

## **Rapid Assessment Protection situation of Women and Girls --Rakhine Humanitarian Response**

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*GBV is a life-threatening protection issue primarily affecting women and children. All humanitarian actors have a responsibility to take action from the earliest stages of an emergency to prevent GBV and provide appropriate assistance to survivors.*  
*--IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings, 2005--*

### **1. Objective**

The main objective of this rapid assessment is to identify the protection needs of women and girls living in the IDP camps, although it also tried to explore further on protection issues related to men and boys, but due to limitations in time and source of information, it focuses on risks and threats identified and faced by women. The assessment was lead by the GBV AoR Advisor<sup>1</sup> on mission to Myanmar, in collaboration with UNFPA, UNHCR and DRC. It is based mainly on information gathered through focus group discussions (FGDs) with IDP women, direct observations from the interviewers, and information collected from key service providers. Due to the available logistical support, the information was collected primarily from the Sittwe, Pauktaw and Myebon camps. A total of 18 FGDs were conducted in 11 locations, including Muslim IDPs, Rakhine IDPs and the Muslim host community<sup>2</sup>. Other locations will be assessed and further findings will be included in future reports.

This report does not provide information on the current prevalence of gender based violence (GBV) in the affected areas, but it assesses risks and threats, and identifies entry points for programming on GBV prevention and response. The objective is to influence humanitarian partners that are currently involved in the response to address the specific needs and protection concerns of women and children, particularly girls, in order to minimize the risks of GBV and to promote a multi-sectoral response with services for survivors in the current context.

While there are some limitations of the assessment with regards to geographical coverage, time frame and pending verification of the FGD information, this rapid assessment provides information which can serve for further in-depth assessments related to protection, GBV and gender mainstreaming.

The report is to be circulated internally among the humanitarian actors engaged in the response to support and guide programme interventions to best address protection concerns of the affected population in line with the “do no harm” principle and to those engaging on GBV related programming.

### **2. Key Concerns**

Some of the key observations and findings related to the needs of women, and protection concerns include:

- All FGDs reported that some form of GBV is occurring. Some noted that they have heard of it and in few cases, stated that it has occurred within the community, such as sexual harassment, sexual abuse and domestic violence.
- The main needs reported by IDP women relate to lack of clothing, food, livelihood opportunities and education.
- Mental health and the need for psychosocial support are critical across all affected population, men and women, particularly among Muslim IDPs.

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<sup>1</sup> Gender Based Violence Area of Responsibility of the Global Protection cluster

<sup>2</sup> For the purpose of this report, it will be referred to affected population in three categories: Rakhine IDPs, Muslim IDPs, host Muslim community and Rakhine village.

- Increased tension between host community (Muslim) and IDPs (Muslim) in Sittwe and Pauktaw camps.
- Limited protection-related services in the affected areas, particularly a lack of women-safe spaces, protection monitoring and counseling.
- Restricted movement of women within some of the Muslim IDP camps due to cultural norms; limited opportunity for women to gather and discuss issues that concern them.
- All of the IDPs have needs but the IDP Muslim community has the most critical needs and vulnerability to further risks and threats, due to restriction on movement and access to services, displacement to areas other than those of origin which has resulted in a breakdown of social norms, traditional protection and coping mechanisms.
- Risk and threats identified mainly relate to:
  - Remote locations such as Phwe Ya Kone (Sittwe camps), Pauktaw and Myebon camps.
  - Camps with no access to WASH facilities where IDPs must go to insecure areas for defecation at night time, thus increasing their risk to sexual harassment and physical attacks.
  - Camps where there is hostility from surrounding villages, either within the same community (Sittwe camps) or surrounded by villages of a different ethnicity/religious background (such as Muslim IDP camps surrounded by Rakhine villages in Pauktaw and Myebon). This also limits their movement to collect firewood, search for livelihoods or access to other services.
  - Increased tension within households due to lack of livelihoods, food and increased anxiety due to current displacement situation, resulting in domestic violence.
  - Overcrowded conditions in camps and households leading to sexual harassment and other forms of GBV.
  - Lack of privacy for women and girls in camp and shelter.
  - No specific breakdown on vulnerability in aid distribution despite the identification of single female headed households in FGDs<sup>3</sup>.
- Disruption of family planning/ reproductive health services since displacement. Most FGDs mentioned they used to access family planning services in the areas of origin as of now they have not been able to access them. Overall there was request for the injection as family planning method, as women did not want to get pregnant in the current context.
- As displacement is prolonged, the rainy season approaches, and resources become scarce, increased desperation could lead to potential risky/unsafe behaviour by the affected population, including child labour, forced labour which can lead to trafficking and sexual exploitation, as well as commercial sex work.
- Most affected population, particularly the Muslim host communities and IDPs, rely on village/ camp leader and/or committees to solve disputes, and to report any safety and protection issues, including sexual violence. As they rely on this structure for protection, mediation and reporting of such cases. It is important to note that normally these structures downplay the adequate response to sexual violence.

