

VIOLENCE AGAINST WOMEN (VAW) PREVENTION AND RESPONSE SERVICES AND ACCESS IN MYANMAR



OCTOBER 2015

FOREWORD

Violence against women (VAW) occurs across all countries, in every society, and at every income level around the world. Women living in poverty, those from socially marginalized groups, and those living with disabilities or HIV can face multiple forms of discrimination and are at an increased risk of experiencing violence. Moreover, in fragile or conflict-affected situations women are often at an increased risk of violence, particularly in situations where sexual violence is used as a weapon of war.

Myanmar is no different. Studies confirm that violence against women in the country is widespread, affecting the health, wellbeing, livelihoods and opportunities of women from all ethnicities, communities and income groups. Despite clear obligations under international and national laws and commitments, coordinated, systematic and effective VAW prevention and response efforts are lacking in Myanmar, and little effort has been made to redress the impact of widespread past human rights violations (including those related to armed conflict and those perpetrated by state or armed group actors) against women.

Social and cultural norms (including those related to gender roles, marriage, divorce and/or women's sexuality), power imbalances between women of ethnic or religious minority groups and their perpetrators, and fear of stigma, increased violence and/or retribution can all impede women's access to VAW prevention and response services in Myanmar. These factors can also contribute toward victim blaming, rather than promoting accountability for perpetrators of violence.

Information on response and support services for women facing violence is sparse, and women's groups often do not share information among themselves on what services are being offered and where. As a result, survivors of violence often go without help, as they are unaware of what support is available to them and how they might access it.

Preliminary research conducted with women involved in programs offered through local organizations Educational Initiatives (EI) and Asia Justice and Rights (AJAR) illustrated that many women survivors of violence currently face challenges in accessing basic services that might help them recover from trauma, poverty and meet their needs for health, shelter and protection from violence. The Government of the Union of Myanmar has committed to fulfil these rights under the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Prompted by these initial findings, EI and AJAR undertook the current study. In it, we aim to explore the extent to which VAW-related services can be more effectively used by survivors of VAW, including by survivors of violations perpetrated by state and armed group actors and/or related to conflict. The study maps out existing services and then analyzes the barriers, constraints and needs from the perspectives of both service providers and survivors themselves.

Advocacy messages that are not backed by concrete data can constrain ongoing efforts to ensure effective policy commitments and investments. Our shared hope is that the results of this research can be used to engage with local, state and national governments, decision-makers, service providers and donors through evidence-based dialogue and advocacy to develop strategies that will improve the quality and scope of VAW-related services and ensure access to services for survivors of VAW.



ADDITIONAL CONTRIBUTING PARTNERS

EI/Women Initiatives Platform's research has been carried out in collaboration with:

- ◆ Kayan Women's Organization
- ◆ Cheery Image
- ◆ Matupi Women's Organization
- ◆ Kalay Women's Network
- ◆ Irrawaddy Women's Network
- ◆ Karen Youth Capacity Building Group
- ◆ Rakhine Women's Union
- ◆ Tavoyan Women's Union
- ◆ Kachin Women's Association (Thailand)
- ◆ Women's Empowerment Program
- ◆ Ex-Political Prisoner (Upper Burma)
- ◆ Ta'ang Women's Organization

AJAR's research has been carried out in collaboration with:

- ◆ Kachin Women Association Thailand (KWAT)
- ◆ Karen Women's Empowerment Group (KWEG)
- ◆ Women's Organizations Network of Myanmar (WON)



DONORS

This report was funded with support from a number of donors, including:
Cuso International's "Volunteers for International Cooperation and Empowerment"
(VOICE) project, funded by

The Government of Canada, through the Department of Foreign Affairs Trade and
Development (DFATD);

The European Commission, through the European Instrument for Democracy and Human
Rights (EIDHR);

The International Development Research Centre (IDRC);

The National Endowment for Democracy (NED);

Open Society Foundations;

The Ministry of Foreign and European Affairs of the Republic of Croatia;
and

The Ministry of Foreign Affairs of Czech Republic.



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TRANSITION
Ministry of Foreign Affairs of the Czech Republic

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ACKNOWLEDGEMENTS

We are exceptionally grateful to the survivors of VAW and to the VAW-related service providers who willingly volunteered time and energy to share their experiences and knowledge with us for the purpose of this study.

The study would also not have been possible without the time, courage and considerable efforts of EI and AJAR's partners and field researchers, many of whom had never engaged in a formal data collection exercise prior to this experience. Many thanks to each of you for your willingness to try something new, and for your unfaltering dedication to improving the lives of women in Myanmar.

AJAR would like to thank its partners Women's Organizations Network (WON), Karen Women Empowerment Group (KWEG) and Kachin Women Association Thailand (KWAT) for their collaboration in this research and their continuous efforts to strengthen survivors.

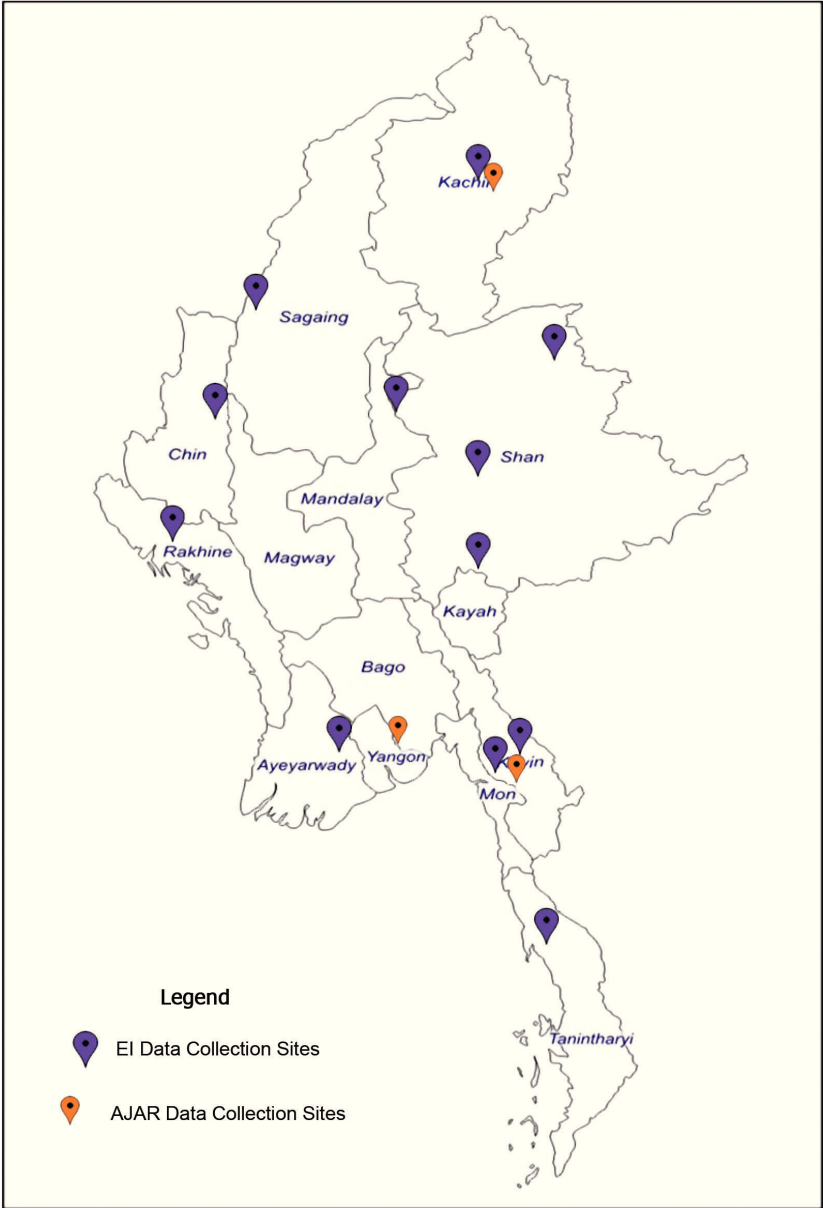
Field researchers were trained and supported throughout the research process by two national research coordinators, who devoted significant attention in this regard, and who also provided critical support in terms of helping to develop research tools and collating, organizing and translating collected data.

A former Cuso International volunteer, previously placed on assignment with EI in Myanmar, supported the study as its research coordinator and lead author. A number of reviewers from content-contributing organizations (EI, AJAR, Cuso International) provided substantial support in reviewing, editing and finalizing this report.

NATIONAL RESEARCH COORDINATORS

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MAP OF RESEARCH SITES IN MYANMAR



EXECUTIVE SUMMARY

Violence against women (VAW) can range from emotional and economic abuse to sexual harassment, sexual assault (inside and outside of marriage) to physical assault, as well as acts perpetrated by state and armed group actors, including in conflict-related situations. This violence occurs across all countries, in every society, and at every income level around the world. Myanmar is no different.

While statistical data on the scale, nature and consequences of VAW in Myanmar remains limited, a number of studies have shown that violence against women is widespread, affecting the health, wellbeing, livelihoods and opportunities of women from all ethnicities, communities and income groups across the country. Evidence also suggests that concerted efforts to address this issue on a widespread and systematic scale in the country have thus far been lacking, despite the country's clear obligations under international and national laws and commitments.

Preliminary research conducted with women involved in programs offered through local Myanmar organizations Educational Initiatives (EI) and Asia Justice and Rights (AJAR) illustrated that many women survivors of violence currently face challenges in accessing basic services that might help them recover from trauma, poverty, meet their needs for health, shelter and protection from violence. The fulfillment of these rights is an obligation of the state as a duty bearer.

In an effort to build on these findings and increase understanding of the availability, accessibility and quality of VAW-related services across the country, AJAR and EI set out to look at prevention and response services being offered over a vast geographical area where little information on available services exists. The central research objectives included:

- Collection of information about services / assistance / support mechanisms available for survivors of VAW, provided by state institutions and non-governmental organizations;
- Analysis of the barriers for survivors of VAW in accessing these services/support mechanisms; and
- Identification of concrete recommendations for overcoming these barriers.

A total of 46 service providers were interviewed by EI field researchers across 12

administrative zones and areas. Meanwhile, 25 VAW survivors took part in focus group discussions (FGDs) conducted by AJAR's partners in 3 geographical areas. The results suggest several important findings.

First, there are many reasons survivors of VAW do not seek out services in Myanmar, including fear of stigma and judgment they may face from service providers, community members, families and friends; fear of retribution from VAW perpetrators; limited knowledge of their legal rights, as well as the resources and services available to them; cost restrictions; restricted mobility and language barriers. Moreover, not all services being offered provide quality assistance for survivors, and many service providers have limited reach into communities. As a result, demand for VAW-related services is low in Myanmar. Increasing demand will require a mix of improving the quality, scope and reach of available services and eliminating reported barriers to access. It will also require increased VAW primary prevention initiatives at community, state and national levels.

The study suggests that the vast majority of VAW-related services are currently being provided by small, local CSOs with extremely limited resources. Provision of government programs and services focused on eliminating VAW is, by comparison, insufficient. Furthermore, commitments to prevent and eliminate VAW are not being accompanied by adequate governmental budget and foreign aid allocations, and there are critical institutional, staffing and infrastructural improvements that are desperately needed in order to provide effective VAW prevention and response. In this regard, a significant increase in the amount of resources and investments dedicated to addressing VAW is necessary, as is accelerated capacity building for service providers and frontline responders.

Formal, coordinated mechanisms for collaboration, referrals, information sharing, and data collection are lacking among VAW-related service providers, and emergency 'frontline' response (health, security and legal) services are not often able to address VAW cases sensitively or effectively. Moreover, significant strains between civil society and government institutions have been shown to contribute to both gaps in service provision and to barriers to survivors' access. Improvement in VAW prevention and response services in Myanmar thus requires stronger, more constructive partnerships between a variety of key stakeholders.

Both service providers and survivors themselves have reported that women who have faced violence at the hands of military, police or armed groups are often underserved and/or overlooked by existing VAW response services, including torture survivors. It is much more difficult for these survivors to come forward to access support and justice services, since the fear and danger of doing so may be extreme. Ongoing impunity for

perpetrators of VAW, particularly for perpetrators belonging to state military groups, police and armed political factions constitutes a significant barrier to effective VAW responses that can serve these survivors. An end to impunity, combined with concentrated efforts to prevent and respond to the specific needs associated with conflict-related VAW can help improve access for those survivors who have been affected by it.

Though a vast body of knowledge on the prevalence and scope of VAW has been accumulated among service providers, prevention and response services are largely being administered around the country without an effective tracking mechanism. Coordinated systems for regular service-level data collection, analysis and evaluation should be put in place in order to give stakeholders and decision-makers information on progress, best practices and lessons learned for addressing VAW in Myanmar.

Though pervasive, research has shown that violence against women – even in situations of conflict and fragility is not inevitable; it can be systematically addressed, reduced and with determination, eliminated. Myanmar can work toward fulfilling its international and national commitments and improve its ability to prevent and respond effectively to VAW, but doing so will require a number of ambitious actions, including demonstrating political will, committing to end impunity for all perpetrators, improving citizen-state relations, strengthening coordination among VAW stakeholders and service providers, and adopting a holistic, multi-sectoral approach centered on survivors’ rights, needs and interests. Only then will the country be able to ensure that VAW is no longer tolerated and that VAW survivors attain their right to the comprehensive support they need.

SUMMARY OF RECOMMENDATIONS

1. The Government of Myanmar should take measures to advance accountability on VAW prevention and response.
2. Government actors, international donors, international NGOs and private sector actors should increase the amount of resources and investments dedicated to improving VAW prevention and response, and direct them toward local organizations.
3. VAW-related service providers, frontline responders and other VAW stakeholders should adopt a common, survivor-centered approach and improve their coordination.
4. International, national and local stakeholders should provide support to strengthen the technical capacity and knowledge of VAW-related service providers and frontline responders in collaboration with them.
5. Stakeholders involved in sector-specific service provision should take steps to implement key improvements targeted to the needs of VAW survivors within their sector.
6. Local, state and national government actors should ensure coverage of basic frontline services for VAW prevention and response in both urban and rural/remote areas of the country.
7. VAW-related service providers and their supporting entities (government, donors, international partners, private sector, etc.) should prioritize evidence-based primary prevention initiatives for the entire population at community, state and national levels.
8. Service providers, frontline responders and their supporting entities should develop coordinated systems for regular service-level data collection, analysis and evaluation.
9. Government actors, service providers, frontline responders and their supporting entities should increase specific efforts to prevent conflict-related VAW and prioritize access to support services for survivors of conflict-related VAW, including torture survivors.

