising the curtain”¹³ research undertaken in seven states and divisions, including Rakhine, stated that “participating women saw technical and vocational education and training as an opportunity to move beyond the technical aspects and to seriously address the social factors that they feel are responsible for holding women back in the labour market” and that vocational training should address gender discrimination and social issues like “why there is less opportunity for women” and the need to focus on skills development and “to be able to apply those skills in life”. Displacement, inter-communal relations and under-development in Rakhine state has impacted the constructions of masculinities in both Rohingya and Rakhine communities. Given the barriers to livelihood opportunities, men’s ability to fulfil their roles as the provider of the family is significantly diminished. As was raised by women in consultations, these barriers to men performing traditional notions of masculinities has had serious implications for the safety of women, as men’s loss of self-esteem and resentment at not being able to fulfil their gender-prescribed roles has in some cases lead to an increase in cases of GBV. In times of crisis, it is even more imperative to engage men and boys in protecting their families and communities from gender-based violence (GBV) and ensuring access to necessities. Many members of society participate in reinforcing harmful social norms; hence, shifting those norms requires the full participation of everyone, male and female, old and young.

EDUCATION

Due to prevailing socio-cultural gender norms, it is common practice among the Rohingya communities to prevent girls from interacting with boys once the girls reach puberty. As a consequence, parents often stop sending their adolescent daughters to schools or other educational or recreational activities unless these activities are provided in a sex-segregated environment.¹⁴ This is exacerbated by security concerns where women and girls are kept home to protect them from harassment and other forms of gender-based violence or violent attacks. At the national level, the 2014 census reported that the proportion of women aged 25 and above with either no education or incomplete primary education was higher than the proportion of men. Almost one in five women aged 25 years and over (18.8%) had no education compared to 13.3% of men.⁹ Data provided by MOE¹⁵ in March 2018 report that of the total 141,948 Rohingya students in Rakhine, only 52,697 are female, with major disparities being reported at lower and upper secondary levels (lower secondary: 13,937 boys versus 4,974 girls, upper secondary: 3,972 boys versus 1,214 girls). Practices of segregation and systemic barriers to equal access to education have a negative impact on Rakhine and Myanmar language skills in Rohingya communities – posing barriers to services and particularly effecting women and youth.¹⁶ According to the MOE official figures, the numbers of the female teachers in basic education are relatively high, however educational opportunities for Rohingya girls remain limited due to social norms, sense of insecurity in general, and distance to schools particularly in areas affected by conflict, creating a self-perpetuating cycle of gender disparity. Parents that are unable to afford the cost of sending girls to school, or who are unwilling to do so due to traditional gender norms and fears for their safety, are more likely to keep their daughters at home, engage them in household work or other types of domestic labour, or marry them off as a negative coping mechanism. Through consultations with communities, the alarming long-term impacts of this were emphasized: fewer Rohingya girls in school means fewer educated females, means fewer female teachers, further exacerbating the opportunities for education for girls because of parents’ unwillingness to send their girls to classes taught by men.

MARRIAGE

Marriage is very important for both the Rakhine Buddhist, as well as the Muslim Rohingya and Kaman populations, and even more so for the Rohingya population. The significance of marriage is not only rooted in socio-cultural norms but is also a direct consequence of violence and displacement to which

¹³ Raising the Curtain: Cultural Norms, Social Practices and Gender Equality in Myanmar (2015) The Gender Equality Network.

¹⁴ Save the Children International and UNICEF (2014) Child Protection Knowledge, Attitudes, and Practices Study Rakhine State, Myanmar.

¹⁵ Ministry of Education Rakhine Update Presentation, Dr. Aung Naing Soe, Acting Director General, Department of Basic Education on 22nd March 2018.

¹⁶ Sittwe Camp Profiling Report (2017), Joint IDP Profiling Service (JIPS).

the Rohingya are exposed. Especially child and forced marriages, including to members of the diaspora, which entails risky migration routes to countries such as Malaysia, are used as coping strategies for achieving a sense of social and economic security in the context of entrenched discrimination, denial of basic services and as women are discouraged from working due to entrenched socio-cultural norms.¹⁷ Marriage is also utilized as a coping mechanism to protect women and girls from potential harassment and abuse given the aggravated security situation in Rakhine state. While the Rohingya population perceives marriage as a coping strategy to achieve greater security, being married simultaneously poses women and girls at risk of experiencing gender-based violence, as domestic violence, particularly intimate partner violence, is highly prevalent among the Rohingya. Upon marriage, a woman becomes the responsibility of her husband's family; in addition to her husband, she becomes the responsibility of her mother-in-law who gives guidance on behaviour, childcare and other gendered tasks.¹⁸ The median age for women's marriage in Rakhine state in 2016 was 20.7 years.¹⁹ There is evidence that child and forced marriage is commonplace among the Rohingya population and that both child marriage and polygamy have been increasing in recent years due to the scarcity of men and economic difficulties which force girls into adult roles sooner.²⁰ Child marriage is also an adaptation for food insecurity and the lack of funds to pay for schooling.²¹ In addition, a UNHCR report from 2016 shows that 92% of the interviewed women and girls who had fled Myanmar since 2012 were married, and had married at similar ages, between an average of 16 and 17 – while 18% married before they turned 16 - and 80% of interviewees who had children gave birth to their first child at an average age of 18.²²

HEALTH

According to Humanitarian Response Plan Monitoring Report 2019, 54 per cent of women (87,137 of 158, 431) confirmed their access to primary health care services²³. Regarding the sexual and reproductive health services, contraception, and pre-natal care, the MoHS, MMA, RI, MSF and Mercy Malaysia have been providing services including family planning services in IDP camps of Sittwe, Pauktaw and Myebon. Only 19% of women give birth in professional health facilities, compared to 37% nationally.²⁴ Rohingya women and men in Rakhine generally have limited options or knowledge regarding family planning or contraception – only 20-25% of new generation parents use contraceptives.²⁵ a significant cause of maternal mortality among women is recognized as being from unsafe abortions, reported as 15% for all of Rakhine state compared to the national average of 10%²⁶. Women have little say regarding sex with their husbands or the number or spacing of children. Women rely on other women in their households with regards to knowledge of women's health and reproductive issues. Furthermore, factors such as low levels of trust in existing health provisions, poor healthcare facilities, lack of hospitals in some areas, poor conditions of health infrastructure²⁷ including gender-blind health services such as the lack of gender-responsive waiting room, or women's lack of adequate time for accessing facilities during opening hours due to gendered productive and reproductive work burdens pose further barriers to women's

¹⁷ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

¹⁸ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

¹⁹ Ibid.

²⁰ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

²¹ Save the Children (2015) Youth Situational Assessment in Rakhine State, Myanmar.

²² UNHCR, Mixed-movements in South East Asia, 2016 http://reporting.unhcr.org/sites/default/files/UNHCR%20-%20Mixed%20Movements%20in%20South-East%20Asia%20-%202016%20--%20April%202017_0.pdf cited in GBV Policy and Advocacy Task Team Inter-agency Briefing Paper (October 2017), GBV Sub Sector, ISCG, Cox's Bazar, Bangladesh.

²³ The Humanitarian Response Plan Monitoring Report 2019

²⁴ Advisory Commission for Rakhine State 2017.

²⁵ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

²⁶ Myanmar Gender Situation Analysis (2016) Asian Development Bank, UNDP, UNFPA, UN Women

²⁷ Several initiatives for the improvement of health infrastructure supported by various partners including the Red Cross movement are currently being rolled out.

access to healthcare. Thus, what has been said, according to the national health cluster, the health partners in Rakhine facilitate in emergency referral in collaboration with the respective township health departments for necessary secondary/tertiary care. In addition to that 22 healthcare partners are working together for humanitarian and development activities in Rakhine state with the collaboration of MoHS.²⁸ The official policy at hospitals is that there is no bias in the provision of sexual and reproductive health services. However, this process is reliant on attitudes of nurses, doctors and midwives and the will of security forces to deter Rohingya women attempting to access government facilities. It operates in a context of severe restriction on freedom of movement in general and the impositions of cumbersome authorization processes to gain village administrator approvals and cross checkpoints in particular, all of which prohibit or delay Rohingya women from accessing their township hospital for sexual and reproductive health emergencies or secondary care.

LIVELIHOODS

As noted in the final report of the advisory commission on Rakhine state, women are hardest hit by the situation of economic underdevelopment in Rakhine, with more women than men migrating to find employment outside of the state, women burdened by additional workloads from the migration of men, and women receiving unequal pay for equal work.²⁹ While women make enormous contributions to economies, investment in women's economic potential in Rakhine has not been fully catalyzed. While 58.8% of all people of working age in the labor force, the proportion of women in the work force stands at only 38.1%.³⁰ The extent of this economic marginalization furthermore varies across ethnic communities, with 33% of Buddhist women and 57% of Rohingya women rating their income as either very poor or non-existent.³¹ This affects women's ability to generate income and secure food and nutrition for themselves and their families.³² Especially for widowed or single women, this is further exacerbated by lack of the right to inheritance and property, which makes it more difficult to access loans and credits for livelihood opportunities. Rohingya women in Rakhine state have faced significant challenges due to the disappearance and migration of men. This increases the workload of Rohingya women – reproductive as well as productive. Rohingya women are driven to become breadwinners, yet the circumstances are averse to that: they have little access to information, credit, skill building, literacy or livelihood opportunities.³³ When pursuing work opportunities outside the home, socio-cultural barriers, and actual security risks for both Buddhist and Muslim women, as well as the restrictions on movement outside the camp areas for Rohingya IDP populations in particular, further limit their choices. As a result, women in Rakhine commonly tend to undertake either home-based work or jobs within their immediate neighborhoods.³⁴ The rising number of Rohingya women becoming economically active outside the household in Rakhine has also caused increased social friction and women have been increasingly exposed to gender-based violence and harassment.³⁵ The restrictions on access to livelihoods opportunities for Rohingya men in IDP camps also creates risks of family friction, tension, domestic violence, and depression among men due to their inability to fulfill their gender role as the family breadwinner. Increasing requirements on Rohingya populations to have civil documentation before securing license for livelihoods puts men at higher risk of protection violations, as they continue to fish without permits. Rohingya boys are further exposed to being engaged in unsafe casual labour. As a consequence of the limited

²⁸ Comments from the National Health Cluster

²⁹ Advisory Commission on Rakhine State (2017). Final Report of the Advisory Commission on Rakhine State.

³⁰ Ibid.

³¹ Center for Diversity and National Harmony (2015). Rakhine State Needs Assessment.

³² UNEP. Against All Odds, Rural Women In Myanmar Cope With Natural Disasters And Climate Change. Accessed May 2017. Available from: <http://www.unep.org/asiapacific/against-all-odds-rural-women-Myanmar-cope-natural-disasters-and-climate-change>.

³³ Advisory Commission for Rakhine State, 2017.

³⁴ Advisory Commission for Rakhine State, 2017.

³⁵ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

	<p>livelihoods opportunities for the Rohingya in IDP camps, women, girls and boys face substantial risks of sexual exploitation and abuse, as well as domestic violence. In Rakhine state, the overall incidence of poverty is severe, and it has increased between 2005 and 2010 from 38% to 44%.³⁶ Similarly, the state has the lowest labor force participation rates in Myanmar at 58.8% (83.2% for men and 38.1% for women, the lowest for women among all states and regions) and the highest unemployment rate at 10.4% (9.1% for men and 12.8% for women).³⁷ Due to restricted mobility of women and other social norms in Buddhist Rakhine communities, men are more likely than women to work for wages.³⁸ Women’s right to access and own land is highly insecure across Myanmar, including in Rakhine state, with even further repercussions for Rohingya women and girls who are doubly discriminated against due to their lack of access to citizenship. While women retain equal rights under the 2008 constitution to enter into land-tenure contracts and to administer property, in practice, women are often not able to defend their rights in the absence of a husband. Women are further denied equal access to, or control over land due to religious customary laws that govern matters of succession, inheritance, and marriage. The farmland, the vacant, fallow and virgin lands management act, 2013 requires the land to be registered in the name of the head of household and a mechanism for joint ownership of property between husbands and wives is not available in the current legislative framework. This in turn imposes additional barriers on displaced Rohingya women without husbands seeking to reconstitute land and property.</p>
<p>MILITARISATION AND SECURITY</p>	<p>Rohingya women, men, girls and boys face state-imposed movement restrictions and security risks, both formal and informal, as a result of discriminatory government policies and practices of discrimination and segregation. Movement restrictions pose significant barriers to accessing essential services and include formal restrictions imposed by government policies and informal restrictions related to cultural beliefs, personal safety and discriminatory practices by authorities. Women and girls are also disproportionately affected by informal movement restrictions stemming from perceived and actual threats to personal safety, including GBV, and notions of vulnerability – this affects women and girls in both Rakhine and Rohingya communities, while Rohingya women and girls remain most severely impacted.</p>
<p>GENDER-BASED VIOLENCE</p>	<p>domestic violence, including intimate partner violence (IPV), is the highest form of gender-based violence reported. Yet, among communities, it is still generally not considered a form of GBV and if so, it is mostly understood as physical violence, and women do not necessarily perceive psychological abuse as violence – both of which are perceived as a “family affair”, to be solved by the family alone.³⁹ The cultural acceptance of GBV further creates a climate of impunity and permissiveness, particularly around sexual violence in conflict but also around GBV more generally. The high prevalence of IPV has negative impacts on the individual women, their families, their communities and the society as a whole. Survivors of IPV and other forms of GBV suffer from social and economic marginalization such as isolation, inability to work and participate in regular activities as well as limited capability to care for themselves and their children. Many women who are raped by other perpetrators are rejected by their husbands, families and communities upon disclosure of the incident. Rohingya women in Rakhine identified the following as factors heightening risks of GBV: lack of access to water and private sanitation facilities, lack of privacy and overcrowding in camps, living in camps with continued hostilities between IDPs and host communities, and increased tensions in the household due to displacement and conflict.⁴⁰ By virtue of an existing lack of access to formal justice, most of the affected populations rely on village/camp leaders and committees to mediate and solve disputes. The majority of such committees are male dominated. The dependence of the Rohingya IDPs on informal</p>

³⁶ Myanmar Gender Situation Analysis (2016) Asian Development Bank, UNDP, UNFPA, UN Women.