### 3. Methodology and coverage

The assessment was lead by the GBV AoR Regional Advisor<sup>4</sup> on mission to Myanmar, in collaboration with UNFPA, UNHCR and DRC. The assessment was comprised of focus group discussions with women and some with men leaders or members of committee, direct observations by the interviewers, and informal meetings with service providers. A total of 18 FGDs were conducted in 11 locations, including locations comprised of Muslim IDPs, Rakhine IDPs and Muslim host community. Each FGDs took about approximately one hour, and were based on a standardized questionnaire adapted from the GBV AoR global assessment tool kit (see Annex 1). Most FGDs were conducted in the Sittwe and Pauktaw camps as they were situated in easily accessible locations one FGD took place in Myebon, and other locations will be assessed after this report, since there were limitations with time and logistics. The table below represents the breakdown of location and participants:

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<sup>3</sup> In one of the camps in Myebon, according to data collected by the community there are a total of 150 female headed households out of 805 households.

<sup>4</sup> Gender Based Violence Area of Responsibility of the Global Protection cluster

Site	Village/ IDP camp	Number of FGD	Female	Male	Total
Sittwe Camps (Muslim)	Phwe Ya Kone	1	12	0	12
	Palin Pyin	1	14	0	14
	Say Tha Mar Gyi	1	22	0	22
Sittwe village (Host community-Muslim)	Khaun Doke Khar village	2 (male and female)	25	4	29
	Say Tha Mar Gyi village	2 (male and female)	16	5	21
Rakhine IDP camps	Set Yone Su	1	13	0	14
	Dohn Taik Kwin	1	8	0	8
Pauktaw (Muslim IDPs)	A Nauk Ywe	2 (village committee and female)	14	3	17
	Sin Tet Mow	4 (female host, female IDP in host, female IDP in camp)	33	1	34
	Nget Chaung	2 (female IDP)	28	0	28
Myebon	Myebon	1	10	0	10
<b>TOTAL</b>	<b>11 locations</b>	<b>18 FGDs</b>	<b>195</b>	<b>13</b>	<b>208</b>

#### 4. Background

The inter-community conflict between the Rakhine Buddhists and Muslim Rohingyas in Rakhine State started in early June 2012 and resurged in October 2012. It has resulted in mass displacement and loss of lives and livelihoods. As of early November 2012, the number of people displaced in Rakhine State has surpassed 115,000, of whom about 75,000 individuals have remained displaced since June and over 36,000 people were displaced following a resurgence of violence in late October 2012. Others fear for violence but are unable to move and have had restricted access to livelihood, food, and medical services.

On November 16, 2012, the Rakhine response plan was revised and published to guide the provision of assistance to 115,000 people, including people displaced by both the June and October incidents and those who need urgent humanitarian aid. Gender-based violence (GBV) cases affecting girls and women have been reported. It is believed that, as in other humanitarian emergencies, the GBV cases are under-reported and there are extremely limited services for survivors available in either villages or the IDP camps.

There are ongoing efforts to scale up humanitarian interventions but there are still insufficient psychosocial, medical, or legal services for referrals as well as insufficient protection monitoring and reporting for both affected communities. This is due to a number of factors including: current limitations on service providers and organizations engaged in the response, lack of availability of trained national staff for protection programming, insufficient financial resources and lack of capacity of government in protection. It is important to state that the country in general has a weak legal system to protect and respond to the needs of GBV survivors. According to a report from the Gender Equality Network on Myanmar Laws and CEDAW, "There are no specific definitions of gender discrimination or penalties for such acts of discrimination as violence against women in the Constitution of 2008. Descriptions in the Penal code, 1860, of offences involving sexual and gender-based violence do not reflect the contemporary values of Myanmar society, and do not

adequately address women's lived experiences of violence. Marital rape is only criminalized if the wife is younger than 14, and there are no specific laws to prevent domestic violence and to allow women to seek restraining orders". There are efforts currently to draft a national law on violence against women, and an existing National Strategic Plan for the advancement of women for 2012-2021 which is led by the government with support from civil society, UN and INGOs.

While globally, gender inequality and discrimination are the root causes of GBV; various other factors determine the type and extent of violence in each setting. In emergencies, there is often a breakdown of law and order and an increase in criminal behaviour and human rights violations. Norms regulating social behaviour are weakened and traditional social systems often break down. Women and children may be separated from family and community supports, making them more vulnerable to abuse and exploitation due to their gender, age, and dependence on others for help and safe passage. Additionally, humanitarian actors may inadvertently increase the risks facing women and children (girls especially) in the context of receiving aid. Children in emergencies may be at particular risk of GBV given their level of dependence, their limited ability to protect themselves, and their limited power and participation in decision-making processes.

Despite the challenges, the Protection Working Group for the Rakhine humanitarian response is mobilizing efforts to ensure multisectoral coordination to prevent and respond to GBV ensuring mainstreaming of protection concerns across all sectors to support identification of vulnerabilities and actions to minimize risks and threats to the affected population.

