



Women's Needs Assessment in IDP Camps, Kachin State

February 2013



Contents

Acronyms.....	3
Executive Summary	4
1. Introduction	5
1.1 Background	5
1.2 Rationale and Objectives.....	5
2. Methodology.....	6
3. Women's Needs - Key Findings	9
3.1 Demographic Information– Displaced Populations.....	9
3.2 Camp Accessibility	9
3.3 Psychosocial Situation and Concerns.....	9
3.4 Women's Main Needs and Concerns (all sectors).....	11
3.4.1 Sectoral concerns.....	11
3.4.2 Main Health Problems of Women in the Camp Setting	13
3.4.3 Livelihood Situation for Women IDPs	14
3.5 Representation and Participation in Camp Management Committees	16
3.6 Camp Safety and Violence Against Women and Girls	17
3.7 Trafficking.....	20
4. Recommendations.....	22
Bibliography	24

Annexes

Annex 1 Kachin Camp/Village Women's Needs Assessment	26
Annex 2 Kachin IDP Camps Needs Assessment Training Agenda	34
Annex 3 Map of IDP and Refugee Camps	37

Figures and Tables

Table 1 Demographic Information of Camp Populations Assessed.....	10
Table 2 Expressed Sectoral Needs of Women, Girls and Men.....	13
Figure 1 Time to Reach Nearest Town from IDP Camps.....	10

Acronyms

GBV	Gender Based Violence
GEN	Gender Equality Network
IASC	Interagency standing Committee on Humanitarian Affairs
IDP	Internally Displaced Person
IEC	Information Education Communication
KWPN	Kachin Women's Peace Network
MISP	Minimum Initial Service Package
NFIs	Non Food items
RANIR	Relief Action Network for IDP and Refugees
SRH/R	Sexual and Reproductive Health/Rights
STI	Sexually Transmitted Infection
VAWG	Violence Against Women and Girls

Executive Summary

The objective of this report is to deepen the understanding of women's needs in IDP Camps in Kachin State among humanitarian actors involved in the response, including the donor community. In highlighting the critical areas of needed action, practical suggestions are made in order to ensure women's needs are recognized as urgent and legitimate humanitarian concerns.

The assessment found grave concerns and major unmet needs for women in IDP camps in most sectors, including: Water, Sanitation and Hygiene (WASH); Non-Food Items (NFIs); Education; Nutrition; Shelter; Health (including psychosocial aspects); Livelihoods; and Camp Coordination and Management. Violence Against Women and Girls emerged as one of the most critical concerns, and connects with the serious inadequacies found in several of these sectors, particularly WASH, Shelter, Health and Livelihoods. None of the sectors mentioned above live up to the standards stipulated in the IASC guidelines on gender equality and GBV prevention and response.

This report is the result of a women's needs assessment undertaken by the Kachin Women's Peace Network (KWPN) in collaboration with the Gender Equality Network (GEN). The assessment was undertaken in 17 camps in 4 townships in Kachin State, with a population totalling over 30,000 IDPs. The analysis is based on the responses of 83 Focus Groups, and 6 Key Informants totalling 849 respondents (men, women and youth). The assessment focused on these townships as limited access and resources to these areas have rendered an understanding of, and response to women's needs, extremely limited to date. While the assessment focused on these areas, the findings of this study are consistent with anecdotal reports regarding women's needs in IDP Camps in a number of locations throughout the State.

Among women consulted the most important overall concerns relate to clean water, electricity, nutritious food, and safe bedrooms, bathrooms and toilets. Consistent with ample global evidence, poor design and unsafe shelter and WASH facilities were found to be major enablers of Violence against Women and Girls

in the IDP camps assessed. The items most urgently needed include sanitary napkins, underwear, longyi and warm clothes. The main health problems suffered by women, and which remain unaddressed, are overwhelmingly related with sexual and reproductive organs.

Women are generally reluctant to seek help for their concerns and are working hard to contribute to the overall wellbeing of the camps, often at the expense of their own needs. With little external support, and structures that are not gender sensitive, camp management structures have been unable to address many of women's fundamental needs.

The report recommends urgent attention to women's unmet needs in the IDP Camps, and calls on all actors to advocate for, and to ensure increased funding and access to meet the vast humanitarian requirements amongst IDP populations across Kachin State.

The key recommendations of this report include:

1. Immediate measures to ensure the safety of women and children in all IDP camps from violence, trafficking and other abuses
2. Increased service provision and monitoring of reproductive health needs in all areas
3. Gender mainstreaming into all aspects of camp management to ensure women's and girls' needs are met
4. Increased funding and backstopping to local organisations, particularly women's organizations, to continue and expand their response to identified women's needs.

1. Introduction

1.1 Background

In June 2011 conflict in Northern Myanmar's Kachin State resumed after 17 years of cease-fire. More than 18 months into the conflict UN OCHA estimates that 74,238 people remain internally displaced, and that 42,393 of them are in Non-Government Controlled Areas (NGCAs)¹. During July and August 2012, the Gender Equality Network (GEN)² visited camps in Kachin State, and met with staff from more than 20 agencies involved with the humanitarian response to collect information about the situation of displaced women. The report, *Women's Issues in IDP Camps, Kachin State*, from September 2012 showed that despite the considerable efforts of the humanitarian community, women displaced by the ongoing conflict in Kachin State face a number of significant issues - reproductive health problems, sexual violence, depression and grief, a lack of involvement in decision-making and limited opportunities to earn incomes.

During the collection of this information, a number of key local actors responding to the situation in Kachin State requested training to help them assess and address these concerns. With the situation deteriorating, and with no other actors coming forward to provide such training and support, GEN members held a 10 day training session in Mandalay in October 2012. The objective of the training was that through awareness raising, capacity building and training on qualitative data collection and analysis, specific women's needs will be identified so that humanitarian actors are better equipped to plan and respond to the needs of women affected by the conflict in Kachin State. This report is a result of the women's needs assessment undertaken by the field volunteers associated with a number of local Kachin organisations from Kachin State, who took part in the training.

¹ UN OCHA meeting on Kachin, UN OCHA Office Yangon, 11 February 2013.

² GEN is an interagency network of over 70 member entities comprised of UN, INGO, LNGO and technical resource persons.

1.2 Rationale and Objectives

Despite the fact that gender is all too frequently overlooked in crisis situations, often seen to be a 'luxury issue' that has no place in critical emergency responses, evidence from both natural and human made disasters has shown that considering gender in crisis situations is an absolute necessity. Women and men respond differently to crises and require different types of interventions to meet their needs. Moreover, gender roles and power relations tend to become altered in crises, which may provide opportunities for increased equality but which may also provoke discrimination and violence as traditional identities and norms are challenged. It is crucial to consider gender issues in emergency responses as men and women bring different issues to the table, and failing to consult with both men and women on their needs risks overlooking 50% of the information needed to assist affected populations.³

As addressed in the report *Women's Issues in IDP Camps, Kachin State*⁴ in September 2012, women's specific needs in IDP camps in Kachin State have not been systematically identified or addressed in any of the humanitarian assessments undertaken to date. Four months later, this remains the case. Women and men in the camps, and camp management committees, are trying hard to address and manage the basic needs of displaced people - such as food, shelter, water and sanitation - and are doing so with limited humanitarian assistance from the broader humanitarian community. However, women's specific needs continue to be overlooked as traditional, conservative and predominantly male-based structures focus on issues and service delivery from non-gendered perspectives.

The objective of the present report is to deepen the understanding of women's needs in IDP Camps in Kachin state among humanitarian actors involved in the Kachin response including the donor community; to highlight critical areas of needed action and suggest practical ways to

³ IASC (2006).

⁴ Gender Equality Network 2012, *Women's Issues in IDP Camps, Kachin State*, September 2012, Yangon.

move forward to ensure women's needs begin to be recognized as urgent and legitimate humanitarian concerns.

The pool of resource people trained to carry out the assessment are well-placed to conduct this work in a number of locations. The rationale for the selection of study sites is based upon funding availability and a desire to learn more about the situation in these areas. By comparison, areas such as Myitkyina and Bamaw, have more humanitarian actors present and these actors are in a position to facilitate and inform studies that may be carried out in the near future, should funding allow. The situation of women in all sites is likely to be similar to those included in this study, due to the similar structures, populations, and the realities across the two settings.

