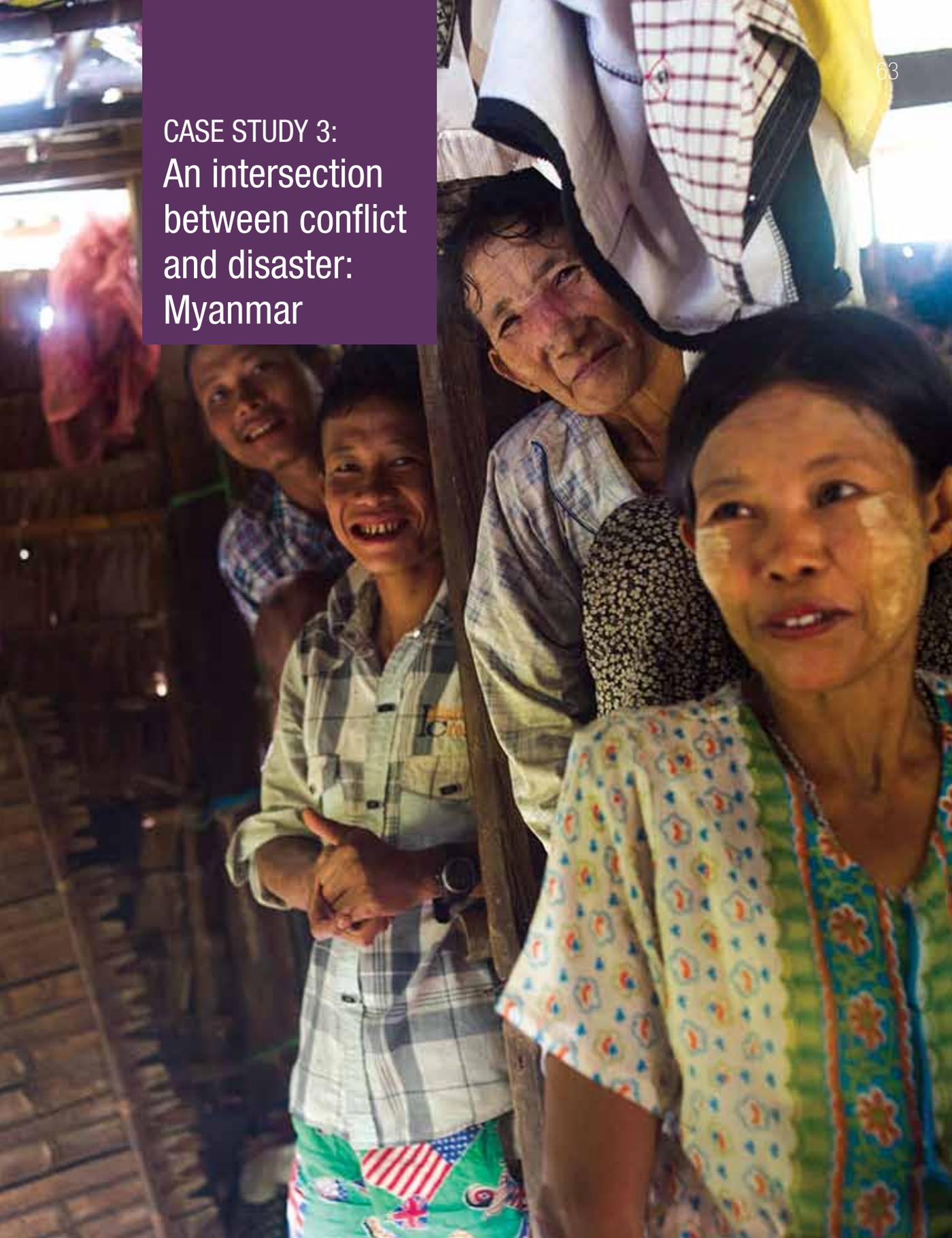


CASE STUDY 3:  
An intersection  
between conflict  
and disaster:  
Myanmar



# 1. Executive summary

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The International Federation of Red Cross and Red Crescent Societies (IFRC) is advancing the development of policy research to support advocacy and action for enhanced response to and prevention of gender-based violence (GBV) in disasters. To further this objective, the IFRC commissioned a global study on GBV in disasters in 2015, including nine case studies across the Asia-Pacific, Africa, Latin America and Caribbean and Europe regions. Ranked as one of the 'most at risk countries,'<sup>92</sup> Myanmar was chosen as a case study. Prone to cyclones, earthquakes, and drought, it is estimated that 2.6 million people in Myanmar were affected by cyclones; 500,000 affected by floods; and 20,000 affected by earthquakes in the decade between 2002 and 2012.

Qualitative research was undertaken in both Yangon and Naypyidaw from 24 June to 6 July 2015. In total 32 interviews<sup>93</sup> were conducted, involving 60 people from government, non-government and International agencies, as well as the Red Cross movement. Two focus group discussions (FGDs) were also conducted with women at an antenatal clinic and with women attending a childcare training. These interviews were supplemented by desk research on the legal and policy framework for both GBV and disasters in the Myanmar context, including 14 evaluation reports on Cyclone Nargis. **No GBV survivors were interviewed for this research. The results do not reflect actual GBV prevalence during Cyclone Nargis, but rather views of public authority and humanitarian actors on strengths, gaps and limitations of the overall GBV prevention and response mechanisms during the Myanmar disaster context.** Additional limitations include the inability to directly interview people affected by the disaster and the lack of available data.

## Key findings

There were two divergent views among respondents about GBV in the post Nargis context. Interviews conducted with government departments, national NGOs and executive/senior management of the Myanmar Red Cross Society (MRCS) revealed that either GBV did not occur or was very limited. These interviewees all indicated culture and family as the main reason for the absence of violence and identified religion, gender equality and law and order as key protective factors. These views ran contrary to a number of other interviewees, who reported that violence did occur during Cyclone Nargis. When these respondents were asked why others may not have heard of GBV occurring during past disasters, they mentioned issues of stigma, shame, lack of awareness and cultural attitudes such as 'it's just what happens' (and therefore

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<sup>92</sup> UN Risk Model

<sup>93</sup> Agencies involved included: 2 government departments; 2 Myanmar national NGO's ; 5 UN/INGOs; 3 local NGOs; Myanmar Red Cross Society (MRCS); IFRC (Myanmar); ICRC (Myanmar); IFRC and 3 partner National Societies.

isn't considered abnormal or violence) as key reasons. The lack of information on what was happening in the aftermath of Nargis was also identified as a contributing factor.

This research contends that GBV most likely did occur. This conclusion is drawn from documented evidence and that 33 per cent of respondents [14 people] in this research indicated that it did. Over half of these respondents occupied fieldworker roles during the Nargis response and cited specific examples of GBV they had heard of or directly responded to. The lack of baseline data on GBV in Myanmar makes it difficult to quantify the extent of GBV or whether there was an increase in GBV during the disaster. However, based on the documented level of GBV in the daily life of women in Myanmar, and from the voices of women's groups who have looked into this issue, it is highly probable that GBV would have been an issue for many women and girls affected by Nargis.

There were also a number of key factors specific to the disaster that would have heightened the risk and incidence of GBV, including many female-headed households living in camps or village settings, and the chaos and confusion immediately after the cyclone that created an environment conducive to opportunistic crimes, along with the issues of ongoing family violence that may have been occurring pre-disaster. While there is evidence that a few agencies considered gender in parts of their disaster response within Nargis, such as ensuring greater participation of women in consultations and decision-making, considerations of GBV were not evident in government, local or international agency responses to Nargis. It was also clear that rarely (if ever) was the exploration of women's/girls' safety needs and risk or experience of GBV considered or integrated into data collection tools. Even though both government and many humanitarian actors in Myanmar expressed a desire to know more about such interventions, there is an overwhelming lack of awareness on GBV and the implications for disaster response.