## **5. Findings: Specific needs and protection concerns per sector**

In all of the FGDs, food, livelihood and permanent shelter was mentioned as the main concerns of the affected populations. While assistance is needed throughout the region, the most critical needs were identified in Muslim IDP camps, particularly those in Pauktaw, Myebon and remote areas, followed by Muslim IDPs in Sittwe camps, the host Muslim community and finally the Rakhine IDPs. This is primarily due to the restriction on movement, lack of access to services, livelihoods and trade. While Rakhine IDPs, have similar needs to the other affected population, they have freedom of movement which allows for them to access livelihoods and government services, particularly in terms of protection.

The most critical needs expressed by women referred to food, clothing, livelihoods, the desire to return to their villages/communities, and provide education for their children. In terms of safety, many mentioned that the Pauktaw and Myebon IDP camps were unsafe due to hostility from the surrounding Rakhine villages. In the Palin Pyin (Sittwe camp), insecurity was due to hostility between host Muslim and IDPs, particularly in areas with no WASH facilities or ability to travel to collect firewood.

A summary of the findings per sector:

### **5.1 Health**

All communities reported they had some access to health facilities, mainly mobile health clinics provided by INGOs and Government, while for Rakhine IDPs, the town hospital. Issues of concern included: limited access to clinics in the camps, distance to clinic settings particularly in communities where women have restricted movement, short consultation time by doctors in the IDP camps (due to triage based on urgency of needs), and lack of referral available for specialized doctors. Prior to the displacement, the IDPs had access to the town/village clinic/hospital.

Related to maternal health and reproductive health needs, all Muslim host and IDP communities mentioned that childbirth is conducted mainly through traditional birth attendants (TBAs) at home, while some are now accessing mobile clinics. IDP Rakhines mentioned that they go to hospital although they have TBAs. In all FGDs with Muslim IDPs/hosts, it was mentioned about cases of mothers or born child who have died during birth during displacement or in the past months due to complications or illness.

Family planning was accessible to most communities before displacement in the hospital/clinics in the area of origin. For Muslim IDP women, they have been unable to access it since the displacement, although some mentioned they can purchase contraceptive pills in some shops in Sittwe camps. Most of them used to use injection for birth control, and would like to access it again, since they recognized the current challenges in the camp and would not like to become pregnant in their current displacement situation. In host Muslim villages, family planning was not reported as widely used.

During the assessment, due to time constraints it was not possible to interview health staff to identify any issues related to health response to sexual violence, but through observations and informal discussions, it became evident that health staff are not trained on clinical management of rape, neither is the community sensitized on access to services for GBV survivors. At the time of the assessment, UNFPA was in process of receiving and distributing Reproductive Health emergency kits to related health actors, as well as providing sensitization on MIS<sup>5</sup> to health staff including clinical management of rape.

## **5.2 Psychosocial support and Mental Health**

The assessment team observed high levels of distress and anxiety in the affected population of both the Rakhine and Muslim populations due to current displacement situation. Among the Muslim community, it was observed to be more severe, particularly in the communities recently displaced by the clashes in October who seemed to be still traumatized by different events that occurred during the conflict. This is based on observations and information shared during FGDs. For specific mental health and psychosocial needs, ACF has recently conducted an assessment that can provide more details on these observations.

When asked about their fears of the other community, women from both Muslim and Rakhine communities mentioned they base their fear on the impressions that they had from the conflict, and on rumors or information that they heard about continuing violence. Although there were some concrete cases mentioned through the FGDs on both sides, there was no opportunity to verify the information.

Due to the lack of activities and restricted movement in the camps (particularly the Muslim camp), both men and women reported feeling very depressed about their current situation. They feel hopeless and fear for the future. When asked about what they do all day, most of them, (particularly Muslim IDPs) mentioned that they have nothing to do, so they sleep and they worry a lot about what happened to them and their homes, as well as thinking and worrying about the future. Women spend some time on household chores such as cooking or taking care of the children but then there is not much more for them to do. Men are engaged in some of the camp activities or they wander around the camp, according to the information provided through the FGDs.

Women reported to feel good having the FGD, they mentioned that they like to be able to talk to someone about their problems and be listened to, and would like to have more space for women to gather and discuss their problems, as well they requested to have activities such as tailoring or embroidery to learn something while they are limited on what they can do in the camps. Similarly they requested Myanmar language lessons so they can communicate more with others.

Women also mentioned their concerns for the men saying that they also need to talk to other people and share their problems. Many of the men are becoming very anxious with their situation and in several FGDs, women said that their husbands cry and also feel hopeless since they can't work and provide for the family. The situation is also resulting in increased tension and fighting in the family. In some FGDs, women reported an increase in domestic violence but at the same time they also said that there is nothing to do about it - they can only tolerate it as they have nowhere to go. In

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<sup>5</sup> Minimum Initial Service Package for Reproductive Health in Emergencies

one case in Sin Tet Maw, a woman from the host community mentioned that when her husband comes home and she complains about not having food, he beats her up. She reported this to the village leader who called both of them to try to mediate but the situation continues.

