Submission for the 64th session (4 – 22 July 2016) of the Committee on the Elimination of Discrimination Against Women (CEDAW)

Myanmar

Public Submission:
June 10th 2016

Contact:
Karen Human Rights Group (KHRG)
www.khrg.org
khrg@khrg.org
Executive summary

1. In this submission, Karen Human Rights Group (KHRG) provides information concerning human rights issues affecting women in southeast Myanmar. The time period covered in this submission is from January 2012 to March 2016, which is a period characterised by dramatic and substantial changes in Myanmar, including the political reform process; the 2012 preliminary ceasefire agreement between the Karen National Union (KNU) and the government of Myanmar; the 2015 Nationwide Ceasefire Agreement; and the November 2015 general election, in which the National League for Democracy won a landslide victory, marking a change of course from the previous reign of consecutive military-backed governments.

2. Organisational information will be addressed first in a brief summary of KHRG and its operations and then KHRG’s research and data collection methodology will be detailed. After these initial sections, KHRG’s key findings related to human rights and discrimination of women in southeast Myanmar will be presented. The key findings will address the issues of gender inequality of (rural) women in political and public life; gender-based violence (GBV); rural women and girls’ access to education and healthcare, in particular maternal healthcare; and land confiscation and livelihood issues affecting rural women. Each of the key findings will start with a relevant quote from a local woman which is in line with KHRG’s mission to project the voices of villagers. The sections will conclude with concrete recommendations to the government.

Organisational information

3. KHRG is an independent, local organisation committed to improving the human rights situation in southeast Myanmar by projecting the voices of villagers and supporting their strategies to claim human rights. We train locals to document villagers’ stories and gather evidence of human rights abuses, disseminate this information worldwide, and work with local villagers to enhance strategies to resist human rights abuses. KHRG has documented abuses since 1992 and is recognised internationally as a leading authority on human rights in southeast Myanmar.

Methodology

Sources:
4. This submission mostly draws on sources used for KHRG’s forthcoming thematic report on the situation of women in southeast Myanmar. As the women’s thematic report will be published after this submission, some of the sources referred to are not yet published on our website. However, they will be published as an appendix to KHRG’s forthcoming women’s thematic report in the course of July 2016. The source information is also available upon request before that date. The women’s thematic report is based on an analysis of 1,048 documents, including 98 interviews with women, collected by KHRG between January 2012 and March 2016.

Geographic area:
5. Research used for this submission was conducted in southeast Myanmar in an area locally defined as ‘Karen State’. KHRG divides this region into seven research areas. According to designations used by the government of Myanmar, these research areas include all or portions of Kayin and Mon states and significant parts of Bago and Tanintharyi regions.

Research methods:
6. Research was conducted by both full-time and volunteer field researchers (all of them local community members). KHRG reports including those relied on for this submission draw mostly from qualitative interviews with local villagers, as well as photographic and film documentation. A formalised incident reporting system, field notes and trend monitoring are used to gather this information. Credibility of information was assessed according to corroboration across multiple sources; where not possible, information was checked against local trends, first by field researchers aware of local conditions and then by KHRG’s information processing office.
Independence:
7. Though KHRG often operates in or through areas controlled by various armed actors, including the government army (*Tatmadaw*) and its Border Guard Forces (BGFs), and non-state ethnic armed groups like the Karen National Liberation Army (KNLA), the Democratic Karen Benevolent Army (DKBA) and others, KHRG is independent and unaffiliated. KHRG has, on occasion, made use of KNLA escorts in areas with a likelihood of armed conflict and landmine contamination.

Verification and selection bias:
8. KHRG trains its researchers to follow a verification policy that includes gathering different types of information or reports from multiple sources, assessing the credibility of sources, and comparing the information with their own understanding of local trends. Recognising that in all cases, no one is truly ‘neutral’ and everyone has competing viewpoints and interests, KHRG’s information-processing procedure involves the assessment of each individual piece of information prior to translation with awareness of reporting biases and with the intention of neutrality, presenting evidence from as many sources and perspectives as possible.