2. Methodology

Training of Field Volunteers

A 10 day Training course on Women's Protection and Analysis was jointly organized by KWPN and GEN for field volunteers from 4 to 14 October 2012 in Mandalay. The objective of the training was to enable partners to raise awareness, develop capacity and collect and analyse data and information specific to women's needs so that humanitarian actors are better equipped to plan and respond to the needs of women affected by the conflict in all areas of Kachin State.

The training course was designed through a collaborative effort involving staff from the Gender Equality Network (GEN), Kachin Women's Peace Network (KPWN), United Nations Population Fund (UNFPA), United Nations Development Program (UNDP), Francois Xavier Bagnoud (FXB), United Nations Interagency Project on Human Trafficking (UNIAP), CARE Myanmar and Myanmar Information Management Unit (MIMU) and content included the following aspects⁵:

- Basic Gender Concepts

- Basic Gender-Based Violence
- Women and Decision Making
- Psychosocial Support
- Human Trafficking and Safe Migration
- Ethical guidelines for doing needs assessment
- Needs assessment methodologies
- Introduction to draft women's needs assessment FGD questions
- Revision session
- Practice session/Feedback
- Detailed planning for field trips

Training methodologies included: group discussion; issue exploration; case studies; presentations; games and role plays; video discussions and scenario activities.

The training participants included 20 field volunteers (17 women and 3 men), selected with the support and recommendations from local partners already working in Laiza, Mai Ja Yang, Bhamaw and Myitkyina, such as Kachin Women Association, Wunpawng Ning Htoi, Zinlum Committee and Kachin Gender Network Group. Four participants from each of the above mentioned areas in Kachin state participated as well as four participants from Yangon. These volunteers then returned to their respective areas to carry out awareness raising sessions and data collection. In the study sites, this work was coordinated by the Kachin Women's Peace Network (KWPN) who secured funding to support this work. While data has not yet been collected across all areas housing IDP camps, the volunteers have been comprehensively trained in the above methodologies, and a complementary study in other locations would provide evidence on the similarities and differences on the issues affecting women in IDP camps more generally.

Needs Assessment Tool and Administration

The needs assessment tool, designed to enable the collection of both qualitative and limited quantitative data, was administered to 83 Focus Groups of women, girls and men, and 6 Key Informants⁶ totalling 849 respondents of which

⁵ The detailed training outline can be found in Annex 2

⁶ Key informants included school heads, medical doctors, camp in-charge, women's group leaders,

615 were women (72%) and 234 men (28%) in 17 camps/border posts in 4 townships (Sadung, Mansi/Manje, Bhamaw/Manmaw, Moe Mauk/N Mawk) in Kachin State. The data and information was collected during 18 Oct – 6 Nov 2012. Focus Group Discussions (FGDs) were chosen as the preferred data collection method due to the challenges faced in trying to find private areas within which to conduct confidential one on one interviews with key informants. The number of FGDs carried out is indicative of the large numbers of women and men who wanted to meet with people and share information about their feelings and needs.

It should be noted that due to security concerns, timing, funding and the special considerations that need to be given to carrying out surveys and research into violence against women and girls, the intention of this rapid assessment was not to cover any of the areas detailed above in great depth, but rather to collect general information about women's immediate issues and needs so as to inform future programming efforts.

An effort was made for the field volunteers to be of the same sex as the assessment participants interviewed, especially with regards to women to women discussions, deemed important due to the sensitive nature of several questions. No male volunteers interviewed women while in some cases, female field volunteers interviewed male assessment participants. While general research practice when researching sensitive issues such as violence against women is that that women interview women and men interview men, the study was limited by the small number of male volunteers who participated as interviewers, and so had to compensate by having some women lead FGDs with men. This may have resulted in less disclosure of opinions and perceptions of violence against women by the male respondents. The analysis of the men's data has taken this limitation into account.

camp committee leaders, religious leaders, nursery school teachers.

Data and Information Analysis

The data and information is analysed from the perspectives of three main demographic groups: women, girls (women under 18), and men. Data and information analysis was conducted by a team of volunteers in the Kachin language, most of whom had been involved in the design and delivery of the training course and assessment form. This report was compiled by an independent consultant in close collaboration with KWPN and GEN.

The preliminary findings and recommendations of the Women's Needs Assessment carried out in 17 IDP camps were shared with a number of stakeholders in Laiza on the 8 February 2013. These stakeholders numbered 90 in total (80 female and 10 male), including the Chair of the IDP and Refugee Relief Committee (IRRC), camp management committee leaders and members, the RANIR Coordinator, Kachin Women's Association Secretary and representatives, women representatives from the camp management committees and women and men IDPs from the camps. The overall response to the presentation was receptive and there was general agreement on the recommendations. Participants commented that the needs of women are often overlooked and that more attention is needed so as to provide better services and support. Participants wanted more male camp management committee members to be exposed to the findings in order to increase awareness and to address the issues related to women; and that in order to be able to respond to the findings presented, the IDP women should be given meaningful roles in camp management committees.

Limitations

The areas covered in this report should not be seen as a comprehensive women's needs assessment. Rather the assessment intended to follow up on and explore in more depth the key issues that had emerged during the preliminary assessment conducted in July and August 2012.

The analysis of the data and information collected does not extend to the level of individual IDP camps, and should rather be seen

as a general picture of women's needs across the IDP camps assessed.

The assessment focused on the areas studied as limited access and resources to these areas have rendered an understanding of and response to women's needs extremely limited to date.

Ethical Considerations

As previously noted, volunteers who led the focus-group discussions were trained on the ethical guidelines for doing needs assessments. The areas covered during the training included: 'Do No Harm'; Personal Safety and Security; Informed Consent; Anonymity and Confidentiality; Team Selection and Preparation; Referrals; Use of Information. Verbal explanations about the objectives and nature of the study were given to all participants prior to starting the focus group discussions. The issue of written consent was discussed at the time of interview, however, participants expressed concern about signing documents and were fearful of having signed records taken, despite assurances of confidentiality. Therefore, each interviewer collected verbal consent from each participant and noted their verbal consent.

Participants who took part in focus group discussions were offered support through

informal counselling mechanisms, after sessions had been completed. The focus group discussions were held during the day, and data collection teams remained within the camp and were accessible to individuals after the discussions and throughout the evening as required. As noted in the findings section of this paper, service provision for all health-related needs, including mental health needs, are limited in the camp settings. Given the lack of structures in place to provide sustainable and routine access to counselling and services, the integration of psychosocial support training into research teams was seen as the most viable option to ensure the health and safety of the respondents, and minimize adverse outcomes of the assessment.

Both KWPN and GEN are well aware of the intense workloads and the demands currently facing local organisations, and were mindful to ensure that additional stresses and strains were not placed upon these organisations. KWPN values highly the local partner's capacities, and appreciates the need for this action to support and not stretch their capacities further. Throughout the data collection and compilation process the field volunteers were supported by KWPN and were duly compensated for their contributions of time and resources.

3. Women's Needs - Key Findings

3.1 Demographic Information– Displaced Populations

Table 1. Demographic Information of Camps Assessed

Townships Surveyed	4
Total IDP population in assessment area (17 camps)	31,106
No of IDP households in assessment area	6,417
Number of men in assessment area	14,682
Number of women in assessment area	16,424
Total number of persons under 18	13,618
Women of reproductive age (18-49)	5,873
Unaccompanied women	72
Pregnant women	419
Lactating women	1,074
Women with disabilities	98
Men with disabilities	151

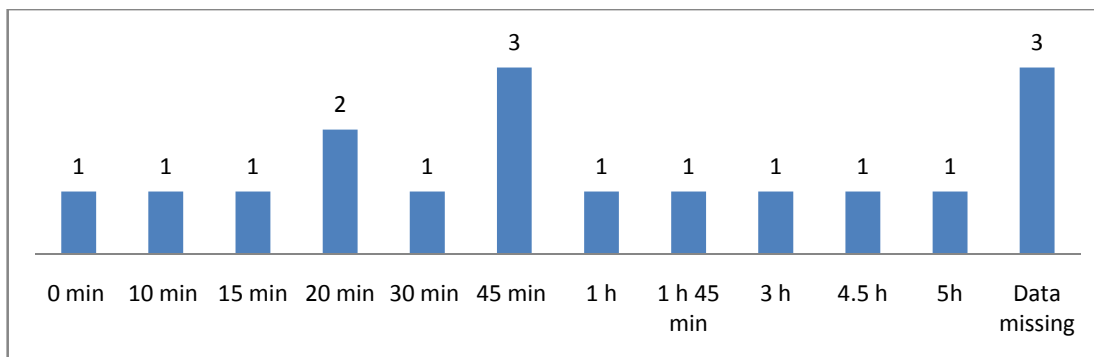
3.2 Camp Accessibility

All of the 17 camps were classified as accessible by different means of transportation. However distance to the nearest town varied greatly, with some camps being situated in the town proper while the remotest ones were located five hours from the nearest town (see range below). Access to both health care and employment seemed to vary, with all but a few camps described as cut off from services and livelihood opportunities.