³⁷ Ibid.

³⁸ Ibid.

³⁹ “Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context” (October 2017). Social Science in Humanitarian Action.

⁴⁰ Myanmar Protection Sector (2015). Protection Concerns and Risk Analysis in Rakhine.

justice systems, such as the CMCs (camp management committees), further increases the risk of exposure to extortions and GBV. Community mediation practices, such as forced marriage to perpetrators or perpetrators paying a fine to the survivor's family, can also perpetuate violence against survivors.⁴¹ As stated in the gender statistics in Myanmar, Rakhine state has the highest percentage of women who have experienced violence during pregnancy (8.6%)⁹⁰. There have been widespread reports of conflict related GBV perpetrated against women and girls in Rakhine during the violent events in August 2017.⁴² A wide range of testimonies has been documented through the OHCHR rapid response mission and the international fact finding mission on Myanmar, as well as extensive media attention (BBC, Reuters and Al Jazeera) and human rights monitoring reports issued by human rights watch "all of my body was pain" (2017) and amnesty international, "my world is finished: Rohingya targeted in crimes against humanity in Myanmar" (2017) among others.⁴³ The reporting focuses on and highlights repeatedly the prevalence, brutality and systematic nature of the rape committed by the armed forces of Myanmar. More than half of the 101 Rohingya women interviewed by OHCHR in February 2017 reported to have experienced either rape or sexual assault before leaving Rakhine state. There have also been widespread reports of multiple-perpetrator rape and sexual assault from service providers and focus group discussions conducted by a number of agencies in the refugee camps in Cox's Bazar.⁴⁴ The Independent International Fact-Finding Mission on Myanmar (IIFFM) report on 'sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts' notes that "sexual and gender-based violence was a hallmark of the Tatmadaw's operations in northern Myanmar and in Rakhine. These violations, for most part perpetrated against ethnic women and girls, were used with the intent to intimidate, terrorise and punish the civilian population and as a tactic of war."⁴⁵ Rapes have been reported as being extremely violent, including sexual violence accompanied by mutilations of the body and the face as well as girls as young as 5 years old being raped – often in front of their relatives.⁴⁶ There are reports of pregnant women being attacked and their fetuses removed from their bodies.⁴⁷ According to community leaders and interviews with refugees, every woman and girl in the Balukhali makeshift settlements in Cox's Bazar is either a survivor of, or a witness to, multiple incidences of sexual assault, rape, gang-rape, or murder through mutilation or burning alive of a close family member or neighbor.⁴⁸ Many women who have become pregnant as a result of rape are reported to have sought out services to abort their unborn children after their arrivals in Bangladesh.⁴⁹ The Myanmar country task force on monitoring and reporting (CTFMR) on grave violations against children as per United Nations Security Council resolution (UNSCR) 1612/1882, co-chaired by UNICEF and the UN Resident Coordinator Office, documented and verified that between October 2017 and February 2018, 23 girls experienced sexual violence committed by government armed forces. In addition, UNICEF child protection data recorded 3 rape cases of girls in northern Rakhine in 2017. While the number of casualties is not possible to verify, reports from refugees arriving in Bangladesh indicate that children are

⁴¹ Myanmar Protection Sector (2015). Protection Concerns and Risk Analysis in Rakhine.

⁴² UN Resident Coordinator Report Bangladesh (October 2017) and UN Secretary General's Annual Report 2017.

⁴³ Reuters, "UN Medics See Evidence of Rape in Myanmar Army 'Cleansing' Campaign" 24 Sept 2017, <https://www.Reuters.com/article/us-Myanmar-Rohingya-rape-insight/u-n-medics-see-evidence-of-rape-in-Myanmar-army-cleansing-campaign-idUSKCN1BZ06X>

Human Rights Watch, "All of My Body Was Pain: Sexual Violence Against Rohingya Women and Girls in Burma", November 2017, <https://www.hrw.org/news/2017/11/16/burma-widespread-rape-Rohingya-women-girls>

Amnesty International, "My World Is Finished: Rohingya Targeted in Crimes Against Humanity", November 2017, <https://www.amnesty.org/en/documents/asa16/7288/2017/en/>

CNN, "Accounts of Rape, Burning Children and Murder: How a Rohingya Massacre Unfolded at Tula Toli, 4 December 2017, <http://edition.cnn.com/2017/11/12/asia/Myanmar-Rohingya-tula-toli-massacre-testimony/index.html>

BBC, "Rohingya Villagers Tell of Rape and Murder in Military Crackdown", 14 November 2017, <http://www.BBC.com/news/av/world-asia-41977712/Rohingya-villagers-tell-of-rape-and-murder-in-military-crackdown>

Peter Bouckaert, "The Burmese military is committing crimes against humanity." Washington Post, 27 September 2017.

Al-Jazeera, "Rohingya Refugees Share Stories of Sexual Violence," 29 September 2017.

UN News Centre, "Horrific Accounts of Sexual Violence against Rohingya 'just tip of iceberg', September 2017.

⁴⁴ GBV Policy and Advocacy Task Team Inter-agency Briefing Paper (October 2017), GBV Sub Sector, ISCG, Cox's Bazar, Bangladesh.

⁴⁵ Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts. Report to the Human Rights Council (September 2019)

⁴⁶ Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh (13-24 September 2017).

⁴⁷ Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh (13-24 September 2017).

⁴⁸ Care International Rapid Gender Analysis (September 2017).

⁴⁹ GBV Policy and Advocacy Task Team Inter-Agency Briefing Paper (October 2017), GBV Sub Sector, ISCG, Cox's Bazar, Bangladesh.

in need of treatment for severe injuries, including gun shots, shrapnel wounds and burns. There are reports of children who have drowned with their parents during flight and may have witnessed many others being killed or severely injured as a result of the security operation.

GBV services across Rakhine state are very limited for all populations, resulting in many unmet health and psychosocial needs of women affected by violence. Hospitals and health centres have minimal capacity to adequately manage sexual violence cases and psychosocial counselling is extremely limited. The formal justice system is not available to all, and it offers few protections and high risks for survivors who can access it. Survivors of GBV have limited and non-timely access to healthcare, including reproductive healthcare. Access to healthcare remains sporadic and limited by transportation costs, lack of referral systems, hospitals and clinics which do not support Rohingya patients, government mandated closure of INGO clinics, lack of information on schedule and locations of government mobile health clinics, lack of freedom of movement including the requirements for administrators to support women's movement to access healthcare in some communities. The national juridical framework is weak in terms of GBV remedial system and not centered on the survivor. Disclosure of GBV cases remains extremely limited in northern Rakhine state due to fear of stigma by survivors within their community, the lack of dedicated and accessible services (especially for survivors from remote areas), and widespread lack of accountability among government agencies. The lack of dedicated female staff in the medical, security and legal sectors are hindering the access of GBV survivors to services. Follow up and assistance of GBV survivors is especially difficult in northern Rakhine state and even more so in rural areas due to an existing lack of humanitarian access. Also, visits by humanitarian actors to survivors of GBV entail the risk of exposing them to further stigma and protection risks. In Maungdaw district, local orders and a discriminatory administrative system are also in place, which result in restrictions on marriage, freedom of movement, freedom to practice religion and freedom to assemble (more than 5 persons) for Rohingya populations. The challenges which Rohingya communities in Rakhine face, such as limited access to basic services and livelihoods opportunities as well as restrictions on freedom of movement, often lead to extortion and harassment at checkpoints and when accessing government services. Rohingya women and girls are at particular risk of increased GBV. Furthermore, there is a climate of impunity, which is created by the lack of accountability mechanisms for addressing GBV and the legislative immunity of the Myanmar military forces from sexual assault and other violations in times of emergency. The survivors rarely accept to be referred to governmental health facilities, because of an existing lack of trust and confidentiality as well as discriminatory practices against the Rohingya population. Confusion and arbitrary application of rules and regulations between the township medical officers and police, and discriminatory practices at a court level exist. In addition, language barriers exist in accessing health care. Therefore, survivors often resort to traditional healers and justice systems/cultural practices in response to GBV.

DECISION- MAKING AND REPRESENTATION

adult men of the family are generally the main decision makers and considered as heads of households. As a result, women often have little decision-making power and are often not given the space to contribute to decisions about their families' needs and future. Women's limited agency within the family also impedes women's ability to influence decision making processes with external stakeholders, such as community leaders, local authorities, aid workers and service providers, etc., where only heads of households are consulted. As noted by the center for diversity and national harmony, women play a limited role in shaping socio-political life in Rakhine, they have restricted opportunities to discuss their needs and wants, and have limited decision making power regarding issues that affect them and their futures.⁵⁰ women's leadership and representation in decision making structures at camp, village, township and state levels remains low at all levels. While women's political representation is low across Myanmar, the situation is exacerbated in Rakhine, where there were no female parliamentarians elected to the Rakhine state parliament in 2015, and only three women were elected from the Rakhine state constituencies to the union parliament in Nay Pyi Taw.⁵¹ There are no female ward/village tract administrators (W/VTAs) or township/district administrators in the state

⁵⁰ Center for Diversity and National Harmony (2015). Rakhine State Needs Assessment.

⁵¹ Advisory Commission on Rakhine State (2017). Final Report of the Advisory Commission on Rakhine State.

altogether.⁵² While some women's civil society groups have demonstrated some degree of influence, for example by intervening on behalf of survivors of GBV in high-profile cases, their impact on policymaking is otherwise limited.⁵³

DOCUMENTATION

The Rohingya population is among the largest stateless population globally. They have limited access to citizenship as a result of the amended provisions in the 1982 citizenship law, which deprives the Rohingya of their citizenship and renders them stateless. The implementation of the citizenship verification process has had minimal impact for the Rohingya population and as a result of the invalidation of the temporary registration card in 2015, the majority of the Rohingya population were disenfranchised and left undocumented. Gender norms, standards and expectations to which women and men generally conform were described by participants as playing a key role in women's ability to access documentation. They appear to influence factors such as access to information and contacts; ease with which women in Myanmar can travel to obtain supporting information and file applications and the preference by families to obtain documentation for men over women in the household.

⁵² Ibid.

⁵³ Ibid.