LIST OF ACRONYMS

AJAR	Asia Justice and Rights
CBO	Community-based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSO	Civil Society Organization
EI	Educational Initiatives
GEN	Gender Equality Network
GONGO	Government-organized Non-governmental Organization
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
INGO	International Non-governmental Organization
IRC	International Rescue Committee
KWAT	Kachin Women’s Association Thailand
KWEG	Karen Women Empowerment Group
LNGO	Local Non-governmental Organization
NGO	Non-governmental Organization
NSPAW	National Strategic Plan for the Advancement of Women
PEP	Post-Exposure Prophylaxis
PTSD	Post-Traumatic Stress Disorder
UN	United Nations
VAW	Violence against Women
WLB	Women’s League of Burma
WON	Women’s Organizations Network

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VIOLENCE AGAINST WOMEN (VAW) PREVENTION AND RESPONSE SERVICES AND ACCESS IN MYANMAR

1. Introduction

Violence against women is one of the most aggressive and widespread examples of gender inequality worldwide. Defined by the United Nations as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women,” these forms of violence deprive women of their fundamental human rights, restricting the development and prosperity of communities and nations.

Types of violence women experience can range from emotional and economic abuse to sexual harassment, sexual assault (inside and outside of marriage) and physical assault, and women most often experience more than one type of violence. Violence against women also includes acts perpetrated by state and armed group actors, including in conflict-related situations. Globally, an estimated one in every three women has been beaten, coerced into sex, or otherwise abused in her lifetime. Among women aged 15-44, acts of physical and sexual violence cause more death and disability than cancer, malaria, traffic accidents and war combined.¹

Though pervasive, research has shown that violence against women – even in situations of conflict and fragility – is not inevitable;² it can be systematically addressed, reduced and with determination, eliminated. In order to do so, a holistic, multi-sectoral approach centered on survivors’ rights, needs and interests is required at national and subnational levels of governance in order to ensure that the range of needs and rights of women survivors are addressed. A coordinated community response (involving health, police, judicial and legal services, shelters and protection services, survivor advocates, religious and community groups, and others) is also needed to ensure survivors receive the comprehensive support they need in a timely and sensitive manner.

¹ World Health Organization (1997). *Violence against Women: A Priority Health Issue*. Geneva. (WHO/FRH/WHD/97.8).

² Wood, Elisabeth Jean (2009). *Armed Groups and Sexual Violence: When is Wartime Rape Rare?* *Politics and Society* 37: 131-161.

1.1. Violence against Women in Myanmar

Despite widespread belief and repeated proclamations that issues related to gender inequality do not affect women in Myanmar, violence against women is a very real experience for many women across the country. This violence is rooted in deeply embedded socio-cultural, political and economic norms that discriminate against women and stand in the way of their ability to enjoy their human rights. Moreover, ongoing violence against women has been shown to reduce human capital and undermine economic growth, preventing the achievement of sustainable development results and poverty reduction in developing nations like Myanmar.³ In fragile and conflict-affected situations, ongoing violence against women often poses serious, negative implications for achieving peace and sustainable recovery.⁴

1.1.1. Legislative Framework

Myanmar's Penal Code of 1860 remains largely unrevised since the country gained independence from British colonial rule. It contains no specific laws to address domestic violence, but does contain more general provisions against “committing bodily harm against another person”. The penal code prohibits rape, but not marital rape (unless the victim is under the age of 14 years). A new law on violence against women is currently being drafted and negotiated by the Ministry of Social Welfare, Relief and Resettlement in consultation with the NGO Gender Equality Network (GEN). The consultation process for the development of this new law has been quite exclusive and reticent – grassroots and ethnic women's organizations have not been invited to read or comment on a draft thus far.

In the meantime, there is much existing policy coverage for stakeholders in Myanmar to take proactive measures to prevent and respond to violence against women across the country. For example, Myanmar has acceded to the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1997, under which the state is obligated to support the elimination of all discriminatory laws and practices against women, including gender-based violence.

³ International Center for Research on Women (ICRW) (2009). Estimating the costs and impacts of intimate partner violence in developing countries: a methodological resource guide. Available at: <http://www.icrw.org/docs/2009/COV-Resource-Guide.pdf>

⁴ UNFPA (2014). Gender-based Violence in Humanitarian Settings. Available at: <http://www.unfpa.org/resources/gender-based-violence-humanitarian-settings>

Also at the international level, the UN Security Council has adopted seven resolutions – 1325 (2000), 1820 (2008), 1888 (2009), 1889 (2009), 1960 (2010), 2106 (2013), and 2122 (2013) – that specifically address issues of women, peace and security. Effectively international law, these resolutions call on UN Member States to improve intervention strategies in the prevention of violence against women, including by prosecuting perpetrators of VAW, strengthening women’s rights under national law, and supporting local women’s peace initiatives and conflict resolution processes. Through these resolutions, the Security Council has also mandated the “immediate and complete cessation by all parties to armed conflict of all acts of sexual violence against civilians”.⁵

At the national level, the Myanmar government has launched its National Strategic Plan for the Advancement of Women (NSPAW) (2012-2022), a key objective of which is “(t)o develop and strengthen laws, systems, structures, and practices to eliminate all forms of violence against women, and to respond to the needs of women affected by violence.” The plan calls to boost the capacity of the police force, judicial officers, health care staff and volunteers to actively respond to and prevent all forms of violence against women and calls on a number of actors (including government agencies, national and international NGOs, UN agencies, the private sector and civil society) to support an increase in one-stop services to provide counseling, legal services, health care services and other social services for women who are affected by violence.

Though the NSPAW calls for comprehensive and ambitious action, it lacks a viable implementation plan and a dedicated body to facilitate, monitor and evaluate its effectiveness. Moreover, there is no sign that the government will allow the programs generated from the NSPAW to include violence committed by state actors against ethnic women, in particular sexual violence committed in armed conflict areas.

Myanmar also is among the 155 countries that have endorsed the Declaration of Commitment to End Sexual Violence in Conflict (2013), a set of practical and political commitments aimed at ending the use of rape and sexual violence as a weapon of war. Among these commitments, Myanmar and its fellow signatories have agreed to:

- End impunity by ensuring accountability and punishing perpetrators of sexual violence in conflict;
- Ensure that such crimes are excluded from amnesty provisions;

⁵ UN Security Council, Security Council Resolution 1820 (2008) (on acts of sexual violence against civilians in armed conflicts). S/RES/1820. Available at: <http://www.refworld.org/docid/485bbca72.html>

- Ensure that national military and police are trained to provide effective prevention and response to sexual violence in conflict;
- Support and protect the efforts of civil society organizations, including women's groups and human rights defenders, to improve the monitoring and documentation of cases of sexual violence in conflict without fear of reprisal; and
- Empower victims and survivors of conflict-related sexual violence to access justice.
- Since Myanmar became a signatory to the Declaration of Commitment in June 2014, no concrete implementing measures have yet been taken.

1.1.2. Prevalence and Scope of VAW in Myanmar

While statistical data on the scale, nature and consequences of VAW in Myanmar remains limited, a number of studies have shown that violence against women is widespread, affecting the health, wellbeing, livelihoods and opportunities of women from all ethnicities, communities and income groups across the country. Existing evidence also suggests that concerted efforts to address this issue on a widespread and systematic scale in the country have thus far been lacking.

A 2005 randomized household survey conducted in the Mandalay region reported that 69% of women surveyed had experienced one or more incidents of psychological, physical and/or sexual violence at the hands of their intimate partners over the course of 12 months. It also found that despite these high prevalence rates, 93% of women surveyed did not seek any formal action to report or seek justice in response to their experiences of violence.⁶ Similarly, a 2003 study of 271 professional women in Mandalay found that 58% of surveyed women have experienced one or more form of sexual harassment in the workplace (including harassment, unwanted sexual attention and/or sexual coercion).⁷

In their 2008 shadow report submission to the CEDAW committee, local and ethnic women's organizations (including members and partners of the Women's League of Burma) compiled a series of interviews and case studies suggesting that women in Burma face violence at every level of private and public life. The shadow report explained how

⁶ Kyu and Kanai (2005). Prevalence, Antecedent Causes and Consequences of Domestic Violence in Myanmar. *Asian Journal of Social Psychology*, 8(3). pp. 244–271.

⁷ Kyu and Kanai (2003). Prevalence, Antecedent Causes and Consequences of Sexual Harassment in the Myanmar Workplace. *Japanese Journal of Administrative Science*, 16(3). pp.209-226.

historical gender-based discrimination, combined with military rule and the lack of rule of law lead to violence against women committed by family members, community members and the state itself. The report also highlighted women's limited access to support, redress, and justice in Myanmar.⁸

Research also suggests that rates of violence against women are often higher for women and girls from ethnic minorities. **AA 2011 study carried out by the Palaung Women's Organization reported that 90% of the 617 respondents surveyed have experienced or seen physical violence within families. Sixty-two percent of respondents reported that the violence in their home occurs on a daily basis. The survey also found that only a quarter of respondents had a good understanding of human rights and women's rights, while three quarters believed that domestic violence is "a purely domestic affair which should be solved within the home."**⁹

A 2014 qualitative report published by GEN documented interviews with 38 women over the age of 18 in two administrative zones of Myanmar, as well as 14 focus group discussions (with groups of 6-10 women) in five other townships and 9 key informant interviews with a range of community, civil society and government stakeholders in two research sites. The results suggest that in Myanmar:

- Sexual harassment in public spaces is a common experience for women. Sexual touching and groping on crowded public buses has been reported as the most common form of such harassment;
- Most women have experienced some form of intimate partner violence (including deadly forms, where the intent is to kill) and that (future, current or former) husbands are the primary perpetrators (although neighbours, community members, peers and family

⁸ Women of Burma (2008). In the Shadow of the Junta: CEDAW Shadow Report. p.55. Available at: <http://womenofburma.org/Report/IntheShadow-Junta-CEDAW2008.pdf>

⁹ Palaung Women's Organization (2011). Voices for Change: Domestic Violence and Gender Discrimination in the Palaung Area. p.12. Available at: <http://en.palaungwomen.com/reports/Voices-for-Change-25Oct2011eng.pdf>

members also play their part in perpetration); and

- Over half of all women interviewed experienced marital rape.¹⁰

The report also documents the widespread prevalence of non-physical forms of VAW, including economic violence and emotional violence – forms of coercion, manipulation and intimidations that are meant to limit women’s rights and freedoms.

In Myanmar, violence at the hands of state and armed group actors is reported to be a chronic problem, particularly in ethnic areas. It is reported that violence against women, including sexual violence, is used systematically as a military strategy to humiliate and intimidate rebels and opposition groups, the majority of which are ethnic minority women.¹¹ Further, the 2008 Constitution includes a provision that aims to guarantee amnesty for all members of the regime for all crimes, which leaves women without access to justice in the event they experience violence at the hands of state and armed group actors.¹²

There has long been a high incidence of reported violence, including sexual violence, against women in rural ethnic minority areas committed by armed forces, with low levels of prosecution for these crimes.¹³ Hundreds of cases of rape, killings, torture, and forced labour by armed forces have been documented by women’s groups and human rights groups in Myanmar, including sexual violence committed by armed forces against women and girls from Shan, Kachin, Chin, Karen, Mon, Karenni and Arakan States.¹⁴ The CEDAW committee has urged that the state address what it has termed a “culture of impunity” for violence against women in Myanmar.¹⁵

¹⁰ Gender Equality Network (2014). Behind the Silence: Violence against Women and their Resilience in Myanmar. Briefing Paper. Available at: http://www.burmalibrary.org/docs20/GEN-2014-11-Behind_the_Silence-en-ocr-tpo.pdf

¹¹ Women’s League of Burma (2014). Same Impunity, Same Patterns. Available at: http://womenofburma.org/wp-content/uploads/2014/01/SameImpunitySamePattern_English-final.pdf

¹² Constitution of the Republic of the Union of Myanmar (2008). Article 445. Available at: http://www.burmalibrary.org/docs5/Myanmar_Constitution-2008-en.pdf

¹³ Women of Burma (2008). p.14.

¹⁴ For example: Shan Women’s Action Network, License to Rape (2002); Karen Women’s Organization, Shattering Silences (2004); Women’s League of Burma, System of Impunity (2004); Mon Women’s Organization, Catwalk to the Barracks (2005), State of Terror (2007) and Unsafe State (2007); and Women’s League of Burma, Same Impunity, Same Patterns (2014).

¹⁵ United Nations Commission on the Elimination of all forms of Discrimination Against Women (CEDAW) (2008). Concluding Observations of the Committee on the Elimination of All Forms of Discrimination Against Women – Myanmar. CEDAW/C/MMR/CO/3. p.7. Available at: <http://www.burmalibrary.org/docs5/CEDAW-C-MMR-CO-3.pdf>.

Findings from AJAR’s September 2015 report “Opening the Box, Women’s Experiences of War, Peace and Impunity in Myanmar” suggest that despite efforts to prevent systematic VAW during conflict, women in Myanmar continue to face grave violations – not only in the form of sexual violence, but also unlawful detention, torture and inhumane treatment, displacement, loss of livelihood, and vulnerabilities relating to the death or disappearance of family members. The report also found that conflict-related displacement of women can increase their vulnerability to such forms of violence and obstruct their access to basic services, including those that offer VAW-related support. AJAR’s research concluded that the persistent culture of impunity in Myanmar sustains patterns of VAW and restricts survivors’ access to justice.¹⁶

1.1.3. Access to Prevention and Response Services

Access to VAW-related prevention and response services in Myanmar are hindered by a number of factors. Firstly, poor quality and availability of services also play an important role in determining women’s ability and/or motivation to access to them. Services that are located too far from home, those that have been previously accessed and have proven unhelpful, or those that have a negative reputation within a given community may not seem like promising options for women in violent situations. Moreover, women cannot access services they do not know about – particularly in places where a service’s communications and outreach to communities are lacking, survivors may not know where to turn.