3.3 Psychosocial Situation and Concerns

“Most of the women who came to the FGDs said that nobody had come and listened to their feelings like this. When they were asked how they feel about living in the camps, most of the women cried painfully. As the other organizations do not arrange this kind of discussion, they talked about their difficulties, feelings and sufferings openly. In some FGDs, some men also could not restrain themselves anymore from crying whenever they are asked about their feelings because of the difficulties in the camps and share their sufferings with tears like how they miss their farms, properties, animals, and their feelings when their homes were destroyed in the fire.”
[Observation by Field Volunteer]

Figure 1. Time to Reach Nearest Town from IDP Camps



Adult women respondents expressed their grief and sadness in terms of the past, present and future: grieving what is lost; lamenting what is lacking and fearing what will come to pass. Losses grieved include all of life's basic necessities - housing, livestock and crops, and the effects of those losses. Expressions of present difficulties centred partly around the inadequate living conditions at the camps - making immediate practical needs difficult to fulfil - such as food, fuel, shelter, mobility and income earning opportunities-impacting survival. Partly, and perhaps more prominent, were expressions of feelings of shame related to the IDP status – having to accept charity and not being able to live up to expected roles as wives and mothers, as well as observing the corresponding feelings among their husbands. Not being able to organize important traditional rituals such as marriages and funerals are also among the main reasons for feeling of sadness and grief in the present time. In terms of fears and worries for the future, children's education opportunities, the uncertainty of continued life-sustaining support from outside groups and opportunities for health care in case of medical emergencies were pronounced.

Girl respondents' statements followed a similar pattern as that expressed by adult women. Missing the familiarity, security and comfort of home was particularly strongly expressed among this respondent group. In terms of present time missing out on or feeling disinterested in education was mentioned as respectively key reasons and effects of depression and sadness. The discomfort of the present living situation in the camps had to do with inadequate living quarters, especially taking care of personal hygiene during menstruation due to the lack of privacy and security at living quarters and bathroom/toilet facilities. Respondents of this group expressed the burden of living in constant fear as severely impacting their daily life. The young women interviewed also had strong feelings of shame. Being the object of charity as well as having to observe the compromised dignity of parents - was expressed as difficult burdens to bear.

Men's reports were less elaborated and tended to centre round security concerns related with the ongoing conflict, frustrations at the lack of outside support while being unable to provide

for their families and being treated as inferior by local residents. Loss of family unity and the perception of children losing their way were issues said to weigh heavily on the male respondents, as was their low sense of hope for the future.

Observations by field volunteers conducting the assessment showed that women appear to prioritize household needs over their own health and wellbeing. Their reports also pointed towards the sidelining of elderly in terms of aid distribution, resulting in depressions. One attempted suicide case was recorded in October 2012.

At the same time all respondent groups also expressed feelings of happiness and gratitude: of being alive and for being supported (women); for ending up in Burmese territory where they were not expecting to be given the kindness and support they received (men); staying among friends and meeting new people; and learning Kachin language (youth).

Changes in Family Relations

Two diametrically opposing trends were observed by all respondent groups. On the one hand some respondents talked of increased family unity, understanding and love among families, often depicted as a change from everyday interactions in the past typically described as being characterized by less understanding and more short temperedness.

However, and even more pronounced, were descriptions of broken family unity in the IDP camps, lack of understanding, anger and frustration, at times resulting in violence and exploitation especially by the older generations towards the younger. Family separations and anxiety were given as reasons, but chief among stated sources of friction were financial difficulties, and the immense strain this was placing on family relations. Coping strategies such as seeking work in other locations was often talked about as adding to family tensions as feeling of mistrust and suspicion of fidelity emerged. The inability of men and women to provide for the family was also described as leading to a loss of respect traditionally associated with the role of breadwinner, but also applicable to the secondary income earner.

Strained relations with relatives over money matters were also reported as negatively affecting family unity and support.

Young women talked of difficulties in controlling their emotions and feeling angry and different from their normal selves. Some described a situation where youth became aimless as education and job opportunities were lacking, with younger men turning to alcohol, compounding their problems and contributing to violence.

Women's Coping Strategies

Women state that their main coping strategies are praying and voicing out frustrations and sharing with neighbours who provide important peer support. Dealing with things on a day-to-day or case-by-case basis seems to be the main tactic for women to bear their burdens.

For girls, important coping strategies include praying, singing and crying out loud. Self encouragement and talking with friends and neighbours are said to provide some relief. Trying to keep focus elsewhere e.g. on studying, working as well as practicing self encouragement and cultivating patience are other strategies employed by young women. Youth respondents perceived adult women's coping strategies to include imagining a brighter future for their children.

Men's perceptions of women's coping strategies correspond to some degree with women's statements in terms of sharing with friends and spouses and praying. However a key difference in men's accounts of their own coping strategies is that reference is made to sacrifice for a higher and worthy cause i.e. the national cause, a strategy that is absent from the accounts of women and girls.

In terms of negative coping strategies, both girls and adult women mention parents taking out their anger and frustration by beating their children.

Availability of Psychosocial Support

Many of the respondents referred to religion when discussing support available. Praying alone; attending prayer meetings; going to church; reading the bible; seeking guidance

from religious leaders were all support mechanisms discussed by all three respondent groups.

"There are no specific organizations for psychosocial support and the words from the religious leaders are the only support for them. In this way, they can only listen to the religious leaders and they cannot express their feelings. It would be really effective and nice if we can provide them with the place where they can express their feelings to one another." [Observation by Field Volunteer]

Women emphasized support from friends, neighbours and peers as did girls. Men placed more emphasis on relatives and spouses for support. Women's groups and committees were commonly referred to as a key source of support for women, acknowledged by all respondent groups. Women and girls mentioned camp management as a source of support, and among youth, elders and teachers emerged as important support figures. Outside organizations were mostly discussed among the youth group, and support provided was mostly of material character. A number of FGDs expressed relying only on the self and being unable or unwilling to ask for outside support, not wanting to prioritize one's own problems over those of others.

3.4 Women's Main Needs and Concerns (all sectors)

All respondents were asked open-ended questions about their main needs and concerns and the support and services most needed. Table 2 below groups their answers into sectoral categories and lists the main concerns raised by each respondent group.

3.4.1 Sectoral concerns

Among women, the most important overall concerns relate to an inability to access clean water, electricity, nutritious food, safe bedrooms, bathrooms and toilets. The items most urgently needed include sanitary napkins, underwear, longyis and warm clothes. The main unaddressed health problems suffered by women are overwhelmingly related with sexual and reproductive organs. It is important to note that issues related to protection and violence against women and girls are cross-cutting and these exacerbate - or are

exacerbated by - the shortcomings in many of the sectors.