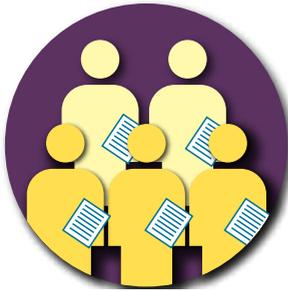
## Recommendations



### To all actors

- **Include** GBV prevention and response and an emphasis on women's, men's, boys' and girls' safety at all levels of disaster preparedness and planning.
- **Strengthen local capacity to prevent and respond to GBV during and after disasters by specifically investing in training of disaster responders at all levels.**

- **Ensure** that all data collection tools, but especially baseline data collection tools used during and after disasters, include questions on women's, men's, boys' and girls' safety, possible signs of GBV and existing support systems and services to which people can be referred to and funding can be provided by donor agencies. This data should be disaggregated by sex, age and disability.



### To government actors

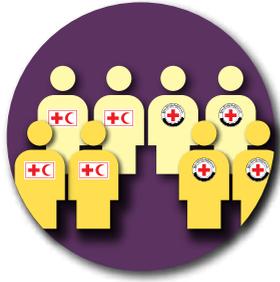
- **Establish** a multi-sectorial, inter-ministerial response team for women's, men's, boys' and girls' protection concerns during and immediately following disasters. Members should include the Department of Social Welfare, Relief and Resettlement; the Ministry of Home Affairs (the Police), key members of the Gender Equality Network and the Myanmar Consortium for Community Resilience, the Myanmar Maternal and Child Welfare Association, the Myanmar Women's Affairs Federation and the Myanmar Red Cross Society.
- **Bring into force** the *Prevention of Violence Against Women (PVAW)* law for strengthened legal response and amend the *Evidence Act*, so hospitals do not have to ask police permission when examining sexual assault and rape survivors. These actions are in line with Resolution 3 on "*Sexual and gender-based violence: Joint action on prevention and response*" passed in December 2015 at the 32nd International Conference of the Red Cross and Red Crescent. Myanmar and 189 other member states signed on to this resolution.
- **Integrate gender and GBV** into National Disaster Management Law (2013) and ensure it is included in the response plans as a priority when implementing the protection of "infants, the elderly, the disabled and women (especially pregnant women or mothers and suckling mothers)."<sup>94</sup>



### To civil society and network actors

- **Develop clear protocols and best practices** for locally appropriate support to GBV survivors during disaster settings. The Gender Equality Network and the Myanmar Consortium for Community Resilience should take the lead in the development process.

<sup>94</sup> National Disaster Management Plan, 2013



## To the IFRC and Myanmar Red Cross (MRCS)

- **Prioritize** the implementation of the IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming through local and branch level trainings on how to use and integrate this tool into preparedness and response plans.
- **Engage** with agencies, organizations and working groups focusing on GBV and women's issues in order to develop more effective programming. Specifically, MRCS should consider partnerships and long-term engagement with the Gender Equality Network (GEN), the Myanmar Consortium for Community Resilience (MCCR), the Women's Organization Network (NOW) and the Building Resilience and Adaptation to Climate Extremes and Disasters (BRACED).
- **Strengthen** communication and reporting mechanisms within IFRC and NSs, so that data and analysis on GBV is fully understood by all relevant actors involved in the humanitarian response and preparedness programs.
- **Integrate** GBV prevention and response into all facets of disaster programming, including prevention, assessment and responses. Specifically, use the Red Cross Red Crescent (RCRC) Vulnerability and Capacity Assessment (VCA) tools and ensure that a gender and diversity analysis is integrated.
- **Continue implementing** early intervention and awareness programmes on GBV prevention and response, such as the enhanced Violence Prevention module for the community based health and first aid package (CBHFA), which includes messages on GBV prevention.<sup>95</sup>
- **Develop** holistic and survivor centered medical response during disasters, including the minimum initial service package (MISP) and psychosocial support.

<sup>95</sup> This Violence prevention module is currently being piloted in Bangladesh, Mongolia and Vanuatu.

## 2. The context



Map 1: Cyclone Nargis Route: <http://www.earthoria.com/cyclone-nargis-orphanage-thailand.htm>

### 2.1 Country background

Myanmar<sup>96</sup> is ranked as one of the ‘most at risk countries’ in the Asia Pacific area with a high likelihood of a medium to large-scale disaster occurring every couple of years.<sup>97</sup> The country experiences heavy rainfall and floods regularly, and is prone to cyclones, earthquakes, landslides, and drought. In addition, Myanmar lies on one of the world’s two main earthquake belts.<sup>98</sup> In the ten year period from 2002-2012 it is estimated that in Myanmar:

- 2.6 million people were affected by cyclones;
- 500,000 affected by floods; and
- 20,000 affected by earthquakes.<sup>99</sup>

On 2- 3 May 2008 Myanmar was affected by a Category 3 cyclone, the worst natural disaster in the history of Myanmar and the eighth strongest cyclone ever recorded.<sup>100</sup> It is estimated that 140,000 people died<sup>101</sup> and 2.4 million were affected.

<sup>96</sup> Myanmar’s population of 54 million (51.5M in 2008) is made up of over 135 different ethnic groups. The country is categorized as one of the world’s least developed nations, ranking 150 out of 187 countries in the 2014 Human Development Index (HDI). Health status is a particular concern with life expectancy at 65.7 years and an under five-mortality rate of 77.77 deaths per 1000 live births. Key causes of infant mortality are: respiratory disease; diarrhea; malnutrition and malaria.

<sup>97</sup> OCHA (2012). *Myanmar: Natural Disasters 2002-2012*. Retrieved 13 July 2015. <http://reliefweb.int/map/myanmar/myanmar-natural-disasters-2002-2012>

<sup>98</sup> Myanmar Consortium for Community Resilience. (2014-15?). *Myanmar Consortium for Community Resilience Factsheet\_0*. Retrieved 13 July 2015. [http://www.actionaid.org/sites/files/actionaid/mccr\\_factsheet\\_0.pdf](http://www.actionaid.org/sites/files/actionaid/mccr_factsheet_0.pdf)

<sup>99</sup> OCHA (2012) op cit.

<sup>100</sup> ASEAN (2009). *A Bridge to Recovery: ASEAN’S Response to Cyclone Nargis*. Jakarta, Indonesia. Retrieved 13 July 2015. <http://www.alnap.org/resource/5917>

<sup>101</sup> ASEAN op cit. (2009).

Myanmar is in a state of economic, political and social transition.<sup>102</sup> At the time of Cyclone Nargis, the military government headed by the State Peace and Development Council (SPDC) was in power. While there have been significant political and economic reforms since that time, calls for constitutional change have not been met, particularly the fact that an automatic 25 per cent of parliamentary seats still go to the military. There continues to be ongoing conflict with ethnic communities leading to the displacement of populations in the eastern and southeastern regions of Myanmar.<sup>103</sup>

## 2.2 Disaster and GBV responders

Myanmar is a signatory to the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) and the Sendai Framework for Action 2015-2030. In 2013 the Government of the Union of Myanmar (GoUM) also declared the *Natural Disaster Management Law, 2013*. The focal point of the GoUM for disaster preparedness and response is the Ministry of Social Welfare, Relief and Resettlement (MSWRR).