KACHIN

In Kachin, prolonged displacement, new displacement and re-displacement, renewed outbreaks of violence, and increasingly restricted humanitarian access have compounded marginalization and vulnerabilities across communities, especially amongst women and girls. In Kachin state, while more than 97,000 IDPs remain in camps established in 2011, there has been limited new armed conflict or displacement since August 2018.⁵⁴ National and international humanitarian partners have faced growing challenges in access to affected people, particularly in areas controlled by ethnic armed organizations (EAOs), for which travel authorizations have not been received from the government since 2016.⁵⁵ Approximately 40% of these displaced people are in areas controlled by EAOs to which international actors have not had access since June 2016, but where local humanitarian organizations continue to be able to operate, albeit while experiencing increasing challenges. Civilians bear the brunt of ongoing armed conflict with frequent outbreaks of fighting, often in close vicinity to civilian areas, including displacement camps, often resulting in new displacement, with some families displaced multiple times. Children make up about 36% of this population, while women and children together make up about 66%⁵⁶ while progress has been made towards meeting their distinct needs and addressing the disproportionate impact they bear from displacement and conflict, the Myanmar humanitarian response plan 2020 highlighted that humanitarian organizations continue to face significant operational constraints, with safe, timely and unhindered access by and to people in need having become increasingly challenging in many locations over the past year. With limited programmes targeting women and girls' needs, gender barriers prevent women and girls from equally benefiting from humanitarian action, the peace-building process and socio-economic development as well as participating in and influencing humanitarian decisions that affect their lives.⁵⁷ This results in inequitable access to humanitarian information, relief and services, as well as leadership and livelihoods opportunities, and women being unable to voice the specific relief and protection needs which they require for their basic survival, well-being and dignity. The actioning of the national camp closure strategy is a new development for which dedicated efforts to ensure a gender-responsive implementation. As per the assessment conducted by the joint strategy team in November 2018, in Kachin and Northern Shan, the push factors to return or resettle varied between men and women. For instance, it was found that while women will give more importance to the living conditions, family cohesion, identity, education and health services, men will give more importance to the fear of losing their land and houses at their place of origin. Gender must continue to be a lens through which ongoing assessments are conducted and all engagement and guidance from humanitarian actors should integrate GEEWG priorities.

⁵⁴ Myanmar Humanitarian Response Plan 2020

⁵⁵ Ibid.

⁵⁶ Myanmar Humanitarian Needs Overview 2020

⁵⁷ ActionAid (2016). On the Frontline: Catalyzing Women's Leadership in Humanitarian Action.

GENDER ROLES AND NORMS	In consultations, women and girls often express shame of their prolonged IDP status, and their dependency on humanitarian assistance. Men had expressed frustration with not being able to fulfill their expected gendered roles as breadwinners to provide for their families, while women expressed disappointment at not being able to take care of their children and provide a secure and safe environment for their children. These feelings of failing in their roles were further exacerbated by having to endure inadequate living conditions in the camps. A particular challenge relates to limited access to proper feminine hygiene, measures including menstrual hygiene due to lack of privacy and inadequate sanitary and toilet facilities. ⁵⁸ A trend of family disruptions and separations has been reported among IDPs. Causes of violence include displacement related stress factors such as anger, frustration and anxiety. The inability of men and women to provide for the family was described as the main cause leading to a loss of respect, traditionally associated with the role of the breadwinner. Coping strategies such as seeking work elsewhere were reported as leading to family tensions and mistrust. ⁵⁹ Women also reported feeling an immense sense of responsibility in having to often shoulder the responsibility of being the main breadwinner. ⁶⁰
HEALTH	Women in both IDP camps and host communities face challenges in access to healthcare, with maternal health being cited by women as a key gap within IDP camps, and unreliable ⁶¹ governmental healthcare facilities and unaffordable transportation charges to hospitals or clinics outside of IDP camps being prohibitive barriers to access to health. ⁶² In addition to maternal health, women also cite unsafe water, inappropriate sanitation facilities, lack of hygiene (including menstrual hygiene), and overcrowded camps as key health issues. ⁶³ The vast majority of women's health problems in the camps have also been reported as being related to sexual and reproductive health, including vaginal, uterus and cervical problems. ⁶⁴ For family planning needs, there is an overall lack of awareness and socio-cultural acceptance of the use of contraceptives. Furthermore, research by the gender equality network and the Kachin women peace network in 2013 found that male community leaders actively discourage women from using contraceptives. ⁶⁵ Reportedly, there is a significant decline in the percentage of births attended by skilled birth attendants in IDP camps in Kachin with notable impacts on women's health. ⁶⁶
EDUCATION	In Kachin, the ratio of girls to boys attending primary level education (the gender parity index) is at 0.95. ⁶⁷ Overall half of both boys and girls do not complete primary level education in Kachin state. Reportedly, there is a higher drop-out rate for boys at primary level education as boys are often rather encouraged to seek work as family breadwinners, e.g. in the mining industry, due to their gender roles within families.
LIVELIHOODS	the lack of economic opportunity manifests itself along gendered lines, with women in Kachin overall having a low labour force participation rate at only 45.9% in comparison to 85.7% for men. ⁶⁸ WFP's 2017 post-distribution monitoring report on Kachin highlighted that "gender imbalances when taking part in economic activities were wide in Myitkyina, where in nearly 50% of the household there was at least a female income earner against 78 % of those with male income earners. The share of households with both male and female income earners was 30% in Myitkyina and those with exclusively female earners were 20% in Myitkyina." In twelve IDP camps surveyed by Oxfam and Trócaire, most women are registered as 'dependents' on family registration cards,

⁵⁸ Gender Equality Network and Kachin Women Peace Network (February 2013), Women's Needs Assessment in IDP Camps, Kachin State.

⁵⁹ Ibid.

⁶⁰ Oxfam and Trocaire (2017). Life on Hold.

⁶¹ Key informant interviewers/focus group discussions

⁶² Oxfam and Trocaire (2017). Life on Hold.

⁶³ Ibid.

⁶⁴ Gender Equality Network and Kachin Women Peace Network (February 2013), Women's Needs Assessment in IDP Camps, Kachin State.

⁶⁵ Ibid.

⁶⁶ "Durable Peace Program Endline Report" (2018), Oxfam.

⁶⁷ Ministry of Education, 2014.

⁶⁸ Asia Development Bank (2016). Gender Equality and Women's Rights in Myanmar: A Situation Analysis.

	<p>indicating that household work is unpaid.⁶⁹ The gender equality network and the Kachin women peace network report that women in IDP camps mostly work as casual labourers, including work on farms, many of which are Chinese-owned with wages about half of the average local casual labour wage.⁷⁰ It has further been reported that overall women's wages are lower than men's wages across different types of labour. Other casual labour options for women IDPs include working near the Chinese border at restaurants, shops or casinos.⁷¹ While some women with access to vocational trainings are able to generate a basic income of 300-500 yuan (46-77 USD) per month, these training opportunities are limited especially in non-government controlled areas (NGCAs), and many women face barriers to participate and thus women overall have limited access to formal training and skills and knowledge development.⁷² Women's wellbeing is also further impacted by limited access to markets.⁷³ Some women are further engaged in smaller-scale homestead based activities (such as tailoring, vegetable gardening and livestock rearing). Based on market and livelihoods research by the Danish refugee council (2017), the early recovery network led by UNDP and KMSS (2015) as well as the gender equality network and the Kachin women peace network (2013), there is a large need to provide more long-term, multi-year funded, sustainable and transformative livelihood programmes targeting women including through skills training, market development and promotion of access to formal job market as well as women's financial inclusion and access to capital, resources and inputs for livelihoods. The resulting protection risks are also gendered, with the lack of economic opportunities rendering women and girls particularly vulnerable to sexual exploitation and trafficking – as found by the Kachin women's association of Thailand, the combination of large-scale displacement, gaps in protection mechanisms, and shortages of humanitarian aid combined with lack of economic opportunity have become major factors fueling human trafficking along the Kachin-china border.⁷⁴ Women are further denied their right to access and owning land due to discriminatory social customs, which particularly impacts female-headed IDP households attempting to reclaim land they fled from.</p>
<p>MILITARISATION AND SECURITY</p>	<p>The militarization and outbreaks of fighting have a severe impact on freedom of movement and security, particularly for women and girls. The issue of land mine infestation especially impacts men and boys who are among the main victims of land mine injuries and deaths.</p>
<p>GENDER-BASED VIOLENCE AND TRAFFICKING</p>	<p>The special rapporteur on the situation of human rights in Myanmar found evidence of widespread sexual violence in Kachin as well as other abuse of women with disabilities and women and girls from ethnic and religious minorities.⁷⁵ The IIFFM report released in September 2019 provided the evidence of the sexual violence in Kachin state against women and girls, including men, boys and transgender persons.⁷⁶ In a qualitative study across twelve IDP camps by Oxfam and Trócaire in 2017, many research participants shared experiences of sexual violence by 'uniformed soldiers', with rape being the most frequently mentioned form of violence against women.⁷⁷ Domestic violence, including intimate partner violence (IPV), is the highest form of gender-based violence reported, with women citing the lack of livelihoods, enduring poverty, and the use of drugs and alcohol as risk factors for increased levels of violence.⁷⁸ Women further reported that they feel threatened by the continued possibility of sexual violence, and that this threat restricts their mobility and access to services. For survivors of GBV who choose to pursue formal or informal justice mechanisms, access to justice is low, especially within IDP camps in non-government-controlled areas. While cases of trafficking, rape, and domestic violence were frequently reported, women also reported that in the male</p>

⁶⁹ Oxfam and Trocaire (2017). Life on Hold.

⁷⁰ Gender Equality Network and Kachin Women Peace Network (February 2013), Women's Needs Assessment in IDP Camps, Kachin State.

⁷¹ Ibid.

⁷² Oxfam and Trocaire (2017). Life on Hold.

⁷³ Interim HRP (2018).

⁷⁴ Kachin Women's Association of Thailand (2013). Pushed to the Brink: Conflict and human trafficking on the Kachin-China border.

⁷⁵ 2018 Interim Myanmar Humanitarian Response Plan.

⁷⁶ Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts - A/HRC/42/CRP.4

⁷⁷ Oxfam and Trocaire (2017). Life on Hold.

⁷⁸ Ibid.

	<p>dominated society and with male camp managers, women were 'held responsible' if they experienced GBV.⁷⁹ Women access informal justice systems more frequently than formal justice systems. Less than 5% of reported cases seek formal justice system responses.⁸⁰ Child survivors of sexual abuse (both boys and girls) in Kachin also face barriers in access to services including as children can only have one person accompanying them to the hospital and this often needs to be a translator - thus the parents/guardians are most often unable to accompany their child to the hospital. Survivors of rape furthermore face, in many parts of the state, forced marriage to their rapists.⁸¹ For men and boys, protection risks include forced recruitment, landmines and turning to negative coping mechanisms such as alcohol and drugs. Although women and girls are disproportionately impacted, men and boys may also be subjected to sexual exploitation and abuse.</p>
<p>DECISION-MAKING AND REPRESENTATION</p>	<p>Kachin benefits from an active civil society, especially from women-led organisations, sixteen of which came together to form the Kachin state women's network. Women's leadership otherwise remains low at all levels, with women holding only two state-level ministerial positions in Kachin, and only 0.25% of ward/village tract administrators being women nationwide.⁸² In a limited number of camps and host communities, women's support groups and women's forums currently exist but their current functioning has proven to be insufficient to support all women's issues and promote women's meaningful representation, participation and leadership. Even when women are involved in the camp coordination and camp management committees, they are often not engaged in decision-making positions, and remain in junior or administrative positions.⁸³ Adolescents and children, especially girls and young women, also have very limited opportunities to influence family, household, village or camp level decision-making and are mostly sidelined from consultations or any public community engagement platforms. Women's limited involvement in village and camp level decision-making has been identified as resulting in key protection gaps as well as overall gaps in effective and accountable camp management and local community decision-making.</p>

⁷⁹ Ibid.

⁸⁰ Cited by UNFPA.

⁸¹ Asia Development Bank (2016). Gender Equality and Women's Rights in Myanmar: A Situation Analysis.

⁸² Oxfam and Trocaire (2017). Life on Hold.

⁸³ Gender Equality Network and Kachin Women Peace Network (February 2013), Women's Needs Assessment in IDP Camps, Kachin State.

NORTHERN SHAN

Shan is the largest and easternmost state of Myanmar with a population of 5.82 million people (11.3 per cent of the country's population) spread unevenly across 55 townships. Shan State is one of the most ethnically diverse areas in the country, with its population including the Bamar, Kachin, Lahu, Lisu, Palaung/Ta'ang, Shan and Wa ethnics groups, among others.

More than 9,000 people remain in situations of protracted displacement across 33 camps or camp-like settings. Children make up at least 38% of this population, while women and children together make up about 69%⁸⁴. While little public data or analysis exists of the gendered impacts of ongoing conflict on women and girls, the analysis that exists indicates that women and girls are disproportionately impacted by a lack of decision-making power and representation, lack of livelihoods and income generating activities, and protection concerns growing from high levels of drug use among men as well as some children involved in labour (particularly mining), associated with a high HIV prevalence from drug use, the presence of military, and growing risk factors for trafficking. Civilians bear the brunt of ongoing armed conflict with frequent outbreaks of fighting, often in close vicinity to civilian areas, including displacement camps, often resulting in new displacement, with some families displaced multiple times.