Table 2.Expressed Sectoral Needs of Women, Girls and Men

Sector	Women	Girls (women under 18)	Men
WASH	• Clean drinking water • Water tank • Safe bathrooms/bathing areas and toilets	• Water • Safe bathrooms/bathing areas and toilets	• Water
NFI	• Sanitary napkins • Clothes (maternity coats, longyis, underwear, warm clothes, e.g. socks, hats, gloves for young and old) • Raincoats for children • Thanaka (natural face cream) • Glycerine • Candles	• Hygiene (Sanitary napkins, soap, toothpaste, Vaseline/cream/thanaka) • Clothes (underwear, socks, caps, blouse, longyi, gloves, slippers, raincoats) • Cooking utensils • Hairclip/band • School uniform • Towels • Baskets • Cleaning equipment • Umbrellas • Candles • Mirrors	• Blankets • Clothes
Education/ training	• Schools (high school) • Qualified teachers • Expenses for students • Cleaning equipment for school • Stationery • Computer classes for youth • Education program for men • Training on women's rights	• Education • Handicraft training • Music training • Stationery • School bags • Money for school fees	• Expenditure for school children • Knowledge and awareness building program for women
Food Distribution/ Nutrition	• Nutritious food, especially for pre-school children, lactating mothers • Expenses for food • Rice • Cooking oil	• Nutritious Food	
Shelter	• Electricity • Partitions for compartments • Ventilation in kitchen	• Electricity • Tables • Doors at house • Safe bedrooms	• Electricity
Health (including psychosocial)	• Doctors • Medicines/expenses for • Female nurse • Health education for women, pregnant, adolescent and newly married • Family and camp unity • Training on communication and conflict resolution in families • Training on and provision of psychosocial support	• Health knowledge training • Women's specialized doctor • Medicine related to women's health • Blood purification tablets for women	• Medicines • Counselling
Livelihoods	• Sewing training • Anti-trafficking awareness	• Job opportunities/education for youth to get jobs • Materials for sewing, knitting, weaving • Money (especially if separated from parents)	• Boats for carrying goods • Bridge • Agriculture techniques • Payment for labour • Money • Vocational training to generate income

3.4.2 Main Health Problems of Women in the Camp Setting

“There are women in Hpum Lum Yang and Border Post 6 camp who have a prolapsed uterus. They will not confess that they have this problem nor go to the clinic for this. In Hpum Lum Yang camp a woman was suffering from prolapsed uterus, and her uterus could be seen dragging on the ground when she sat down to cook. Her husband has left her and has a new wife now.” [Observation by Field Volunteer]

The vast majority of women’s health problems in the camps across the assessment area discussed by respondents are related to sexual and reproductive health (SRH). The key SRH issues include vaginal symptoms (ulcers; itching; white discharge) and uterus and cervical problems (pain, swelling, collapse, oedema and bleeding). Clinical staff from one camp estimated that 40% of women were suffering from cervical infections.

“Uterus ulcers are very common especially during April-May. Anaemic symptoms are found in the pregnant women and lactating mothers. Urinary tract infection and suffering pain when passing urine are other problems. Uterus tumours and body swelling are commonly found”. [KII with female camp clinician]

Other major concerns include irregularities, pain and itching during menstruation, and various pregnancy-related complications including unwanted pregnancies, bleeding during pregnancy, miscarriages and stroke during the post natal period. STIs and HIV cases were also reported.

“In border and remote camps there are premature births, deaths of prematurely born babies, and pregnant women having to gather fire wood, fetch water, go down the mountain to wash clothes and bathe, and also carry rice bags because the men are away. Therefore, the camp committee needs to be trained or educated about how to support the pregnant women and nursing

women.” [Observation by Field Volunteer]

A number of the SRH-related problems described were related to not being able to attend to contraception, such as pills and IUD, as required. This was regarded to be partly due to the unavailability of contraceptives or service providers for proper management.

“There are many women who have become thinner because they could not take out the IUD which was implanted before the war. In some clinics, though the health staffs know how to take it out, they are not able to do it as they have left behind all of the equipment while they were fleeing from war. The patients cannot go to China also because they cannot afford for transportation and treatment as well.” [Observation by Field Volunteer]

Lack of clean water and hygienic products such as soap and sanitary napkins needed to wash and care for one’s body were also said to be main reasons for many of the symptoms described. Urinary tract infections were also commonly noted, described as related to being forced to wear wet underwear and clothes due to insufficient sets of clothing.

“The women themselves dare not speak up of their needs for underwear due to their cultural upbringing. Besides in their situation as refugees, they could not ask for such need when there are more important things they need. It seems although the people have donated many kinds of clothing they have forgotten to include underwear.” [Observation by Field Volunteer]

Other common health complaints include: anaemia (due to malnutrition); joint pain, numbness in feet and hands (due to cold and observed primarily among the elderly); dizziness; high blood pressure; headache, flu; heart disease; kidney disease; pain and swelling of the body; stress; ulcers in the breasts and breast cancer; hypertension; dysentery; eye problems; tooth problems; mouth ulcers; coughing; ringworm; appendicitis; TB; gastric problems; diarrhoea; vomiting; skin disease; malaria and blood allergies.

Provision of Health Care Assistance

“Sayas from Yangon conducted health talk but nobody is delivering services [“Participant of women’s FGD]

The availability of health care assistance can best be described as patchy, partial and insufficient. Some camps reported no availability of services while some reported a limited range of services constrained by lack of supplies and equipment. Typically the health services available were described as ‘not effective’.

“We would like to take tablets but there are no medicines at the clinic, and no blood test services either.” [Participant of girls FGD]

Service providers mentioned by assessment participants include nurses from boarding schools, priests, traditional medicine men, Laiza Hospital and camp clinics run by the KIO Health Department, non-government service providers including Health Unlimited, now referred to as HPA (mentioned to be providing transportation charges for hospital, health education and sanitary napkins); Karuna Myanmar Social Services (KMSS) (mentioned to be providing medicines); Kachin Development Group (KDG) (described as providing Adolescent SRH training); Women’s Organizations such as Wunpawng Ning Htoi (WPN); and some groups of overseas visitors to the camps.

It is noteworthy that male respondent groups expressed that women were unlikely to turn to service providers, especially with regards to SRH issues, as they believed women would feel ashamed to mention these symptoms and be inclined to think that their concerns were not important.

In addition, patriarchal structures and ideologies of the populations are seen to impact on women’s opportunities to enjoy their Sexual and Reproductive Health Rights (SRHR), including the right to access contraception.

“Though some camps can provide both injection and oral medicine for contraception, some camps cannot. And even this is done in secret between the women and the health

worker. As there are less number of Kachin people, many men do not like using contraceptives. One camp director even said that he has prohibited contraceptives and will not permit the clinic to provide them”. [Observation by Field Volunteer]

3.4.3 Livelihood Situation for Women IDPs

Negative livelihood spirals have been observed by agencies involved in the humanitarian response in Kachin State with household assets substantially run down, resulting in negative coping strategies with resulting vulnerability warranting increased protection concerns. Media reports have linked the prevalence of trafficking to the lack of livelihood options and the shortfalls in international aid reaching the IDPs in NGCAs.⁷

Unpaid Work in the Camp

The main types of unpaid work under taken by women IDPs is related to construction of housing, schools and water tanks, including carrying and chopping bamboo.

“Since men population in the camp is much lower than women, majority of women have to be involved in not only distribution of NFI but building construction works like men” [Participant of FGD with adult women]

Other key types of unpaid work carried out by women in the camps include cleaning the camp compound, cutting the grass and cleaning the toilets. Cooking for the camp and for camp nursery schools is another task women typically take on in addition to the work they carry out in their own household. In addition women are engaged in road construction activities and play key roles related to distribution of both food and non-food items in the camps.

“There is no way for income earning as I have children, in addition, there always volunteer work; thus, no time to do work for earning” [Participant of FGD with adult women]

Other types of work performed by women include farming and growing vegetables for the

⁷ Irrawaddy, 15 June 2012.

camp; welcoming guests; collecting firewood; attending to the camp clinic; taking responsibility for camp security; participating in camp committees and producing soap.

Types of Income-Generating Work

In terms of income-generating work available to women in the IDP camps, the main opportunities available to women are to work as casual labourers, including work on farms producing sugarcane; coffee; paddy; corn; banana; water melon; tea; lemongrass. Many of the farms are Chinese-owned and a large part of the casual work takes place in China.⁸ Wages are reportedly 10-15 Yuan/day⁹, which reportedly puts the labour costs at about half of the going rate for local casual labour. Moreover, on top of being seasonal in nature the casual farm work is reportedly not readily available.