As the displacement situation continues, the mental health condition of the population will continue to deteriorate, particularly for Muslim community and the IDPs in particular who face restricted movements and more. Experience in other situations of prolonged displacement tell us that this can result in an increase in violence particularly between the host and IDP communities - not only physical violence, but also sexual harassment and abuse, domestic violence and abuse of power. There is a critical need for more services providing counseling and psychosocial support for the affected population in order to reduce the impact of the trauma experienced, but also as a peace building initiative to prevent further violence resulting from the current distress.

The current existing psycho-social support services available include: Save the Children through child friendly spaces and breast feeding corners, ACF through breast feeding and nutrition centers targeted to both female and male caretakers, and a MSF mental health programme in Pauktaw. UNFPA is in the process of implementing Women Friendly Spaces (WFS) in some of the affected locations which will serve as referral for psychosocial support for GBV survivors in those communities. Although targeted mainly to women, the WFS will engage male outreach workers to work with men in the community

### **5.3 Food**

In the FGDs, food was mentioned as the major concern for all affected population interviewed. All of them reported that they have received food rations at least once since displacement. Rakhine IDPs mentioned the limitations on their livelihood activities and income which has resulted in less access to food than normal. For the Muslim host communities, they referred to the issue of restricted movement meaning that they cannot work as usual resulting in less or no income. Similarly, their paddy fields are currently being used as IDP camps so they expressed concern on the availability of food for the coming months. Some of the host community women, particularly elderly single female headed households, mentioned that they would like to move to the IDP camps so they can access food aid.

Women in both the Muslim IDP and host communities mentioned current arrangements between host communities and IDPs to share food aid. In some cases, it was reported by IDPs that this practice is resulting in tension, mainly over the control of the committees by the host community who manages the food distribution. This was particularly mentioned in Palin Pyin (Sittwe camp) and Sin Tet Maw (Pauktaw). In host communities in Sin Tet Maw, they saw it as positive to have the IDPs in their village because now they can receive some aid and feel more protected as they are now a larger number.

An increasing tension between Muslim host communities and the IDPs was observed, particularly related to food access and distribution. As resources will become more limited in the coming months and during the rainy season, this tension can be exacerbated and may lead to future violence. In Palin Pyin, FGD participants told of a case of five women who were physically attacked by unknown men while walking with the food after distribution. For men, there were threats of physical attacks. Both Muslim host villages reported theft at night from outsiders, taking both animals and food.

### **5.4 Shelter**

Overcrowded conditions in the IDP camps have resulted in lack of privacy for women. This was mentioned in all sites. Most household contain from 6 to 10 people living in the same shelter. IDP women, both Muslim and Rakhine reported tension in the family as the space has become too small and they all have to sleep in crowded conditions. Most of them mentioned that they cannot sleep outside because they do not feel safe. Although no specific case was mentioned of sexual harassment within the family, through international experience and available data in emergencies, overcrowded living situations have the potential to result in sexual harassment and molestation within the family by close family members or neighbors.

Both Muslim and Rakhine IDPs mentioned issues with the bamboo shelters since teenage boys and some men like to spy through the holes of the shelter with teenage girls. This concern was shared with the Shelter coordinator and while some measures can be done to reinforce the bamboo wall, this will also cut circulation of air resulting in possible health consequences. The more sustainable solution would be to work further with the same community on behavior change.

Concerns about the upcoming rainy season were mentioned, particularly in Pauktaw, including fears of flooding and being unable to relocate to their villages before the rain starts. When asked what they plan to do - most men and women mentioned that they are waiting for the government to relocate them. In one location, they mentioned that those with available resources will leave by themselves to a safer area if needed.

Lack of private spaces for women was observed throughout, particularly in Muslim IDP communities. In host communities, the layout generally provides more privacy and protection. It was observed that breast feeding centers run by ACF and Save the Children, also served as a private space for lactating mothers and at the time of the assessment, as mentioned before, UNFPA was in the process of establishing women friendly spaces.

## **5.5 WASH**

Most sites have some access to WASH facilities. Those sites visited that had no WASH services were in Pali Pyin due to government restrictions on providing services to the community while they await relocation to Pauktaw. Similarly in the Pauktaw camps visited, they were currently in the process of being provided with WASH facilities.

In locations with no access to latrines, women reported safety concerns as they have to go to the toilet at night time in order to not be seen by men in daylight. The women go in pairs or groups for protection because they fear physical attacks or harassment by men. When asked about specific incidents, most of them were too shy to reply or stated that they did not know – however the risk and threat was identified by the respondents and not instigated as a question by the assessors. In Pali Pyin (Sittwe) and A Nauk Ywe (Pauktaw), when men go to the toilet at night, they also go in pairs for protection as they fear physical attacks from host Muslim and Rakhine villages respectively.

In both IDPs Muslim and Rakhine, women mentioned the need for private bathing facilities, particularly as many of them (Muslim IDP) only own one change of clothing and when they bathe, they must wait for their clothes to dry which restricts their movement. A model for women's bathing facility was designed by the Shelter coordinator in consultation with the women in some communities and should be used further by all WASH programmes. It is relevant to mention that across organizations WASH coordinators have been proactively engaging to coordinate and address protection and gender-related issues in their programme interventions.