⁸⁴ Myanmar Humanitarian Needs Overview 2020

GENDER ROLES AND NORMS	Women report having little to no decision-making power in their homes, ⁸⁵ and feeling excluded from contributing to decisions on the future of their families. At the same time, due to drug use among displaced men, women are also taking on the roles traditionally assigned to husbands as “protectors” and “providers” for their family on top of existing care work in the home. ⁸⁶ Although men are not fulfilling their traditional roles, they still have a privileged position over female partners in the home and women are expected to be obedient. High rates of forced male recruitment and gendered casual income opportunities have resulted in a lower ratio of men in IDP camps over time. This has resulted in increasing space for women to assume public leadership roles, for example in camp management committees, however this has not been coupled with substantive shifts in gender relations which resume upon return of male household members.
EDUCATION	Across of all Shan state, the ratio of girls to boys attending primary level education (the gender parity index) is at 1.04. ⁸⁷ Shan state has lowest female literacy rate among young women at 59.4% ⁸⁸
LIVELIHOODS AND ACCESS TO ECONOMIC RESOURCES	women in IDP camps in Northern Shan identify the lack of livelihood opportunities and income-generating activities as a key challenge. Cash distribution to women meant for the purchase of salt and oil is reported to be used instead by their husbands to purchase alcohol and drugs. ⁸⁹ These challenges in turn constitute barriers to the education for children, as women report not being able to cover their economic expenses. This challenge is further exacerbated for female-headed households, who comprise of 14.7% of all households in Kutkai and Tarmoengye townships, with the majority of interviewees reporting having lost their husbands due to drug abuse and forced recruitment to the army, according to InterSOS. ⁹⁰
MILITARIZATION AND SECURITY	The proximity of military bases or battalions to civilian IDP camps, with armed actors ranging from untrained night watchmen to formalized trained militia and ethnic armed groups as well as the presence of soldiers inside camps poses a grave concern and generates fear among the camp population, particularly for women who report living in distress and fear. ⁹¹ It also further limits women’s access to basic services, including using latrines at night. Women and girls fear coming across soldiers when they leave the camps to collect firewood or water. Forced recruitment is also a key concern, as noted in a 2014 assessment by InterSOS, which reported ten boys and three girls forcibly recruited by armed groups in Galange Kachin camp and Loi Kam village. ⁹² There are also reports of women and girls being abducted by armed groups in order to influence their male relatives. The use of landmines is another also an important factor, especially when women and girls leave the camp to collect firewood in the forest.
GENDER-BASED VIOLENCE	Between 2010 and 2013, the women’s league of Burma gathered reports of over 100 cases of sexual violence perpetrated by military members against women, with the majority being linked to military offensives in Northern Shan and Kachin. ⁹³ In an inter-agency GBV and trafficking assessment across fifteen IDP camps, women identified domestic violence as a main threat, further exacerbated by levels of drug use among the male population in the camps. ⁹⁴ Attitudes towards domestic violence being an issue for the private sphere, moreover, hinder women’s ability to leave abusive situations or seek justice. ⁹⁵

⁸⁵ InterSOS (2014). Multi-Sectoral Needs Assessment Southern Kachin and Northern Shan States.

⁸⁶ UNFPA, DRC, and Kachin Women’s Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.

⁸⁷ Ministry of Education, 2014.

⁸⁸ Myanmar Gender Situation Analysis (2016) Asian Development Bank, UNDP, UNFPA, UN Women.

⁸⁹ UNFPA, DRC, and Kachin Women’s Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.

⁹⁰ InterSOS (2014). Multi-Sectoral Needs Assessment Southern Kachin and Northern Shan States.

⁹¹ UNFPA, DRC, and Kachin Women’s Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.

⁹² InterSOS (2014). Multi-Sectoral Needs Assessment Southern Kachin and Northern Shan States.

⁹³ Women’s League of Burma (2014). Same Impunity, Same Patterns.

⁹⁴ UNFPA, DRC, and Kachin Women’s Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.

⁹⁵ UNDP (2017). One Acre of Land is Better than Nothing: Access to Justice and Informal Justice Systems in Shan State.

	Women's access to justice is extremely low in the context of a lack of formal legal service providers and the existence of tensions between informal and formal justice systems. Survivors of violence are hesitant to report due to community blame and stigmatization. Women furthermore identified child marriage for girls around the age of sixteen as a key protection threat driven by the lack of economic conditions, over-crowded shelters, and low standards of living. ⁹⁶
TRAFFICKING	As identified by the protection sector in 2015, human trafficking of women and girls in particular for domestic servitude, sexual exploitation, and forced marriage remains a major threat. ⁹⁷ Although camp leaders report systems such as registration of movement and the use of informal networks to trace the location of victims of human trafficking, women reported being unaware of services for survivors of trafficking, or of how to support persons at risk of trafficking. ⁹⁸ Women and girls are furthermore particularly vulnerable to trafficking by means of fraud or deception, particularly from people claiming to arrange a traditional marriage with Kachin people on the china side of the border. ⁹⁹
DECISION-MAKING AND REPRESENTATION	Women have limited access to decision-making structures in camps, and restrictions on their participation in public life. ¹⁰⁰ Women's participation in camp management committees continues to be very limited, and only a few functioning women's groups in camps exist. ¹⁰¹
SAFETY	In discussions with women, they identified their common worries were the lack of fencing and barriers surrounding the camps with soldiers, drug users or strangers easily coming into the camp. Key concerns for girls and unmarried and widowed women were related to limited water resources that leads to women and girls bathing openly in nearby streams which are also used by men and the host community. Women and girls also have to walk far to collect water. The lack of lighting is another safety concern with there being limited or no lighting at night on the way to latrines, inside latrines and between shelters. Latrines are typically not gender separated. Firewood collection has its unique set of dangers, with women and girls walking distances of over four hours to collect firewood. They risk being driven out of forested areas by perceived owners as well as seeing soldiers or drug users. Additionally, women and girls have no privacy in the home due to the size of shelter, overcrowding, living in a one shared room, and thin walls between shelters. This has especially become more of a concern as young girls are reaching adolescence.

⁹⁶ UNFPA, DRC, and Kachin Women's Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.

⁹⁷ Myanmar Protection Sector (2015). Protection Concerns and Risk Analysis in Kachin and Northern Shan.

⁹⁸ UNFPA, DRC, and Kachin Women's Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

SUMMARY OF KEY SECTORAL NEEDS, ISSUES, GAPS, CHALLENGES, CONSTRAINTS, RESPONSE AND RECOMMENDATIONS TO PROMOTE GENDER EQUALITY AND EMPOWERMENT OF WOMEN AND GIRLS BY THE HUMANITARIAN COUNTRY TEAM (HCT) AND INTER-CLUSTER COORDINATION GROUPS (ICCGs).

	NEEDS/ISSUES/GAPS	CURRENT RESPONSE	CHALLENGES AND CONSTRAINTS	RECOMMENDATIONS
 <p>CAMP COORDINATION CAMP MANAGEMENT (CCCM)</p>	<p>Lack of women representation in camp management and coordination committee.</p> <p>In some camps and host communities, women's support groups and women's forums presently exist but their current functioning has proven to be insufficient to support all women's issues and promote women's meaningful representation, participation and leadership.</p>	<p>Gender focal points identified for each camp and circulated through ICCG sectors/clusters. GBV training provided to camp management staff.</p> <p>Protection actors, including GBV responders, provided extensive input to draft tor and code of conduct for camp management committees, which increases women's representation in CMC. While both documents have been endorsed by the Rakhine state government cabinet, their endorsement remains pending at the Nay Pyi Taw level.</p> <p>CCCM actors established women's committees to include women in decision-making processes, which allow members to voice concerns that affect women and girls. Despite the fact that these groups meet regularly, they are not regarded as credible actors among camp traditional leaders. Thus, they do not interact as peers in camp meetings and their voices are not taken into account in camp or village governance.</p> <p>In Northern Shan, coordination mechanism between camp management and GBV response officers is initiated and GBV training provided to CMC members. Women's participation in awareness session has been promoted through better coordination with CMCs.</p>	<p>Potential negative backlash from women's husbands, male community members and leaders as well as camp managers/coordinators against women's involvement in CCCM due to restrictive socio-cultural norms.</p> <p>Female representatives and women's committees face a lack of credibility and agency by virtue of existing gender roles and norms.</p> <p>Possible lack of willingness among women to participate in the representation, management and coordination of camp committees because of existing gender roles and norms, women's care duties and responsibilities, and/or women's fear of being stigmatized when engaging in CMC committees.</p> <p>furthermore, the questioning from male community leaders, including village administrators, about women's ability to participate and contribute to decision-making processes. In Rakhine, Rohingya women reported instances of not being invited to CMC meetings despite being members.</p>	<p>Continue to strengthen efforts to consult women and girls as well as men and boys of different ages, abilities and sexual orientations to promote inclusion and gender equality in all camp-based programming, communication and feedback mechanisms.</p> <p>Continue to ensure that camp-based staff is trained in protection principles, PSEA, and referral systems (in compliance with RAC recommendation no. 57). Continue to advocate for and promote leadership, decision-making as well as meaningful and equal representation of women and marginalized groups in IDP camp committees.</p> <p>Promote training and mentoring of women to strengthen their leadership capacities and confidence (in compliance with NSPAW key objectives on women and emergencies as well as women and decision-making, RAC recommendation no. 1, 51).</p> <p>In camps where women have successfully become members of the IDP camp committees, continue providing support and training to enhance their participation alongside awareness and sensitization of other community leaders.</p> <p>Expansion of women-friendly spaces in all three states in response to the demand for safe spaces from affected women and community-based organizations.</p>



EDUCATION

NEEDS/ISSUES/GAPS

Rakhine state:
A combination of factors limits the educational opportunities for Rohingya girls, creating a self-perpetuating cycle of gender disparity in Rakhine state. Factors include limited numbers of female educators at all secondary levels, social norms, sense of insecurity in general, and distance to schools particularly prevalent in areas affected by conflict

Parents who are unable to afford the cost of sending girls to school, or who are unwilling to do so due to traditional gender norms and fears for their safety, are more likely to keep their daughters at home, engage them in household work or other types of labour, or marry them off as a negative coping mechanism.

The lack of adaptation for people with disabilities is also an important factor limiting access for children with disabilities, including girls—in general, there are minimal facilities or programmes in conflict-affected and displacement-prone locations that support children with disabilities with equitable access to education.

Kachin and Shan state:
Primary level education drop-out rates are particularly high for boys in Kachin state due to their gender roles as breadwinners within families.

In Kachin and Shan state, due to the limited number of schools in non-government-controlled areas, children from non-government-controlled areas are often sent to attend schools in

CURRENT RESPONSE

Increased number of female teachers recruited for temporary learning spaces.

Provision of gender-responsive WASH facilities, including menstrual hygiene management facilities, in schools and temporary learning spaces.

CHALLENGES AND CONSTRAINTS

Restrictions on freedom of movement, especially for Rohingya in Rakhine state, have a negative effect on access to education.

Shortage of government teachers (especially female teachers but also male teachers) willing to teach in rural and conflict-affected areas in Rakhine state due to perceived insecurity limits girls and boy's access to quality education.

Potential negative backlash from the community members and leaders against girls' access and participation in secondary and higher education due to patriarchal norms.

Prevailing socio-cultural norms and coping mechanism such as child marriages/forced marriages or the confinement of girls at home as a coping mechanism to protect them from potential harassment and abuse given the aggravated security situation in Rakhine state reduces educational opportunities (especially secondary and higher education), specifically for Rohingya girls.

Restrictions on access to basic and higher education, especially for the Rohingya in Rakhine state, may have a hindering impact on the effectiveness of awareness raising campaigns focusing on higher education as an incentive when promoting the benefits of girls' education.

Due to lack of availability of qualified teachers appointed from the union, local teachers have often filling the gap. Parents from the Rohingya, however, raise concerns

RECOMMENDATIONS

Advocate and support equal access to education and gender-responsive learning environments in temporary learning classrooms and/or government schools for all, irrespective of gender, while considering the specific needs of women, girls, men and boys, LGBTIQ+ and people with disabilities (in compliance with RAC recommendation no. 33-37, and NSPAW key objectives on the girl child as well as women, education and training).

Promote a gender review of the curriculum taught in government and non-government schools and teacher training courses. Promote a gender-responsive curriculum and pedagogy practices as well as the inclusion of essential life skill modules in teachers' training. Ensure that all teacher training programmes include a component on gender and disability specific considerations and establish a clear monitoring mechanism to ensure monitoring.

Increase awareness raising on the importance of education for both boys and girls equally and the importance of retaining both boys and girls in school by promoting awareness raising initiatives with tailored and well-crafted messaging about the benefits of girls' education and the delay of age of marriage, including information dissemination with regards to higher education together with local authorities and community representatives. (in compliance with NSPAW key objectives of women, education and training as well as the girl child.)

Encourage the participation and training of an increased number of both female and

government-controlled areas where they often have to stay in mixed boarding houses/schools with reported safety risks for girls.

about children not learning the Myanmar language as a result. Whereas in Northern Shan and Kachin, concerns were raised about the local language is not taught.