Key findings related to human rights and discrimination of women in southeast Myanmar

Gender Inequality of (Rural) Women in Political and Public Life (Articles 1-4, 5, 7-8, 10 and 14 of CEDAW and CEDAW General Recommendations 3, 5, 23 and 25)

9. “If we look back at the past, I mean before the 2012 ceasefire, *[many] women in the Doo Tha Htoo [Thaton] area took on positions such as village leader and in sentry duty as part of the leadership. And also, if people [the leaders of armed groups] demanded thatch, women would usually take responsibility. But after the 2012 ceasefire, the women’s roles seem to have changed. Village leaders and village secretaries [appointed by the government] became men, and similarly, demands [of thatch and so on] and forced labour are decreasing. So we can see that the role of women in that sector [village leadership] is getting diminished.”

Naw T--- (female, 38), Thaton District/northern Mon State (interviewed in November 2015)

10. A number of women reported, similar to example above, that they had observed a retreat of women from positions of authority, such as village or village tract leader, in some areas of rural southeast Myanmar, following the reduction of conflict in the aftermath of the 2012 preliminary ceasefire, and the return of men to villages. Women had assumed these roles as men were often absent from villages due to their participation in conflict, or having migrated.

11. According to a recent study by Namati, as of March 2016, “out of all 330 townships in Myanmar, there is not one female Township Administrator” and “[o]f Village Tract/Ward Administrators, only 42 out of a total of 16,785 are women”.

12. Regarding the November 2015 general elections, KHRG received no information indicating discrimination based on gender in the voting process, which is a positive sign. However, KHRG did find that several women expressed that they did not see the November 2015 election as relevant to the Karen people in rural southeast Myanmar, or that they were not properly informed about the elections or the voting process on election day.

Recommendations to the government of Myanmar:
13. Work towards equal representation of women in leadership positions, including women from different ethnic backgrounds and women that have returned after being displaced, at local, regional and national levels of governance, as well as representative functions at the international level, and consider the use of temporary special measures to achieve this goal, in accordance with Articles 1-4, 7 and 8 of CEDAW and CEDAW General Recommendations 5, 23 and 25.

14. Provide training to and build awareness of local administration offices (township and village tract level) on issues of gender inequality and (rural) women’s rights, in accordance with Articles 1, 2, 5 and 14 of CEDAW and CEDAW General Recommendation 3.
15. Ensure schools include awareness raising on gender equality in their curricula in accordance with Article 10 of CEDAW and CEDAW General Recommendation 3.

**Gender-Based Violence (GBV) (Articles 1, 2, 5, 10 of CEDAW and CEDAW General Recommendations 19 and 30)**

16. “We do have quite a few women who suffer from mental disorders who are raped and then get pregnant. Because people don’t find out [about the rape] unless the woman gets pregnant, it can be really difficult to help them if they cannot identify the perpetrator ... People will [frequently] blame the woman [for the abuse], because she has a mental disorder ... Most of the blame will go to the woman first, but some blame will also go to the man: how can they do such a thing to the woman who really doesn't know what's going on?”

Naw T---, representative from Karen Women’s Organisation (interviewed in March 2016)

17. Between January 2012 and March 2016 KHRG received 35 reports covering 16 incidents of GBV. GBV abuses included rape, attempted rape, sexual assault and sexual harassment, as described by the villagers themselves. Even though there have been fewer incidents of GBV committed by armed actors in southeast Myanmar than before January 2012, women continue to describe security concerns, primarily the increased risk of GBV, related to the presence of the government army and BGFs.

18. KHRG research shows that acts of GBV were committed by a range of powerful actors, including soldiers from the government army, BGFs, the KNLA and the DKBA, as well as village tract leaders, USDP-led government officials and ordinary community members.

19. Women reported that the widespread use of a methamphetamine drug, locally known as yaba, and alcohol among local villagers has noticeably increased the number of incidents of GBV.

20. KHRG’s reports show that those who experienced GBV abuses included both underage girls and adult women who were single, married or widowed. Specific cases ranged between an 11-year-old girl who was sexually assaulted by a teacher on her way to school, and a 45-year-old woman whose husband had migrated for work, who was raped by a DKBA soldier in her house. The range of victim profiles indicates that GBV abuses take place with little limitation on age or marital status.

21. Women with mental health conditions and who are less educated are especially vulnerable to GBV, and are disproportionately represented in KHRG’s reports. They are often perceived as less able to physically resist abuse, and negative attitudes towards mental illness make it more difficult for them to report abuse and obtain justice for abuses against them.