## **5.6 NFIs**

Most women Muslim IDPs reported clothing, not only for themselves but for their children, as a major need as most of them have only one change of clothes. In some cases, both host and IDP Muslims mentioned the need for head scarves. In one location, they mentioned that one of the young girls was not able to attend the Madrasa school because she did not have a head scarf.

Sanitary clothes for women in reproductive age was also mentioned in all locations. Most of the women do not have access to sanitary pads when they are menstruating. Some alternative practices were mentioned such as the use of dirty clothes to sit on it for a few times a day but the lack of soap to wash the clothes was a problem. Other women said that they don't go out or limit their movement when they are menstruating since they don't have sanitary cloths.

At the time of the assessment several organizations, including UNHCR, DRC and UNFPA, had distribution of sanitary/hygiene kits in the pipeline for some of these locations.

Firewood was also mentioned as a priority for Muslim IDPs primarily. Some women reported that they had to sell some of the food aid to buy firewood along with other food supplies. IDP communities which had good relationships with the host community reported no protection issue collecting firewood in the surrounding host community fields. Those such as Palin Pyin who reported hostility with surrounding villages, don't go too far because of fear of harassment and attacks. For IDP communities in Pauktaw and Myebon which are surrounded by Rakhine villages, participants said that they fear going for firewood collection. In A Nauk Ywe, women mentioned that they send children to collect firewood since they can collect dry leafs from trees and climb trees without going too far, while for adults they have to go far and are afraid of any possible attack. The situation was similar was for Nget Chaung.

## **5.7 Education**

Most women in all locations mentioned their concerns about their children not being able to access education. Although Rakhine IDPs have access to schools, many don't have the money to send their children. In the two host Muslim community villages visited, one reported that the school was damaged as it was used as a shelter and in the other one, they had the school but the teacher was not available. For IDP Muslims in the Sittwe camps, most of them have a Madrasa school which is for both boys and girls from age 5 to 12 years old. It functions in two shifts from 7 to 10am and from 2 to 4pm. Most women said that they would like for their children to attend government school. Previous to the displacement, mainly boys but also girls had access to schools although, particularly in rural areas, the girls helped with the household chores. Now neither boys nor girls above 12 have access to any type of education. Women also mentioned the interest for themselves to learn Myanmar language and some basic literacy lessons.

There is a current plan from UNICEF to start children education programmes for affected population in coordination with the government.

## **5.8 Livelihood**

In all locations, loss of livelihood was mentioned as one of the major concerns by women. In Rakhine IDPs, women either dedicated their time as housewives or were involved in trade and selling in the market before the displacement. But many said that most of their trade was with the Muslim community and now the market is suffering as the trade of their products is not producing much income for them. For women selling food in the market, due to rumors of poisoning of some vegetables and fruits by Muslims, some people are hesitant to buy these products from them.

For the host Muslim community, they used to have active trade in Sittwe town and many of them were shop keepers, or worked in the fishery or prawn industry. Now due to their restricted movement and limited access to their paddy fields, both men and women expressed their concern and worries about not having their regular access to livelihoods and concerns for income generation in the future.

For IDP Muslims from Sittwe areas, the women used to work mainly in domestic work or trade in market and men had shops, worked as rikshaw drivers, traded in the markets, engaged in construction or auto repair. It varied in each community. For those displaced from Pauktaw, most of the work for men and women were around fishery and trade. For Sin Tet Maw, those displaced had shops and business in town.

While Rakhine IDPs have limited access to livelihoods, they continue to have more access than the affected Muslim population whose need and vulnerability is higher. The host Muslim community was observed to have some access to land, crops and some livelihoods, which will become more and more limited as time goes by. For IDPs, there was almost no access to livelihoods and they remain dependent mainly on humanitarian aid.

For more specific information, refer to the UNDP Livelihood assessment.

For female headed households, particularly those with elderly widows or those women with physical or mental disabilities, specific protection concerns related to livelihoods in all locations was higher as these populations'



dependency is higher and they must rely on community support, particularly for protection. In some locations, widows as young as 22 years old with four children were identified. These women have difficulties accessing aid and are more vulnerable to abuse and harassment. Due to lack of data, it was not possible to assess the number of widows due to previous or recent conflicts. In A Nauk Ywe (Pauktaw) out of 14 women in the FGD, 6 were widows and 4 of those lost their husbands during the conflict in October.

As situation of displacement prolongs, the rainy season approaches, and resources become scarcer, there is an increasing potential for dangerous behaviour by the affected population, this includes child labour, forced labour which can result in trafficking, sexual exploitation, as well as prostitution. Livelihood activities need to target the most vulnerable households particularly single female headed households and those with higher vulnerabilities.

## **5.9 Customary practices and Mediation Mechanisms**

Considering the limited time of the FGDs, customary practices for mediation and protection issues were not explored in detail, but through the discussion some information was gathered related to marriage and mediation.