As in many other countries, violence against women – particularly violence that takes place in the household – is frequently regarded as a private family matter in Myanmar and is not often addressed in a public way. Moreover, social and cultural norms are often used to justify practices and behaviors that discriminate against women, to the extent that many communities and individuals tolerate violence against women to some degree. Partly as a result of this, women rarely report or seek help dealing with the trauma of violence.

Women’s decisions not to report can also stem from social norms around women’s sexual ‘purity’ and ‘honor’, as well as women’s fears of victim blaming and other social consequences of people knowing about their experiences of violence.¹⁷ Prevention

¹⁶ Asia Justice and Rights (2015). Opening the Box: Women’s Experiences of War, Peace and Impunity in Myanmar”. To be published on 23 September, 2015.

¹⁷ GEN (2014). p.3.

measures in Myanmar often focus on ways in which women must adapt their behavior to the threat of violence, rather than on ways to eliminate the threat itself.¹⁸ The consequences of these norms are varied – in some communities in Myanmar, for example, single women who experience sexual assault are expected by their family/community to marry their rapist, since she is no longer a virgin, thus no longer considered eligible for marriage.¹⁹ Women’s feelings of shame and fear, exacerbated by socio-cultural attitudes can act as significant deterrents for their motivation to seek support services or justice. Women often don’t report because of high costs of services, the amount of time and energy the process of reporting will take, and/or because of interference/threats from the husband or other offender.²⁰

Unequal power relations can pose additional difficulties for women accessing services and justice, particularly women from ethnic and/or religious minority groups and women with lower social or income status. It may be difficult for those who already feel disempowered to stand up for their rights without fear of reprisal, especially against perpetrators who enjoy a higher status in society.

An environment of impunity for perpetrators is supported by lack of adequate action by law enforcement officials. When women do report to law enforcement authorities, actions taken are often minimal. Police officers, lawyers, judges, community leaders, and even some psychosocial support service providers may give advice and intervene to keep couples together, rather than to seek safety and services for abused women.²¹ Widespread stigma about divorce is thought to help fuel these attitudes and behaviors. Of the few VAW cases that are reported to police, many are settled out of court, resulting in few criminal convictions for perpetrators.²² This reluctance of authorities to take adequate measures can leave women at a high risk of further or even increased abuse in the future. When women stand up for their rights, they need to be able to do so knowing they will be protected from additional violence or retribution.

¹⁸ Belak, Brenda (2002). *Gathering Strength: Women from Burma on Their Rights*. Chiang Mai: Images Asia. pp.53,74. Available at: <http://www.ibiblio.org/obl/docs/GS01a.pdf>

¹⁹ Minoletti, Paul (2014). “Women’s Participation in the Subnational Governance of Myanmar”. MDRI-CESD/ The Asia Foundation, Discussion Paper No. 3. p.18. Available at: <http://asiafoundation.org/resources/pdfs/WomensParticipationintheSubnationalGovernanceofMyanmar.pdf>

²⁰ GEN (2014). p.5.

²¹ Ibid, p.6. Corroborated by data collected for this study.

²² CEDAW (2008). p.7.

1.1.4. Previous Studies on VAW Prevention and Response Services

There has thus far not been a comprehensive study completed on all available prevention and response services across Myanmar. However, a number of local and international civil society organizations have recognized the dire need for such information, and have conducted both informal and formal discussions and surveys in an effort to help build the evidence base.

For example, in December 2014, a research report produced by the Yangon-based women's organization Akhaya Women looked at twenty-three organizations in the Yangon area that are providing VAW prevention and response programs. Among their findings, Akhaya noted that increased anti-VAW efforts by civil society organizations are increasing demand for services, which in turn is providing impetus for more civil society organizations (CSOs) to offer more and improve their services. However, lack of adequate training (for example, in psychosocial counseling and care) for service providers continue to impede quality of services. The Akhaya report also discussed the informal, ad hoc referral system, which lacks standards of case management and coordination to track survivors' progress. The report highlighted the challenges with facilitating coordination among many sectors (health, security, justice, and care) and VAW responders.

1.2. Research Methodology

In an effort to build on these findings and increase understanding of the availability, accessibility and quality of VAW-related services across the country, AJAR and EI set out to look at prevention and response services being offered over a vast geographical area where little information on available services exists. The central research objectives included:

- Collection of information about services / assistance / support mechanisms available for survivors of VAW, provided by state institutions and non-governmental organizations;
- Analysis of the barriers for survivors of VAW in accessing these services/support mechanisms; and
- Identification of concrete recommendations for overcoming these barriers.

EI mobilized its vast network of alumni to lead the field data collection for its part of the

study. EI's former Cuso International volunteer developed a data collection training course and tools for field researchers, and a national research coordinator was contracted to facilitate training, support field researchers, and collate, organize and translate all collected data. EI field researchers conducted structured interviews with VAW-related service providers to find out which groups and organizations are providing which services and where, and what challenges and successes have they faced in their experiences providing services for survivors in these areas.

Over June and July 2015, EI's 12 field researchers were trained in the research methodology and tools and sent out to collect data across 12 administrative zones/areas and townships, including: Shan State (Taunggyi), Palaung (Lashio), Karenni/Kayah State (Loikaw), Kachin State (Myitkyina), Chin State (Matupi), Mon state (Mawlamyine), Rakhine State (Sittwe), Tayintaryi Region (Dawei), Sagaing Region (Kalay), Mandalay Region (Mandalay), Ayeyarwaddy Region (Ma Oo Pin), and Karen State (Hpa-An). Researchers were encouraged to interview as many VAW-related service providers as possible, and to include both formal and informal providers. A total of 46 service providers were interviewed by EI field researchers.

AJAR, working in partnership with Kachin Women's Association Thailand (KWAT), Karen Women Empowerment Group (KWEG) and Women Organizations Network (WON), had already initiated a participatory action research with women survivors of conflict-related violations and women former political prisoners. The project was conducted with women internally displaced persons (IDPs) in Kachin State, Karen women IDPs in Mon State, and with women former political prisoners in Yangon. The findings of the main research and the women's stories have been published in the September 2015 book *"Opening the Box, Women's Experiences of War, Peace and Impunity"*.

The data contained in this study have been collected as part of a second stage of the participatory action research, during which AJAR's partners conducted focus group discussions (FGDs) with the survivors in order to discover which services they have managed to successfully access, what the quality of these services were in terms of meeting their needs and interests, and what the barriers are to their ability to access additional services they may need. Seven AJAR



Conducting an interview in Mon State

researchers conducted a total of 5 FGDs in 3 geographical areas: Yangon, Kachin/Northern Shan State, and Mon State (with a Karen IDP community.) 25 participants took part in the FGD activities. The AJAR national research coordinator played an essential role in organizing and translating data from the FGDs.

1.2.1. Limitations

While wide-ranging in geographical scope, it should be recognized that this study cannot be taken to represent a complete mapping of all existing VAW-related services across the selected administrative zones of Myanmar. For example, EI researchers were encouraged to interview as many service providers as possible. Some were able to collect data from up to ten different service providers in their assigned township, while others were only able to collect data from one. While in some cases, this may be reflective of the proportion of available (and highly visible or known) service providers per township, it may not be true for all cases, as several factors may have affected researchers' ability to seek out, contact and conduct complete interviews with all available providers. Likewise, AJAR's research reflects VAW survivors' experiences in accessing various types of services. In some cases, all survivors in group were able to access a particular service; in others, only a few were able to do so. There may be very different and specific reasons for these incongruities, other than the availability of services in a certain community. Therefore, such assumptions should be avoided.

Similarly, while researchers were provided with a travel stipend to support their reach into several townships and areas, many were only able to gather data from the main identified townships, due to their other roles, responsibilities and time burdens, coupled with the relatively short data collection period. Thus, the data contained herein may not be representative of services being offered (if any) in more rural and remote townships and villages. Instead, this study is meant to provide a snapshot indication of what types of services are available, what services providers' and survivors' needs are, what challenges they face in providing and accessing services, and which gaps exist in terms of service provision/accessibility.

Due to the considerable effort involved in translation from Burmese into English and in the organization of data into abridged collation formats during translation, there may be instances in which information has been abbreviated and/or simplified. However, the utmost care has been taken throughout the data collation and translation processes in order to maintain the integrity and accuracy of the original data.

AJAR and EI used different research methodologies and tools in the process of collecting data for this study, producing two separate sets of data that were complementary, but not comparable. Further, the perspectives presented in each set of data differed (EI looked at the experiences of service providers; AJAR focused on the experiences of VAW survivors). As a result, the two sets of data are presented separately in this report, rather than merged together.

1.2.2. Research Definitions

In order to clarify the distinction between and among the different types of services discussed throughout this study, the following research definitions are provided.

Primary Prevention

Primary prevention includes measures designed to stop violence before it occurs, and is seen as the most strategic approach to ending violence against women. Effective primary prevention measures can help prevent the devastating costs and consequences of VAW, can help promote greater respect for and protection of human rights, improve the quality of life and health status of women, and can provide cost benefits by lowering demand for medical care, mental health services, criminal justice services and incarceration. For the purpose of this study, primary prevention services identified include any educational services and/or resources provided at the state or community level that are focused on promoting gender equality and/or preventing and eliminating violence against women.

Health/Medical Assistance

Physical and sexual violence are associated with negative health consequences for women and children, their families and entire communities. Research has shown that women who have experienced violence suffer a wide range of serious physical and mental health problems as a consequence and use health services more frequently than women who have not.²³ Since most women will come into contact with the health system at some point in their lives, health services provide a unique window of opportunity to address the survivors' needs. In the terms for this study, health and medical assistance services are defined as clinics, community doctors, hospitals that serve women who have faced violence.

²³ World Health Organization (2005). WHO Multi-Country Study on Women's Health and Domestic Violence against Women. WHO, Geneva.

However, service providers that help women survivors seek out affordable, sensitive and inclusive health services (for example, by accompanying and advocating for them during clinic visits) have also been flagged under this category.

Psychosocial Support Services

Psychosocial support and counseling play a critical role in VAW response and meeting survivors' needs. These services may provide trauma-healing, can help facilitate women's safety planning, and give them confidence and support to pursue justice, as well as to avoid returning to abusive partners. In this study, psychosocial support services have been identified as counseling services, social workers, and/or self-help and women's groups.

Shelter/Safe Housing

Accessible shelters or safe spaces are an essential component of multi-sectoral VAW response services, and can provide VAW survivors and their children with refuge, safety, time and space to think through critical next steps. Shelters are also a key entry point for psychosocial support and referrals to other needed services (health/medical assistance, police reporting support, legal assistance, socio-economic support, etc.) In low-resource settings, safe spaces have been established using innovative approaches such as volunteer or subsidized housing through a network of community members, or safe spaces connected to village elders, hospital facilities or faith-based organizations. In this study, shelters and safe housing (either temporary or long-term) are defined as such.

Police Reporting Support

Police may be the first point of contact for survivors of violence and it is critical that they respond appropriately and sensitively to the needs and rights of women, since they can play a central role in securing the immediate safety of survivors, documenting cases properly, and holding perpetrators accountable for their actions. However, law enforcement officers are not always equipped with the knowledge, skills and practice needed to respond to survivors in this way. Moreover, community distrust of police and ongoing impunity for crimes (including those committed by law enforcement and military personnel) can deter women from reporting their cases altogether. For this reason, special services or community police members/factions that are specifically trained in VAW response may be required in order to support survivors' official reports.

Therefore, services included in this study under this category can include community police who take special efforts to help with reporting; individuals or groups

who provide education on how to make police reports; and/or individuals or groups who accompany women to make police reports and advocate for their rights and needs throughout the reporting process.

Legal Assistance

Myanmar's judicial system is understaffed and underfunded – only only 1000 judges in the country handle 300,000 cases each year – which has led to questions about the system's ability to address grievances in a timely and effective way. Moreover, lack of accessible information on the court system impedes understanding about accessing justice, especially for disadvantaged groups, and there is no provision for state-sponsored legal aid for citizens, apart from legal representation for criminal defendants facing the death penalty.²⁴

Effective justice systems provide an essential piece in reducing and preventing violence against women. They have the opportunity to send a message to society as a whole that high-level authorities recognize the gravity of VAW, are committed to promoting human rights and ending impunity for violations of those rights. In this way, the justice system can provide clear deterrents for offenders and incentive for other survivors to come forward.

Furthermore, legal prosecution that is sensitized to survivors' needs and rights can also help to ameliorate the shame often felt by survivors, contributing to their long-term recovery. In this study, legal assistance services are identified as tribunals, courts, lawyers, legal services, court advocates, legal aid that assist women who have faced violence.

Socio-economic and Livelihood Support

Socio-economic and livelihood support services can be a strong determining factor in survivors' access to other key response services, particularly for low-income groups. For example, several of the service providers surveyed commit resources to paying medical and legal fees for low-income survivors seeking those services. Moreover, socio-economic services that support women's economic empowerment and livelihood development, such as community credit groups, vocational training and job placement programs can enable women survivors to work toward financial independence – a critical step for those wanting to leave situations of abuse.

²⁴ UNDP (2015). Fast Facts: Rule of Law and Access to Justice in Myanmar (2013-2015). Available at: http://www.mm.undp.org/content/dam/myanmar/docs/Documents/Fast_Facts_Rule_of_Law.pdf.

Also, since increased economic power can translate into elevated statuses for women, socio-economic support can also help facilitate survivors' reintegration into communities where social sanctions have been positioned against them (for example, in situations where women have been trafficked or have divorced an abusive husband). In this study, socio-economic and livelihood support refers to services that provide greater opportunities for survivors' economic independence and/or employment and/or organizations/individuals who provide credit, cash, or food for women who have faced violence.