Cyclone Nargis provided an impetus for change to disaster management, including the:

- 2008 establishment of a Disaster Risk Reduction Working Group (DRRWG) that is now comprised of 53 organisations led by a steering group that includes the UN, INGO, local NGO and MRCS;
- 2009 establishment of three Emergency Coordination Centres (ECC) in Naypyidaw, Yangon and Mandalay, with support from the United Nations Office of Coordination of Humanitarian Affairs (UN OCHA)
- 2013 the *Natural Disaster Management Law, 2013* (NDM law) was declared.

The NDM law governs all aspects of disaster management. Key to the implementation of the law is the formation of the *Natural Disaster Preparedness Central Committee* (NDPCC), the highest decision-making body for disaster management. This committee coordinates eleven sub committees as well as controls the screening and activities of international organizations, foreign countries, local organizations and volunteers. It is also responsible for activating the MRCS if assistance is required. Declaration of an area as disaster affected, including specifying the period of time, still rests with the President. The Vice President of Myanmar chairs the NDPCC and the Ministers for MSWRR and Ministry of Home Affairs (MHA) are Vice-chairs. Region or state offices of the MSWRR are responsible to undertake disaster management activities at the local level under the supervision of the relevant Region/State NDM body.<sup>104</sup>

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<sup>102</sup> Shwe, T A (2013). *Cyclone Nargis 2008- Human resourcing insights from within the Myanmar Red Cross*. Human Resources for Health Knowledge Hub, Sydney, Australia. Retrieved 13 July 2015. and the World Food Programme (2015).

<sup>103</sup> World Food Programme (2015) op cit.

<sup>104</sup> Myanmar Disaster Response Preparedness – OCHA website <http://www.unocha.org/myanmar/about-ocha-myanmar/disaster-response-preparedness> and the Disaster Risk Reduction Sector site- Myanmar Information management Unit <http://www.themimu.info/sector/disaster-risk-reduction>

The NDM law specifically identifies that the department/organization assigned responsibility for disaster management shall also “give priority and protect infants, the elderly, the disabled and women (especially pregnant women or mothers and suckling mothers).”

There are a range of UN, local agencies and INGOs working in the field of disaster risk reduction and disaster response in Myanmar. With the relaxation on laws governing agencies and civic organizations, more working groups and consortiums have developed. The Myanmar Consortium for Community Resilience (MCCR) is one group<sup>105</sup> comprised of both INGO and local agencies working with the DRRWG. Regarding the specific needs of women affected by Nargis, the establishment of the Women’s Protection Technical (WPT) working group, chaired by UNFPA, had a pivotal role. Prior to the establishment of this working group, issues for women were largely dealt with in the *Protection of Children and Women cluster* with child protection taking precedence. Women’s issues, at the time, were largely viewed through their role of ‘mothering children’ rather than the variety of roles they take on after a disaster or conflict situation.

Continuing after Nargis, this group became the Gender Equity Network (GEN), driving significant legal and social changes regarding gender and GBV within Myanmar.

Finally, given the restriction on international agencies during the Nargis emergency, most of the life-saving work and initial responses were managed by local people, village leaders, monasteries and churches and local agencies including the Myanmar Red Cross Society (MRCS), who built upon “extremely robust community level coping mechanisms”<sup>106</sup>, alongside government led response. MRCS has had an ongoing presence in Myanmar since. Its committee members are government-appointed officials with authority and roles that greatly influence the activities of the MRCS.<sup>107</sup> It recognizes its status as auxiliary to the government with its mandate formally recognised through the *Standing Order on Natural Disaster Management in Myanmar*. The relationship between MRCS and the government reflects the challenges faced by Red Cross Red Crescent National Societies in transitioning states as compared to National Societies where democracy is more stable.

<sup>105</sup> MCCR is comprised of Plan, Oxfam, ActionAid, HelpAge International, YWCA as well as local agencies Action Centre La Faim and Social Policy and Poverty Research Group. Some of their concerns include: (1) institutional capacity to assess, analyze and address disaster risk remains low, (2) NDM law fails to address needs of specific vulnerable groups, (3) processes and decisions fail to include vulnerable people

<sup>106</sup> Turner, R. Baker, J. Myo Oo, Z. & Aye, N.S. (2008) *Inter-Agency Real Time Evaluation of the Response to Cyclone Nargis*. Retrieved 18 July 2015. <http://www.alnap.org/resource/8296>

<sup>107</sup> Shwe, T A (2013). Op cit.

At the time of Nargis the key agencies for women included the two national NGOs:

- The Myanmar Maternal and Child Welfare Association (MMCWA) and
- The Myanmar Women's Affairs Federation (MWAFF)

both of which have committees and branches down to the district and township levels. Other women's based NGOs and faith-based groups focused on women were small in number and size and had limited resources and capacity, yet many were able to mobilize support to respond to Nargis.<sup>108</sup>

## 2.3 GBV in MYANMAR

Noting that GBV does not only affect women, but that women and girls are the most affected by GBV globally, it is important to mention that there are increasing opportunities for some women, in particular educated women in urban settings to access services and livelihoods. Yet, for many women in Myanmar, there remain significant gender inequalities and barriers in their daily lives. This is most pronounced at the village level, where women in waged positions in the agricultural sector have not reached income parity with men. There are distinct gender roles for women and men at the village level with women's roles aligned with household management and men expected to be primary income earners.<sup>109</sup> Formal and informal leadership is also primarily limited to men though; men and women have equal rights to inherit land should they work the farms of parents. While equally entitled to education, males tend to be better educated in terms of secondary education than females at the village level.

The most significant area of law reform on the issue of GBV in Myanmar is the current drafting of the national *Prevention of Violence Against Women Law* (PVAW law)<sup>110</sup>. Despite this, Myanmar's legal framework is often not compatible with the provisions of the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW). For example the *Constitution of the Republic of the Union of Myanmar, 2008 (Constitution)* guarantees women's equality but does not prohibit direct and indirect discrimination against women. Other areas, which require significant law reform, include the current *Evidence Act*. This Act states that in cases of sexual assault and rape, government hospitals must obtain permission from local police before they are permitted to

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<sup>108</sup> Gender Impacts: Cyclone Nargis, Myanmar.

<sup>109</sup> O'Shannassy, Teresa. "Burma's Excluded Majority: Women, dictatorship and the democracy movement," *Catholic Institute for International Relations*. March 2000.

<sup>110</sup> Some of the current changes being proposed to the PVAW law include: (1) removing the exclusion of marital rape and expanding the definition of rape to include all acts of a sexual nature; (2) enacting rape shield laws; (3) ensuring domestic violence and stalking are included, currently not covered; and (4) enabling immediate protection orders with proactive arrest to safeguard women in domestic violence situations.

examine and treat patients ‘in order that evidence is not destroyed.’<sup>111</sup> This greatly impacts a woman’s right to access medical treatment after assaults, and to determine her own safety in reporting a crime especially given it is known globally that many women’s safety is put at risk simply by reporting GBV against them. Changes to these laws would enhance confidence in the treatment and multi-sectorial follow-up for survivors.

The link between marriage and GBV is complex in Myanmar given the common practice of people being married after rape. In five interviews, people spoke of this practice. There are divergent views on whether this was an appropriate solution amongst community members. “This way she isn’t seen as being to blame or that no one else will want her”<sup>112</sup>, compared to “There are traditional justice systems that are by international approaches seen as harmful in responding to rape.” These include ‘forcing’ marriage after rape and mediation between rapists and survivors. Given these gender disparities and gaps in legal frameworks, GBV in Myanmar, is a complicated issue to discuss and research. Due to a culture of silence, weak response systems and lack of data, it is difficult to assess actual GBV occurrence during disaster settings. Both the interviews and published reports emphasized that GBV is severely underreported.