22. Perpetrators of sexual assault were reported to often come back to explicitly threaten and violently abuse the women they had assaulted, and their female family members, in order to deter them from reporting and speaking of the incident. Such perpetrators of GBV routinely enjoyed impunity for their actions and were able to retaliate against women who attempted to report abuse. This problem was compounded in cases where the perpetrators were powerful actors, such as military personnel.

23. A variety of factors, including the continued influence of armed groups, the male domination of local decision-making mechanisms, and negative social attitudes towards women, all restrict women’s ability to report incidents of GBV and effectively access justice. Women who reported abuse were often disbelieved or judged to be responsible for their own abuse. Typically, small sums of compensation, offered formally by perpetrators as a form of resolution in gender-based violence cases, were not deemed a sufficient or appropriate resolution by the victims.

**Recommendations to the government of Myanmar:**

24. Improve justice mechanisms and enact the Anti-Violence against Women Bill, so that women can safely report cases of gender-based violence and other abuse to local authorities who can bring the perpetrators before independent and impartial civilian courts, in accordance with Articles 1 and 2 of CEDAW and CEDAW General Recommendation 19.

25. Support efforts towards the de-escalation of conflict, especially near civilian areas to reduce the risk of (sexual) violence against women and to protect women from conflict, in line with Article 1

26. Ensure that local officials, village heads, law enforcement authorities and military actors are trained in gender sensitivity to appropriately respond to cases of gender-based violence and other abuses against women and that their awareness is raised to change practices and social norms that are harmful for women, in accordance with Articles 1, 2, and 5 of CEDAW and CEDAW General Recommendation 19.

27. Ensure schools include awareness raising on sexual violence in their curricula in accordance with Article 10 of CEDAW and CEDAW General Recommendation 19.

Rural Women and Girls’ Access to Education (Articles 1, 2, 5, 10 and 14 CEDAW and CEDAW General Recommendation 3)

28. If she goes and lives there [Kwee Lay village], there will not be [much to] worry [about], but if she goes to the city [Bilin Town], she will come back if she is not happy, and we worry for her that she will be [morally] corrupted.”

Daw K--- (female, 55), Ky--- village, Yoh Klar village tract, Bilin Township, Thaton District/northern Mon State (interviewed in February 2013)

29. Although the 2008 Myanmar Constitution mandates that the government of Myanmar shall implement a free and compulsory education system for all, conditions on the ground, especially in rural areas, such as the lack of physical availability of teachers and learning materials, as well as geographical and financial barriers, continue to make progress towards that goal slow. Evidenced through KHRG reports, these inhibiting factors disproportionately impact girls' access to education.

30. In the reports received by KHRG between January 2012 and March 2016, the primary obstacles that prevented girls and women from accessing education were the requested school fees, often increased with hidden fees, which were compounded by their families' livelihood challenges. Others reasons are the long distances between villages and post-primary schools. Rural girls were in some instances discouraged from seeking further education in towns due to concerns for their safety and traditional attitudes preferring that they stay near to their families.

31. While the financial and geographical barriers to education also impact the ability of boys to access education, the influence of these factors on girls is exacerbated by persisting social norms about women and the gender-based division of labour within households in rural Myanmar. Social norms identified as specific barriers to girls accessing education included views that they are weak and vulnerable, which results in parents hesitating to send their daughters to school in distant towns.

32. In addition, women and girls are still seen as the primary family members responsible for taking care of the home and their siblings, meaning that in some cases girls stay at home rather than go to school, or have to balance both their school-work and their house-work, thus impacting their ability to achieve positive education outcomes. A representative from the Karen Education Department (KED) reported that the biggest obstacle to girls' education, especially in rural areas, remains the expectation that they should marry early in order to be at optimal health for giving birth.

33. Furthermore, women expressed that they wanted to ask questions and understand more about local education services for their children but that they faced barriers when they sought to access information regarding school policies or made suggestions on teaching materials. In addition, a number of women felt that the quality of education delivered across southeast Myanmar depended in large part on individual staff attitudes.

Recommendations to the government of Myanmar:

34. Invest in making more middle and high schools available in rural areas, after consulting local communities, to ensure young women can access education without concern for their personal safety, in accordance with Articles 10 and 14(2)(d) of CEDAW.
35. Ensure that local officials, village heads, and community members are trained in gender sensitivity to change practices and social norms that are harmful for women and girls’ (access to) education, in accordance with Articles 1, 2, 5 and 10 of CEDAW and CEDAW General Recommendation 3.