“There is no opportunity to receive income even as casual labour, as it is just a day or two per month”
[Participant of FGD with adult women]

Other casual labour opportunities for women IDPs in some of the camps close to the border include work at restaurants; shops; casinos and golf courses in a nearby Chinese town. To a lesser extent small scale vending (e.g. fried snacks); knitting; weaving; jam-making and pig-raising are reported as main (albeit very small scale) income generating opportunities. However, participants in about one in five respondent groups, report no available income opportunities.

“Only women who have no children and those whose children have grown up could go and work for daily wages work. However, only the people from Lai Za, Mai Ja Yang and Lana Zup Ja Camps could work like this. In other camps, there are less chances to get income because there are no areas to cultivate their own farms because the camps are based at rocky hillsides, the camps are too far away from the

Kachin Towns/ villages and Chinese Border, and the difficulties of the transportation. Most of the people from each camp said that they need money whenever they were asked what else they need. They said they could buy anything they truly need if we give them money and not the materials.” [Observation by Field Volunteer]

Other Sources of Income and Barriers to Income Generation

For the most part, no secondary income opportunities were available to women. To the extent that subsidiary income opportunities exist they typically reflect a number of the income opportunities listed above including selling minor food and non-food items; knitting; pig and chicken raising; snack/jam/soap making; sewing and grocery shop/restaurant. However, the lack of funds for initial investments - as for many of the IDPs, household resources and assets have been completely depleted - was presented as the main barrier to generating income. Movement in and out of the camps is restricted in some camps, but not others. Some camps have restricted access for security reasons, however, even in such kinds of camps IDPs are allowed to leave and enter if permission is sought from the camp committee beforehand.

“Since we are not allowed to go out from the camp, I think raising pig would be good so as not to waste the leftovers, but I do not have money for raising pigs” [participant of FGD with adult women]

Moreover, skills development and access to markets were discussed as requirements for increasing the income earning opportunities for women.

“The majority of women would like to learn sewing and knitting, but only provision of skills is not sufficient, we need access to a market as there is no market at the camp” [participant of FGD with adult women]

⁸This pattern is confirmed by other organizations working in this area, see e.g. Wunpawng Nightoi, Annual Report 2012.

⁹Equivalent to 1.5-2.3 USD or 1275-1955 Myanmar Kyats (using exchange rate of 850).

3.5 Representation and Participation in Camp Management Committees

Representation and Forms of Participation in Committees

Women are reportedly represented on the majority of camp committees in the camps assessed. Among adult women 29/39 groups stated that women are represented on the committees. Among the girls interviewed 17/21 groups reported women's representation, and among the male respondent 20/24 groups confirmed women's representation in camp committees. While women are included in some camp committees, their representation is low e.g. only two women on a ten or twelve member committee.

According to all of the three main respondent groups - women, men and girls - women are involved in a wide range of tasks in the camp committees. The commonly identified roles that women play in committees include food and aid distribution; health and sanitation; as members of women's groups and in the camp committees; as ward/group leaders/in charge; and as ushers. Other roles and responsibilities taken up by women in committees include accounting; cultural and religious works; education, nursery and child care roles; cooking and fund raising. Women were also said to involve in solving internal affairs of families.

"Women involved in the women's affairs. For example, to solve the private husband and wife matters. Women who have affairs are punished and put in the foot chains and the faithful women are awarded with presents." [Participant of FGDs with men]

Women are reported to hold leadership roles in women's groups only and are typically described to play supporting/non-decision-making roles in the general camp management committees. This pattern is reflective of women's participation profiles in public life and

decision-making at the local level in ordinary times, i.e. not during an emergency.¹⁰

"In every camp, there were women sub-committee and women were appointed. However, only the Loi Je KBC church camp and Man Wain Gyi KBC camp appointed the women as the camp supervisors. But the other camps formed the women committee just to have the complete forms of the committees and the women committee members are not at the decision making roles. Those women are working only for the women matters like children and mothers problems, cooking for the guests who come to the camps and welcome them as ushers." [Observation by Field Volunteer]

Decision-Making on Key Issues

The camp committee emerged as the key decision-making body in the camps according to men, women and girls. Camp leaders/seniors also rank among the most important decision-makers across the board. In addition, security committees, cultural organizations and ward committees were mentioned in a few instances as important decision-making bodies.

Perceptions of decision-making practices differ among respondent groups with male respondent groups more often referring to collective decisions being made than women and girls. Women respondents were more likely than male respondents to stress male-only leadership. Some decision-making power was accorded to women leaders by all three respondent groups.

"Women attended in the meetings. But when the important decisions are made, only men decided. If women were making decisions, they do not have trust on the women's decisions. Even if women organizations are formed, they have to follow according to the senior level's instructions." [Participant of FGD with adult women]

¹⁰ See ActionAid, Care and Oxfam (2011). That study covered 7 States and Regions including Kachin State.

Raising Concerns with Camp Management

With regards to whether or not respondents would raise their concerns with the camp management, there was a mixed response. Some reported having raised concerns and receiving support for e.g. delivery cases and organizing school and clinic at the camp. However not all requests for support were successful. Some respondents also discussed raising concerns with outside groups and receiving support in that way. Reasons for not asking for support included not knowing that one could raise concerns; no access to arenas of decision-making; feeling unwilling to bother others/raise own concerns in a situation where everybody is facing hardships; not having good/approachable leadership at the camps. The reluctance to raise concerns was especially pronounced among female respondents.

3.6 Camp Safety and Violence Against Women and Girls

The present assessment found that the lack of camp safety for women and girls has emerged as perhaps the most critical concern among the assessment participants. Out of 39 FGD with adult women, 21 FGD with girls, 24 FGD with men, only 3 groups of girls, 4 groups of adult women and 9 groups of men were of the view that the IDP camps are safe for women and girls.

This is consistent with several reports on the situation of IDPs in Kachin State which also have highlighted the need to pay attention to protection concerns related to violence against women and girls, and to fill the information gap on prevalence and response.¹¹ An independent humanitarian needs assessment by GAGE found that protection and gender based violence (GBV) prevention and response is not meeting the SPHERE standards. A GEN report of September 2012 highlighted a number of protection concerns and a lessons learned document by a number of organizations involved in the Kachin response called for the implementation of the recommendations of the GEN report.

¹¹GAGE (2012), GEN (2012).

Situations Placing Women and Girls at Risk of Violence

Three main sites of violence were identified by the participants of the assessment.

(i) Shelter - The most frequently discussed site where women and girls are being violated is in the shelters/areas of dwelling. Among the women participants, almost all groups discussed multiple reasons for and situations in which women and girls risk violence in these private spaces.

“At night, the rooms of the mothers are often sneaked into and their squeals can be heard.” [Observation by Field Volunteer]

Commonest of explanations for violence in the shelter setting were:

- The over-consumption of alcohol by male family members.
- Unsafe shelter arrangements such as the lack of doors and partitions for sleeping and changing clothes
- Being left alone at home while parents are out working was described as a risky situation for girls.
- Violence between spouses was also reported to be related with times of family difficulties, quarrelling, and situations of doubt and suspicion between the spouses.
- Having unwanted pregnancies was also mentioned as a cause of violence in the shelter setting.

“There are some unwanted problems in places where most families have to sleep together. In some camps, the camps in-charge disagree with having separate room for families as they said it can cause adultery and do something bad.” [Observation by Field Volunteer]

The girl respondents reported a similar set of circumstances in which violence in the shelter setting occurs as those mentioned by the women but with greater emphasis on night time and sleeping as a risk. In addition to alcohol abuse there was mention of lack of access to drugs among addicts as a cause of violence. Some groups also discussed specific

characteristics of the girls they perceived to be vulnerable to violence, including those 'without dignity and respectful manners' - indicating the prevalence of victim-blaming - and girls with mental disabilities. Among the girl respondent group poverty and economic stress was emphasized as a cause of violence, including the associated risk of forced marriage of girls to China (see *trafficking* below).

The male respondent group emphasized alcohol, family and in-laws quarrels and suspicion within the couple as main reasons for violence. In addition some groups discussed wives' reluctance to have sex with their husbands, due to among other reasons lack of privacy and fear of pregnancy, as a situation in which they would risk violence.