While there is a range of issues that limit reporting, police data released in June 2015 reveal that some GBV<sup>113</sup> crimes are being reported. In 2014, a total of 597 cases of sexual abuse were reported with 48 per cent (285) of cases committed against girls and 52 per cent (312) of cases committed against adults. For the first 6 months of 2015, 282 cases of GBV were reported to police<sup>114</sup> (approximately 47 per cent of the total for the previous full year). The percentage of violence against girls though is much lower for the 2015 period with just 51 cases (18 per cent) reported against girls and 231 (82 per cent) of cases committed against women. Of the 597 cases reported in 2014, 82 per cent (488) cases were identified as being committed by a stranger. Intimate partner or domestic GBV crimes accounts for just 13 per cent (76) of reported cases. These data are particularly interesting given that agencies, such as the Myanmar Women’s Affairs Federation (MWAFF) and Thingaha report that domestic violence is the predominant form of violence against women within Myanmar while government statistics indicate that it is a small percentage of GBV. It is likely that reporting of domestic violence is

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<sup>111</sup> GEN (2013b). P.8.

<sup>112</sup> Interview 6 and Interview 3

<sup>113</sup> This data was provided by the Dept Home Affairs (police) on reported incidences of SGBV in Myanmar. The data was only available in Burmese and was translated. Limitations on the data include: no age breakdown regarding girls/adults; no clarity if ‘adults’ only refers to women; assumption that the data for 2015 includes all statistics for June 2015; no age breakdown on the types of perpetrators/location.

<sup>114</sup> Further information: 2 per cent (11) of domestic violence cases were reported as being committed by fathers, 4 per cent (22) by step-fathers and 7 per cent (43) by other relatives. Of the remaining 12 cases (just 2 percent of all 2014 cases) perpetrators were identified as government officials (2), policemen (2) monks (2), members of the military (3) and students (3).

affected by community attitudes, shame, women not identifying GBV related behaviour and the current status of laws.

Concerning specific gender and GBV issues during and after the cyclone, it is important to note that the impact was most significant on women, children and the elderly. Of the estimated 140,000 deaths approximately a third (46,620) of those who died were children. An estimated 61 per cent of deaths (85,000) were female, with significantly higher figures in some individual villages.<sup>115</sup> The high level of deaths among women and children were linked to gender roles such as many men working away from home, and the role of women as care givers who were left to save children and elderly relatives. **The disproportionate level of female victims was most significant in the 18-60 year old age group; where approximately twice as many women as men died.**<sup>116</sup> This disparity also has significant long-term impacts for society, as this age group represents the key productive and reproductive sector of the female population. Figure 1 also shows that the rate of death was higher for girls aged between of 5-12 than for boys of the same age. No information on why this group of girls died at a higher rate was available – perhaps gender norms such as whether girls could swim, climb or otherwise seek safety may have played a role.

After Nargis there were significant changes in family structure. Approximately 14 per cent of households were headed by women<sup>117</sup> (widows) in the direct aftermath, as well as an increase in male-headed households. Female-headed households are the greatest proportion of low-income groups in the country, with 60 per cent living in unsatisfactory shelters. Female-headed households commonly earn two-thirds the salary of male-headed households and children from female headed households are more likely to drop out of school due to financial hardship. This shift in household structures as well as the increased role women had in decision making in some places was repeatedly noted by respondents.<sup>118</sup>

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“There was a shift in gender power balances, death of men meant some women became heads of households but deaths also changed existing decision making processes in villages.”<sup>119</sup>

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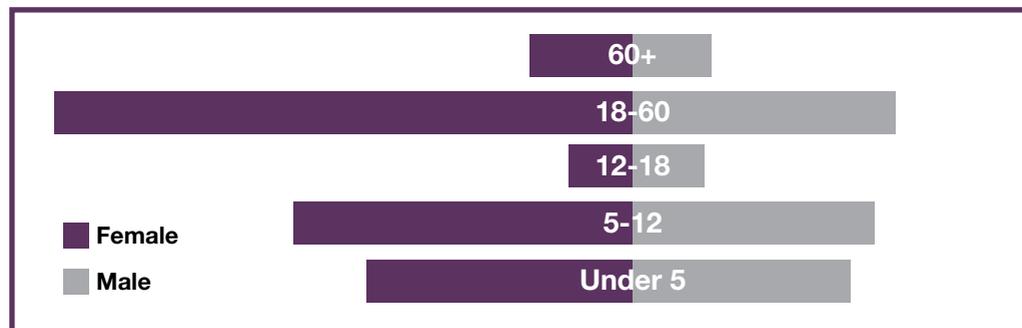
<sup>115</sup> Tripartite Core Group op cit. (2008), p.160.

<sup>116</sup> Tripartite Core Group op cit. (2008).

<sup>117</sup> Women's Protection Technical Working Group (2010). Women's Protection Assessments: Post Cyclone Nargis, Myanmar. UNFPA. Retrieved 5 July 2015. [http://reliefweb.int/sites/reliefweb.int/files/resources/F6CAA5ECD57BC6054925776100202353-Full\\_Report.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/F6CAA5ECD57BC6054925776100202353-Full_Report.pdf)

<sup>118</sup> ibid

<sup>119</sup> Interview with UNICEF

**Figure 1: Indicative Age-Sex Pyramid of the Deaths in 10 Selected Severely Affected Villages**

Source: VTA survey <sup>120</sup>

The WPA report<sup>121</sup> was the only assessment to address women's security concerns after Nargis. The report identifies rape, emotional abuse and violence at home as the primary security concerns facing women and girls post-Nargis.

**Table 1: Summary of main security concerns facing women as identified in the two WPA assessments**<sup>122</sup>

Security concerns for women as identified by interview respondents – first assessment	Security concerns for women as identified by interview respondents – second assessment
<p>Conducted 3 months after cyclone (August 2008) with a gender-balanced sample size of 4,841 respondents across 16 townships in Yangon and Ayeyarwady divisions</p> <ul style="list-style-type: none"> <li>• Rape 31.4%</li> <li>• Emotional abuse 21.8%</li> <li>• Violence at home 20.4%</li> <li>• Travelling alone for long distances 15.4%</li> <li>• Physical assault 13.1%</li> <li>• Trafficked for work 10.3%</li> <li>• Trafficked for sex work 8.1%</li> <li>• Sexual exploitation 7.9%</li> <li>• Verbal abuse 6.7%</li> <li>• Forced early marriage 5.9%</li> </ul>	<p>Conducted 18 months after the cyclone (Dec 2009) with a sample size of 600 (no information on gender makeup) and conducted Bogale, Dedaye and Pyinzalu in the Ayeyarwady Division.</p> <ul style="list-style-type: none"> <li>• Verbal abuse 19.3%</li> <li>• Domestic violence 17.2%</li> <li>• Sexual harassment 12.8%</li> <li>• Marital rape 1.7%</li> <li>• Rape 1.5%</li> <li>• Sexual exploitation 0.7%</li> </ul>

The report concludes that rape is an 'iceberg' issue and that reported rates are likely to be a small percentage of actual occurrences. The lack of data on GBV generally and in disasters in particular, is not an indicator of lack of prevalence. Rather it has been accepted by GBV emergency experts and related fora including the GBV Area of

<sup>120</sup> Tripartite Core Group op cit. (2008). p. 26.

<sup>121</sup> Women's Protection Technical Working Group op cit. (2010).

<sup>122</sup> Respondents were allowed to identify more than one kind of GBV. Percentages reflect proportion of respondents who identified an issue and not as a percentage of the total group, hence why the percentages do not total 100.