Average age of marriage was mentioned across communities to be between 16 and 20, although in Muslim IDP and host communities, we came across many young mothers who married at age of 14 or 15. Communities did not openly report on underage marriages.

The practice of dowry is used in both Rakhine and Muslim communities, although in the Rakhine community, it was said to be paid in form of gold or cash and the groom's family pays to the bride. In displacement, many are not practicing it or they are not engaging in marriages. For the Muslim host and IDP communities, it is practiced with the family of the girl paying to the groom's family. The payment reported varies per community ranging from 200 to 1000 USD (in local currency). In some communities, they have agreed to delay payment upon agreement that if there is a divorce for any reason, the bride's family has to pay immediately. In other communities marriages are not taking place because families don't have the money to pay the dowry right now. This may also result in families giving away girls in marriage to unknown people or at a younger age in order to escape the burden of dowry payment. Girls can also be at increased risk to engage in forced labour, trafficking or sexual exploitation.

For mediation and reporting of protection issues such as sexual violence, both communities report to the village/camp leader. For Rakhine IDPs, these issues can be reported to the village leader who later reports to police or village administrator, and follow in line with legal procedures if needed, although the existing government services also have very limited capacity to respond to such cases. For host and IDP Muslim communities, they report to the village/camp leader and also to committees. If the cases are mediated or reported for further action, the committees liaise with the other village/camp leaders or report to the security forces in the camp. In some cases, there were police or military as camp patrols as observed in some areas of Sittwe Muslim IDP camps, as well as the IDP camps of A Nauk Ywe and Sin Tet Maw. This was mentioned as useful for cases where the perpetrator was an outsider to the community.

Only in two Muslim IDP communities did the participants mention mediation practices where the survivor of rape has to marry the perpetrator if she is single or where the perpetrator has to pay a fine to her family if she is married. In extreme cases, such as in one of the IDP communities in Pauktaw, women mentioned that if a rape case were to happen, if the perpetrator was from the community, it would be solved in the committee, but if it was from Rakhine village, the survivor might commit suicide.

Restriction on women's movement as part of their customary practice was only noticed in the host community in Sin Tet Maw and IDPs in Nget Chaung where women could not leave their home. In other sites visited, women were able to move out of their shelters and engage in other activities.

Women's participation in both Rakhine and Muslim communities is limited, particularly in committees and decision-making. In the two Rakhine IDP camps, women did not take part on camp committees, similar to the Muslim IDP camps

where in some communities, women are taking part in committees (on average one or two women per 10 men). This inclusion is as result of committees established through different organizations.

Because of the limited geographical coverage it was not possible to have further information on customary practices of IDP Rakhine or Rakhine villages in remote or rural areas, so most information refers to Muslim community from the sites visited.

It is relevant to understand customary practices, particularly harmful traditional practices, because some aid delivery and programming can further contribute to its practice resulting in increased risks for women and girls particularly. For example any livelihood or cash programme should work closely in sensitization to the community on changing practices of dowry payment, otherwise the cash will be used to pay expensive dowries, money which should be use to meet nutrition, health and other basic needs.

Similarly through camp management, engagement with village leaders and committees is needed to train them on protection including child protection and GBV as they are the main focal point for communities for reporting and taking further action in these cases.

## **6. Protection concerns and identified risks**

The main objective of the assessment was not to identify individual cases but to gain a better understanding from the community about risks and threats which can inform service providers on how to minimize and address them. Similarly considering the lack of services on the ground at the time of the assessment it was not ethical to collect such data.

Protection is overall the major concern for the current displacement, particularly of the muslim IDPs, considering relocation and return is based on guaranteeing the safety at the areas of return. Despite the gender, both men and women face risks related to possible physical attacks or harassment, particularly in areas where there is tension with surrounding community/village. While gender based violence can be experienced by both men and women, girls and boys, through the information received through the FGDs, most related to women and girls, although further in depth assessments can be conducted to understand prevalence of any form of GBV, such as sexual violence affecting men and boys.

Through the information provided is it possible to identify major threats which increase the risks for gender based violence, particularly to women and girls in the areas of displacement, such as sexual violence and domestic violence. The increase vulnerability of single female headed households, including widows, and families with a large dependency rate (for example families with many daughters due to customary practices) are at a higher risk of gender based violence if we based the analysis on the equation of Risk = vulnerability (x) threats. The assessment identifies the threats which are further increasing the risks to GBV, particularly to sexual violence. Although at the time of the assessment it was not possible to collect accurate data on individual cases, it is understood that by the anecdotal data, analysis and observations that there are cases of GBV taken place in the areas of displacement including cases which took place during the conflict, but due to lack of services and ethical considerations, this data was not investigate it at this stage, although it should be done further once services are available for survivors.