In Kachin and Shan states, drop out risk is higher for girls in secondary school.

male parents in parents' teachers' associations and promote gender equal parenting through advocacy awareness raising initiatives. Meetings should therefore be scheduled at a time and place where both parents can participate. A review of PTA arrangements and participations in currently targeted schools would help ascertain the required actions as participation varies across regions.

Advocate for the removal of systemic barriers hindering physical access to learning facilities, including addressing the need for safe transportation for schools as a means of protecting girls and boys from GBV including sexual harassment, abuse and exploitation encountered on their way to school, as they move through or between camps. (in compliance with RAC recommendation no. 36.).

Enhance volunteer teachers' knowledge and skills about child safeguarding and the code of conduct regarding key issues for boys and girls.

Rakhine: promote the recruitment and training of an increased number of female teachers through advocacy campaigns to encourage female participation in learning. Implement strategies to engage and retain more female teachers, particularly in middle and high school temporary learning classrooms in Rohingya communities. Strategies may include quota systems, preferential hiring, capacity-building and on-the-job training. Advocate with the government to deploy formal teachers, especially female teachers, in temporary learning classrooms.

Advocate for introduction of gender-responsive measures to make sure boarding

 <p>HEALTH</p>	<p>NEEDS/ISSUES/GAPS</p>	<p>CURRENT RESPONSE</p>	<p>CHALLENGES AND CONSTRAINTS</p>	<p>RECOMMENDATIONS</p>
				<p>homes in schools in government-controlled areas are safe for girls in Kachin and Shan state.</p> <p>Strengthen efforts to recruit and retain qualified teachers in schools – both male and female - especially in remote areas and non-government-controlled areas.</p>
	<p>Sexual and reproductive health services are limited and there is a lack of knowledge and socio-cultural acceptance of sexual and reproductive health and family planning due to social tabooisation of these health issues.</p> <p>Women face socio-cultural and safety barriers to accessing healthcare clinics.</p> <p>In Rakhine state, men have also in some cases been found to face barriers to accessing healthcare due to their gender-prescribed division of labour.</p> <p>In Northern Shan and Kachin, drug abuse by both men and women is a growing concern with women found to be more hesitant in seeking help due the heightened sense of shame and prejudice they experience.</p>	<p>Various stakeholders are implementing sexual and reproductive health services across Rakhine, Kachin and Shan states.</p> <p>In Rakhine and Kachin states, sexual and reproductive health technical working group convene on a regular basis with secretariat support from the health sector actors.</p> <p>Medical staff in Rakhine, Kachin and Northern Shan continue to be trained on psychological first aid (PFA), GBV and clinical management of rape (CMR) and referral pathways. Mohs clinical guidelines have been validated and are being rolled out.</p> <p>(I)NGO health staff in northern and central Rakhine are regularly trained on GBV, child sexual abuse, clinical management of rape, and referral pathways.</p> <p>Over 500 UN/(I)NGO staff members have been trained on PFA, including health staff members. PFA trainings have been incorporated into rapid assessment tool training for all UN/(I)NGO and government enumerators in central Rakhine.</p> <p>MHPSS peer support networks have been established in northern and central Rakhine for ongoing supervised skills development to</p>	<p>In Rakhine state, barriers for women and men in accessing healthcare services due to on-going conflict, mobility and access restrictions (including limitations set by the camp management committees and police/security forces checkpoints), and limited financial resources.</p> <p>Lack of access to healthcare services, especially SRH (due to limitations set by the camp management committees and police/security forces checkpoints), by virtue of prevailing socio-cultural gender norms, a lack of awareness and knowledge about SRH and the limited number of SRH health services.</p> <p>Barriers in reporting for survivors of GBV due to a lack of confidentiality and trust in health providers, the survivors' lack of agency, fears of stigmatization and reprisals as well as the existence of socio-cultural norms that tend to 'normalize' GBV.</p> <p>Shortage of qualified medical staff and the inadequate condition of medical infrastructure leads to a lack of access to full-time health workers and good quality medical services, especially in rural areas in Rakhine state populated by Rohingya but also in other conflict-affected regions.</p>	<p>Strengthen the capacity of healthcare workers and managers in gender mainstreaming in service provision and create an enabling environment for a gender-responsive healthcare setting, where women, girls, men and boys have equal access to quality essential healthcare treatment (in compliance NSPAW key objectives on women and health, women and emergencies as well as violence against women, RAC recommendation no. 38-46).</p> <p>Promote and advocate for an increase in SRH services and the development of a health cluster HRP strategy focusing on primary healthcare including sexual and reproductive health and rights programmes with support for menstrual hygiene management. Provide community outreach to women to increase awareness and access to free sexual and reproductive health services. Ensure the availability of 'minimum initial service package' (MISP) for reproductive health in crisis situations (in compliance with NSPAW key objectives on women and health as well as the girl child).</p> <p>Strengthen the capacity of healthcare workers in assisting GBV survivors, providing psychological first aid (PFA), psychosocial support (PSS) and counseling services within the healthcare setting, with a focus on female</p>

expand capacity of GBV, cp and health staff to provide higher quality of PSS intervention.

74 health volunteers (50% female) that support safe motherhood and sexual and reproductive health and rights in both Muslim and Buddhist communities in Rakhine have been recruited, trained and deployed by health sector actors.

In Rakhine, Kachin and Northern Shan, female health staff members (nurses, midwives and auxiliary midwives) are working in IDP camps and government health facilities. In Kachin, female camp health volunteer workers were recruited by a faith-based organization to ensure better outreach to women.

Women and girls' centers throughout central Rakhine and in Kachin and Northern Shan provide extensive reproductive health education to center participants. Information on the menstrual cycle, pregnancy, ante-natal and post-natal care, contraception and family planning methods.

Development of health facility protocols for GBV and cp cases by health/protection actors in central Rakhine exercise has been started in 2016, and this initiative contributed to the national updating of related policies.

The new national guideline for GBV response by healthcare service providers is being rolled out at the state level and was initially launched in Kachin state.

In Rakhine a baseline PFA capacity survey for health actors has recently been completed and capacity-building actions are to be done as per the findings including taking gender considerations into account.

Possible lack of receptiveness of government health personnel towards GBV and SRH trainings and awareness raising campaigns, as these health issues are considered as social taboos.

Limited health cluster coordination in Northern Shan state weakens opportunity to ensure gender-responsive health response.

Rehabilitation centers for substance abuse are limited and those that exist are largely only used by men and can only be used for less than a month. Support for women and long-term services are not in place.

single-headed households and separated and unaccompanied children in collaboration with the relevant protection actors.

Ensure the coordination and referrals of potential protection cases to the relevant actors (e.g. GBV and child protection).

Ensure and enhance gender balance in staff recruitment and training.

Consult with communities to identify preference for establishment of gender-segregated healthcare facilities to complement other mixed facilities taking into consideration child protection elements of children of both sexes needing to be accompanied by parents of either sex. Gender responsive healthcare services in mobile clinics such as separate waiting rooms and consultation spaces should be made available.

Continue and expand efforts to include men and community leaders in health education initiatives. As key decision makers, it is critical that men and leaders are aware of women and children's health needs.

Advocate with government for allocation of more human and financial resources dedicated to ensuring gender-responsive and inclusive healthcare service provision.

Increase awareness community-wide on GBV and continue concerted efforts to enable community engagement as a means to tackle GBV.

Expansion of rehabilitation centers for those recovering from substance abuse with specific gender-responsive provisions, and separate spaces made available for women

		<p>Emergency response assessment covered SRH services and coordinated with respective health actors in the region to ensure service delivery during displacement. Efforts are ongoing to promote more gender-responsive and inclusive health care infrastructure and facilities.</p> <p>In Kachin, harm reduction partners are implementing female friendly environment for female drug users linkage with SRHR and other reproductive health services.</p>		<p>and men.</p> <p>Expand health services and enhance accessibility to existing provisions to ensure that pregnant and lactating women (PLW) receive critical care for themselves and newborns particularly in remote areas, including non-government-controlled areas, as health personnel are often not willing to go to these areas.</p>
 <p>FOOD SECURITY</p>	<p>NEEDS/ISSUES/GAPS</p> <p>Gender inequalities in intra-household food sharing and gender barriers, including movement to access food assistance, put women-headed households and single women at higher risk of food insecurity, especially in Rakhine state.</p> <p>Lack of livelihoods opportunities exposes women and girls to risks of sexual exploitation and abuse. Other negative coping mechanisms include: child and forced marriage, including to members of the diaspora, which involves risky migration routes to countries such as Malaysia (protection cluster 2015).</p> <p>In Rakhine state, volunteers in food distribution mainly consist of male volunteers, which prevents the achievement of a gender balance in food security programme staff.</p> <p>There is a large need to provide more long-term sustainable and transformative livelihood programmes targeting women, such as skills training as well as market</p>	<p>CURRENT RESPONSE</p> <p>The most vulnerable IDP households have been targeted by the food security actors with 100% assistance compared to less vulnerable IDP households with 70% assistance.¹⁰² food assistance is adapted to the identified needs and opportunities (in kind, mixed modalities or cash).</p> <p>Protection working group and food security sector partners closely collaborate for consultation of communities. Timely communication with communities is standard operational procedure.</p> <p>Engagement of GBV sub-cluster in the use of cash transfers, particularly in the contexts of protracted displacement where substance abuse is common. Food security actors agreed to take joint measures to ensure the sustainability of this form of programming and maximize outcomes.</p> <p>In Kachin state, women are engaged as members of food management committees in order to promote better gender-balanced representation.</p>	<p>CHALLENGES AND CONSTRAINTS</p> <p>Potential backlash from male community members and leaders against the engagement of women in livelihoods activities because of prevailing gender norms.</p> <p>Lack of women's participation in livelihoods programmes by virtue of mobility restrictions, gender norms, roles and barriers and security concerns, especially for women living in IDP camps.</p> <p>Possible lack of willingness among women to participate in livelihoods programmes due to existing gender roles and norms, women's care duties and responsibilities, and/or fears of stigmatization resulting from women's engagement in economic activities.</p> <p>Risk of an increase in inter-communal tensions resulting from joint livelihoods programmes implemented in areas with returned/resettled IDPs and refugees and areas with high inter-communal tensions such as in Rakhine state.</p>	<p>RECOMMENDATIONS</p> <p>Examine the access of at-risk groups (e.g., children, pregnant and lactating women, female-headed households, older women and men as well as people with disabilities) to adequate food and ensure that food baskets meet the specific needs of women and girls as well as other at-risk groups by consulting with them to identify effective and accessible supplementary feeding interventions (in compliance with RAC recommendation no. 43).</p> <p>Review and strengthen existing targeting criteria for food assistance that take into account gender, age, ethnicity, disability and other potential vulnerability factors and ensure these are consistently applied.</p> <p>Identify and provide self-reliance and livelihoods opportunities for women by pursuing a consultative approach to ensure that the opportunities are viable and feasible. Promote gender-transformative and non-household-based activities for women and where possible also include the promotion of equal access to resources and joint intra-household decision-making (in compliance</p>

¹⁰² WFP Post Distribution Monitoring Report (PDM) 2017/Kachin: "Market access was overall favourable, with average 90% of households in both areas indicating easy access to functioning markets."