"The men said that wives are the only reason and the source of the family problems because they do not behave well. That they should understand well about the situation of men serving the country by putting their lives at risk, that women are guilty. Those women who are having affairs are warned and counselled by the in-charge of the camp." [Observation by Field Volunteer]

(ii) Bathrooms and Toilets - Compared to violence in the shelter setting, slightly fewer of all three respondent groups discussed the general IDP camp setting as a risky site, featuring in about half of the group discussions. The overwhelmingly most common situation of violence described by respondents with regards to the general camp setting were when going to or using the bathrooms (or taking bath where there is no bathroom) and toilets.

Very few camps have separate toilets for women and men. As for the adult women respondents, only 7/39 FGDs reported separate toilets. Among girls the figure was 2/21 groups and among men 3/24 groups reported separate toilets. However, even among the few camps where separate toilets were said to be available, these were reported to be unsafe for women due to the flimsy nature of toilet doors (made by tarpaulin). Separated bath spaces were also reportedly scarce with only 2/24 male FGDs; 7/39 women FGDs and none of the

21 FGDs with girls reporting the availability of separate bath spaces.

The layout of the bathing areas and the insufficient water supply for women's bathing spaces, made sharing bath spaces a necessity, severely impacting women's safety in the camp. Moreover, unanimous respondent reports and observations by field volunteers confirmed that no separate spaces for single women were organized in any of the camps.

The absence of or insufficient doors (typically described as made by canvas or tarpaulin) as well as the absence of lighting at bathroom and toilet areas were described as major risks. Women respondents also discussed alcohol as a factor and discussed incidents where drunk men from camp security groups were the perpetrators of violence.

"At some camps, men from the camps are given responsibility for security. Sometimes, those men entered women rooms making security as a reason and they slept there. Though women would like to report these cases, they cannot as the camp administration people are men too." [Observation by Field Volunteer]

Fewer men acknowledged the camp as a site of violence against women and girls, referring to e.g. strict security arrangements and the majority Christian population as deterrents of violence.

(iii) Outside the Camp - Among women and girl respondents simply 'going out of the camp' was perceived as a situation that would place them at risk of violence. Going for work, study or attending church were all situations seen as risky, as was crossing over to China. The presence of armed robbers was mentioned as a risk factor. Among male respondent, daily wage work in China was perceived to be risky for women, as was collecting firewood in the forest. The presence of the army was also mentioned by this respondent group as a risk factor.

Types of Violence Experienced by Women and Girls

Women respondents reported a range of abuses that fall under the category of domestic violence. Beatings under the influence of alcohol, marital rape and rape of girl children were mentioned in this category. Groups commenting on the frequency of domestic violence estimated the prevalence to be between 30-90%. While these figures do not represent true prevalence figures, the fact that these estimates of women's experiences of violence are so high, suggests that women living in the camps perceive violence as common and widespread. That these proposed figures are high, despite prevailing norms around the privacy and shame associated with violence, suggests that the threat of violence is a routine component of women's lives within the camps. Physical violence and verbal abuse were also commonly mentioned followed by sexual violence and harassment.

Girl respondents reported the prevalence of a broad range of forms of violence (physical violence; sexual violence; sexual harassment; emotional/psychological violence; verbal abuse and violence in the family including domestic violence and forced marriage). Their reports centred to a greater degree on instances of sexual harassment, emotional and psychological abuse - such as threats and humiliation - and verbal abuse. This respondent group also highlighted forced marriage as a key issue.

The male respondent group discussed most forms of violence although with less frequency compared to the women and girl respondents. Again domestic violence was most commonly discussed. Sexual violence, physical violence and emotional/psychological violence were all highlighted by this respondent group.

Although this qualitative study took place in a limited number of sites, studies in IDP camps worldwide (CHRGJ 2011; Instituto Promundo & Sonke Gender Justice Network 2012; Ward & Marsh 2006) show that women's vulnerabilities to violence in conflict and post-conflict settings is a widespread problem that cuts across different camps, socio-economic groups, ethnicities and religions. More research is

needed to build the evidence base in order to effectively respond to and prevent women's experiences of different forms of violence in conflict and post-conflict settings (WHO 2012).

Responding to and Reporting Cases of VAWG in the Camp Setting

Very few respondents reported that action would be taken by the survivors in cases of violence, and there appeared to be significant social stigma associated with reporting cases of violence. Among the women respondents a wide range of reasons, specific to this demographic group, were given for non-reporting of cases including:

- seeing the case as minor;
- seeing the case as private/family affairs;
- being afraid to bring further shame to their family or that of the perpetrator;
- being afraid that reporting would brand them as gossipers;
- fear of not being listened to/ taken seriously;
- feeling inferior due to low education levels and;
- not knowing where to report.

"Although Gender Based Violence cases are happening, there are many people who do not accept it as violence. Especially men are blaming women. Women also accept the violence within household as normal and as a tradition." [Observation by field volunteer]

Possible avenues of action would include camp group leaders, who would attempt to 'solve the problem' and in case of not being able to do so single-handedly, reporting upwards to the camp committee. Other mentioned responders included camp security groups, women's organizations and other camp residents, especially neighbours or trusted seniors. Among girl respondents, reporting cases to parents and teachers were mentioned in addition to security guards and women's organizations.

The roles of camp security guards reportedly included admonishment and punishment of perpetrators, although no specifics were given.

However, many groups reported that since few cases were reported, there was little support to be had in reality. These sentiments were similar among men, women and girls. A very small number of cases described as severe were reported to have reached the court and seen perpetrators sent to prison.

Among the male respondent group the statement that there were no violence cases to report was recorded. Among this group the reasons for not reporting included, not being aware of cases; being worried that no one would help; and wanting to spare survivors from further shame. Women's organizations, camp committees and ward administrators are among those to whom male respondents stated that they would report incidents.

3.7 Trafficking

Prevalence and Methods of Trafficking

According to the assessment respondents, trafficking cases are common in the camps across the survey area with 25/39 groups of adult women, 16/21 groups of girls and 17/24 groups of male respondents reporting that women and girls in the camps are being approached about either earning money or marrying in other locations. Under these two main pretexts, the strategies reportedly employed by traffickers can be grouped into five main categories. The category most commonly discussed by respondents – women, men and girls – was for women and girls in camps to be approached with the *promise of finding job opportunities in China* to alleviate financial difficulties.

“[The brokers] persuade and take the [women and girls] by saying you will get money and work, to support the parents and getting good clothes”
[Participants of FGD with girls]

According to the respondents, while trafficking of women and girls appear to be the main issue, trafficking cases involving men are also found.

“Chinese men persuade the [women and girls] to give a job and then sold out to the others. Men are sold as

slaves and not given any salary”
[Participant in FGD with adult women]

The other four strategies identified by respondents were in different ways related to marriage and/or intimate relationships, and reportedly included a) Chinese men proposing to and traditionally marrying Kachin women who are then taken to China and not heard from again. This practice often involves community elders such as religious leaders and is viewed differently to trafficking despite similar risks; b) pretend romances that culminated in the selling of the girls to China; c) fake marriages; and d) forced marriages. In the respondents' accounts, it was not uncommon for a single case to contain several strategies, as exemplified below:

“There are already 10 single girls who got married in China when they worked in the China side. Some are introduced by the brokers because of tight living environment and financial difficulties in the camps. It happened in nearly all camps. Beautiful girls had to get married with old men. When they came and visited them, it was single men but they had to marry the old men who they had never seen before” [Participant in FGD with men]

“First they build trust with the girl, and spend time in the alcohol shop. After the girl accepted him as a boyfriend, he would take her to China.”
[Participant in FGD with adult women]

Types of Issues Faced by Trafficked Women

A wide variety of issues facing women and girls who have been trafficked were reported, although among a number of groups the possible consequences of trafficking did not appear to be known. Commonly understood problems include violence and sexual exploitation; withholding of income; repeated re-selling of women and girls who have been trafficked; drugging; forced sex work; and unwanted pregnancies.

In terms of barriers for victims of trafficking seeking to return to their homes, respondents discussed isolation; confiscation of identity cards; not being allowed to handle money; not having access to phones; language barriers; and

not knowing whom to contact for support. The latter factors appeared to better understood by male respondents.