The main risks and threats identified trough the FGDs relates to:

- Remote locations such as Phwe Ya Kone (Sittwe camps), Pauktaw and Myebon camps.
- Camps with no access to WASH facilities where IDPs must go to insecure areas for defecation at night time, thus increasing their risk to sexual harassment and physical attacks, particularly women and children, although men also reported fears of physical attack.
- Camps where there is hostility from surrounding villages, either within the same community (Sittwe camps) or surrounded by villages of a different ethnicity/religious background (such as Muslim IDP

camps surrounded by Rakhine villages in Pauktaw and Myebon). This also limits their movement to collect firewood, search for livelihoods or access to other services.

- Increased tension within households due to lack of livelihoods, food and increased anxiety due to current displacement situation, resulting in domestic violence.
- Overcrowded conditions in camps and households leading to sexual harassment and other forms of gender based violence.
- Restriction on free movement outside of areas of displacement.
- Lack of privacy for women and girls in camp and shelter.
- No specific breakdown on vulnerability in aid distribution despite the identification of single female headed households in FGDs<sup>6</sup>.
- Limited protection related services providing protection monitoring and reporting.
- Limited/ lack of referral services available for GBV survivors which guarantee safety and confidentiality.
- Community mediation practices which can result in further violence to the survivors.

Through the FGDs the following forms of GBV were reported by women: domestic violence (physical and verbal), sexual harassment, mainly referring to when they go for unsafe areas for defecation at night or going further distances for firewood collection, and in Myebon it was mentioned related to security forces, which was already reported and addressed by the community. While sexual abuse was less reported; the few cases mentioned took place within the community and in one camp was mentioned about sexual abuse which took place during the conflict.

Given the current scenario and the threats identified, there is a potential risk for increase on gender based violence as the situation of displacement prolongs. This is particularly for domestic violence and sexual violence within the community and by outsiders targeting women and children, due to their vulnerability and higher dependency. Other forms of GBV related to exploitative situations such as child and forced labour, trafficking, child/forced marriage, sexual exploitation and commercial sex, are likely to take place, if not happening already, due to the limited access to aid, livelihoods, deterioration of living conditions in the camps, and increased vulnerability of the affected population, particularly Muslim IDPs.

### **6.1 Referrals and protection related services**

Although the assessment did not look into details availability and quality of services related to protection, it was possible to observe and to engage informally with service providers in the camps where FGDs took place.

There is an overall limited capacity of services available throughout for the affected population, mainly to Muslim IDPs. For protection, given the ethnic/social dynamics of the current displacement, it is further limited given the capacity of government services such as the Social Welfare Department and the restricted movement and access from Muslim community to basic services such as health, police and judiciary, which are key sectors for multi-sectoral response to gender-based violence.

For Rakhine IDPs, access to services such as police and health was not an issue and referrals take place through the camp/township leader, if not directly to the police. For Muslim IDPs and Muslim host community, cases of protection are reported to the camp/village leader or committee, for cases within the community mediation was practiced, while for cases mentioned by outsiders such as security forces, it was addressed directly with government by the village leaders. This is according to the information provided through the FGDs.

Services available remain few, for Sittwe IDP Muslim camps services available related psychosocial are Child Friendly Spaces by Save the Children and Breast feeding corners by ACF and Save the Children, although these services do not

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<sup>6</sup> In one of the camps in Myebon, according to data collected by the community there are a total of 150 female headed households out of 805 households.

target directly GBV, it provides counseling which can be available for the community should the survivor seek support. UNFPA/FXB Women Friendly Spaces were in process to be established, which will provide trained staff for counseling and referrals of GBV cases. In Pauktaw, MSF provides a mental health programme through the Health mobile clinics, which will be counseling for both women and men in general distress. Psychosocial support programmes are challenge by the limited availability of qualified staff, particularly female staff from the community.

Health services identified in Sittwe IDP camps are provided through mobile clinics by MMA, MRCS, and MSF in Pauktaw camps (other organizations might be providing health services which are not mentioned in the report). main challenge particularly in Sittwe camps is the availability of the doctors, who go for very short visits, lack of female doctors and privacy for physical examinations, for which referral for GBV cases is limited. Emergency referrals for health related cases is done to the Sittwe town hospital, to which humanitarian organizations have restricted access to the facilities, limiting significantly care for survivors of GBV in severe cases, guaranteeing confidentiality and safety. UNFPA was to conduct training on MISP (Minimum Initial Service Package) in 10 affected townships through MRCS, which will include half day session on clinical management of rape to health staff from government and I/NGOs. To which is expected to increase capacity on health response to GBV.

Security and safety is delegated by the community to the village/camp leader in both Rakhine and Muslim IDP camps, although in Rakhine IDP camps there is easy access to Police and Judiciary services. For Muslim IDPs and host, due to their current status and displacement situation, access to security is extremely limited and for GBV cases mediation is used if it takes place within the community, while if outsiders were involved, the village leader/committee decides on action to report to police/military providing patrol in the camps or to humanitarian agencies. Concerns remain for cases where mediation is used which can caused further violence to the survivor, particularly given the lack of shelters or safe homes for relocating survivors who face security and safety risks. OCHA and the Protection working group are looking into initiatives to train government in areas of safety and security related to protection monitoring and reporting, as well as through camp management to sensitize and train village/camp leaders and committees in protection, including GBV and Child protection, given their key role in mediation and reporting such cases.