2. Findings

2.1. Service Providers (Analysis of EI interviews)

2.1.1. Available Services

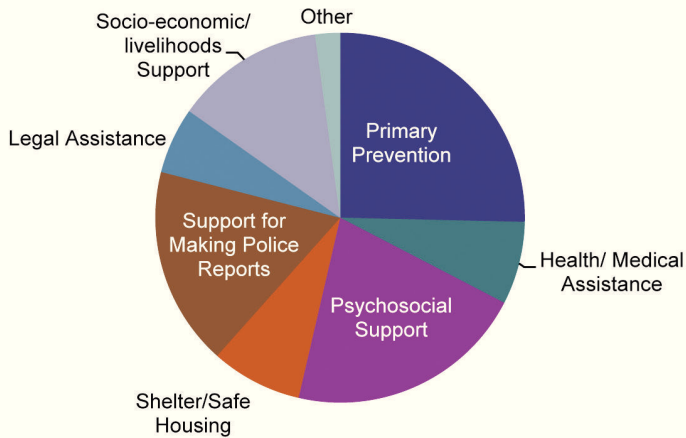
A total of 46 VAW-related service providers in 12 administrative zones/areas were interviewed by EI researchers for the purpose of this study. The majority of VAW-related services being offered across the research sites are classified as primary prevention services (25% of all services reported). These include educational services and resources focused on gender equality and/or preventing and eliminating violence against women that are offered at the community level. Many primary prevention services take the form of awareness-raising activities (trainings, public discussions and events) on the issue of VAW.

These specific activities are commonly provided for groups of women; not many prevention activities are targeted to and provided for men to highlight their key role in VAW prevention. Public lectures and training are also provided on human rights, including outlining women's rights in accordance with CEDAW. Some successes have been reported among primary prevention service providers – for example, several reported that because of their services, women are more confident, more aware of their rights and more likely to advocate for themselves. However, many providers also reported needing further support for more effective primary prevention activities.

Nearly as commonly offered are psychosocial support services (21% of all services reported). These services can range from informal self-help groups that allow space for women to talk through their experiences of violence, to “mediation” between couples in which violence has taken place, to religious guidance, to more formalized psychotherapeutic counselling services. The majority of these services, however, are short term and do not track survivors' progress over the course of long-term treatment.

Moreover, counseling services are often reported to be informal, and those who are tasked with the provision of psychosocial support for survivors of violence are not often likely to have received specific training in counseling or crisis intervention and management. For this reason, techniques used to ameliorate psychosocial situations for survivors of VAW may not necessarily be therapeutic or in survivors' best interest. For example, when asked to name their successes, one service provider reported that they had negotiated with married couples with a history of domestic violence to remain married, rather than divorce. A few others related that they had convinced men to marry women that they had impregnated and then abandoned.

Fig.1: Types of Services Reported



Provision of support for police reporting is ranked as the third most common type of service available in selected administrative zones (17% of all services reported). Often provided by small CSOs in informal ways, these types of services often take the form of accompaniment and advocacy throughout the police reporting process. Service providers sometimes employ innovative strategies for supporting survivors' reports. For example, a CSO in Taunggyi helps locate and engages with witnesses in cases of violence against women at the village level in order to help police build their cases.

Several service providers offer economic or livelihood support (constituting 13% of services reported), including covering costs for travel, legal and medical fees for survivors of violence, provision of cooperative credit opportunities, help with school fees for children, and facilitation of income generating activities for women who have been trafficked or need to leave an abusive situation. A CSO in Nyaungshwe also provides access to a rice bank for women at the village level – a critical resource for women and their children who left a violent or abusive situation and are at risk of food insecurity.

Safe housing/shelter services are harder to come by for survivors of VAW in surveyed areas. Safe houses only make up 8% of reported services, and is a frequently cited gap among service providers (see section 2.1.15.). In five out of the twelve surveyed administrative zones/areas, there were no shelters or safe houses reported at all. Shelters

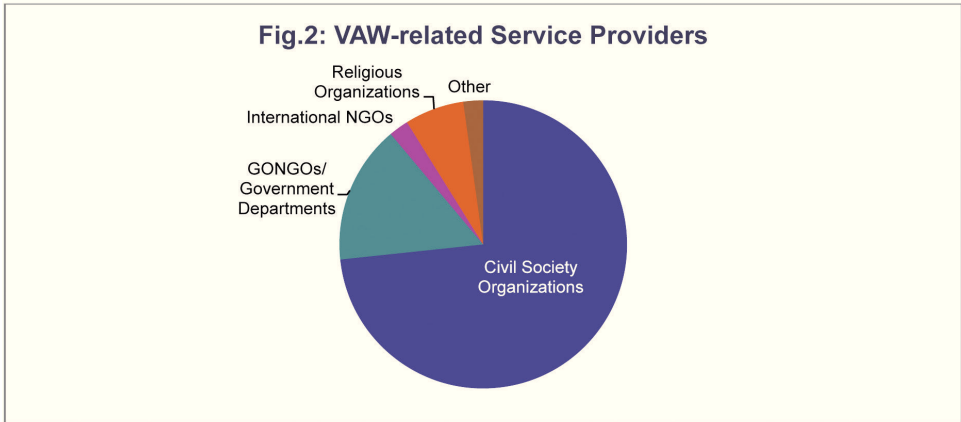
that do exist tend to provide temporary, rather than long term housing for VAW survivors and their children, including survivors of trafficking.

Services that support survivors' access to health and medical assistance account for 7% of all services reported across surveyed zones. Most service providers addressing survivors' health and medical needs do so through referrals to known and trusted clinics and practitioners and by providing (at least partial) funds to help cover any medical costs. One CSO in Loikaw goes a step further, providing staff or volunteers to accompany women survivors in their visits to medical facilities in order to provide information and support along the way, as well as to ensure that survivors' needs and rights are respected and addressed by medical staff. This type of personal advocacy can go a long way in ensuring improved quality of VAW-related services.

Legal assistance is less commonly provided for survivors of VAW – making up about 6% of all services reported in the surveyed administrative zones. Of the 46 service providers surveyed, 3 organizations are lawyers' groups and 1 is a legal clinic. Clients who cannot afford legal services are often referred to these groups by other service providers. Not all lawyer groups are able to cover all expenses for survivors of VAW. One in Dawei, for example, will cover up to half of all legal costs for the survivor, while she will be expected to provide the other half. This funding scheme, the organization reports, has so far been relatively unsuccessful, as women are unable to come up with enough money to pay their half. Some organizations, like one CSO in Hpa-An, have one or two volunteer lawyers as a part of their staff. When the organization is facing a case in which legal advice or counseling is needed, these lawyers step in to provide their services. It is clear that many lawyers are providing these services on as much of a pro-bono basis as is possible for them, since specific funds for these services are often limited, having been mobilized from local sources (mostly through local NGOs).

2.1.2. Types of Providers

The vast majority of VAW-related service providers (72%) are civil society organizations (CSOs), consisting of both informal community-based organizations (CBOs) and more formalized (in terms of structure and funding sources) local NGOs (LNGOs). Services are also provided by Government Organized NGOs (GONGOs) and government departments, such as the Myanmar Women's Affairs Federation and the Department of Social Welfare (15%), religious groups (7%), international NGOs (INGOs) (2%) and other providers, such as political or non-governmental armed groups (2%).



Most VAW-related service providers are small organizations, with an average of 14 employees and/or volunteers. However, several organizations consist of just two or three women providing small-scale but integral support when and where they can. GONGOs providing VAW-related services have an average of 22 staff members, making them typically larger than the average provider. GONGOs are also more likely than CSO providers to report having enough staff on board (only 33% of GONGOs feel that their staffing is not adequate, compared with 61% of CSOs). Across the board, employees and volunteers working in VAW-related services are mostly women.

2.1.3. Funding Sources

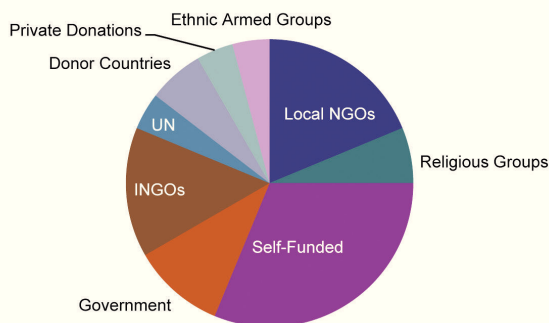
Sources of funding for VAW-related services tend to vary according to the type of organization providing services. The government tends to fund GONGOs and government departments exclusively (i.e. government funds seldom support CSOs); similarly, religious groups fund respective religious organizations. For CSOs, funding sources are much more diverse, coming from a range of grants from local NGOs (such as the Women’s League of Burma and the Burma Refugee Council), INGOs, donor countries, UN agencies, and private donations.

The most common way that CSOs seek funding is through their own means and contributions – for example, by carrying out fundraising activities at local events, collecting public donations, or selling handicrafts at local hotels and events – and putting those funds toward their service provision. Numerous CBOs echoed the sentiment of one organization

in Ayeyarwady division, “We do not have donors; we use our own monthly donations gathered to cover operational costs.” Out of the organizations surveyed, 33% identified as being “self-funded”.

Funding is reported by the majority of VAW-related service providers to be a key deficiency and impediment for carrying out their work. However, GONGOs and government departments were less likely to report funding shortages than CSOs and religious organizations. The data shows that over 40% of GONGOs and government departments feel they have enough funding to carry out the VAW-related services needed in their communities, compared with 33% of religious organizations and only 24% of CSOs.

Fig. 3: Funding Sources for VAW-related Services



2.1.4. Cost of Operation

While cost of operation depends greatly on the size of the organization, the number of clients served and the number and type of services provided, many VAW-related service providers reported spending an average of USD \$81.48 per client, per year on service provision (about 91,340 MMK).²⁵ Some service providers, such as one Chin-based religious organization offering some primary prevention and psychosocial counseling reported spending an average of USD \$50.00 per client, per year. Others, like a local NGO in Rakhine that offers an extensive range of services and supports about 6 survivors per month, report needing at least USD \$694.44 per client, per year in order to carry out their work.

²⁵ Based on calculated average during the period of data collection, though the rate of exchange is in constant flux.

When asked about costs of operation for VAW-related service provision, 22% of service providers indicated that they “couldn’t guess”, “had no idea”, or that the cost was “quite a lot” or “not much”. This may indicate that capacity building around financial management and budgetary record keeping could be a significant need among providers.

2.1.5. Community Support

Several service providers report that they have some level of community support for their work and that their communities recognize the value of providing support services (for example, safe houses) for survivors of VAW. Other organizations state that the more public activities they are able to hold and the more community members they engage, the more public support they are able to gain for their work. In some areas, such as Dawei and Karen for example, only about two-thirds of service providers feel they have the community’s support. Reasons for this may include an urban/rural division in terms of recognition of the need for VAW-related services – for example, one organization in Karen feels that their services are much more appreciated in rural communities than in urban communities. There also may be differences in women’s and men’s support among community members. A CSO in Chin stated that their work is only supported by women in the community, and not by men.

2.1.6. Organizational Policies on Gender Equality

Only 21% of VAW-related service providers in the surveyed administrative zones report having some kind of organizational gender equality or anti-VAW policy. For the most part, these policies are unwritten and informal, taking the form of a series of rules that employees are expected to abide by. However, three local NGOs with more formalized structures, report having written organizational gender equality policies that are embedded in their human resources practices.

While many of the existing formal and informal policies are based on gender equality principles and apply to respectful conduct on the part of both men and women and equal rights in the workplace, some of the informal policies/expectations in place seem to focus largely on women’s behaviors. For example “Don’t stay at the office alone”, “Don’t get involved with unknown men or live with a man before you are married”, and “Do not travel to remote places” are among the informal policies and rules that organizations have

in place in order to prevent harassment and violence in the workplace. These rules and policies may indicate a critical capacity gap: some VAW-related service providers may even be contributing to the perpetuation of the sociocultural norms around controlling women's behavior as a strategy for VAW prevention (and perhaps contributing to social practices of victim blaming to some degree).



Interviewing in Chin State.

2.1.7. Physical Access

In terms of physical access to VAW-related services, 72% of surveyed VAW-related services were reported to be easily accessed by road. The majority of these services were based in main townships; access for survivors of violence in rural and remote villages can be constrained considerably by lack of access to safe and secure transport into larger townships. According to 2014 census data, about 70% of women in Myanmar live in rural areas,²⁶ indicating that the proportion of women excluded from accessing VAW-related services due to their geographical location may be significant.

²⁶ UNFPA (2014). Myanmar Population and Housing Census. Available at: <http://countryoffice.unfpa.org/myanmar/census>

2.1.8. Fees for Services

Most service providers (70%) do not charge fees for their services. Many of those that do charge fees for services say that they are able to provide some financial support for clients, but do not have the capacity to offer all services free of charge. In many cases, such as those in which legal advice and support is needed, fees for services can be considerable, preventing many women who need services from accessing them.

2.1.9. Beneficiaries

The average number of beneficiaries of VAW-related services varies widely across the different states and townships where surveys were conducted. The total average number of beneficiaries among surveyed service providers is approximately 27 per provider per year. This average reflects a variation from as few as 5 clients per organization per year in Karen and 6 per year for organizations in Kayah, to 48 clients per year among service providers in Rakhine, 56 per year for those in Shan and 90 per year for providers in Palaung.

There are a great number of barriers that may keep survivors from seeking out support services, including shame and social stigma; lack of knowledge of available services; perceptions about quality of available services; lack of understanding about women's rights and thus, lack of understanding of VAW as a violation of those rights. Several more barriers to services for survivors have been cited by both service providers and survivors in this study (see sections 2.1.16. and 2.2.4.). It is important to consider these barriers in examining the relatively low numbers of reported beneficiaries, particularly given the high prevalence rates of VAW reported in previous studies.²⁷ The more work that is done to eliminate and mitigate reported barriers to survivors' access to services, the better chance they will have at getting the help they need. In turn, the number of beneficiaries service providers are able to serve may increase.

On the other hand, given the informal structures under which the majority of VAW-related service provision takes place, record keeping and data collection do not seem to be practiced consistently or systematically, since many service providers do not have established intake tracking methods. It is therefore likely that these averages are based on estimates, and may not reflect the true number of beneficiaries accessing services. Several

²⁷ For example: Kyu and Kanai (2005); Women of Burma (2008); Palaung Women's Organization (2011); GEN (2014).

service providers were not able to provide any indication of the number of beneficiaries they serve. Some responded with general amounts, such as “a lot”, or “only a few”, but were not able to provide numbers. Based on these findings, it follows that capacity building in systematic intake tracking and client file management practices could represent a key need among service providers.