Awareness and Types of Support Available in Relation to Trafficking Cases

A clear majority of the adult respondents (32/39 of the women's FGDs and 18/24 of the men's FGDs) and a lesser majority of the girl respondents (13/21 of FGD) perceived themselves to have awareness of trafficking.

In terms of support mechanisms for trafficking cases the respondents rely to a very large extent on women's organizations. The types of support mentioned as available from these organizations were related to both prevention and response. Awareness raising sessions and distribution of IEC materials such as pamphlets, posters and videos were mentioned as strategies used for prevention.

"Local women said that they would like to cooperate with Anti-human trafficking groups which are handling these issues for the whole country. They also requested to send more pamphlets, educational short stories and blue book which is about Myanmar Human Trafficking Law".
[Observation by Field Volunteer]

In terms of response, women's groups were reportedly providing liaison support and negotiating with the Chinese authorities to solve cases and organizing victims' return. While the women's groups were typically described as 'doing all they could' there was a sense that much more practical support to solve cases was needed.

"The Women's organization consults with the Chinese government official and send them back to their parents"
[Participant of FGD with adult women]

"The township authority came and organized an anti-trafficking program. A women's organization distribute pamphlets but no practical support has been given yet" [Participant of FGD with men]

Other supporting actors mentioned by respondents, albeit to a much lesser

extent, included camp committees and security groups as well as township authorities. A smaller number of respondent groups mentioned the absence of any support mechanism or not being aware of what they were.

4. Recommendations

General Recommendations:

- Strengthen implementation of the IASC guidelines on gender mainstreaming as well as GBV prevention and response as a matter of priority and across all sectors. Particular priorities covered by the present assessment are highlighted in relation to each sector below.
- Strengthen engagement with, and advocacy for, local organizations with a proven track record of responding to women's needs in hard to reach areas with a view to resource expanded operations and developing capacity in areas where they identify needs.
- Explore opportunities for supporting new and smaller organizations in local areas to responding to identified women's needs.

WASH:

- Improve sanitation facilities with a view to preventing violence against women and girls. Separating toilets for men and women, improving lighting and installing durable and safe doors enabling sufficient privacy are key actions needed.

Non Food Items Distribution:

- Ensure women's essential needs are met, including as a matter of absolute priority, access to sufficient numbers of sanitary napkins and other hygiene products as well as underwear and appropriate (seasonally and culturally) clothing including maternity coats.

Nutrition:

- Ensure women have access to nutritious food, with particular attention paid to nutrition needs of pregnant and lactating women and young children.

Livelihoods:

- Support women and out-of school youth to generate income in the camp setting through provision of capacity and skills development and/or equipment and resources in livelihood options that women have identified as priorities such as pig

rearing; agriculture; handicraft and sewing and production of food items e.g. jam.

- Enable livelihood options that make use of locally available products and support women's access to markets, paying particular attention to remote camps with difficult communication and transportation infrastructure.
- Be mindful of women's high workload in camp settings on voluntary basis and ensure that any initiatives involving women, still leaves enough time for women to engage in income generating activities.

Shelter:

- Improve safety and privacy in sleeping areas in shelters including partitions between families and doors that can be closed and locked.
- Ensure separate and safe sleeping quarters for single women are organized as a matter of priority.

Health/Psychosocial:

- Provide information on sexual and reproductive health and rights among women and men and ensure health services at the camp setting cater to women's SRH needs and rights including having female specialized doctors/nurses in place who are proactively seeking out and addressing SRH needs among women.
- Provide health education on commonly found medical issues in the camp setting. Include appropriate health information for young women, pregnant women and elderly women as well as young men and husbands.
- Provide psychosocial support and counselling to address depression being mindful of the different needs and situations among youth, the elderly and the middle aged.
- Provide counselling services, with particular focus on improving family communication and addressing frustrations and violence in the family setting. Strengthening social supports, training community health workers in psychological first aid, minimizing drug and alcohol harm and ensuring specialist care is available are among the essential health services.

- Ensure the availability of syndromic management of sexually transmitted infections as well as HIV prevention and treatment services.
- Ensure that the Minimum Initial Service Packages (MISP) are in place, which includes preventing unwanted pregnancies, preventing and managing the consequences of sexual violence, reducing HIV transmission, preventing maternal and newborn morbidity and mortality, and planning for scale-up to comprehensive services.
- Equip camp clinics with basic medical equipment including sterilization equipment forceps, scissors, blood pressure cuffs, as well as phones and means of transportation to facilitate referrals.

Violence Against Women and Girls:

- Provide trainings to both women and men on women's rights including the right to live free from violence for women of all ages including adolescents.
- Mitigate the severe risk of violence against women and girls in IDP camps by taking action for prevention and response to VAWG including but not limited to recommendations presented under specific sectors.
- Explore opportunities for partnering with and resourcing local women's organizations already active in the area of VAWG.

Anti-Trafficking Measures:

- Provide targeted awareness raising messages on trafficking to girls in IDP camps. Extend and strengthen existing awareness raising activities using real life cases to illustrate the most common

trafficking scenarios taking place in IDP camps in Kachin State.

- Provide targeted awareness and response trainings for duty bearers at camp settings (camp management committees and camp security committees).
- Support and resource women's groups to enhance their support to victims of trafficking and their families including hotlines, case management and linking services with authorities and police on both the Chinese and Myanmar side.
- Engage authorities on the Myanmar side to work with women's groups to prevent and respond to incidents of trafficking.

Camp Coordination and Management:

- Ensure women are represented in all camp management and coordination committees, including in decision-making roles.
- Support women to enhance their leadership skills.
- Educate camp management committees and security committees on known women's needs and concerns in all sectors including VAWG and encourage women to raise key concerns with camp management.
- Support women committee members to be able to take on roles of providing linking and referral for key issues facing women including women's health needs, violence against women and trafficking.

Education and training:

- Provide support for families with school aged children, especially for children studying at high school level
- Ensure vocational training opportunities are available for out-of school youth

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Annex 1

Kachin Camp/Village Women's Needs Assessment

This Assessment is intended to provide (e.g. all humanitarian actors) with women's needs in the IDPs' camps in the affected areas. Please complete this form for each camp visited (one form per group should be filled up according to the number of FGD session held in camp).

Section A							
A.i	Assessment Team coding		A.ii	Date of assessment (dd/mm/yyyy)			
A.iii	Contact (Phone / Others)						
Section B							
B.i	State	B.ii	Township	B.iii	Village Tract/Town		
B.iv	Village/Ward (+ Pcode if available)	B.v	Camp's Name				
Section C							
C.i	Are IDPs* present? ☐ Yes ☐ No (IDPs = individuals outside their village of residence) If the answer is no, there is no need to fill the rest of the form.						
Displaced population (count)							
C.ii	C.iii	C.iv	C.v	C.vi	C.vii	C.viii	C.ix
Families	Total Population (male/female)	Under 18 (male/female)	Women of reproductive age	Unaccompanied Women	Pregnant Women	Lactating Women	Disable Women
No.	Name			Age		Marital Status (Single/Married)	
1.							
2.							
3.							
4.							
5.							