**Rural Women and Girls’ Access to Healthcare, in particular Maternal Healthcare (Articles 1, 12 and 14 CEDAW and CEDAW General Recommendation 24)**

36. "On May 29th 2014, in Toungoo District, Thandaunggyi Township, a villager from A--- village delivered her baby. There were mid-wives appointed by the [Myanmar] government, but they were never in the village. She had to deliver the baby with a hired [non-formally trained] midwife. Because she delivered the baby with a hired [non-formally trained] midwife, it took so long that her placenta did not come out and the hired midwife [had to] cut her placenta out with scissors. The blood ran without stopping and she died. If there were midwives [from the Myanmar government] and medicine, we could have saved the pregnant woman."

Situation Update written by a KHRG researcher, Thandaunggyi Township, Toungoo District/northern Kayin State (received in July 2014)

37. Although the government has claimed that its Department of Health provides "comprehensive health care throughout the country including remote and hard to reach border areas," KHRG reports suggest that access to healthcare in rural southeast Myanmar is lacking for women, especially concerning maternal health and the affordability of medical treatment. Many women still cannot afford to deliver their babies in the hospital; some give birth at home without access to a healthcare professional and risk their health and their lives. This reality can be gauged in Myanmar's overall maternal mortality rate which in 2015 stood at 178 deaths per 100,000 live births. A UNFPA report on Myanmar, using 2014 statistics, states that “76 per cent of deliveries take place at home, where nearly 90 per cent of maternal deaths occur.”

38. In rural southeast Myanmar, many villages do not have a clinic or medical staff, with local villagers often taking up healthcare duties without receiving adequate training. This results in cases where patients are given the wrong medicine, either due to negligence or the correct medicines simply not being available. In addition, when midwives and local health workers refer patients to the town hospital or clinic where medicine is physically available, its price and the cost of treatment at the hospital are too high for the majority of rural villagers to afford, the standard of treatment varies dramatically, and the travelling time to the hospital can be extremely long. The lack of availability of government supported medical staff in rural areas is a serious concern for pregnant women, many of whom have to resort to delivering their babies away from hospital.

39. Between the January 2012 and March 2016, women in Karen areas of southeast Myanmar generally reported that they were suspicious and distrustful of central government-led health initiatives. Women expressed doubts over government staff training and skill, and incidences were reported of untrained healthcare workers prescribing incorrect dosages of medicines. Women expressed that they wanted to ask questions and understand more about local health services and mass drug administration campaigns but that they faced barriers when they sought to access information or made suggestions.

**Recommendations to the government of Myanmar:**

40. Ensure that healthcare, in particular maternal healthcare, is made available and affordable for all women in rural areas without discrimination, in accordance with Articles 12 and 14(2)(b) of CEDAW and CEDAW General Recommendation 24.

41. Ensure that future health campaigns are implemented through discussion and collaboration with and informed consent of rural women and coordinate with locally trusted healthcare providers before implementing these campaigns in rural areas, in accordance with Articles 12 and 14 of CEDAW and General Recommendation 24.
Land Confiscation and Livelihood Issues Affecting Rural Women (Articles 1, 2, 5, 14-16 of CEDAW and CEDAW General Recommendations 3, 21 and 27)

42. “I do not have any place [to live right now]. My mother-in-law also does not have any children or a husband beside her and I have already asked her to come and live with me. However, as my plot [of land] has been destroyed, we have to live in other people’s houses. If I have more children and if they [the owner of the house where she is temporarily living] do not provide me with any place to live, I will have no place to live and I might have to go and live in the forest. And if we do not dare to live in the forest, there is only one other option; I need to go to live in a refugee camp.”

43. Naw A--- (female, 27), Kawkareik Township, Dooplaya District/ southern Kayin State (interviewed in July 2013)

44. From January 2012 through to March 2016, KHRG received 77 reports of incidents of land confiscation affecting women in southeast Myanmar, making land confiscation the human rights abuse experienced by women most frequently reported to KHRG. Land confiscation perpetrators included the Tatmadaw, BGFs, national and international businesses, and the government of Myanmar. Women highlighted the negative impact this had on their livelihoods, and an array of challenges in attempting to access and utilise justice mechanisms.