2.1.10. Criteria for Beneficiaries

Very few VAW-related service providers restrict access for survivors by imposing criteria or prerequisites (for example, by restricting eligibility for services based on age, religion, ethnic group, etc.). 72% of all service providers in surveyed zones reported that there are no criteria or prerequisites whatsoever for women accessing their services. For those that do impose restrictions, various criteria apply. For example: one service provider offering primary prevention interventions in Rakhine State restrict their trainings to include only women between the ages of 18 and 30; a religious organization in Chin State gives preference to married women and elderly women for receipt of psychosocial support and legal assistance; a lawyer’s group in Kayah mandates that clients demonstrate financial need in order to receive legal assistance; an organization in Ayeyarwady division requires that girls under 18 receiving services must be orphans; and another CSO in Karen restricts its support to exclude women belonging to armed political factions.

On average, most VAW-related service providers offer support only to women, however, about 32% do provide support to men as well, though not necessarily for issues

related to gender-based violence. The majority of these are providing support for boys in cases of child-abuse, in cases of forced labour or forced recruitment into armed groups, or for men who have been trafficked. Service providers report that in cases where violence is perpetrated against them, men are not as likely as women to seek out support services.

2.1.11. Access for Survivors of Conflict-related VAW

Survivors of conflict-related VAW (including cases perpetrated by military and armed group actors) are not as frequently served by service providers as women facing non-conflict related violence (for example, those facing domestic and community violence). Only 28% of service providers interviewed said they are able to provide these survivors with services. There are various reasons for this. In some communities, service providers state that survivors of conflict-related VAW do not tend to come forward and report the violence against them, mostly because of fear of retaliation. In other communities, it was stated that military courts and procedures dominate the handling of these cases, and so community-based service providers are unable to provide legal assistance to survivors.

Still, some CSOs report having provided psychosocial support for survivors of conflict-related VAW. One organization reported supporting the investigation process of a particular case of alleged army violence. Several others are involved in public advocacy (for example, giving public statements, engaging in protests and demonstrations) to support survivors of conflict-related violence and are helping raising the profile of certain cases of conflict-related VAW in order to rally support for increased prosecution of such crimes. Most service providers say they would be willing to support more survivors of conflict-related VAW, if only these survivors would feel comfortable and safe enough to seek out services.

2.1.12. Outreach and Advertisement of Services

Most clients are reported to find out about services offered through prevention and educational activities offered at community-level by service providers (55% of service providers claim that this is how clients find them). Word-of-mouth (23%) and pamphlets/brochures (18%) are also common ways that service providers advertise their services to potential clients. Referrals (both from other NGO's and from village heads/administrative bodies) are less common (4%), but are also ways that clients find out about available services in their areas. No service providers reported using information communications

technology (ICTs) or social media to spread information about services to potential clients. Though internet usage is quickly growing, telecommunications infrastructure, high cost and low availability of ICT devices limit access for Myanmar’s population, particularly outside of urban areas. The World Bank estimates that the average number of users who were able to access the internet from any location and via any device (computer, mobile phone, games machine, digital TV, etc.) over the years 2010-2014 was 2.1 per 100 people.²⁸

2.1.13. Measures to Protect Survivors’ Privacy and Safety

The majority (65%) of VAW-related service providers take specific measures to protect the privacy and safety of their clients. Many of these measures take the form of confidentiality agreements – not allowing staff to divulge clients’ names and information to anyone outside of the organization. Certain service providers take additional steps, including ensuring sound-proof rooms or separate quarters in their facilities where clients can speak with workers without fear of others listening in.

²⁸ The World Bank (2014). World Development Indicators: Internet Users (per 100 people) – Myanmar. Available at: <http://data.worldbank.org/indicator/IT.NET.USER.P2>

Some organizations reported that they take special measures to ensure that data from case files are kept in secure and private places. One organization in Dawei takes responsibility for transporting clients to legal hearings and ensuring a private space at the courthouse where women will not fear harassment. Several safe houses ensure that there are sufficient locks on doors to prevent outsiders from coming in; many also invest in security personnel to help guard and protect the shelters.

2.1.14. Challenges for Service Provision

Service providers listed a series of challenges that can hinder or prevent them from offering services for survivors of VAW. In accordance with their stated needs (see section 2.1.15. below), the most significant challenge cited was funding and staffing constraints. Service providers do not feel that if they could improve the availability and quality of their services, they might be able to reach more survivors, but they are unable to expand services without additional financial and human resources.

The second most significant challenge stated by service providers was a lack of government support and difficulties coordinating with government departments and agencies. Service providers described encountering excessive ‘red tape’ and delays when trying to engage with or make referrals to government service providers and agencies and note that no financial support from the government is given for their work. They also referred to government officials as “uncooperative” and “unsupportive” when it comes to addressing their VAW cases. In part due to a lack of formal, centralized and coordinated referral system, referrals are often made informally among CSOs themselves, and based on information that is transmitted by word of mouth.

A number of organizations also mentioned being “questioned continuously” and “watched” by government representatives, notably by the Special Intelligence Department (Special Branch) of the Myanmar Police Force. “We are followed by the Special Branch whenever we implement activities,” said one respondent, “we sometimes cannot proceed with activities, as we are told we have to get special permission from local government offices. We need more cooperation from the government.”

“we sometimes cannot proceed with activities, as we are told we have to get special permission from local government offices. We need more cooperation from the government.”

Service providers also note that they face challenges in dealing with law enforcement and justice system officials. “Police are not cooperative in helping reported

cases and they do not follow regulations and procedures written in laws when they investigate,” one interviewee responded. Lack of issuance and enforcement of legal protection measures (for example, temporary restraining orders) for survivors and general mistrust in the legal system were reported to contribute to survivors’ decisions to drop out of police investigations and legal proceedings. Many organizations stated that women’s unwillingness to come forward out of shame and fear posed a major challenge for their ability to provide service.

Fear among service providers themselves also was cited as a challenge. “I have been threatened by those who committed sexual harassment,” remarked one respondent, “I do not feel safe and am afraid of being assassinated.” “Perpetrators bear a grudge against our staff and their families,” said another, “we also need counselling for ourselves to deal with the mental trauma of doing this work.”

“I do not feel safe and am afraid of being assassinated.” “Perpetrators bear a grudge against our staff and their families,”

Reaching remote villages, especially during the rainy season, also was noted as posing a challenge for service providers. At least three providers stated that they cannot provide services year-round due to their inability to access villages during the monsoon. One organization responded that when they can access rural areas, they have trouble engaging with the villagers, who are used to receiving stipends from larger NGOs working in the same areas. “People in the villages do not want to attend our trainings. They ask us how much they will receive for each day they attend, and we do not have funds to

2.1.15. Needs of Service Providers

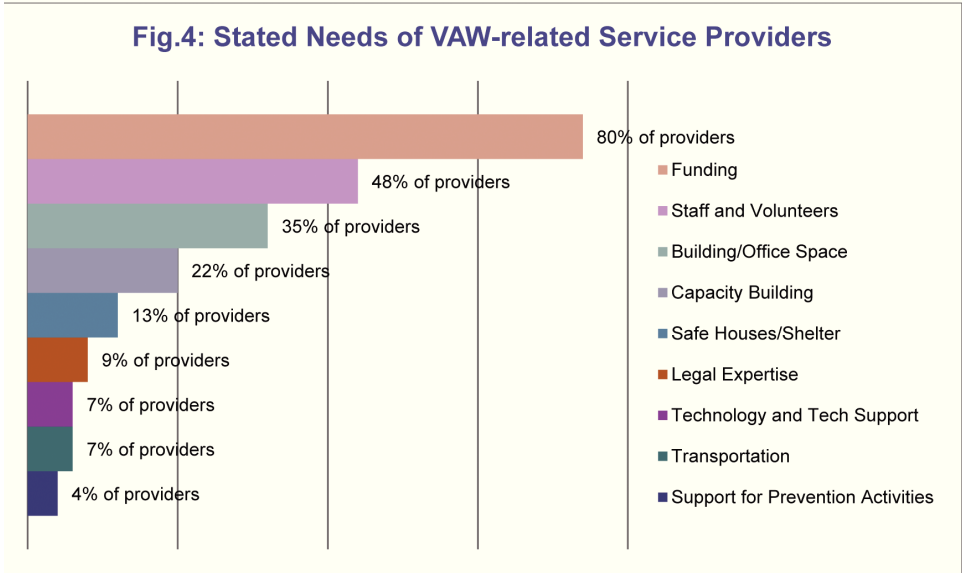
Most VAW-related service providers reported that they do not have all the resources they need in order to continue providing adequate services for survivors. At the top of the list of needs among providers, additional funding is the greatest outstanding need

(80% of providers say they need additional funding in order to continue providing their services). Additional human resources in the forms of both paid staff and volunteers and access to a building/office space from which services can be centralized is the second most common need expressed among service providers (48% and 35% stated these needs, respectively).

About 22% of service providers stated the need for capacity building in quality service provision, both for staff and management. Access to safe housing/space for survivors (13%) and increased access legal expertise (including on staff) (11%) are among the other primary needs of providers, reflecting a gap in their access to these resources. Service providers also state that increased access to technology and ICT resources/technical support and transportation (in the form of their own vehicles) would help them to reach more survivors.

Others stated a need for more effective prevention activities and for security personnel to help protect their facilities and safe houses. Service providers' needs captured under the 'other' category include: laws to protect women from violence; advice on ways to approach the government for support and funding; monitoring and evaluation support; office accessories; and a stronger network for coordination and collaboration with other VAW-related service providers.

Fig.4: Stated Needs of VAW-related Service Providers



2.1.16. Perceived Barriers to Survivors' Access

Service providers have intimate knowledge of the barriers their clients face in accessing their services. When asked which of these barriers are the most pervasive, service providers provided a range of responses. Shame and social stigma for having faced violence and fear of threats from perpetrators and community members were the most commonly reported barriers said to be keeping women from accessing support services. “Women do not dare to report to us, as they are worried that men will create problems for them and for us. They are also afraid that their parents will lose face” one service provider related.

“Women do not dare to report to us, as they are worried that men will create problems for them and for us. They are also afraid that their parents will lose face”

Women’s lack of knowledge about their rights, lack of understanding of VAW as a violation of those rights, and their shyness and lack of confidence/unwillingness to speak openly about their experiences of violence were also suggested as significant barriers. Women’s lack of understanding about their legal rights in terms of seeking justice in VAW cases also factor into this barrier. As one respondent noted, “women think that the court will not take cases that have been “solved” by local authorities, so they do not pursue legal action if village heads have made a decision about their situation.”

Precedence of these types of local, traditional or customary justice systems and practices was also largely cited as a barrier to women’s access. For example, service providers reported that when confronted with VAW cases, local government authorities might order the perpetrator to pay a sum of money to the survivor or her family, considering the issue settled once this arrangement has been carried out. When this happens, survivors feel they have little recourse to any other types of support or justice services, since their cases have been adequately addressed in the eyes of the local authorities. “The local village government office demands that VAW cases are solved at the village level,” said one interviewee, “they do not want these cases to go to civil society organizations or to the courts. If a person seeks help from outside the village, she will face great social repercussions.”

“They (the local village government office) do not want these cases to go to civil society organizations or to the courts. If

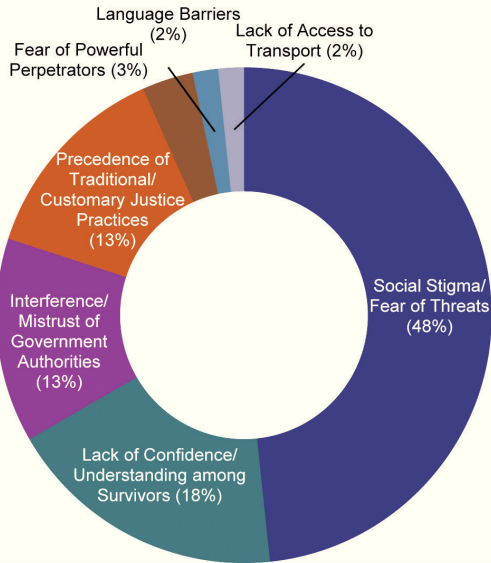
Mistrust of government officials and systems and interference of government authorities were said to have a significant impact on survivors’ willingness and ability to access VAW-related services. “People do not dare to seek help,” a respondent explained,

“they are threatened by government authorities, so they do not contact us.” Another noted that “interruptions and uncooperativeness from police and government administration” in the organization’s work discourage would-be beneficiaries. The unwillingness of law enforcement authorities to give support to VAW cases was said to cause a lack of trust among women seeking safety and security. “Police do not intervene in cases of violence between married couples,” one interviewee said.

Service providers noted that fear of powerful perpetrators, and of the network of their supporters within communities also contribute to women’s unwillingness to seek support and justice. One respondent noted: “When a perpetrator has a powerful background, we have to be very careful in handling the case because we experience threats from the police.”

Language barriers for women whose first language is not Burmese was cited as another barrier, as was difficulty in accessing transportation, especially for rural women who have to travel to larger townships where most service providers are based.

Fig. 5: Perceived Barriers to Survivors' Access



2.2. Survivors (Analysis of AJAR focus group discussions)

A total of 25 VAW survivors took part in the 5 focus group discussions (FGDs) conducted by AJAR's partners in 3 administrative areas. Survivors were asked about which types of services were available to them in their communities, which of these they had successfully accessed and how they would assess the quality of these services. FGD facilitators also asked survivors what improvements are needed to existing services and which barriers are most significant for them in terms of access.

2.2.1. Accessed Services

In general, survivors reported that the best way they can access services is in cases where services come directly to them; they report that accessing information about service providers that are outside of their immediate community can be difficult and that they cannot easily move outside of their community to access services in other townships.

About half of respondents said that they were able to access some kind of health services that offer help for women who have faced VAW. Survivors related that there are services that offer awareness and knowledge on public and women's health issues, but not specifically on VAW issues. They also can access some free medical services and reproductive health services, but the entire costs of all health services (particularly long-term care) are not often covered.

Most survivors said that they had been able to access psychosocial support at some point in their communities (where these services are available). These services took the form of counseling and self-help groups and church based organizations that provide comfort and prayer for survivors in both individual and group sessions. Karen survivors in Mon said that they did not have access to any psychosocial support services whatsoever.