	<p>development and promotion of access to formal job market.</p>			<p>with NSPAW key objectives on women and livelihoods, women and economy as well as women and decision-making, RAC recommendation no. 4, 26).</p> <p>Conduct consultation and sensitization with family and community members and women themselves when engaging women in livelihoods to ensure a do-no-harm approach and to avoid putting the woman at risk of GBV. At the same time, provide assistance with regards to women's responsibility and duty as caretakers, so that women can be engaged in livelihood activities despite their gendered care burden.</p>
 <p>NUTRITION</p>	<p>NEEDS/ISSUES/GAPS</p>	<p>CURRENT RESPONSE</p>	<p>CHALLENGES AND CONSTRAINTS</p>	<p>RECOMMENDATIONS</p>
	<p>Gender inequalities in intra-household food distribution puts women and girls at higher risk of malnutrition, especially as food is scarce.</p>	<p>The nutrition sector is targeting pregnant and lactating women, adolescent girls and children for blanket and targeted nutrition support, including behavioural change communications targeted not only at mothers but also men.</p> <p>Initiatives are ongoing to promote the participation of male partners in antenatal care to improve feeding practices, including exclusive breastfeeding.</p>	<p>Potential lack of receptiveness or willingness of men in terms of participating in awareness raising initiatives on antenatal care due to prevailing gender norms.</p> <p>Limited nutritional understanding, socio-cultural food practices and existing gender norms may impede the nutrition sector actors in their efforts to raise awareness and advocate for gender-equal health and nutrition education.</p>	<p>Establish prioritization criteria for nutrition requirements that take into account gender, age and disability - with priority for children under 2 and 5, the sick or malnourished, pregnant and lactating women and other vulnerable groups.</p> <p>Ensure that all women, girls, men and boys and especially all at-risk groups such as children, pregnant and lactating women, female-headed households, people with disabilities and older persons have their specific nutrition needs met and consult with them to identify effective and accessible supplementary feeding interventions (in compliance with RAC recommendation no. 43).</p> <p>Target children (6-59 months), and pregnant and lactating women from vulnerable households and communities due to the high level of under nutrition and inadequate child development as nutrition beneficiaries.</p> <p>Provide a comprehensive nutrition package in order to prevent acute malnutrition to</p>

 <p>PROTECTION</p>	<p>NEEDS/ISSUES/GAPS</p>	<p>CURRENT RESPONSE</p>	<p>CHALLENGES AND CONSTRAINTS</p>	<p>RECOMMENDATIONS</p>
	<p>Gender-based violence, especially domestic and intimate partner violence, is widespread across Myanmar and in conflict affected states, such as Kachin, Rakhine and Northern Shan states, especially against women and girls. In IDP camps, the incidents and risk are further exacerbated. There have further been widespread reports of conflict related sexual violence perpetrated against women and girls as well as men and boys in conflict affected areas in Rakhine, Kachin and Shan states. Despite this high occurrence of GBV, very limited access to justice and services for GBV survivors remains.</p> <p>The militarization, issues of landmines, outbreaks of fighting, and certain conservative socio-cultural norms impact on freedom of movement and security, in particular for women and girls. The proximity of military bases or battalions to civilian</p>	<p>Development of adolescent strategy on targeted and tailored programming for adolescent boys and girls.</p> <p>Multiple camp and village locations are engaged with GBV prevention activities and response services, including case management, PSS, and referrals as well as distribution of dignity and emergency kits.</p> <p>Operation of women and girls centers/safe spaces in villages and camps across central Rakhine, Kachin and Northern Shan allow participants to learn contextually relevant skills, rebuild their social assets and seek help for instances of gender-based violence and other protection concerns. Recreational, psycho-educational and skill building group activities and individual case management services are provided on a regular basis.</p>	<p>The deep socio-cultural embeddedness of gender-based violence – especially domestic and intimate partner violence –, child and forced marriage as well as dowry practices poses a challenge to protection interventions. GBV incidents often remain unreported, as they are either perceived as 'normal' or as bringing shame to the survivor's family. Other barriers to reporting GBV incidents are the survivor's lack of agency, lack of confidentiality and trust in service providers including health, mobility restrictions as well as their lack of access to formal justice systems. Reporting of GBV incidents also entails the risk of exposing survivors to re-traumatization, stigmatization, reprisals and other protection risks.</p> <p>Potential backlash from the communities, particularly from male community members and leaders, against prevention and response interventions to address GBV and other forms of violence and discriminations, as these issues are often considered as 'family affairs' and taboo subjects. This also</p>	<p>crisis-affected and at-risk girls and boys under 2 and 5 and PLW/adolescent girls. Provide gender-equal health and nutrition education through schools to improve nutrition knowledge through advocacy and education awareness to targeted women, girls, men and boys.</p> <p>Monitor the safe and fair distribution of cash subsidies provided to mothers by the government (MCCT) and establish mechanism for feedback on abuses/corruption in the system to government.</p> <p>Increased support to facilitators of children's and women's programmes and services to run tailored programmes for the needs of (adolescent) girls.</p> <p>Conduct assessment to identify protection risks, needs and capacities of LGBTIQ+ communities and design tailor-made protection services and interventions accordingly. More targeted outreach with a do-no-harm approach is needed to ensure that interventions meet the specific needs of LGBTIQ+ persons. Series of consultations and partnerships with LGBTIQ+ community groups (which are already active in certain areas, including in Lashio) will be a crucial first step.</p> <p>Continue to improve the quality of protection services with specific attention to gender- and age-specific needs as well as the barriers to access services by women and other at-risk groups such as LGBTIQ+, throughout child protection, GBV and general protection services (in compliance with NSPAW key</p>

IDP camps as well as the presence of soldiers inside camps and in host community populations poses a grave concern and generates fear and distress among civilian population and limits their freedom of movement and access to services, especially for women and girls.

Forced recruitment is a key concern, with boys, and to a lesser extent, girls being forcibly recruited by armed groups.

Human trafficking of women and girls in particular for domestic servitude, sexual exploitation, and forced marriage/pregnancy remains a major threat in Kachin and Northern Shan. Anti-trafficking response and prevention services, monitoring, awareness raising as well as justice for survivors remain limited.

Lack of documentation, including further gender and social barriers to access to documentation, rendering women and marginalized stateless IDPs and ethnic/religious minority groups further marginalised, resulting in lack of freedom of movement and, lack of access to healthcare services, education, jobs and the justice system, and housing, land and properties etc.

lec/bcc campaigns and materials were developed by GBV sub-sector and state-level working groups to raise awareness of early marriage, domestic violence, and GBV.

Community engagement and education sessions focused on GBV, SRHR, child marriage, sexual violence, and IPV are being conducted in Rakhine, Kachin and Northern Shan. However, while consistency is key to effective bcc strategies, due to the access restrictions, actors are unable to undertake bcc activities in a very consistent and systematic way. Theatre initiative on positive communication and nonviolent conflict resolution targeted at camp male residents has been rolled out.

Protection WG (including GBV and child protection sub-sectors) and the mine risk WG are promoting protection mainstreaming across sectors at national and state levels.

UN/(I)NGO/CSO staff have been trained on protection principles and interagency referrals. This is to ensure that all staff have basic knowledge of those key principles so as to deliver human rights-based assistance.

In Sittwe, there is PSEA WG that coordinates all efforts geared towards ensuring that all humanitarian actors fully understand the principle of zero tolerance to sea and have full knowledge of the reporting mechanisms and the responsibility of each staff

poses safety threat to GBV service providers.

Existing patriarchal and other socio-cultural norms may have a hindering impact on the engagement of vulnerable groups, such as girls, adolescent girls, women, LGBTIQ+ and people with disabilities, for strengthening community-based protection mechanisms.

Engagement of men and community leaders remains as an area requiring significant additional efforts despite ongoing activities on men engagement in all three states.

Access restrictions do prevent consistent and systematic bcc activities and yet consistency and repeated engagement is key to influencing positive gender norms.

Lack of access to certain areas – including to non-government-controlled areas – has restricted the ability of international and national humanitarian actors to provide life-saving protection services to conflict-affected women, girls, men and boys.

The presence of landmines remains a key concern for populations who will be asked to resettle or return as part of the implementation of the national strategy on camp closure.

Safe houses for survivors of GBV are limited with some regions having no safe spaces/shelters therefore requiring survivors to be referred to other states in some cases. And for Muslim women who have no freedom of movement, a lack of safe houses sometimes means that they continue to live in proximity with their perpetrators which increases their risk.

objectives on women in emergencies as well as women and health).

Enhance communities' capacities and empowerment to prevent and mitigate protection risks through strengthening community-based protection mechanisms and raising awareness about their rights. Specifically target girls and boys, adolescents, women, elderly, LGBTIQ+ and people with disabilities, as well as youth groups, and promote their increased participation in public life as well as economic empowerment programming in close collaboration with relevant experts and other sectors.

Strengthen efforts to conduct awareness raising with adult committees on child friendly practices, child safe spaces and adolescent engagement, inclusive of boys' and girls' issues to promote gender equality from early age onwards.

Specifically, in Northern Shan and Kachin, strengthen campaigns with women, men, parents and adolescents, as well as with authorities, the security sector, religious and community leaders and other key stakeholders on the risks of unsafe migration and trafficking including gender aspects as part of preventive efforts. Increase rehabilitation support for survivors of trafficking, including by expanding safe houses and livelihood opportunities. Collaborate with and strengthen the capacity of the existing government bodies including the anti-trafficking task force, where present. Continue to advocate for and strengthen gender, age and disability disaggregated data collection on the protection needs and constraints that vulnerable groups face in accessing assistance and services, including gendered barriers.

member to ensure no sea of affected populations.

The UN, (I)NGOs, and CSOs support the government in providing GBV, child protection and overall protection services and monitoring.

UN, (I)NGO, CSOs, government counterparts, anti-trafficking task force and community leaders have been trained on GBV basic concepts and referral pathways in central and northern Rakhine, Kachin and Northern Shan. Regular protection orientation for UN/(I)NGO/CSO staff offered by the protection sector actors.

IASC guidelines for GBV mainstreaming tag workshops rolled out for six sectors and clusters in central Rakhine and in three sectors in northern Rakhine.

Mental health and PSS peer support networks established in northern and central Rakhine and in Kachin to build staff capacity to deliver quality PSS interventions across a range of services (health, nutrition, GBV, and child protection) and operate with technical supervision from national and international professionals.

While networks are open to non-GBV/cp actors, they are primarily intended to enhance the quality of care provided to GBV and cp survivors. Capacity assessments, peer mentoring, qualified technical supervision, and other activities are implemented to strengthen core competencies for survivor-centered care.

Continue efforts to prevent, mitigate and respond to GBV, including intimate partner violence, and the different needs of survivors. Strengthen efforts for all stakeholders to recognize and take action to raise awareness of GBV and to end the broad spectrum of GBV, including child and forced marriage, discriminatory and harmful practices, dowry practices, trafficking, domestic violence, and violence based on sexual orientation and gender identity (in compliance with NSPAW key objective of violence against women).

Strengthen efforts to review humanitarian planning, policy and strategy frameworks to ensure their responsiveness to violence against LGBTIQ+ people.

Strengthen efforts to engage men, including community and religious leaders, in interventions on GEEWG and create pathways to maximum reach by including multiplier components in such efforts.

Conduct mine-risk education activities with a specific focus on populations returning or resettling – information in all such educational activities should recognize the differentiated exposure and risks experienced by women, girls, men and boys, as well as other intersecting identities such as disability and age. This was particularly highlighted in Kachin and Northern Shan.

Clear and accessible GBV referral pathways – including confidential case management for GBV - need to continue being established and maintained.

Expansion of protection services – specifically GBV services – are critically needed in non-

		<p>Round table discussion with CSOs was conducted to understand the issues around formal and informal justice system in Northern Shan and in Kachin.</p> <p>There have been efforts to build the capacity of social workers of department of social welfare (DSW) on GBV case management. So far 22 social workers from all 17 townships in Rakhine state have been trained. The aim is to increase access to GBV services in locations that are currently not covered by humanitarian actors or where access restrictions make service delivery by (I)NGO impossible.</p>		<p>government-controlled areas in Northern Shan.</p> <p>Continued and enhanced capacity building of government counterparts – including DSW and DDM – on GEEWG</p> <p>In Northern Shan and Kachin, due to a high incidence rate of short-term displacement, specific attention must be given to ensure that these emergency responses and assessments are conducted in a manner that reduces protection risks especially for women, girls, FHHS, the elderly, people with disabilities, and LGBTIQ+ persons. All joint assessments should include information on protection and gender as described throughout this document.</p> <p>In the implementation of the national strategy on camp closure, specific attention must be given to ensure that all assessments of sites integrate gender-specific protection risks which then inform forthcoming steps.</p> <p>Ensure that male caseworkers for GBV incidents are also available in recognition of the fact that men and boys can be victims/survivors of GBV.</p>
 <p>WATER, SANITATION & HYGIENE (WASH)</p>	<p>NEEDS/ISSUES/GAPS</p> <p>WASH facilities in the past were communal gender segregated latrines which unfortunately in practice were not respected especially by the male population. In camps with limited space, partners continue to deliver gender-segregated communal latrines which require better signage, operation and maintenance and cleaning. The lack of space and appropriate site planning leaves latrine facilities in locations which</p>	<p>CURRENT RESPONSE</p> <p>Based on sex-segregated community consultations with women, girls, men and boys, the WASH cluster in late 2015 adopted a family-shared approach with 4 families sharing 1 facility to meet sphere standards. This latrines handover process is implemented through communication consultation and in some cases, 2 gender-segregated latrines are provided per barrack with 8 shelters. The implementation of specific WASH arrangements is based on</p>	<p>CHALLENGES AND CONSTRAINTS</p> <p>Insufficient efforts by the Myanmar government to expand the spaces of IDP shelters result in an increase in protection risks (e.g. GBV and cp issues) for especially women, girls, boys and LGBTIQ+ and limits the WASH cluster actors' attempts to address the needs of at-risk groups with increased latrine and bathing coverage. Lack of spaces in camps has repeatedly been cited as a reason for limited gender-segregated latrines.</p>	<p>RECOMMENDATIONS</p> <p>Consultations with transgender persons and awareness raising within communities are required to mitigate the risks and challenges that transgender persons face in accessing latrines; particularly when they are gender segregated.</p> <p>Continue to consult women, girls, men, boys, LGBTIQ+, elderly, people with disabilities and other at-risk groups on the design and location of WASH services, promote the</p>

are not easily accessible and exposed for women, given gendered mobility restrictions. Absence of space for bathing facilities annexed to the shelters is a major issue with communal showers not being culturally appropriate in Rakhine.