45. Women’s tenure over their land is recognised as insecure in southeast Myanmar. This is to a large extent attributed to issues of gender inequality, such as traditional land inheritance falling along male lines; land titles ordinarily registered in the names of male family members; and customary land usage not being recognised by the government. Notably, single women, women who were widowed, and women whose husbands were not living with them, reported feeling a heightened vulnerability with regard to land confiscations.

46. Projects identified as causing increased land confiscation were most commonly in the form of infrastructure developments, for military purposes, commercial agriculture, and mining. Women expressed a desire to be involved in consultations related to development projects in order to ensure positive benefits for their communities.

47. The impacts of land confiscation which were identified to be of particular concern by female community members included the loss of their independent livelihoods, primarily farming; access to food; their ability to support their children without owning their own land; the increased vulnerability of widows who had lost land and were not economically supported in any way, and the physical insecurity when in some instances women were threatened with arrest when they refused to move out from their land.

48. In the majority of cases, women faced significant obstacles to their being able to access justice, related to land confiscation cases. These included difficulties in meeting with authorities, and villagers’ lack of access to clear information on the details of confiscations. When compensation was promised or given, women were typically unsatisfied with the amounts offered.

49. As a result of landmines, despite the current Nationwide Ceasefire Agreement, rural women in southeast Myanmar reported that they continued to face the severe consequences of landmine contamination. These included death and injury, and livelihood challenges related to the loss of livestock, or access restrictions to contaminated farmlands and forests. Women who had been left widowed, after their husbands stepped on landmines, reported serious grievances to KHRG as they struggled to provide for their families. In many of the landmine incidents reported to KHRG, true access to justice did not occur. Women often did not receive compensation from the perpetrators, or they remained unsure as to who the perpetrator actually was.

50. Arbitrary taxation demands by a powerful authority or multiple authorities in a particular area, whether it be the government, Tatmadaw, BGFs or non-state ethnic armed groups affected rural women through taxation on livelihood activities, such as farming, logging, and travelling. These were often reported to be linked to previously mentioned issues, such as land confiscation, and backed up with the threat of violence for non-compliance. Extortion cases, which negatively affect rural women’s livelihoods, also took place, albeit on a smaller scale, and involved the Myanmar police asking women to pay bribes.
51. Improve justice mechanisms so that women can safely report cases of land confiscations and other abuse to local authorities who can bring the perpetrators before independent and impartial civilian courts, in accordance with Articles 1 and 2 of CEDAW.

52. Provide training to and build awareness of local administration offices (township and village tract level) on issues of gender inequality and (rural) women’s rights, including on the right of women (and men) to (jointly) register their land, in accordance with Articles 1, 2, 5, 14-16 of CEDAW and CEDAW General Recommendations 3, 21 and 27.

53. Address livelihood concerns rural women face – due to land confiscations, landmines, and other human rights abuses – by supporting them with health care, counselling, education, and social security programmes, in accordance with Article 14 of CEDAW.

Other issues:

Recommendations to the government of Myanmar:

54. Ratify the Optional Protocol to CEDAW (OP-CEDAW) so that women can submit individual complaints to the CEDAW Committee.

Endnotes

1 The seven research areas in Karen state are locally defined Thaton, Toungoo, Nyaunglebin, Mergui-Tavoy, Hpapun, Dooplaya and Hpa-an districts.

2 See source #15-119-A1-I1 (available upon request).

3 See sources #15-119-A1-I1; and #15-121-A1-I1 (available upon request).

4 KHRG reported on this in its earlier women’s thematic report in November 2006. See chapter III in Dignity in the Shadow of Oppression: The abuse and agency of Karen women under militarisation, KHRG, November 2006.


7 Informal interview by KHRG researchers with Naw T---, Karen Women’s Organisation, March 2016 (available upon request).

8 See sources # 14-92-A3-I1; #15-123-A2-I1; #15-123-A1-I1; #14-53-A5-I1; #13-119-A2-I1; and #14-92-A3-I1 (available upon request).

9 See sources #12-137-A1-I1; #15-124-A1-I1; #12-39-T4-I2; #15-124-A1-I1; #12-154-A8-I1; #16-4-A4-I1 (available upon request)


12 See source #13-81-I1 (available upon request).


15 See source #14-99-A1-I1 (available upon request).


17 Informal interview by KHRG researchers with Naw T---, Karen Women’s Organisation, March 2016 (available upon request). See also source #15-8-NB1: “Rape and violent threats in Kawkareik Township, Dooplaya District, April 2014 to May 2015,” KHRG, July 2015. See also source #14-21-A1-I1 (available upon request).