Despite the limitations the protection working group is mapping available services and developing referrals<sup>7</sup> which can be used for protection related cases in the specific locations. For GBV, UNFPA in coordination with UNHCR have mobilized efforts to train staff from key services to address GBV, and to ensure a minimum presence of service provision through Women Friendly Spaces and Multipurpose centers to serve as a safe space for counseling, and to engage with camp management (which has recently been initiated) and other services such as health and psychosocial, to ensure some capacity to respond to the needs of GBV survivors. While also liaising with the Social Welfare Department and related government bodies for greater engagement and advocacy to address some of the main challenges faced for access, safe and confidential referrals.

## **7. Recommendations**

- For all Humanitarian organizations to ensure conflict analysis in programme interventions and aid delivery ensuring the “do no harm principle”
- For WFP and Camp Management to look further in current internal conflict between Host and IDPs in muslim camps due to food distribution and management of distribution committees.
- Advocate with State Government to provide emergency latrines in areas where is yet not allowed due to relocation plans such as Palin Pyin camp.

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<sup>7</sup> See Annex 2 for draft referral flow chart for GBV

- Train staff related to counseling through Child Friendly Spaces and Breast Feeding corners on basic counseling skills for GBV response, considering the limited availability of trained staff and their community presence.
- For remote areas, through consultations with community to seek solutions for lighting through solar panels either as site lighting or through torches to promote safety.
- Promote further training to Government bodies on GBV in the particular humanitarian contexts to seek stronger engagement particularly from Social Welfare Department in addressing safety and security in the camps and for referrals for GBV survivors.
- Considering the limited capacity for response to GBV, all sectors need to take serious commitment to address specific protection needs and concerns of women, men, boys and girls, through their specific sector to prevent GBV and to minimize the risk to further harm and violence.
- Identify vulnerable households particularly single female headed households and ensure specific measures are provided on delivery of aid and programming to address their specific needs.
- To provide training and ongoing engagement with village/camp leaders and committees on protection related issues and their role to monitor, report and sometimes mediate such cases, considering safety, confidentiality and respecting the wishes of the survivor. Promote participation of women in all camp committees, providing previous training to enhance their role in decision making.
- For Yangon based actors engaged in Gender and Protection work to mobilize efforts to provide services in Rakhine to both Rakhine and Muslim communities particularly on psychosocial support, establishment of women protective spaces, counseling, protection monitoring and skills training.
- Ensure adequate allocation of resources and technical capacity in GBV related programming and coordination
- For specific sector recommendations, please see GBV sector action sheets (Annex 3)
- Ensure Protection is a key component of contingency planning efforts, particularly on protection monitoring and availability of safe spaces.

## **8. Available resources and technical support**

For on site available technical support, the Protection Working (PWG) group for Rakhine response lead by UNHCR based in Sittwe, meets in a weekly basis to discuss key protection concerns, joint initiatives to address these issues, such as mapping and referrals. Similarly efforts are undergoing to promote capacity building initiatives in protection, child protection and GBV. Coordination for GBV takes place under the PWG through the leadership of UNFPA. Despite limited capacity and available resources, efforts are in place, such as this rapid assessment, to promote further mobilization of resources, programming and technical support to ensure adequate multi-sectoral prevention and response to GBV in the current complex context.

For further consultation, there are significant number of resources and tools such as guidelines and sector action sheets which can be used by other sectors to ensure adequate mainstreaming of Gender and GBV, as well as training manuals, online courses and guidelines for GBV and protection actors to provide adequate GBV programming in emergencies. Key resources to consult further (See Annex 4 detailed list of resources):

Gender Based Violence area of Responsibility (GBV AoR) One Response website: <http://gbvaor.net/>

- Handbook for coordinating GBV interventions in Humanitarian settings

## GBV AoR RRT\_Rakhine Humanitarian Response\_February 2013

- IASC Guidelines for GBV in interventions in Humanitarian settings
- Guidelines for developing Standing Operating Procedures
- Caring for Survivors Training pack
- Caring for Child survivors in Humanitarian settings
- Sector specific action sheets for prevention and response to GBV

E-learning course Managing Gender-based Violence Programmes in Emergencies (UNFPA)

- Website: <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>
- E-learning course companion guide: <http://unfpa.org/public/home/publications/pid/10495>

For further information or technical support, the author of the report can be contacted by email, Ms Devanna de la Puente Forte, IASC GBV AoR Regional Advisor for Asia Pacific, email: [delapuenteforte@unfpa.org](mailto:delapuenteforte@unfpa.org)

## 9. Annexes

Annex 1- Guide and Questionnaire used for Focus Group Discussion

Annex 2- Draft referral flow chart for GBV cases (general)

Annex 3- GBV action sheets per sector (WASH, Camp Management, Shelter and NFIs)

Annex 4- GBV resources

Annex 5- Brief Protection mainstreaming

Annex 6- Matrix Sectoral concerns per location\_OCHA Rakhine