Responsibility within the Global Protection Cluster (GPC), that a lack of data is more indicative of the lack of systems within the country to capture such information and the lack of awareness and capacity of key emergency responders.<sup>123</sup> As such disasters are likely to see an increase in those patterns and new risks through breakdown in the rule of law, poorly designed temporary shelters and settlements for displaced persons, sexual exploitation and abuse by a range of actors including relief workers, and an increase in negative coping mechanisms in post-disaster and protracted displacement settings, including domestic violence, early marriage and sexual exploitation and abuse.

**Rape should, therefore, be addressed as a key security issue for women and girls during disasters.**



<sup>123</sup> Noting that despite IASC policy guidance and commitments to the contrary, first phase response assessments still prioritise health, food, water and sanitation and shelter and exclude protection including GBV concerns.

## 3. Research findings and analysis

The findings summarize and analyse the following significant aspects of GBV during and post-disasters: 1) Awareness and understanding on GBV occurrence during disasters; 2) Availability and access to services; 3) Safety and security, and; 4) Livelihoods and Migration.

### 3.1 Awareness and understanding on GBV occurrence during disasters

This research revealed divergent views on the incidence and nature of GBV in the context of disasters in Myanmar, and in particular after Cyclone Nargis. From interviews with government departments (OHA-police and MSWRR), national NGOs closely linked to the government and executive/senior management of MRCS there was a fairly consistent view that GBV either did not occur or was very limited.<sup>124</sup> Not all stakeholders in this group responded to the questions. 12 out of 13 people from the agencies identified above<sup>125</sup> indicated that they had not heard of GBV occurring during Nargis. It was also expressed that even if such violence had occurred, its incidence would not have been any higher than normal.

When these same respondents were asked why they believed women and children in Myanmar were so safe during Nargis, all indicated that culture and family was the main reason. Six respondents identified that religion and the high level of gender equality were key factors and three expressed that law enforcement and keeping control were also important.

Generally, organisations and individuals who do not specialize in work related to GBV prevention and response, have low levels of awareness on GBV prevalence, particularly because of its “hidden” nature. Individuals and organisations that directly work on these issues, however, are likely to be more aware of its occurrence and prevalent risks during disaster and emergency situations. The responses below, which are in direct contradiction

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“There was possibly domestic violence and rape but at the same level as usual, not higher.”<sup>126</sup>

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“It’s our civic virtue; we are a religion-based culture. It is not in our nature to commit a crime at this time. Support from the strong to the weak, we respect the elderly, homeless, widows.”<sup>127</sup>

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<sup>124</sup> For a breakdown of this data, please refer to attachment 2.

<sup>125</sup> This figure only includes MRCS executive and management, not field workers.

<sup>126</sup> Interview 7

<sup>127</sup> Interview 1

with interviewees who spoke of no or little GBV occurrence during disasters, come from specialized agencies and individuals, who regularly work on GBV prevention and response. According to these 16 respondents, violence did occur during Nargis. Interviewees spoke of GBV occurring within hours of the cyclone as well as weeks and months after the disaster. Many respondents indicated that GBV commenced within hours of the storm passing – “we heard of lots of violence immediately after the cyclone”<sup>128</sup> – with three respondents speaking of women being assaulted as they were in or leaving the floodwaters.

“News from our field workers started to come in that many women had died. We also learnt women were emerging from the water with no clothes. There was a lot of violence immediately after the cyclone passed but no data was kept.”<sup>129</sup>

“Yes, (there were) incidences of GBV, women and girls left alone, their parents and spouse were dead, they were vulnerable, no protection and no security living in the village, men who lost their wives were traumatized and seeing other women as their wife.”<sup>130</sup>

Role in Cyclone Nargis	Total number	Indicated that no violence occurred	Identified that other forms of violence occurred but GBV did not	Identified that GBV occurred	Unable to definitely state GBV did occur given lack of first hand knowledge of situation
Field	11	2	1	7	1
Strategic	11	9	1	0	1
No role	21	1	0	7	13
Total number	43	12	2	14	15
Totals as a % of active participants		28%	5%	33%	35%

<sup>128</sup> Interview 9

<sup>129</sup> Interview 9

<sup>130</sup> Interview 18a

It is clear from the findings of the WPA report and the interviews that GBV and risks to women's safety continued throughout the relief and recovery phases though the type of violence appears to have changed with a greater level of domestic violence in the recovery phase.

When respondents who stated GBV had occurred during and post-Nargis, were asked why others said they had not heard of GBV occurring in the disasters responses included, "people just don't talk about it in Myanmar, they say it is 'just culture,' that it is what just happens here."



## Who are the vulnerable groups?

The interconnection of race, gender and diversity are key factors in disaster response. Specific groups of women were identified as being at particular risk. Women who were 'alone' were of highest risk, in particular girls and women whose parents or spouses had died. This was most starkly illustrated by the stories of women raped and then drowned in the hours after the cyclone. Displaced women and children were also at increased risk of GBV both when accessing shelters and when accommodated in 'non familiar' households. Women who were 'poor' were at risk of sexual exploitation. Women who possibly 'lived' with DV were at increased risk due to an increase in alcohol consumption, stress and trauma. Women who were 'elderly,' in particular those looking after grandchildren were at increased risk of being neglected.

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**T**here was very limited data or information on other vulnerable groups such as people with a disability, people from ethnic communities, gay, lesbian, bi-sexual and transgender (LGBT) communities. One respondent raised a question about what happened to people who would not have been welcome or who felt unable to go to the monasteries, the main place for distribution and shelter in many communities. Of note were people of different religious backgrounds or people who were identified as LGBT, the latter still illegal in Myanmar.

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Throughout the interviews many respondents also spoke on issues of racial identity. Attitudes of respondents ranged from those concerned at the influence of ‘outside’ cultural and religious groups on Myanmar society and those who were concerned about failing to include groups who, for many generations, have been part of Myanmar. Findings from the Post Nargis Joint Assessment (PONJA) identified that for vulnerable groups, key challenges included loss of paperwork essential for securing assistance, gender imbalance exacerbating the vulnerability of women and potential pressure to engage in high-risk occupations in search of income.<sup>131</sup> While there were significant impacts on women and girls that increased their potential risk and the need for protection, the PONJA also stated that women must not be viewed as ‘passive victims’ but as “a specific group with its own needs, interests, vulnerabilities, capacities and coping strategies.”<sup>132</sup>

### 3.2 Availability and access to services

This research was not able to identify systematic local coping and referral mechanisms, or local psychosocial support that survivors of GBV may offer each other at the community level.

At the time of Nargis, responses to GBV within Myanmar were limited with no specific formal GBV support services and few for women that were independent of government.

Given that women in Myanmar must report GBV to police, independence from the government is a critical feature of support services for women and children. The WPA report reported that survivors of violence identified getting support from mothers (25 per cent) and community leaders (50 per cent). Less than 10 per cent identified seeking support from MWAF or the police.<sup>133</sup> In relation to psychosocial support and response that could be provided in the aftermath of Nargis, respondents made the following comments:

<sup>131</sup> ASEAN op cit. (2009)

<sup>132</sup> Tripartite Core Group op cit. (2008). p. 160.

<sup>133</sup> Women’s Protection Technical Working Group op cit. (2010).