About one third of respondents related that they had had access to legal assistance, including legal aid and legal consultation services, but these services were only reported as being available in two of the three areas surveyed (Kachin and Yangon). Moreover, survivors reported that legal aid services are not always free, and that costs associated with these services can restrict access.

At least half of participants had accessed some kind of socioeconomic support, whether in the form of job search support; provision of food and supplies for IDPs; microcredit programs; or handicraft and other income-generating activity training programs (for example, training in sewing, shampoo and soap making, organic fertilizer and pesticide



Former political prisoners participating in a focus group discussion in Yangon.

2.2.2. Access for Survivors of Conflict-related VAW

Survivors' responses confirmed what was reported by service providers in the EI data collection process: survivors of conflict-related or state-perpetrated VAW (at the hands of military, police or armed group perpetrators) face additional difficulties accessing VAW-related support services, including torture survivors. Survivors said that not all services are offered to women who have faced conflict-related violence, and that these survivors face additional barriers (for example, threats and fear of retaliation by armed forces) to coming forward to access support and justice. Even where services are available to survivors of conflict-related VAW, survivors reported that many do not dare access them.

2.2.3. Quality of Services

Survivors of VAW have first-hand knowledge of how beneficial, safe and effective different services are in terms of meeting their needs. The FGD participants explained that they don't feel there are enough health facilities in their communities, and that while existing health facilities offer treatment of physical injuries and generalized medical testing, they

do not take specific measures to identify and address the specific needs of VAW survivors (for example, by providing emergency contraception and HIV post-exposure prophylaxis (PEP); collecting and analyzing medical forensic evidence to help with prosecution against perpetrators; providing basic psychological counseling; and by providing referrals to other service providers.)

Survivors described psychosocial support services as being largely ineffective. They noted that none of the service providers they had encountered offering psychosocial support were trained as professional counselors and thus, could not accurately address the fear, confusion, shock, anger or numbness often experienced by VAW survivors, let alone their experiences of anxiety, depression, and/or post-traumatic stress disorder (PTSD). Survivors added that existing psychosocial support services only afford temporary help for survivors and that they do not have access to any longer-term counseling or therapy.

In terms of legal assistance, survivors explained that since villagers are not used to going to court, they are not likely to access these services, even when they are available. They explained that much more awareness is needed for communities on legal rights and procedures, particularly as related to VAW, and that this might help increase demand for legal aid services. Survivors also reported that while free legal services are provided in some places, in others, they are difficult to find; fees for lawyers can be prohibitive for VAW survivors seeking support.

Survivors described socioeconomic and livelihood support as being limited. While temporary resource provision and handicraft training can help survivors of VAW with short-term socioeconomic assistance, they do not always translate into longer-term income generating opportunities, which may make it difficult for women facing violence to leave abusive situations and/or become economically independent enough to provide for themselves and their dependents. Moreover, participants explained that survivors of VAW are not always targeted or prioritized for income-generating initiatives, and so they are not always able to benefit from this kind of support.

Women were not asked specifically about shelters, support for police reporting, or other types of services, though they did note that safe accommodation is something VAW survivors are desperately lacking in their communities (see section 2.2.5.). Participants also remarked that they do not know of any service providers that offer rehabilitation, resettlement and reintegration services for survivors, and stated this as another significant need, particularly for women survivors who have been displaced.

2.2.4. Survivors' Barriers to Access

Survivors named a series of barriers that they have faced in accessing VAW-related services in their communities. Several focus group participants said that they had faced threats from government authorities while trying to access services, and that they knew of service providers being barred by government authorities from conducting their operations. Survivors whose perpetrators have a notable reputation and high social status within the community stated that their fear of social stigma and retaliation made it difficult for them to report the crime and seek support. Others remarked that since they know there will be no accountability for their perpetrators (including those who belong to the military or armed groups), they have felt discouraged from taking action.



A mapping activity during a focus group discussion with Kachin women survivors.

Lack of access to financial resources was cited as another major barrier, as not all service fees are completely covered by supporting organizations. Survivors said that they face considerable difficulty accessing and affording transportation to reach services not based in their rural areas and IDP camps, especially in the rainy season.

Similarly, participants noted that communication facilities are lacking, particularly in rural and remote areas and IDP camps. Because of this, women cannot access information about essential services and cannot communicate with service providers about their needs and questions. Language barriers were also cited as a barrier to access – survivors noted that support services are often offered by organizations that operate in the Burmese language, and those who do not speak Burmese (or for whom Burmese isn't a first language) find it difficult to engage with them.

2.2.5. Survivors' Needs for Improved Access

Survivors were asked about what they believe is needed in order to improve available services and to improve access to those services for VAW survivors. Generally, they stated that there must be more information and awareness about available services made accessible to women. Many survivors felt strongly that more VAW-related services should be provided by both state and national government entities and that there needs to be an increase in government support (moral, technical and financial) for non-governmental service providers. Survivors also noted that with stronger and more reliable transportation and communications infrastructure in their communities, their access to existing services (including those located in main townships) could be improved considerably.

Many survivors felt strongly that more VAW-related services should be provided by both state and national government entities and that there needs to be an increase in government support (moral, technical and financial) for non-governmental service providers.

In terms of health-related services, survivors stated that trainings offered by health care providers need to go beyond simply training on public health issues and move toward empowering women with critical information – for example, by also providing rights-based training and helping to foster greater knowledge and understanding about VAW. Improved medical facilities and access to medications provided at low or no cost was another need stated by survivors, as was increased government support for organizations trying to provide such services. Survivors felt that professional counseling service centers should be embedded within medical facilities and accessible to women who have faced violence. They also stated that hospitals and medical centers could do more to provide specialized attention and services for VAW survivors and people living with HIV, for example by training more midwives and nurses on how to handle their cases sensitively and effectively.

To improve upon existing psychosocial support services, survivors felt that professionally trained counselors need to be the ones providing these services for VAW survivors. They suggested that survivors themselves could be trained in professional counseling in order to provide these services to other survivors. They stated that safe houses are direly needed, at least in every large township and again, they felt it would be important for the government to provide the support in order to set up well-equipped shelters. They noted a need for more opportunities to work together with other survivors, to provide essential support and encouragement in their respective paths to recovery. They

also said that women's organizations need office buildings where psychosocial support services can be accessed in safe, private, and professional environments.



Kachin women survivors participating in a focus group discussion activity.

For legal assistance, survivors felt that local CSOs need increased access to training on national and international law in order to understand women's rights to be able to relay that information to their clients. Survivors themselves need information and training on what their rights are and how they can exercise them within existing legal mechanisms. An increase in independent lawyer groups offering low-cost or free legal aid was cited as necessary for VAW survivors' increased access to justice, and survivors suggested that government agencies take responsibility for referring professional lawyers willing to work for affordable rates to their cases. Survivors also noted that they might have better access to legal assistance if there were more women lawyers and women police officers who were available to assist them, particularly if they were trained on how to handle VAW cases sensitively.

In terms of socioeconomic support services, survivors stated that much more diverse programs are needed in their communities, and that such services need to be made available in every township. Survivors said they need more vocational training and job placement opportunities, as well as chances to become further engaged as economic actors in agriculture and livestock farming. They felt that the government should again be tasked with providing such programs. Survivors suggested that organizations offering socioeconomic support could give priority to women who have faced violence and human rights violations as clients, and that IDP camp leaders could be given training on VAW issues and encouraged to support this prioritization.

3. Conclusions

Based on the data presented as a result of AJAR's and EI's data collection exercises, there are a number of key conclusions that can be drawn about the existing state of VAW-related service provision and access for VAW survivors to these services in Myanmar.

3.1. The majority of VAW-related services are provided by local civil society organizations with very limited resources.

This study suggests that the vast majority of VAW-related services are currently being provided by small, local CSOs with extremely limited resources. Provision of government programs and services focused on eliminating VAW is, by comparison, inadequate. Most civil society service providers have informal and unsystematic ways of referring survivors to other non-governmental service providers. There is weak communication and coordination between the government agencies responsible for addressing VAW and the small civil society organizations that are carrying much of the load of service provision.

3.2. Human, technical and financial investments in VAW-related services are insufficient.

Commitments to prevent and eliminate VAW are not being accompanied by adequate governmental budget and foreign aid allocations to support prevention and response services in Myanmar. Moreover, there are critical institutional, staffing and infrastructural improvements that are needed to provide effective networks, interventions for VAW prevention and response. The CSOs striving to meet the needs of communities and VAW survivors are struggling to come up with the funds necessary to do so, often relying solely on their own money and/or individual and community donations. The current operating budgets of service providers are very low, limiting their ability to improve service quality and expand their scope and reach to meet survivors' needs and address VAW at the community level.

3.3.VAW-related services are constrained in terms of scope, coverage and quality.

Services for survivors are currently limited in their ability to deliver a range of quality services across vast areas of the country. This is in part due to the low priority and insufficient investments made in addressing the problem, but also to the informal system under which they currently work. Service providers face difficulties in reaching out to rural and remote communities, especially where adequate transportation and communications infrastructure and facilities are lacking.

As a result, many survivors of VAW may not have knowledge about the help that is available and/or they may be restricted from accessing it. Where services do exist, they are not often comprehensive, but rather focused on providing one or a few services. Further, service providers' capacity – both in terms of their understanding of VAW issues and their capacity to provide quality, effective services (for example, long-term, therapeutic psychosocial counseling or evidence-based primary prevention programs) is in some cases limited.

3.4. Emergency 'frontline' VAW response is inadequate.

Emergency 'frontline' response (health, security and legal) services are not often able to address VAW cases sensitively, responsively or effectively. VAW survivors require minimum standards of 'frontline' support from the police and health and legal aid providers in order to meet their immediate needs. Based on the research, frontline responders in Myanmar are not equipped, trained or coordinated to address VAW cases with the specific attention, care and response needed by survivors. Rather, frontline services are offered generally to the broad population, and key opportunities to support and protect VAW survivors through these services are missed.

3.5. Community-level VAW-related services are uncoordinated and fragmented.

Formal, coordinated mechanisms for collaboration, referrals, information sharing, and data collection are lacking among VAW-related service providers. Service providers in one area tend to have some information about each other and the different services they each can provide – however, this information is not systematized, widely available, and

does not necessarily include all small service providers within or outside of a given area. Most interventions are planned and implemented in isolation from one another, resulting in incomplete and unevenly distributed services and ad hoc prevention efforts that are independent of response efforts.

Fragmented efforts at the local level mean survivors may not have access to comprehensive services or may be required to travel long distances and to multiple locations to receive them. Moreover, intake, referral and case management data is not likely to be systematized among service providers, putting the burden of coordinating and tracking their own medical, police and legal files on survivors' shoulders. This can affect service providers' ability to have accurate, consistent records that illustrate the nature and scale of VAW in their community, to track the needs of their clients and to offer follow-up support and services to them.

3.6. Reported negative interference by authorities constrains the ability of CSO service providers to carry out their work and prohibits survivors' access to key VAW-related services.

Reported negative interference (including cases of intimidation, threats, monitoring of community activities, and insistence on local administrations' exclusive handling of VAW cases) by government authority figures constrains the ability of CSO service providers to carry out their work and prohibits survivors' access to key VAW-related services.

At both the national and decentralized levels, all arms of government have a duty to address VAW in ways that engage survivors and their supporters holistically and sensitively. However, reports from service providers and survivors suggest that rather than working together with survivors to understand and address their needs, government authorities sometimes work against them. For example, when Special Branch police officers follow or question service providers working in communities, or when survivors are intimidated and/or discouraged by local government officials from seeking support services from CSO providers, rather than from the village administration. When this happens, authorities negatively interfere in provision of/access to critical services for survivors.

3.7. Improvements in VAW services in Myanmar will first require trust building between key actors and stakeholders

Improvements in VAW prevention and response services in Myanmar will require sound partnerships between a variety of key stakeholders with critical roles and responsibilities, including: government; parliamentarians; international organizations and donors; the private sector; the media; civil society and community-based groups; and VAW survivors themselves. Building and sustaining such partnerships can help create a better understanding and assure greater sustainability of VAW-related interventions. However, working in partnership among these stakeholders requires trust that each stakeholder will uphold its responsibilities and will respect the rights of other to uphold theirs. This trust is currently lacking, particularly between civil society/community-based groups/VAW survivors and government entities.

3.8. Relatively low demand for services among VAW survivors can affect the coverage and quality of available services, but limited coverage and quality of VAW-related services can also influence low demand.

There are many reasons survivors of VAW do not seek out services in Myanmar, including fear of stigma and judgment they may face from service providers, community members, families and friends; fear of retribution from VAW perpetrators; limited knowledge of their legal rights, the resources and services available to them; cost restrictions; restricted mobility and language barriers. Another factor that can significantly influence survivors' demand for services is poor quality of services provided (for example, from first responders like police and health care workers) and limited reach of service providers into their communities.

While low demand for services among VAW survivors may have an impact on the availability of quality and coverage VAW-related services, the low availability of quality services in a wide range of locations may also be influencing the low demand. Initiatives to increase demand for services and encourage survivors to come forward will require a mix of improving the quality, scope and reach of available services and eliminating reported barriers to access.

3.9. Socio-cultural gender beliefs and practices not only perpetuate VAW, but also inhibit survivors' access to services.

Socio-cultural beliefs and practices that promote gender inequality and discrimination not only perpetuate VAW, but also inhibit survivors' access to prevention and response services. Social stigma and sanctions imposed by communities on survivors of VAW have been suggested as one of the greatest barriers affecting access to VAW services in Myanmar. These social interactions are heavily influenced by norms, attitudes and expectations regarding men's and women's roles, status and behavior within the home and community (including as related to marriage, divorce, and women's sexuality).

Socio-cultural beliefs and practices can also serve to perpetuate VAW, socially sanctioning discrimination against women, placing them at a lower social status than men, and rendering their rights secondary to those of men or irrelevant altogether. In order to aid in the prevention of VAW and to improve VAW survivors' ability to seek support and justice, holistic interventions that engage community leaders who can influence the harmful attitudes and practices that enable ongoing violence must be a key aspect of an integrated response.

3.10. Existing VAW responses are not often reaching survivors who have faced violence at the hands of state and armed group actors.