6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

Section D

D.i	Accessible by road? ☐ No ☐ Yes, By: ☐ Motorbike ☐ Car ☐ 4W ☐ Truck ☐ Boat ☐ Other
D.ii	Travel time to nearest town _____: _____ hours _____ minutes

Section E

1.	How have your thoughts and feelings since arriving in the camp affected your daily lives? ----- -----
2.	How have relationships among family/household members changed since being in the camp? ----- -----
3.	How do women usually cope when they are feeling sad, anxious, angry, or depressed? ----- -----
3.1	And where do women usually get support when they are having these feelings? ----- -----

Section F

4.	What are your most important concerns? (a) ----- (b) ----- (c) -----
5.	What do you think are the kinds of support/services/resources women need most? (a) ----- (b) -----

6.	What are the main health problems of women in the camp ? (a) ----- (b) -----
7.	Regarding the above health issues, what kinds of health assistance are being provided by whom and how? ----- -----
8.	Have you ever raised your concerns or the support you would like with the Camp Management Committee?
8.1	☐ Yes, If yes, what was the response? ----- -----
8.2	☐ No. If not, why not. ----- -----
Section G	
9.	Are women represented on the Camp Management Committees? ☐ Yes ☐ No
40.	And what are their roles? For example (making decision, organizing role, leading role) (a) ----- (b) -----
11.	Who make important decisions in the camp and how? (a) ----- (b) -----
Section H	
11.	Is the camp is safe for women? (e.g. electricity, going or using toilets/bath-room/space) ☐ Yes ☐ No
Section I	
12.	What are the situations for women and girls are the most at risk of violence? (e.g. inside/outside the camp, fighting, drunk, something needed) (a) ----- (b) -----
13.	What are the most violence cases? (a) ----- (b) ----- (c) ----- (d) -----
14.	If violence happens, what do they do? Who help them? To whom they report? ----- -----
15.	If you heard about a case of sexual violence against a woman or girls occurring inside or near the camp, would you report the case? ☐ Yes ☐ No

15.1	If no, why?
15.2	If yes, who would you report the case to? (a) (b) (c) (d)

Section J

16	Are women and girls being approached about earning money (or marriage) in another location? ☐ Yes ☐ No
16.1	If yes, how are they being approached?
17.	What are the problems with those women?
18.	Who help on trafficking case and how?
19.	Do they have trafficking awareness? (All people including women) ☐ Yes ☐ No

Section K

20.	What types of work do women do in the camp other than regular house work?
21.	What do women do for income?
22.	Do women have any other sources of income? ☐ Yes ☐ No
22.1	If yes, what are they?

Section L - Comments/Remark

Points need to be noted down

Toilets separated for male and female.

Bath room/space separated for male and female.

Special space for single women.

Annex 2

Kachin IDP Camps Needs Assessment Training Agenda

4th Oct 2012 – 13th Oct 2012

Objective

Through awareness raising, capacity building and training on qualitative data collection and analysis, specific women's needs will be identified so that humanitarian actors are better equipped to plan and respond to the needs of women affected by the conflict in Kachin State.

Training Outline

1. Basic Gender Concepts
2. Basic Gender-Based Violence
3. Women and Decision Making
4. Psychosocial Support
5. Anti-Trafficking
6. Ethical guidelines for doing needs assessment (informed consent)
7. Needs assessment methodologies (How to do Focus Group Discussions, one-one interviews)
8. Introduction to draft women's needs assessment FGD questions
9. Revision session
10. Practice session/Feedback
11. Detailed planning for field trips

Training Agenda

Day I: 4 th Oct 2012 (Thursday)		Basic Gender Awareness	GEN
No.	Topics/ Activity	Time	
1	Introduction: Why this training, training content, objective of training, whole training agenda	30 min	
2	Ground rule. Expectation and challenges for the whole training	30 min	
	Tea Break	30 min	
3	Introduction on Sex and Gender	45 min	
4	Gender Stereotyping and its consequences in normal setting	45 min	
	Lunch	1 hr	
5	Practical gender needs: Different needs of women and men in Emergency	1 hr	
6	Review IDP camp setting with gender lens (Gender roles: Who does what? Access to and Control Over, Who benefits and who left?)	30 min	
	Tea break	30 min	
7	Summing up and Day 1 evaluation	1 hr	
Day II: 5 th Oct 2012 (Friday)		Gender & Decision Making	UNDP
Gender and Power Relation			
1	Power walk (Game)	50 min	
2	Gender Power Relations (Lecture and group work)	30 min	
3	An Intersectional Accident of Gender	40 min	
Gender and Leadership			
4	Characteristics of leaders and leadership	45 min	
5	Bases of power	1 hr	
6	- Leadership styles - Group work	1:30 hr	
Participation, representation, and decision making			
7	- Roles of Camp Management in meeting the needs of women, men, and children - Addressing the gaps and possible means	1:30 hr	

	▪ Identifying the messages	
8	▪ Wrap up the session	30 min
Day III: 6th Oct 2012 (Saturday)		
	Gender Based Violence	UNFPA
1	▪ GBV introduction :	am
2	▪ Types of GBV, Sources and consequences of GBV	
	▪ Lunch Break	
3	▪ Managing GBV program in Emergency	pm
4	▪ How to convey GBV message (key message)	
Day IV: 7th Oct 2012 (Sunday)		
	Psychosocial Support	FXB
1	▪ Orientation on PSS session	9:00-9:15
2	▪ Get to know each other	9:15-10:00
	▪ Tea break	10:00-10:15
3	▪ What is psychosocial? What is psychosocial support and intervention? What are the psychosocial domains? Why psychosocial support is important? Who can provide psychosocial support?	10:15 – 12:00
	▪ Lunch	12:00-13:00
4	▪ Different between psychosocial support, counselling and education (awareness raising) Core competency of psychosocial support provider Basic concept of counselling	13:00-15:30
	Tea break	15:30-15:45
5	▪ Effective Listening	15:45-16:30
6	▪ Wrap-up and closing session	16:30-17:00
Day V: 8th Oct 2012 (Monday)		
	Human Trafficking, Safe Migration and Ethic Principle	UNIAP
	Activity	
1	Introduction, Objective of the Training	9:00 - 9:15
2	Trafficking, Smuggling & Migration	9:15 -10:15
	Tea Break	10:15 - 10:30
3	Risk & Vulnerable factors in Human Trafficking (Causes of Human Trafficking)	10:30 - 12:00
	Lunch	12:00 - 1:00
4	ATIP Law & Human Trafficking Cases Reporting to Police	1:00 - 2:00 ATTf (Mdy)
	Tea Break	2:00 - 2:15
5	How the vulnerable factor can be reduced? How the risks factors can be addressed?	2:15 - 3:15
6	Discussion on the risk and vulnerability factors assessment for Human Trafficking in Kachin camps	3:15 - 3:45
Day VI: 9th Oct 2012 (Tuesday) morning		
	Human Trafficking, Safe Migration and Ethic Principle	UNIAP
1	Activities • Introduction to Ethics • Principle 1: Do No Harm • Video: Cambodian Police Interview Video • Video Discussion • Scenario Activity 1 • Principle 2: Personal Safety and Security • Scenario Activity 2	9:00 - 10:15
	Tea Break	10:15 - 10:30
2	• Principle 3: Consent • Scenario Activity 3 • Principle 4: Anonymity and Confidentiality	10:30 - 12:00

	• Principle 5: Adequately select and prepare team • Scenario Activity 4 • Principle 6: Referral Information • Principle 7: Use of information	
	Lunch	12:00 - 1:00
Day VI: 9th Oct 2012 (Tuesday) Afternoon		Need Assessment Methodology
CARE Myanmar		
1	▪ Introduction on Do No Harm Framework ▪ Group Work	1:00-2:00
	Tea Break	2:00-2:30
2	▪ What is Need Assessment? ▪ Why Need Assessment? ▪ Exercise (Dreaming)	2:30-3:30
3	▪ Methodology (FGD & KII) ▪ Role of facilitator and note taker	3:30-5:00
Day VII: 10th Oct 2012 (Tuesday)		Need Assessment Methodology
CARE Myanmar		
1	▪ Wrap up previous session ▪ Identify ground rule for Need assessment ▪ Dos and Don'ts for FGD and KII	9:00-10:00
	Tea Break	10:00-10:30
2	▪ Drafting questionnaires for FGD	10:30-12:00
	Lunch	12:00-1:00
3	▪ Drafting questionnaires for KII	1:00-2:30
	Tea Break	2:30-3:00
4	▪ Developing format: FGD and KII data entry form collaboration with MIMU	3:00-3:30
5	▪ Evaluation	3:30-4:00
Day VIII: 11th Oct 2012 (Wednesday)		Finalize assessment questionnaires and translation
GEN & MIMU		
1	▪ Translate questionnaires (Kachin) ▪ Finalize assessment format	GEN& MIMU
	Lunch	
2	▪ Pilot Test with the help of Kachin university students from Mandalay SCM (Student Christian Movement) ▪ Finetune and finalize format and questionnaires	Participants & SCM
DAY IX & X : 12th & 13th Oct		Practicing Key Message and detail plan for assessment
		GEN & Participants

Annex 3