<sup>134</sup> Interview 4

<sup>135</sup> Interview 18a

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“The protocols in place for police and hospitals are very difficult. They ask lots of questions at these places so women are reluctant to go there.”<sup>134</sup>

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“Lawyers from the Myanmar Council of Churches were trying to take up the cases to the court and the victims won the court case. Not sure about medical treatment or trauma counseling.”<sup>135</sup>

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The response to GBV at the local level was complex, limited and under-resourced. This was also reflected at the INGO level with most INGOs failing to even consider women's safety/GBV as a key area requiring attention. **Even though the PONJA identified children and women as particularly vulnerable to abuse, exploitation, violence and neglect, the reports of most INGOs make little mention of these issues.** One respondent stated, "authorities and police were more focused on crimes, looting, fighting and the issue of SGBV was ignored and victims' voices were not heard."<sup>136</sup>

As part of this research, fourteen evaluation reports<sup>137</sup> on Nargis and two reports on other disasters within Myanmar were reviewed for any focus on women's safety or GBV issues. While over half of the reports do identify 'gender' in regards to women's participation, livelihoods or the distribution of materials, there is limited reflection on the issue of women's safety or safety of other groups from sexual violence. Only five reports mention GBV/women's safety as areas of concern or focus, with three of these referring to it largely as an area to ensure training is provided. The two reports that focused on GBV and women's safety were reports that had specifically focused on gender within Nargis: the Women's Protection Technical Working Group *Women's Protection Assessments: Post Cyclone Nargis, Myanmar* (WPA report)<sup>138</sup> and an unpublished report *Gender Impacts: Cyclone Nargis, Myanmar*.

The lack of focus on gender more broadly was noted in Care's evaluation:

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“On the whole the international emergency response did not include gender as a central focus, which is of course disappointing given the availability of existing guidance on gender within international disaster policy rubrics”<sup>139</sup>.

The next section sheds some light on the main issues related to safety and security expressed by the respondents in this research.

### 3.3 Safety and security

Two key concerns that emerge both in the desk review and among the respondents who expressed GBV did occur during and post-Nargis, **are the safety and security related issues during relief distributions and in shelter settings.** Host families, temporary shelters, food distribution settings and displacement were all identified as key risk factors for GBV and safety concerns.

**During relief distributions,** some respondents noted that violence occurred with particular effects on women.

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<sup>136</sup> Interview 18.

<sup>137</sup> These were evaluation reports primarily on the work of INGO within Nargis.

<sup>138</sup> Women's Protection Technical Working Group op cit.(2010).

<sup>139</sup> Care op cit. Page 28

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“Later, after the cyclone – during the distribution of aid, people fight with each other. Women and children were pushed while men in groups bullied the women – widows – nursing mothers whose male members of family were dead or disappeared. We saw this during the aid distribution – people almost killed each other – such violence”<sup>140</sup>.

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The actions of some aid organizations exacerbated the issue, as “some local agencies threw food from the trucks. It meant women and elderly missed out. It caused problems and violence.”<sup>141</sup> Five respondents mentioned women were harassed around food. **What is known from emergency contexts is that when women, and the elderly, and particularly women headed households miss out on food at relief distributions, this creates ground for sex as a means of survival and for exploitation of these women and girls in exchange for immediate life saving aid.**

Respondents also referred to the neglect of female-headed households, particularly older women left with grandchildren. One respondent identified that a village leader had left these households off the formal list of families in the village, affecting their access to support. In addition to exploitation and neglect outside the home, respondents also spoke of the discrimination women and children faced within the home. “I saw one father go through the family pack and take out all the things he wanted and just leave what was left for the other 5 people in the family.”<sup>144</sup> While the vulnerability assessments and prioritization of women and children operated in theory, at the community level there was anger at the prioritization process,

It is important to give consistent messaging about the humanitarian imperative to entire communities, including men, boys, women and girls – that the most vulnerable should be served first and prioritized when resources are limited.

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“Women experienced harassment in the camps over food, men were threatening to them”<sup>142</sup> and “many women got pressured to give supplies over.”<sup>143</sup>

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“they (the men) were angry that we were giving supplies to women, children and elderly.”<sup>145</sup>

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<sup>140</sup> Interview 18

<sup>141</sup> Interview 14

<sup>142</sup> Interview 5

<sup>143</sup> Interview 6

<sup>144</sup> Interview 14

<sup>145</sup> Interview 6

**Regarding shelter settings,** three respondents compared the difference in displacement time between Cyclone Nargis and Giri, emphasizing that shorter displacement phases (as during Cyclone Giri) also reduce GBV related risks. There were mixed responses on the risk within camps with some respondents saying the camps were well run and provided safety, “People are displaced, but they end up back together in just different compounds. It is how they help each other. If we have something to share we do, it’s in our nature.”<sup>146</sup> Others flagged that violence occurred as ‘part of camp life.’

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“There was lots of violence in the camps so we started to give talks on GBV, of how to make the camps safer for women and girls.”<sup>147</sup>

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Respondents also spoke of the lack of safety around latrines and bathing places for women and children, with many women feeling unsafe to go alone, day or night. Given that aid agencies identified in their evaluation reports the value of GBV training in regards to responses, in particular planning for privacy and dignity, it could be inferred that there was recognition that GBV may have been an issue in camps. The ASEAN final report flags that the influx of migrant workers, predominantly male, was also seen as exacerbating the vulnerability of women.<sup>148</sup>

### 3.4 Livelihoods and migration

Besides safety and security during relief distributions and in shelter settings, two other factors, which were repeatedly mentioned for GBV in disaster settings, are livelihood and migration related impacts.

**Within the realm of livelihoods,** one of the main protection issues identified in the WPA assessments was the increase in the number of women engaging in sex for money, food or favors (sometimes called ‘survival sex’), indicating that many women may have increasingly resorted to coping mechanisms that they had never engaged in before because they were not prioritized in aid processes and had no other means for accessing basic essentials for their safety and survival.<sup>149</sup> The WPA report states that the second assessment found that 22 per cent of respondents believed that there had been an increase in the number of women offering sex in exchange for food and favors and 30 per cent of respondents believed that women involved in sex work had

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<sup>146</sup> Interview 1

<sup>147</sup> Interview 18

<sup>148</sup> ASEAN (2009)

<sup>149</sup> Women’s Protection Technical Working Group op cit. (2010).

increased since Nargis.<sup>150</sup> An increase in transactional sex may indicate the increasing vulnerability of women as the impact of Nargis progressed. **More than 80 per cent of respondents from the WPA report indicated that 18 months after the cyclone, they were now in debt. The issue of women engaged in ‘survival sex’ cannot be separated from the issue of livelihoods.** Many respondents identified access to livelihoods after Nargis as a significant issue. One respondent related the events that occurred when the President visited one of the affected communities in the Labutta area and a widow asked him:

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“we have no skills, our husbands died, what will we do to feed our families?”<sup>151</sup>

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The link between livelihoods and violence is increasingly recognized, as is the need for targeted responses. Livelihood projects supporting women are a key factor in reducing poverty as well as offering safer work options, thereby reducing risk-taking by women trying to ensure the wellbeing of their family.<sup>152</sup> Control over income is also a factor that can enhance women’s ability to leave violent relationships.

**Regarding forced migration,** substantial information on the risks of trafficking was disseminated very quickly to villagers and communities after Nargis. 65 per cent of respondents to the WPA report’s first survey and 85 per cent from the second survey indicated they had heard about the risk of women and children being trafficked. **However data in the WPA report reflect actual incidents of trafficking were quite low, but did occur.** Five respondents spoke of the issue,

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“Some weeks after the cyclone, strangers would come to the disaster-affected areas to recruit young people –male and female to work in Thai-Myanmar border or other border towns or cities because many people become homeless and jobless.”<sup>153</sup>

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“Young women and girls were being recruited by strangers to work in other provinces and towns and it was said that many disappeared – the village has no contact with them.”<sup>154</sup>

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<sup>150</sup> Women’s Protection Technical Working Group op cit. (2010).