Both service providers and survivors themselves have reported that survivors of conflict-related VAW and those who have faced violence at the hands of military, police or armed groups are often underserved and/or overlooked by existing VAW response services, including torture survivors. It is much more difficult for these survivors to come forward to access support and justice services, since the fear and danger of doing so may be extreme. Furthermore, for those who do come forward with reports of violence, dominance of their cases by government entities and military courts and tribunals can make accessing legal support and advocacy very difficult. While several service providers are aware of this and are willing to provide support to these survivors in any way they can, for others, the risks of becoming involved in these cases may be too great.

3.11. Ongoing impunity for perpetrators of VAW constitutes a significant barrier to effective VAW responses.

Widespread acceptance of violence against women, lack of political will, the dominance of military and security sectors over civilian authorities and inadequate legal protections and enforcement all contribute to pervasive impunity for perpetrators of VAW in Myanmar. This lack of prosecution of perpetrators (including members of the military, police and local armed groups) is a clear violation of international law and a breach of Myanmar's own commitments under international agreements and protocols.

Ongoing impunity for VAW depletes survivors' faith in law enforcement and justice systems, and discourages them from seeking support and justice services in response to violations committed against them. Moreover, the heavy influence of the military and their threats against civilians alleging abuse by the army, as well as the strong influence of local armed groups in communities, make it dangerous for survivors to come forward.

3.12. Effective monitoring and evaluation systems to measure success of services and interventions are largely non-existent.

Even though a vast body of knowledge has been accumulated among organizations from their years of service provision, VAW prevention and response services are largely being provided without effective monitoring and evaluation initiatives to determine which approaches are working and which are not. Without effective monitoring and evaluation, it is difficult to identify promising and good practices for VAW prevention and response in Myanmar and to determine how the picture of VAW perpetration and response is changing over time.

4. Recommendations

The conclusions drawn in section 3 give way to a number of recommendations for actors and stakeholders responsible for VAW prevention and response in Myanmar. These recommendations have been designed to address the study's conclusions to develop suggested ways forward to improve VAW-related service provision and increase access for VAW survivors in Myanmar. The table in Annex 1 provides suggested specific actions for implementing each recommendation.

4.1. The Government of Myanmar should take measures to advance accountability on VAW prevention and response.

The government of Myanmar has the primary responsibility and is obligated under its commitments to respond effectively to prevent, condemn, investigate and prosecute all cases of violence against women, including those perpetrated by military, police, and armed groups, and to provide remedies and access to justice for all VAW survivors, including those who have faced conflict-related violence.

Improved government efforts to implement existing international and national commitments laws and protocols (including the Beijing Declaration and Platform for Action, CEDAW, the UN Security Council Resolutions on Women, Peace and Security, the National Strategic Plan for the Advancement of Women; and the Declaration of Commitment to End Sexual Violence in Conflict) must be a critical component of advancing national accountability.

4.2. Government actors, international donors, international NGOs and private sector actors should increase the amount of resources and investments dedicated to improving VAW prevention and response.

Myanmar's existing commitments to effectively prevent and respond to VAW must be accompanied by adequate budget allocations. Furthermore, international donors, international NGOs and private sector enterprises operating in Myanmar should increase attention and resources directed to the issue of VAW as a central component of their in-country engagement strategies.

Increased funds and technical support should be directed primarily towards both

existing and burgeoning local and community-based service providers (particularly those in remote, rural and ethnic areas), rather than funneled through government entities or via INGOs.

4.3. VAW-related service providers, frontline responders and other VAW stakeholders should adopt a common, survivor-centered approach and improve their coordination.

A common approach among stakeholders should be agreed upon and adopted as a unified method of working to end VAW. The common approach should be survivor-centered – meaning that concrete measures should be taken to integrate survivors’ own experiences and input within all initiatives and strategies.

A closely coordinated response that is centered on this approach and involves key actors from the health sector, police, judicial and legal services, shelters and protection services, and religious and cultural groups can help ensure comprehensive services are delivered for survivors in a timely and sensitive manner.

4.4. International, national and local stakeholders should provide support to strengthen the technical capacity and knowledge of VAW-related service providers and frontline responders.

Capacity development of service providers and frontline responders is essential for improving support services and survivors’ access to those services. Strengthening technical capacity will require partnership and support from a range of actors, and can be achieved through a number of means (i.e. the development of standards of service practice/ protocols; provision pre-service and on-the-job training; workshops and/or exchanges with CSOs, etc.) Local service providers and frontline responders should be involved in the design and implementation of any such initiative for capacity development, rather than imposed by INGOs.

4.5. Stakeholders involved in sector-specific service provision should take steps to implement key improvements targeted to the needs of VAW survivors within their sector.

In addition to capacity building and training interventions for service providers and frontline responders, quality responses to VAW that are specific to the needs of survivors should be strengthened in each sector-specific service. Those providing health care, psychosocial support and counseling, security and law enforcement services, legal support and justice services, and socioeconomic support services each have responsibilities to ensure that their services meet the diverse and specific needs of VAW survivors.

4.6. Local, state and national government actors should ensure coverage of basic frontline services for VAW prevention and response in both urban and rural/remote areas of the country.

A basic package of VAW frontline response (including emergency health services, police responses, legal aid, shelters/safe spaces and psychosocial counseling/support) should be made available and accessible to all women in both rural/remote and urban/central areas. Frontline responses can be offered either as standalone services, within one-stop centers or integrated into health centers (including mobile health clinics), police stations and other locations where survivors might seek help.

4.7. VAW-related service providers and their supporting entities (government, donors, international partners, private sector) should prioritize evidence-based primary prevention initiatives for the entire population at community, state and national levels.

Prioritization of evidence-based primary prevention efforts at community, state and national levels can help to stop VAW before it occurs and can help build an environment in which survivors of VAW are supported, rather than discouraged to seek help.

This requires evidence-based interventions aimed at transforming gender norms and attitudes that can affect behaviour change over the long-term. Prevention efforts should take place through targeted and sustained local, state and national campaigns engaging government, civil society and the media.

4.8. Service providers, frontline responders and their supporting entities should develop coordinated systems for regular service-level data collection, analysis and evaluation.

Systems for consistent data collection and analysis should be built upon partnerships between service providers, frontline responders and other stakeholders in order to track survivors' cases and care, as well as to monitor demand for VAW-related services, number and types of services available within a community, and the capacity of different sectors to respond to survivors' needs.

Service-level data collection should use a standardized format for recording and reporting data that can be compared and collated from local, to state, to the national level. Data can be gathered from: law enforcement; courts, hospitals and medical facilities; shelters and safe houses; and VAW hotlines.

4.9. Government actors, service providers, frontline responders and their supporting entities should increase specific efforts to prevent conflict-related VAW and to prioritize access to services and support for survivors who have faced violence at the hands of state and armed group actors, including torture survivors.

Survivors who have faced VAW at the hands of state and armed group actors, including torture survivors, are often marginalized, lacking access to support and services in Myanmar. Drastic efforts should be undertaken immediately by government actors to prevent these types of violations and to ensure prosecution and punishment for their perpetration. Service providers, frontline responders and their supporting entities should urgently prioritize improving access to support services for these survivors.

ANNEX 1: TABLE OF RECOMMENDATIONS AND SUGGESTED ACTIONS

<p>Recommendation 1</p> <p>The Government of Myanmar should take measures to advance accountability on VAW prevention and response.</p>
<p>Suggested Actions</p>
<ul style="list-style-type: none"> • Demonstrate political will and commitment to prevent and respond to all acts of violence against women, including by publicly recognizing and condemning the scourge of VAW across the country.
<ul style="list-style-type: none"> • Scale up efforts to implement all of Myanmar’s international commitments related to preventing and eliminating VAW, including the Beijing Declaration and Platform for Action, CEDAW, the UN Security Council Resolutions on Women, Peace and Security, and the Declaration of Commitment to End Sexual Violence in Conflict.
<ul style="list-style-type: none"> • Act to legislate against VAW, ensuring wide consultation with a range of women’s civil society groups (including ethnic women’s groups) from across the country.
<ul style="list-style-type: none"> • Develop concrete plans with time-bound targets and engage in earnest activities to implement the National Strategic Plan for the Advancement of Women (NSPAW), in cooperation and partnership with women’s civil society groups (including ethnic women’s groups).
<ul style="list-style-type: none"> • Ensure an enabling environment where women’s civil society groups can conduct their activities without restrictions or fear of reprisal from government authorities or any other institution.
<ul style="list-style-type: none"> • End impunity for VAW by prosecuting and punishing all perpetrators – including Myanmar military personnel, police and members of other armed groups – in accordance with international law.
<p>Recommendation 2</p> <p>Government actors, international donors, international NGOs and private sector actors should increase the amount of resources and investments dedicated to improving VAW prevention and response.</p>
<p>Suggested Actions</p>
<p>For Government Actors:</p>
<ul style="list-style-type: none"> • Clearly address VAW in general budgeting processes, by engaging the Myanmar Ministry of Finance on its gender-responsive budgeting practices.
<ul style="list-style-type: none"> • Ensure that sector-specific institutions (particularly within the health, security, and justice sectors) also clearly address VAW in their own budgeting processes.
<ul style="list-style-type: none"> • Complement gender-responsive budgeting with costing exercises to determine the level of funding sufficient to deliver all needed VAW-related services.

For international donors, international NGOs and private sector actors:

- Invest financial resources directly to local civil society organizations (rather than through government entities or international NGOs), and particularly to community-based and ethnic women’s organizations, so that they are able to sustain and improve the quality, scope and coverage of their services.
- Increase private sector resources, including from foreign enterprises operating in Myanmar, directed specifically toward preventing and responding to VAW in the workplace and the communities where they operate.

Recommendation 3
VAW-related service providers, frontline responders and other VAW stakeholders should adopt a common, survivor-centered approach and improve their coordination.

Suggested Actions

For a common, survivor-centered approach:

- Integrate survivors’ own experiences and input within all initiatives and strategies.
- Involve survivors’ groups in a participatory way throughout the design and implementation of VAW interventions.
- Promote networks and linkages among survivors’ groups, build their capacity, and consult them in decision-making related to VAW prevention and service provision.

For improved coordination:

- Engage in inter-institutional negotiations for cooperation, develop Memoranda of Understanding, design referral and information sharing protocols, and other agreements.
- Develop shared minimum standards for service provision and establish joint client tracking, follow up, and data collection systems.
- Undertake collaborative efforts to produce systematic changes in attitudes, norms and practices within and among service delivery institutions themselves.

Recommendation 4
International, national and local stakeholders should provide support to strengthen the technical capacity and knowledge of VAW-related service providers and frontline responders.

Suggested Actions

- Conduct capacity needs assessments in collaboration with local service providers, including in the areas of knowledge, attitudes, behaviours and practices related to violence against women; skills, protocols, policies and infrastructure related to key services; and service data collection, monitoring and reporting systems.

- Enable direct exchanges among stakeholders and practitioners at local, national and international levels, to share relevant experiences, promising and good practices, lessons learned, tools and other resources.
- Develop tailored capacity development and resource sharing initiatives for different service providers, according to their needs. Local service providers and frontline responders should be involved in the design and implementation of any such initiatives, rather than imposed by INGOs. This may include training on:
 - Gender equality, women’s human rights and VAW;
 - Standards of care and response for frontline responders and service providers working in health, security, justice, shelters/safe spaces, and psychosocial and socioeconomic support services;
 - Intake tracking, case management and referral systems;
 - Basic crisis management, counseling and intervention skills;
 - Public outreach activities;
 - Legal literacy and basic paralegal skills;
 - Monitoring and evaluation;
 - Evidence-based successful and promising strategies for primary prevention.

Recommendation 5
Stakeholders involved in sector-specific service provision should take steps to implement key improvements targeted to the needs of VAW survivors within their sector.

Suggested Actions

For Health Services and Providers:

- Increase the availability and accessibility of free basic health services for VAW survivors, including in remote and rural areas.
- Increase the availability and accessibility of medical-forensic examiners to collect court-admissible evidence in VAW cases by training and certifying nurse practitioners who can perform these exams sensitively.
- Invest in infrastructure and equipment that will assist in the provision of VAW-specific services (ex. Private rooms for counseling; free transportation; medical-forensic examination equipment; rape kits and emergency treatments, including emergency contraception, PEP for sexually transmitted infections and HIV), along with targeted training and skill-building of employees to provide these services.
- Incorporate VAW into public health and community based education services and ensure information on VAW is available (both directly through medical consultations and through multimedia approaches) within community clinics.

For Psychosocial and Counseling Services and Providers:

- Increase the number of trained and/or certified professional counselors who can provide evidence-based psychosocial counseling practices for VAW survivors and specifically address the psychological and social trauma associated with experiencing VAW in its various forms.
- Train community counselors (including survivors themselves) who are equipped to provide qualified counseling services in informal settings.
- Promote peer-to-peer support groups.
- Ensure the availability of safe and private spaces for psychosocial support provision and set standards for protecting the privacy and safety of survivors undergoing counseling.
- Make available both short-term and long-term psychosocial support, in recognition that the psychological, emotional and social trauma experienced by VAW survivors cannot necessarily be addressed in a few sessions, but may take years of support in order to address survivors' needs.

For the Security and Law Enforcement Sector and Officers:

- Ensure commitment to seriously address VAW from security sector and law enforcement leadership and top management to ensure effective police responses.
- Promote increases in the number of police officers (both male and female, at all levels) who are specifically trained to address VAW sensitively and responsively.
- Establish specific VAW units or focal points within police stations with specifically trained staff (while continuing to ensure that all law enforcement officers receive training on gender equality and VAW).
- Make efforts to recruit female officers who may help address VAW reports with understanding and responsiveness, and gain the trust of VAW survivors.
- Raise awareness of positive police responses to VAW through community outreach, to improve trust between police and communities and promote zero-tolerance of VAW.

For the Justice Sector, Legal Support Services and Providers:

- Provide survivors increased access to free or low-cost legal assistance and representation through partnerships with women's groups and CSO service providers.
- Ensure independence and impartiality of magistrates and other members of the law profession.
- Work with traditional and informal justice systems to reduce impunity and increase survivors' access to justice.
- Ensure court room and legal proceedings are gender-sensitive and survivor-centered, (for example, by allowing private and separate interviews for survivors and perpetrators of violence by trained interviewers; ensuring safe space and security guarantees for survivors before, during and after judicial processes; and witness protection).
- Allow survivors to be accompanied in legal proceedings by advocates that can help provide them with ongoing information and support.