There are insufficient number of latrines for girls at temporary learning classrooms in Rakhine and while this is implemented by education partners and monitored by EiE for the past few years, this year the WASH cluster in agreement with education will report on WASH in TLS.

In Kachin and Northern Shan, the lack of sufficient hygienic products, such as soap and sanitary napkins for IDPs, is an issue. Lack of space limits the number of latrines for women and girls which are insufficient to cover the needs which further increases the risk of women and girls experiencing GBV.

Women and girls have expressed a preference to change sanitary pads in their shelters which might be more culturally appropriate. Latrines are perceived to be unsafe for women and girls to change sanitary pads, requiring more space. Disposal of sanitary pads are done through incinerators in Rakhine daily and government garbage collection in Kachin once a week.

Inadequate and unsafe WASH facilities, and lack of space and resources to provide gender-segregated facilities, are particularly an issue in temporary displacement in locations not intended for camp setting, e.g. in Northern Shan state.

community feedback on a case-by-case model. In camps with not enough space for family shared approach, partners continue to deliver on gender segregated communal latrines which require better signage, operation and maintenance and cleaning. An increased number of gender-segregated toilets have been installed in temporary learning spaces in IDP camps.

Children toilet pilot programmes have been implemented where space is available. Some of the camps have signboards indicating the sex segregation of latrines. According to findings of periodic assessments, residents of some camps indicate that sex-segregation is not necessary. WASH actors acknowledge that consultation needs to continue in a rigorous manner.

WASH partners have installed lighting around latrines. Lockable latrines and lights are repeatedly vandalized especially where the family-shared approach with ownership is not implemented. Community driven initiatives to preserve public infrastructure and environmental health is needed in coordination with CCCM and other sectors.

WASH actors distribute sanitary pads for women and girls of reproductive age, and GBV actors distribute to women and girls affected by GBV. The minimum hygiene kit standard by the cluster includes not only sanitary pads but also underwear.

Women and girls are regularly consulted on menstrual hygiene management and the majority prefers disposable sanitary pads which is what is adopted by the WASH cluster. Some partners have piloted reusable sanitary pads which is mostly appropriate during the dry period.

Potential risk of implemented safety and privacy standards such as the installation of lighting around the camps by CCCM cluster and lockable latrines being damaged by shelter residents, combined with insufficient maintenance.

Possible lack of receptiveness towards menstrual hygiene management initiatives and campaigns among communities due to socio-cultural norms that render menstruation as a taboo subject may hinder the implementation of menstrual hygiene management. The prevailing stigma associated with menstruation and the simultaneous lack of space in the shelters to provide safe and private latrines and bathing areas may exacerbate the challenges of managing menstrual hygiene.

Scarcity of water has led to women and children being required to travel longer distances to collect water. Reports of GBV along these routes and at the collection points persist.

understanding of their respective practices, needs, roles and capabilities, and encourage men and women as leaders in WASH service provision in order to implement safe and effective WASH programmes (in compliance with NSPAW key objective of women and decision-making, and RAC recommendation no. 26).

Consult in a more regular, systematic and inclusive manner with communities to ensure preferred and appropriate WASH facilities are implemented, e.g. to ensure appropriately-lit, lockable and family-shared toilets are safe and accessible across all ages, disabilities, gender identities, sexual orientations and other diversities (or alternative solution as determined appropriate through community consultations).

Continue to provide household level solutions to people with disabilities and special needs. Continue to ensure child friendly facilities throughout the camp that include provisions for menstrual hygiene management. Increase monitoring of WASH in TLS (i.e. recently transferred responsibility from education to WASH cluster) (in compliance with RAC recommendation no. 26).

Distribute hygiene kits for women and girls of reproductive age on a regular basis and provide private spaces to WASH or dispose sanitary pads when spaces allow (note also the need for shelter cluster to include space for bathing facilities based on cultural pRACTices). Continue to explore option of cash-based programming for hygiene kits for women where feasible. Consult with women and girls on appropriateness of menstrual materials and ensure that appropriate

Disruption of water supply in Kachin state IDP camps puts particular burden on women due to their gender roles for water management and household work and puts them at risk of domestic violence, as well as other forms of GBV as they have to travel long distances to fetch water.

Limited water supply in bathing areas in some Northern Shan IDP camps places women and girls at risk as they have to bathe in streams.

Distribution of menstrual hygiene management kits to women and girls is regular and continuous with 100% coverage in Rakhine in 2018. In Kachin, distribution of pads is not always regular and continuous with the needs greater in NGCA where supply in the local market can be limited in more remote sites. Based on the 2018 hygiene kit assessment conducted by the Kachin WASH cluster, women in NGCA that do not receive pads cope by borrowing money to buy pads or using reusable cloth which can lead to limiting their overall well-being, dignity, mobility and participation in public life.

UNICEF in Rakhine plans to conduct GBV training for all members of the WASH cluster in the state.

systems are set up for proper and dignified disposal of used sanitary pads in camps, and increase gender and culturally sensitive menstrual hygiene management initiatives in schools, health clinics, and government buildings.

Negotiations with government officials about the expansion of camp boundaries should occur together with ICCG. Land area analysis presented by the WASH cluster to ICCG is to be used for advocacy on improving living conditions which require additional land. The extension of the camps is necessary in order to avoid health and hygiene risks related to overcrowding and poor environmental health and the allowance for space to build safe bathing areas for women and girls is essential (in compliance with RAC recommendation no. 26).

Advocate with government to promote provision of sites for temporary displacement with the provision of adequate, safe and gender-responsive services and facilities.

Fundraise or target the response to the most vulnerable when resources are a limiting factor.

Enhance the participation of men in WASH activities and GBV related sensitization.

Ensure the availability of water sources close to households in camps as well as in villages/towns affected by conflict.

Contents of hygiene kits should be organized per person instead of at the household level as the composition of households vary.

As the majority of the existing structures were set up as temporary measures, a round

				<p>of consultations with targeted conversations with women and girls, LGBTIQ+ persons, the elderly, and people with disabilities are required to identify needs and ensure that minimum standards are being met.</p> <p>Coordination with other ICG clusters (CCCM/shelter/protection/GBV sub cluster etc. Should lead to the development of a multi-cluster safety audit: e.g. FGDs, questionnaire and observation surveys).</p>
 <p>SHELTER & NON-FOOD ITEMS</p>	<p>NEEDS/ISSUES/GAPS</p> <p>A lack of privacy and sense of safety in and around the shelter, in particular for women and girls, is reported due to overcrowding and small size of shelter, especially for emergency shelter.</p> <p>In sufficient opportunities for women in communities to be consulted and influence decisions about shelter design, location and targeting of shelter support, including due to lack of representation of women in camp management committees.</p>	<p>CURRENT RESPONSE</p> <p>Development and implementation of a new shelter design that has been used since January 2018. The new shelter design that is applicable across all IDP camps in Rakhine aims to increase shelters' resilience to harsh weather conditions as well as privacy to prevent gender and protection risks.</p> <p>Targeted NFI distributions carried out twice a year for the most vulnerable, including female-headed households, elderly, people with disabilities, child-headed households, pregnant and lactating women and other vulnerable groups.</p>	<p>CHALLENGES AND CONSTRAINTS</p> <p>Insufficient efforts by the Myanmar government to improve the standards of the IDP shelters by addressing current overcrowding such as expanding the shelter space may lead to an increase in protection risks (e.g. GBV and cp issues) for especially women, girls, boys and LGBTIQ+ and limits the shelter and NFI sector actors' attempts to address shelter-specific shelter needs and capacities.</p> <p>Lack of time and resources to promote inclusive and participatory consultations with women and men in communities about their preferences for shelter design, location and targeting means that often only camp management committees are consulted and make the decisions.</p>	<p>RECOMMENDATIONS</p> <p>Continue to advocate for shelter and settlement solutions to meet the needs and capacities of all IDPs by including women, girls, boys and men across diversities, sexual orientations and age groups in needs assessments to ensure an adequate standard of living, including through expansion of displacement sites (in compliance with RAC recommendation no. 26).</p> <p>Continue efforts to prioritise and provide additional targeted support when providing shelter and NFI relief to women, female-headed households, older persons, people with disabilities, child-headed households, the sick or malnourished, pregnant and lactating women, GBV survivors, and other vulnerable groups.</p> <p>Continue to monitor and consult with women, girls, men and boys on their satisfaction with shelter design with a focus on gender and protection risks and considerations.</p> <p>Consider grouping of temporary shelter side-by-side for female-headed households or single women to provide a neighbor support network for jointly accessing basic services, relief and information, provision of shared</p>

				<p>childcare and household work support as well as overall mental support.</p> <p>As shelters in many areas were set up as part of the emergency response for a short duration, there is a need to review the appropriateness of these shelters given the duration of the conflict, and growing populations.</p>
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Summary of cross-cutting needs, issues, gaps, challenges, constraints, response and recommendations to promote gender-responsive humanitarian action by the HCT and ICCGs

	NEEDS/ISSUES/GAPS	CURRENT RESPONSE	CHALLENGES AND CONSTRAINTS	RECOMMENDATIONS
 <p>LOGISTICS AND DISTRIBUTIONS</p>	<p>Insufficient targeted distribution of relief including adequate gender, protection and safeguarding measures to ensure equitable and safe access to relief of vulnerable and marginalized groups.</p>		<p>The limited freedom of movement of girls and women (especially single women) due to restrictive socio-cultural norms and/or security concerns can have a hindering effect on their access to receiving relief items.</p>	<p>Ensure blanket distributions to be supplemented by targeted distributions for missed and most vulnerable persons (including extra provision of labour for transportation and construction of shelters).</p> <p>Ensure distributions are gender-sensitive including segregated lines for men and women and a priority line for vulnerable people, such as pregnant and breastfeeding mothers, elderly persons, children, adolescent girls and sick persons. Avoid the distribution of heavy items to women, elderly persons, children, and people with disabilities.</p> <p>Train all staff conducting distributions on safeguarding issues.</p>



ACCESS TO CASH AND MARKETS; AND LIVELIHOODS

NEEDS/ISSUES/GAPS	CURRENT RESPONSE	CHALLENGES AND CONSTRAINTS	RECOMMENDATIONS
<p>Lack of money contributes to the exposure of women to corrosive coping mechanisms such as survival sex, reduction of food intake as well as and borrowing of money.</p> <p>Existing culture and gender norms limit the options for women to engage in cash-for work (CFW) activities as well as their access to markets. Restrictions on freedom of movement further impede women and girls' access to markets, especially for the Rohingya populations in general and single, female-headed households in particular.</p> <p>In Rakhine, some service providers reported that while male community members preferred cash, most women preferred in-kind aid including for food distribution.</p>	<p>Cash feasibility studies/assessments were carried out considering gender and protection risks.</p> <p>Cash-based programming is widely accepted and is gradually being implemented as a default delivery mechanism that provides opportunities beyond immediate relief. Access to markets is an issue only in relatively small and well identified areas submitted to movement restriction.</p> <p>Increasingly, pilot projects are successfully opening the way for electronic cash delivery which also opens opportunities for financial inclusion for women and men.</p> <p>There is a high level of awareness amongst national and international actors that cash-based programming is relevant within the relief-development nexus, in building a universal shock-responsive social protection system.</p>	<p>Potential backlash from male community members and leaders, against women's engagement in cash-for-work activities due to socio-cultural gender norms and roles.</p> <p>Possible lack of willingness among women to participate in cash-for-work activities because of existing gender roles and norms, women's care duties and responsibilities, and/or fear of being stigmatized when engaging in cash-for-work activities.</p> <p>While the future points to electronic cash, the level of coverage remains patchy. Furthermore, the proportion of cell-phone ownership by women remains significantly lower than men.</p> <p>A shift to electronic money will provide opportunities for financial inclusion for women and men.</p> <p>A needs-based approach with well-defined selection criteria needs to be further developed with the full participation of the communities.</p>	<p>Consult with communities and investigate further to explore feasibility of doing cash-based interventions equally targeting both women and men to build the self-reliance and resilience of women by helping them to meet their own basic needs. Involve women in consultations on preferences of assistance, and information about cash assistance and how to engage with markets, especially for single women headed households. Explore option for distribution of cash for women to meet their basic NFI needs, including menstrual hygiene management items, based on local market analysis.</p> <p>Identify cash-for-work activities that are culturally acceptable and safe for women through community consultations (e.g. homestead-based activities, or activities in women safe spaces), whilst at the same time, continue to promote women's rights and equal opportunities to engage in more gender-transformative livelihoods (in compliance with NSPAW key objectives of women and livelihoods as well as women and economy).</p> <p>Train women and men equally with the skills to safe and effective engagement in cash-for-work activities and ensure that mitigation measures are in place to avoid boys and girls being exploited in cash-for-work.</p> <p>Ensure provision of flexible schedules for women and men to participate in cash programming.</p> <p>Ensure markets are nearby, well-lit, safe and accessible for women. Explore options to set up women's corners in market spaces.</p>