<sup>151</sup> Interview 9

<sup>152</sup> Gender Equity Network (2014). How does violence against women link to livelihoods? Information sheet. Gender Equity Network, Yangon.

<sup>153</sup> Interview 18a

<sup>154</sup> Interview 18b

Many interviewees highlighted the link to high rate of trafficking in conflict areas. “Prevalence? Not more and not less than other countries. Conflict and disaster, they just amplify these issues. Human trafficking is an issue in Myanmar - trafficking for marriage and sexual exploitation.” <sup>155</sup>

## 4. Conclusion and recommendations

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### 4.1 Conclusion

As humanitarian agencies, it is important that we understand and respect the cultural context in which we engage, particularly at a time of natural disasters. However, ‘the culture’ is not just defined by the ‘dominant view’ but should acknowledge the many dimensions of a community, **including the stories of those who are less frequently heard.**

This research revealed two divergent views on the incidence and nature of GBV in post-Nargis Myanmar: the view that GBV either did not occur or was very limited; with other respondents saying violence did occur during Nargis.

**The lack of awareness on GBV and the inability to operationalize gender concepts into practice had a range of knock-on effects.** As many respondents identified in the research, understanding of gender and GBV is very low in Myanmar. Police statistics still list causes of sexual violence as ‘dress (show off)’, ‘over trust’ and ‘caught without consent.’ There was a strong and consistent theme that GBV only happened in certain communities (poor, uneducated, certain ‘ethnic’ communities) and did not occur in wider Myanmar society. While knowledge of gender and GBV are possibly higher in humanitarian agencies than in the general community, it was also clear that many actors working in the disaster response sector had a superficial understanding of gender.

The existence, extent and nature of GBV within Nargis may remain a contested issue, **but the findings and desk review indicate that GBV did occur.** 33 per cent of respondents [14 respondents] in this research indicated GBV did occur. Among the 14 respondents, 63 per cent indicated they occupied field worker roles within Nargis and cited specific examples of GBV. The ongoing lack of any baseline data on GBV in Myanmar makes it difficult to quantify the extent to which GBV occurred – or increased – during the disaster.

There were, however, a range of key factors during and after Nargis that heightened the risk and incidence of GBV. These included the:

- high loss of life resulting in many female-headed households having little protection or security while living in the camps or village,
- the high levels of chaos and confusion immediately after the cyclone, creating a strong environment for opportunistic crimes and a culture of impunity
- women's caring roles within the family were identified as a key contributor to the higher death rate of women from the cyclone
- discrimination, higher levels of poverty and lower levels of school retention for their children may have increased some women's engagement in survival sex to secure food and resources for their immediate needs (food, income, rent, shelter) in the absence of any other possible support structures
- increased alcohol consumption by men, coupled with high levels of stress, existing gender inequality, existing attitudes that gender based violence is normal and masculine, and trauma, are all key risk factors associated with family violence and its increase.

**Myanmar has a range of strong protective factors that may have enhanced safety for some women and children.** The strong sense of community evident at the village level coupled with the pivotal role that family, religion and civic responsibility play in society may have created a space of support and protection for some women and children. The research also identified a commonly held view of women's incredible resilience and their willingness to support each other. While Myanmar has a range of strong community factors, for many women and children the silence and minimization of GBV may cause greater isolation, victim blaming and shame. Further, the diversity of women from a range of ethnic groups and classes may intersect with levels of protection.

**Considerations of GBV were not evident in government, local or international agency responses to Nargis.** The lack of reference to GBV within responses to Nargis is stark. Given the profile that the risk of GBV has had in other international disasters, the paucity of information, data and discussion on GBV within a disaster on the scale of Nargis is in itself a concern. The need to integrate gender and GBV protection into disaster preparedness and response emerged as a common issue throughout the research.

**There was a lack of clear and agreed processes to respond to and support women, girls, men and boys affected by GBV.** Standardized preparedness and response plans

or tools did not provide workers with guidance on how best to support women, men and children, in particular how to ensure that existing supports and protection for women were maintained in the crisis, in line with international and local humanitarian norms and ideals. As some respondents identified, in Nargis **GBV was identified as leading to death and injury of women who had actually survived the storm.** The failure of many agencies to include a focus on women's safety and GBV is a serious concern. As one MRCS worker stated, "Violence was not severe, but because we didn't ask about it we really don't know."

**The Red Cross operates in isolation on issues of GBV and needs to increase partnerships with local expert groups and communities on this issue.** There is a strong, vibrant and progressive women's sector within Myanmar making important inroads on raising awareness on GBV and leading to high level changes to legal and services responses to women. Yet across most areas of the Movement within Myanmar there seemed to be limited active involvement with this sector.

**Lack of data on GBV in disasters.** A significant limitation was the availability of data. While a range of reports was available, few had disaggregated data on sex, age and disability. It was clear in the majority of reports on Nargis that GBV had not been an area of focus in needs assessments nor had an awareness of GBV informed data collection tools and processes. There is even less available data on men, boys and LGBT individuals. Data is pivotal not only for legitimizing women's, men's, girls' and boys' experiences but also for ensuring adequate funding of programs and responses. As one respondent highlighted, "Without data there is no program- no one, including the UN will fund without evidence."

## 4.2 Recommendations



### To all actors

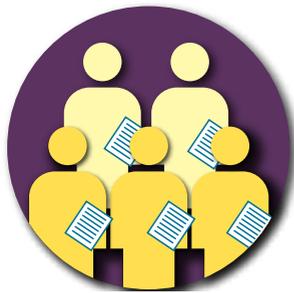
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- **Include** GBV prevention and response and an emphasis on women's, men's, boys' and girls' safety at all levels of disaster preparedness and planning.
  - **Ensure** that all data collection tools, but especially baseline data collection tools used during and after disasters, include questions on women's, men's, boys' and girls' safety, possible signs of GBV and existing support systems and services. This data should be disaggregated by sex, age and disability.
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■ **Strengthen local capacity to prevent and respond to GBV during and after disasters by specifically investing in training of disaster responders at all levels.**

- **Include** women's sector, women's community based organisations and LGBT groups, in the *Inter-Agency Standing Committee (IASC)* cluster planning and implementation stages of disaster response, prioritizing their ability to fully function as organisations during disasters, so they can provide support services, to GBV survivors.
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To government actors

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- **Establish** multi-sectorial, inter-ministerial response team for women's, men's, boys' and girls' protection concerns during and immediately following disasters. Members should include the Department of Social Welfare, Relief and Resettlement; the Ministry of Home Affairs (the Police), key members of the Gender Equality Network and the Myanmar Consortium for Community Resilience, the Myanmar Maternal and Child Welfare Association, the Myanmar Women's Affairs Federation and the Myanmar Red Cross Society.
- **Bring into force** the *Prevention of Violence Against Women (PVAW)* law for strengthened legal response and amend the *Evidence Act*, so hospitals do not have to ask police permission when examining sexual assault and rape survivors. These actions are in line with Resolution 3 on "*Sexual and gender-based violence: Joint action on prevention and response*" passed in December 2015 at the 32nd International Conference of the Red Cross and Red Crescent. Myanmar and 189 other member states signed on to this resolution.
- **Integrate gender and GBV** into National Disaster Management Law (2013) and ensure it is included in the response plans as a priority when implementing the protection of "infants, the elderly, the disabled and women (especially pregnant women or mothers and suckling mothers)."<sup>156</sup>
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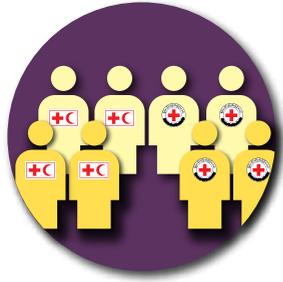