- Ensure that survivors have a right to actively participate in all stages of legal proceedings and to be informed about the process and progress of their case.

- Make available orders of protection/restraining orders that are mandated by the court and enforced by the police to keep perpetrators away from survivors and their families.

For Socioeconomic Support Services and Providers:

- Prioritize VAW survivors as recipients of socioeconomic support services in communities, particularly in communities that have been displaced.

- Diversify the range of socioeconomic support available to VAW survivors, including short-term financial grants to help with immediate health, counseling, legal and shelter expenses and longer-term training focused on women’s economic empowerment/independence.

- Ensure that vocational training programs and income generating project for VAW survivors also include support for job placement and/or business establishment.

Recommendation 6

Local, state and national government actors should ensure coverage of basic frontline services for VAW prevention and response in both urban and rural/remote areas of the country.

Suggested Actions

- Include in frontline service response:
 - Free local, state and/or national 24-hour hotlines/helplines to report abuse and life-threatening situations, staffed by trained counselors who can provide the appropriate service referrals;
 - Free medical and psychosocial support;
 - Effective security/police responses;
 - Affordable legal aid services;
 - Shelters or safe spaces for women and their children; and
 - Women’s support and self-help groups that are equipped with resources and capacity to provide crisis counseling, help with safety planning, and provide accompaniment as requested in medical examinations, police reporting and legal proceedings.

- Recognize and address the practical and logistical challenges women in urban and rural communities face in accessing services (ex. transportation, fees, hours of operation for services, etc.).

Recommendation 7

VAW-related service providers and their supporting entities (government, donors, international partners, private sector) should prioritize evidence-based primary prevention initiatives for the entire population at community, state and national levels.

Suggested Actions

- Work with communities, groups and institutions to reduce stigma for survivors and promote zero tolerance for VAW.
- Include public messaging addressing violence against women through radio, television, print media and other entertainment forms, including social media, that reach a wide audience.
- Raise awareness on legal rights of women, the recourse available to survivors of VAW and the penalties that perpetrators can face.
- Widely distribute information on available VAW-related services (through community activities, print media, word of mouth, and social media, as it becomes increasingly available).
- Engage key groups that have critical roles to play in preventing VAW, particularly men and boys; faith-based, cultural, and traditional leaders as well as village leaders and leaders of IDP camps; and other popular public figures and trusted members of the community who play a role in shaping community beliefs and practices.

Recommendation 8

Service providers, frontline responders and their supporting entities should develop coordinated systems for regular service-level data collection, analysis and evaluation.

Suggested Actions

- Organize among service providers and frontline responders to gather and monitor service-level data.
- Designate organizations who can conduct regular, participatory analysis and assessments to ensure that government commitments are being implemented and progress is being made among to fulfill survivors' needs and ensure access.
- Report on, publish, and disseminate findings on progress widely and regularly.
- Link monitoring efforts to periodic State Party reporting obligations to the CEDAW Committee and other international treaty bodies.

Recommendation 9

Government actors, service providers, frontline responders and their supporting entities should increase specific efforts to prevent conflict-related VAW and prioritize access to services and support for survivors of conflict-related VAW, including torture survivors.

Suggested Actions

To prevent conflict-related and State perpetrated VAW:

- Change the 2008 Constitution in order to place the military under civilian control and to ensure accountability for VAW;
- Enforce a clear policy of zero-tolerance of VAW within and among military, police and armed groups, and provide clear messages on serious penalties for violation of this policy.
- Investigate and duly prosecute and punish all VAW cases committed by military, police and armed group offenders, in accordance with international law and Myanmar's international commitments.
- Eliminate legal barriers to prosecutions of military perpetrators of VAW.
- Build the capacity of justice institutions to duly investigate allegations of conflict-related VAW.
- Provide pre-deployment and in-service training for military personnel and police on standard protocols for VAW prevention and response, and on consequences for VAW perpetration.
- Incorporate commitments to zero-tolerance on VAW, as well as to truth, justice and reparations for survivors of conflict-related VAW, into peace agreements and national political dialogue.
- Increase numbers of women in police and military units and the development of all-female units to improve relations with women and communities.
- Increase opportunities for women to participate in meaningful ways in political, economic and social initiatives related to conflict resolution and peace-building processes.

To improve access to support services for survivors who have been violated by state and armed group actors:

- Establish rehabilitation programs for women survivors of conflict-related or state VAW, including torture survivors. These programs should encompass multi-sectoral services that include healthcare, trauma support, reproductive health care, and assistance for aging populations, as well as access to capital through appropriate schemes for job creation, skills training and microfinance.
- Identify gaps to access, target and prioritize women survivors of conflict-related or state violence for delivery of existing services (in particular in health and socioeconomic support), particularly in rural ethnic areas.
- Establish empowerment programs, including higher education and diploma courses with prioritized enrollment for women survivors of sexual violence in conflict.

<ul style="list-style-type: none">• Increase information and awareness about available services made accessible to women survivors of conflict related or State perpetrated violence, including torture survivors.
<ul style="list-style-type: none">• Improve transportation and communications infrastructure for displaced communities in order to improve access to existing services.
<ul style="list-style-type: none">• Establish programs specifically designed to enable survivors of conflict-related or state violence safe access to justice, including affordable, civilian, and impartial legal assistance and practical access to justice institutions.
<ul style="list-style-type: none">• Duly investigate and prosecute individuals or institutions (government or non-government associated) that pose threats against survivors of conflict-related VAW against service providers working to help survivors of conflict-related violence.
<ul style="list-style-type: none">• Ensure support and protection from law enforcement institutions for survivors and service providers addressing conflict-related or State perpetrated VAW, ensuring that they will be able to access and provide services without fear.

**LIST OF SURVEYED SERVICE PROVIDERS BY
ADMINISTRATIVE DIVISION
(AS PER EI INTERVIEW DATA)**

Services Coded As:

- 1. Primary Prevention**
- 2. Health/medical Assistance**
- 3. Psychosocial Support**
- 4. Shelter/Safe House**
- 5. Police Reporting Assistance**
- 6. Legal Assistance**
- 7. Socio-economic/livelihood Support**
- 8. Other**

Name of Organization	Type of Organization	Township/Area	Services Provided
Ayeyarwady			
Aye Mya Yadana Free Clinic	CBO	Ma Oo Pin	1, 2, 4, 5
Department of Social Welfare	Government Organization	Ma Oo Pin	1, 2, 3, 5
Irrawaddy Women's Network	CBO	Ma Oo Pin	1, 3, 4, 5
Myit Tar Shin Women's Safe House	CBO	Ma Oo Pin	1, 2, 3, 7
Pyo Khin Thit Foundation	CBO	Ma Oo Pin	1, 4, 5, 7
Shan			
Danu Women's Network	CBO	Taunggyi	1, 3, 5
Shan Wives Association	CBO	Taunggyi	1, 3
Myanmar Women's Affairs Federation	GONGO	Taunggyi	1, 3, 5, 8
Cherry Image	CBO	Taunggyi	1, 3, 5
Shan Women's Action Network (SWAN)	CBO	Taunggyi	1, 2, 3
Perfect Public Development Program (PPDP)	CBO	Taunggyi	5
Pyi Kyi Khin	LNGO	Aung Pan	1, 3, 5
Shwe Inn Thu Women's Self-Help Group	CBO	Nyaungshwe	1, 3, 8

Tanintharyi			
Dawei Lawyer's Group	CBO	Dawei	1, 3, 5
Tavoyan Women's Union	CBO	Dawei	1,3,5,7,8
Department of Social Welfare	Government Organization	Dawei	1, 3, 6, 7
Chin			
Myoma Women's Fellowship	Religious Organization	Matupi	1, 3, 5
Matupi Youth Association	CBO	Matupi	1
(Anonymous Organization)	CBO	Matupi	1, 3, 4, 6, 7
Matupi Women's Organization	CBO	Matupi	1, 3, 6
Matupi Township Council Churches Women's Fellowship	Religious Organization	Matupi	1, 5
Kayah			
Karenni National Women's Organization (KNWO)	CBO	Loikaw	2, 3, 4, 5, 7
Care Myanmar	INGO	Loikaw	6, 7
Kayan Women's Organization	CBO	Loikaw	1, 2, 3, 6
Law Home Law Firm	CBO	Loikaw	6
Women's Safe House	CBO	Loikaw	2, 3, 4, 5, 6, 7
Myanmar Maternal and Child Welfare Association	GONGO	Loikaw	3

Department of Social Welfare	Government Organization	Loikaw	4, 7
Kachin			
Kachin Women's Association Thailand (KWAT)	LNGO	Myitkyina	1, 2, 3, 5, 7, 8
Htoi Gender and Development Foundation	LNGO	Myitkyina	1
Shing Nip/ Kachin Legal Aid Network	LNGO	Myitkyina	4, 5, 6, 7
Kachin Women's Association/ Kachin Independent Women Association	Political Group	Myitkyina	1, 7
Rakhine			
People for People	Sittwe	Sittwe	1, 3, 5
Rakhine Women's Network	Sittwe	Sittwe	1, 3, 4, 6, 7
Legal Clinic Myanmar	Sittwe	Sittwe	1, 3, 4, 5
Rakhine Women's Union	Sittwe	Sittwe	1, 2, 3, 4, 5, 6, 7, 8
Mandalay			
Pyi Kyi Khin	LNGO	Mandalay	1, 2, 3
Legal Clinic Myanmar	LNGO	Mandalay	1, 5
Myanmar Women's Affairs Federation	GONGO	Mandalay	1, 3, 5

Karen			
Women's Organizations Network (WON)	CBO	Hpa-An	1, 2, 5, 6
Karen Women Empowerment Group (KWEG)	CBO	Hpa-An	1, 2, 3, 5, 6
Palaung			
YMCA	Religious Organization	Lashio	1, 3
Ta'ang (Palaung) Women's Organization	CBO	Lashio	1, 3, 7
Sagaing			
Myanmar Women's Affairs Federation	GONGO	Kalay	1, 3, 4, 5
Mon			
Mon Women's Organization	CBO	Mawlamyine	1, 4, 5

**LIST OF SERVICES ACCESSED BY SURVIVORS OF
VAW BY ADMINISTRATIVE DIVISION
(AS PER AJAR FGD DATA)**

Services Coded As:

- 1. Primary Prevention**
- 2. Health/medical Assistance**
- 3. Psychosocial Support**
- 4. Shelter/Safe House**
- 5. Police Reporting Assistance**
- 6. Legal Assistance**
- 7. Socio-economic/Livelihood Support**
- 8. Other**

Name of Organization	Type of Organization	Township/Area	Services Provided
Kachin			
Kachin Women's Association Thailand (KWAT)	Community Based Organization (CBO)	Mai Ja Yang/China border area	2, 6, 7
BRIDGE	CBO	Mai Ja Yang/China border area	2, 7
Wunpawng Ninghtoi (WPN)	CBO	Mai Ja Yang/China border area	2, 7
Kachin Independence Organization (KIO)	Political Group	Mai Ja Yang/China border area	2, 7
Kachin Women Union (KWU)	CBO	Myitkyina	2
UNICEF	INGO	Myitkyina	2
Kachin Baptist Church (KBC), Roman Catholic Church (RC)	Religious Group	Myitkyina/Bhamaw, Kutkai, Northern Shan State	2, 3, 7
Government-run hospitals and pharmacies	Government Organization	Myitkyina	2
Artsen Zonder Grenzen/Medecins Sans Frontieres AZG/MSF (Holland)	INGO	Myitkyina	2
Care Myanmar	INGO	Kachin/Northern Shan State border area	2
Shalom Foundation	Local NGO	Myitkyina/Bhamaw	3, 7
Metta	Local NGO	Myitkyina/Bhamaw	3, 7
Shingyiyn Kachin Lawyer Group	Lawyer Group	Myitkyina	6

U Ma Hka (private legal practitioners)	Lawyer Group	Myitkyina	6
Legal Aid Network	Lawyer Group	Mai Ja Yang/China border area	6
Shan State Kachin Lawyer Network	Lawyer Group	Kachin/Northern Shan State border area	6
Kachin Women Association (KWA) (women's department of KIO)	Political Group	China Border, Laiza, Maija Yang	7
KARUNA	INGO	Myitkyina, Kutkhai, Northern Shan State	7
UNDP	UN Agency	Myitkyina	7
UNHCR	UN Agency	Myitkyina, Laiza, Mai Ja Yang	7
Union Solidarity and Development Party (USDP)	Government/ Political Party	Bhamaw	7
Demark Refugee Council (DRC)	INGO	Myitkyina, Bhamaw	7
Solidarity	INGO	Bhamaw	7
Yangon			
Thu Kha Clinic	Private Foundation	North Dagon	2
NLD-funded HIV center	Private Foundation	South Dagon	2
U Win Tin Foundation (Shwe Pyi Hein)	Private Foundation	Tamwe Township	2
Muslim medical service hospital	Religious Group	Kyauktada Township	2
Htun Foundation	Private Foundation	Hlaingtharya Township	2

Assistance Association for Political Prisoners (AAPP)	CBO	Thingangyun, Yangon	2, 3
Women's Organizations Network (WON) (through support of AJAR)	CBO	Kamayut Township	3
Myanmar Lawyers' Network	CBO	Hlaingtharya Tsp	6
Legal Aid Network	CBO/NGO	Hlaingtharya Tsp, Insein Tsp.	6
Karen			
Government-run Hospitals	Government	Kyauk Gyi	2
Medics trained by border-based NGOs (Back Pack/KDHW /Mae Taw Clinic in Mae Sot)	CBOs	Various	2
State-run Courts	Government	Kyauk Gyi	6
KNU Courts	Political Group	Kyauk Gyi	6
Christian Social Service and Development Department (CSSDD)	Religious Organization	Kyauk Gyi regional office	7
Karen Development Network (KDN)	Local NGO/CBO	Kyauk Gyi/Yangon head office	7
Karen Baptist Church (KBC)	Religious Organization	Kyauk Gyi/Yangon head office	7