				<p>Provide targeted cash assistance with priority for the most vulnerable and marginalized population groups, included women headed households.</p> <p>Provision of livelihood opportunities for the most vulnerable and marginalized population groups including women headed households should be placed as a priority for those resettled and returned as part of the national strategy.</p> <p>In addition to provision of livelihood opportunities, access to markets and training to successfully manage their businesses.</p> <p>In light of the increase in women experiencing extortions coinciding with the implementation of the government-led mother and child cash transfer programme in early 2019, it is critical that all cash distributions adopt a do-no-harm approach that includes actions to mitigate and prevent any additional risk or vulnerabilities women may be exposed to linked to handling cash.</p>
 <p>COMMUNICATING WITH COMMUNITIES & ACCOUNTABILITY TO AFFECTED POPULATIONS</p>	<p>NEEDS/ISSUES/GAPS</p> <p>Women, girls, female-headed households, single women, pregnant and lactating women; persons with diverse gender identities and sexual orientations; children; child-headed households, older persons; older-person headed households, people with disabilities, chronically ill persons, injured persons and other vulnerable and marginalized people, face additional access barriers to accessing relief, services, information and overall opportunities and are further exposed to protection risks.</p> <p>There are gaps in coverage and provision of adequate complaint/feedback</p>	<p>CURRENT RESPONSE</p> <p>Personnel working on complaints and response mechanisms in camps are trained in PSEA, humanitarian principles, GBV core concepts and protection principles. They offer onward referral services to GBV actors.</p> <p>Activation of communicating with communities working group in 2017 to regularly review, create, and advise on communication materials and messaging in central Rakhine to ensure adaptation to diverse needs and ensure gender equality.</p> <p>Ongoing efforts to provide community spaces and activities for promotion of gender equality, MHPSS and well-being.</p>	<p>CHALLENGES AND CONSTRAINTS</p> <p>Existing power relations between humanitarian workers and the affected populations may have an impeding effect on the communities' willingness to report about protection issues such as sexual abuse, harassment or exploitation committed by aid workers.</p> <p>Possible backlash from male community members and leaders against women's participation in emergency preparedness, response and disaster risk reduction consultations as well as awareness raising campaigns that promote gender equality by virtue of socio-cultural norms and existing gender roles.</p>	<p>RECOMMENDATIONS</p> <p>Consult women, girls, men and boys in advance for every change in humanitarian assistance in a dignified manner. Inform women, girls, men and boys in a timely manner of any changes, while promoting gender equality throughout consultations and communications (in compliance with NSPAW key objective of women and emergencies, RAC recommendation no 1, 24).</p> <p>Conduct awareness raising sessions, advocacy campaigns and consultations on gender equality, empowerment and rights of women, girls and LGBTIQ+ populations in Rakhine, Kachin and Northern Shan states at</p>

mechanisms for affected communities, including for prevention of sexual exploitation and abuse, by all stakeholders and organisations. There is inadequate information or knowledge of where and how to report incidents of sexual exploitation and abuse both among affected populations and humanitarian workers. There is no established inter-agency mechanism for reporting, referral and follow-up on sexual exploitation and abuse cases.

While most representatives reported that their respective sectors conducted some level of community consultations in the design and delivery of services, not all were sex and age separated. Many representatives referred to the challenges of engaging women's and children's perspectives and almost all recognised that this was an area that they could improve on.

the community, village/camp, township, district and state levels.

Coordinate with the PSEA network to raise community awareness on their right to assistance, acceptable behavior of aid workers, where to report inappropriate behavior by aid workers, and building trust through 2-way communication to allow those reports to come.

Ensure clear, safe, accessible and inclusive communication with communities (across all religions, ethnicities and citizenship status) through gender-sensitive participatory consultations, community feedback mechanisms and information dissemination and messaging through preferred communication and information channels. These messages should be tailored to the different needs and preferences of women, men, boys and girls across diversities and ages with a focus on the most vulnerable and marginalised (in compliance with NSPAW key objective of women and emergencies, RAC recommendation no 1, 51.).

Ensure accountability, participation, and meaningful engagement with LGBTIQ+ organisations and people, who represent the diversities of LGBTIQ+ communities (including the most vulnerable ones such as LGBTIQ+ with disabilities, sex workers, migrant workers, children and adolescents, elderly people, etc.), in the development of humanitarian policies and good practice guidelines.

Ensure that all consultations and advocacy materials use the local languages spoken by the specific communities being targeted.

	NEEDS/ISSUES/GAPS	CURRENT RESPONSE	CHALLENGES AND CONSTRAINTS	RECOMMENDATIONS
 <p>COORDINATION</p>	<p>There are issues in relation to gender balance and inadequate numbers of trained competent female staff in overall humanitarian action, both as field-level first responders and senior level decision makers, as well as inadequate safety and security measures.</p> <p>Limited level of prioritisation of gender mainstreaming and gender equality and women’s empowerment programming in humanitarian action, especially limited gender-transformative programming – often due to organisations’ limited capacity, time and resources.</p> <p>Limited number of gender trainings – while gender training initiatives have and are continuously being rolled out at national and state level to humanitarian actors, including Workshops on using protection mainstreaming tools and a gender training of trainers, many sector representatives from international and national agencies reported that their teams had not received any training On how to provide gender-responsive services and felt that their teams lacked technical skills in gender analysis and mainstreaming.</p> <p>While most actors collect sex disaggregated data, there are still limitations in using this data to inform programming. Not all ongoing assessment, monitoring and reporting by sectors and across sectors include gender, age, and disability disaggregated data and analysis. Not all assessments ensure gender balance among</p>	<p>The government, donors, UN, (I)NGOs and CSOs are promoting gender equality and women’s and girls’ empowerment across the humanitarian-peace-development nexus through normative, policy, advocacy, research and targeted programmes at the national and state levels.</p> <p>Inter-sector and sector-specific technical support on gender integration being provided in line with global IASC gender in humanitarian action guidance.</p> <p>Consultations were conducted with women’s CSOs to capture their demands and channel these to shape humanitarian decision making, including the recent development of a common charter of demands by women in Kachin state.</p> <p>Sectors and their members are to a certain extent mainstreaming gender across the humanitarian programme cycle including through the use of sex and age disaggregated data and gender analysis, application of IASC gender marker in humanitarian funding proposals and gender mainstreaming guidance in overall programming.</p> <p>Sex and age disaggregated data and gender analysis is included in the Myanmar humanitarian response plan and humanitarian needs overview.</p> <p>Inter-agency PSEA network of PSEA focal points have been established and PSEA audit checklist, code of conduct, mapping survey and training material have been developed. The development of PSEA minimum package and sop have been completed.</p>	<p>Although improving, there remains limited awareness and understanding of gender, gender budgeting and gender mainstreaming among national bodies, which may have a negative impact on efficient coordination mechanisms.</p> <p>There is limited political will and recognition among humanitarian actors of gender equality and gender mainstreaming as a life-saving issue relevant for humanitarian action.</p> <p>There is a lack of adequate funding to prioritise GEEWG in humanitarian action.</p> <p>Limited national and administrative data, especially sex- and age-disaggregated data, may hamper coordinated efforts to successfully develop and implement prevention and response plans that cut across the humanitarian-development-peace nexus.</p> <p>While a cohesive strategy for international engagement in Kachin and Shan is being developed, the current lack of a strategy that brings together humanitarian, development and peace actors / programmes is a limitation.</p>	<p>Conduct an overall review or performance assessment of the HCT on gender mainstreaming in line with the IASC GEEWG policy and accountability framework and the un system wide action plan for GEEWG gender score card to determine key gaps and recommendations to further strengthen HCT accountability and effectiveness.</p> <p>Strengthen efforts to ensure all assessments collect, analyse and use disaggregated data and analysis on gender (female, male and other), age and disability and equally consult with women (and girls as appropriate) through female enumerators and gender-segregated focus group discussions as well as key vulnerable and marginalized groups (n NSPAW key objective of women and emergencies).</p> <p>Strengthen efforts to substantiate quantitative data on LGBTIQ+ communities with qualitative data, using methods of feminist participatory research and storytelling from the LGBTIQ+ community, and ensure a robust do no harm policy and practice when collecting data on LGBTIQ+ people to avoid subjecting LGBTIQ+ people at risk when disclosing information on them.</p> <p>Strengthen efforts to ensure gender balance and adequate numbers of trained female staff as aid workers, interpreters, assessors, security staff, and health staff –that female staff members are available at any time to support women, and that female staff are provided with necessary safety and security measures including for housing and transportation.</p> <p>Strengthen efforts to enable a formal, meaningful consultative engagement with</p>

enumerators or adequate numbers of female staff.

Not all sectors have gender expertise or gender focal points in place.

Agencies are improving on their efforts to ensure a gender balance within humanitarian response assessment teams.

Trainings have been conducted in Kachin by UN women with the support of UNDSS on women's safety and security interagency referral SOPs including specialized GBV and CP protocols have been developed for central Rakhine and regular training has been provided to humanitarian workers. GBV/CP "do no harm" protocol and training for non-protection UN/(I)NGO staff has been developed and presented in central Rakhine.

Gender-sensitive checklist for assessments has been established and disseminated through ICCG in central Rakhine to promote safe and effective data collection. FGDs and interviews with women and girls have been conducted.

GiHA training has been provided to humanitarian workers in central Rakhine in 2016 and in Rakhine, Kachin and Northern Shan in 2018. Additional trainings were also conducted in Yangon in 2019.

representatives from the different groups within the LGBTIQ+ community and network to ensure that a LGBTIQ+ and feminist lens, which considers the diversity within the LGBTIQ+ community, is used in the assessment, planning, prioritization, coordination, development, implementation, and monitoring of humanitarian policies and programmes and that LGBTIQ+ issues such as sexual and reproductive health and rights as well as human rights are included.

Strengthen efforts to ensure the inclusion of LGBTIQ+ and feminist leaders and community organisations, including but not limited to experts, in technical, advisory and decision-making roles in humanitarian action.

Conduct cross-sectoral and sector-specific assessments on considerations, needs, risks, capacities and impact for LGBTIQ+ persons in humanitarian action in order to identify targeted, inclusive and rights-based response.

All humanitarian actors should receive training on gender in humanitarian action, including a focus on LGBTIQ+. Current gender training should be scaled-up to reach more staff and should be supported across all programmes and sectors, not only programmes considered to be 'gender or women' specific.

Engage all humanitarian workers and familiarize them with protection, GBV, child protection and PSEA referral pathways and guide them in mainstreaming these policies into all on-going cross-sector planning, assessment, implementation and monitoring.

Ensure all humanitarian actors comply with PSEA policy and procedures in line with jointly agreed code of conduct developed by the inter-agency PSEA network.

Create and/or strengthen existing multi-stakeholder coordinating bodies for gender mainstreaming at national and state levels that cuts across the humanitarian-development-peace nexus and that goes beyond a focus on GBV.

Use the GiHA gender profile as well as the IASC GiHA handbook and policy guidance in all sectors through the humanitarian programme cycle. All sectors shall apply the IASC gender and age marker.

Strengthen efforts to ensure the leadership and equal representation of women and marginalised groups (such as LGBTQ+) as well as civil society organizations representing these population groups in assessments, planning, management, implementation, relief distribution and monitoring of humanitarian response activities. Create more opportunities, channels and platforms for women, women's groups and networks to speak out and make their voices and demands heard through engagement with the humanitarian coordination system (in compliance with NSPAW key objectives of women and emergencies and women and decision-making, RAC recommendation no 1, 51).

Gender analysis, sex, age and disability disaggregated data, cross-cutting gender indicators, and overall cross-sector and sector-specific gender mainstreaming commitments shall be in line with this GiHA gender profile. The IASC gender in humanitarian action guidance shall continuously be included in the Myanmar humanitarian response plan and humanitarian needs overview.

Developed on behalf of the national and sub-national humanitarian coordination system in Myanmar with collective inputs from key humanitarian stakeholders from across the UN, (I)NGOs and CSOs with technical and coordination support from UN Women.

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