To civil society and network actors

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- **Develop clear protocols and best practices** for locally appropriate support to GBV survivors during disaster settings. The Gender Equality Network and the Myanmar Consortium for Community Resilience should take the lead in the development process.
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<sup>156</sup> National Disaster Management Plan, 2013



### To the IFRC and Myanmar Red Cross (MRCS)

- **Prioritize** the implementation of the IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming through local and branch level trainings on how to use and integrate this tool into preparedness and response plans.
- **Engage** with agencies, organizations and working groups focusing on GBV and women's issues in order to develop more effective programming. Specifically, MRCS should consider partnerships and long-term engagement with the Gender Equality Network (GEN), the Myanmar Consortium for Community Resilience (MCCR), the Women's Organization Network (NOW) and the Building Resilience and Adaptation to Climate Extremes and Disasters (BRACED).
- **Strengthen** communication and reporting mechanisms within IFRC and NSs, so that data and analysis on GBV is fully understood by all relevant actors involved in the humanitarian response and preparedness programs.
- **Integrate** GBV prevention and response into all facets of disaster programming, including prevention, assessment and responses. Specifically, use the Red Cross Red Crescent (RCRC) Vulnerability and Capacity Assessment (VCA) tools and ensure that a gender and diversity analysis is integrated.
- **Continue implementing** early intervention and awareness programmes on GBV prevention and response, such as the enhanced Violence Prevention module for the community based health and first aid package (CBHFA), which includes messages on GBV prevention.<sup>157</sup>
- **Develop** holistic and survivor centered medical response during disasters, including the minimum initial service package (MISP) and psychosocial support.

<sup>157</sup> This Violence prevention module is currently being piloted in Bangladesh, Mongolia and Vanuatu.

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## Annex: List of GBV prevention and response service providers in Myanmar<sup>160</sup>

Type of service provider	Description of organisation	Contact information
<b>Health</b>		
Myanmar Health Assistant Association	Health Assistants will unite to strengthen the force of strive for communities to having a better access to coordinated, effective and comprehensive health care services for their well being.	TB Hospital Road, Aung San Insein Township, Myanmar Tel: +95 1645 722 Fax: +95 1645 722 Mobile: +95 9506 6106 <a href="http://www.myanmarhaa.org">http://www.myanmarhaa.org</a>
Association of Myanmar Women Disabled Affairs	MDWA is implementing activities for the improvement of disabled peoples' life, to enhance their confidence by encouraging and creating job opportunities.	Tel: 09 5403 470 / 09 9756 234 65 Email: amdwa.dpo@gmail.com / ngeenge44@gmail.com / josephshine777@gmail.com / tharkotk1@gmail.com
<b>Psycho-social</b>		
Kachin Women's Association of Thailand	The Kachin Women's Association of Thailand (KWAT) was formed in September 1999 in an effort to help alleviate the suffering of Kachin people both in Burma and those who have fled the country as refugees.	PO Box 415, Chiang Mai, Thailand, 50000 Tel: +66 (0) 8975 598 92 Email: kwat.secretariat@gmail.com
Myanmar Red Cross Society	Mission: We strive to be the leading humanitarian organization in Myanmar, acting with and for the most vulnerable at all times. Through its nationwide network of volunteers, the Myanmar Red Cross Society will work to promote a more healthy and safe environment for the people of this country, giving priority to the most vulnerable communities and individuals. In times of distress and disaster, MRCS will assist those affected and help them return to their normal lives.	No. 42 Kannar/Strand Road, Botahtaung Township, Yangon, Myanmar Tel: +95 1 383684 / 392029 Email: <a href="mailto:khinmaunghla@redcross.org.mm">khinmaunghla@redcross.org.mm</a> Nay Pyi Taw Office: Razathingaha Road, Dekhinathiri, Nay Pyi Taw Tel: +95 67 419 041 / 419 046 Email: <a href="mailto:khinmaunghla@redcross.org.mm">khinmaunghla@redcross.org.mm</a>
<b>Legal</b>		
Women's League of Burma (WLB)	Women's League of Burma (WLB) was established on December 9, 1999 with the aim of increasing the participation of women in the struggle for democracy and human rights, promoting women's participation in the national peace and reconciliation process, and enhancing the role of the women of Burma at the national and international level.	E-mail: <a href="mailto:wlb@womenofburma.org">wlb@womenofburma.org</a>  Web: <a href="http://www.womenofburma.org">www.womenofburma.org</a>
Legal Clinic Myanmar	Standing for law and order restoration in the society and breaking the silence of claiming for human rights	Tel: +95 9 4500 486 60 Email: <a href="mailto:legalclinicmyanmar@gmail.com">legalclinicmyanmar@gmail.com</a>

## Case study 3: An intersection between conflict and disaster: Myanmar | Annex

Type of service provider	Description of organisation	Contact information
Thingaha Gender Organisation	Thingaha Gender Working Group, which is a local group is mainly working on Gender Issues and Gender Equality was formed by gender concerned person in 2003 after having a series of meetings and discussions started on February 25, 2003 with the initiative of Swissaid- Myanmar Office, is a national gender organization working for grassroots women's empowerment and social justice in Myanmar	No.6 (5A), Ma Kyee Kyee Street, Sanchaung Township, Yangon. Tel: +95 0973 190 882 / +95 0973 226 631 Email: new.thingaha@gmail.com / thingaha.genderorg@gmail.com
<b>Economic Empowerment</b>		
Myanmar Womens Entrepreneur Association	Myanmar Women Entrepreneur's Association, established in 1995, is a non-Government, nonprofit, nonpolitical and nonreligious association. Its aim is to unite and bring into focus and world attention, the role and capabilities of Myanmar women entrepreneurs.	288/290, Shwedagon Pagoda road, Dagon Township, Yangon, Myanmar. Tel: +95 1 2544 00 / 1 389 380 Email: mwea2008@gmail.com
<b>Advocacy and Networks</b>		
Gender Equality Network	The Gender Equality Network (GEN) has undergone significant transformation and growth since its inception in 2008. The organization was first formed in response to Cyclone Nargis, under the name the Women's Protection Technical Working Group, with an original focus on addressing multi-sectoral and cross-cutting issues faced by women in cyclone-affected areas. Over time, and particularly since the development of the network's first Strategic Plan in 2012, GEN's mandate has expanded, both geographically and in terms of taking a more comprehensive approach to gender equality and women's empowerment throughout Myanmar. Broadly, this work is done through coordination and networking; facilitating capacity development and training; data collection and analysis; and advocacy, communications and research.	Gender Equality Network 6/6A No. 48 New University Avenue Bahan Township Yangon, Myanmar Tel: +95 9421 144 394
Colors Rainbow	Colors Rainbow began as a specific Lesbian Gay Bisexual and Transgender (LGBT) project of the NGO Equality Myanmar (EQMM) in 2007 known as Human Rights Education Institute of Burma (HREIB). Colors Rainbow addresses LGBT rights from a multifaceted program perspective which consists of trainings, discussions, networking meetings, community events, lobbying, advocacy and research projects, and the production of multimedia resources in Myanmar-language through website, and magazine covering LGBT rights issues in Myanmar.	Nay Lin Htike Program Coordinator Tel: +(59) 9 254 955 328 Email: naylinhtike.crb@gmail.com
Women's Organization Network	The Women's Organisations Network Myanmar (WON) is a network of 30 organisations. It was set up to support women's community groups across Burma working to contribute to the well-being of women and men across the country.	fb: <a href="http://www.facebook.com/WONMM">http://www.facebook.com/WONMM</a> Email: won.myanmar@gmail.com