See source #13-21-A3-I1 (available upon request).

See source #12-154-A8-I1; #13-119-A2-I1; and #13-8-A3-I1 (available upon request).

See sources #12-14-8-P1; #14-95-P1; and #12-81-P1 (available upon request)

This information is drawn from an informal interview by KHRG researchers with Naw L--, KTWG, November 2015. See also source #13-21-A3-I1 (available upon request)

This information is drawn from an informal interview by KHRG researchers with Naw L--, Karen Teacher Working Group (KTWG), November 2015.

This information is drawn from an informal interview by KHRG researchers with Naw H---, KED, October 2015.

See sources #12-154-A8-I1; #13-119-A2-I1; and #13-8-A3-I1 (available upon request).


See source #14-40-S1: “Toungoo Situation Update: Thandaunggyi Township, April to June 2014” KHRG, December 2016; and source #14-10-S1: “Dooplaya Situation Update: Kyonedoe Township, September to December 2013” KHRG, September 2014. See also: #12-87-A1-I1 (available upon request).

See source #14-45-A1-I1 (available upon request).

See sources #12-87-A1-I1; #14-45-A2-I1; #14-45-A2-I4; #14-51-S1 and 13-108-A2-I1 (available upon request).

The Mae Tao Clinic in Mae Sot, Thailand, which offers free medical treatment to people from Myanmar, is seeking to improve this situation by training traditional midwives in southeast Myanmar in safe birthing practices. This information is taken from an informal interview by KHRG researchers with Dr C---, Mae Tao Clinic, 5th November 2015 (available upon request).

See sources #15-38-A4-I1; and #15-14-A4-I1 (available upon request).


See source #14-46-A1-I1 (available upon request).

For a detailed discussion of women and land in Myanmar, see: Linking Women and Land in Myanmar: Recognising Gender in the National Land Use Policy, Transnational Institute (TNI), February 2016.
Ibid. Also additional information was taken from an informal interview conducted by KHRG researchers with Naw P---, Social Action for Women, in October 2015.


51 See source #13-86-T1-I1: “Toungoo Interview: A---, August 2013” KHRG, July 2014. See also source #15-79-A2-I1

52 See source #15-119-A1-I1 (available upon request). See also the Commercial Agriculture chapter in ‘With only our voices, what can we do?’: Land confiscation and local response in southeast Myanmar, KHRG, June 2015.

53 See source #12-147-S1: “Papun Situation Update: Dwe Lo Township, July to October 2012” KHRG, February 2013. See also sources #15-37-A3-I1; #13-110-S1; #13-110-S1; #12-160-P1; #14-54-P1; and #14-28-D2 (available upon request).

54 See source #13-86-T1-I1: “Toungoo Interview: A---, August 2013” KHRG, July 2014. See also source #15-79-A2-I1


58 See sources #14-34-A7-I1; “Dooplaya Interview: Saw A---, April 2014,” KHRG, August 2015; and #14-34-P2; #15-119-A1-I1


60 See source #15-14-NB1: “Forced relocation and destruction of villagers’ shelters by Burma/Myanmar government officials and police in Hpa-an Township, Thaton District, June 2015,” KHRG, August 2015. See also sources #15-125-A4-I1; #14-5-A3-I1; #14-34-P2; #14-54-LGF2; #14-55-LGF1; #14-55-LGF4; #15-85-A1-I1; #14-36-CL30; #15-125-A4-I1; and #14-5-A4-I1.

61 See sources #12-79-CL4: “Complaint Letter to the Mergui-Tavoy District administrator concerning land damage from mining,” KHRG, June 2014; and #12-147-S1: “Papun Situation Update: Dwe Lo Township, July to October 2012” KHRG, February 2013. See also sources #12-147-I1; #13-135-LGF8 and #14-54-LGF2.

62 See source #12-10-S1 (available upon request). See also previous KHRG thematic reports, Truce or Transition (May 2014) and Uncertain Ground (May 2012).

63 See sources #12-63-I1; and #13-74-A1-I1 (available upon request).

64 See source #12-71-S1 (available upon request). See also previous KHRG thematic reports, Truce or Transition (May 2014) and Uncertain Ground (May 2012).


66 See sources #12-154-I3; and #12-63-A7-I1 (available upon request).

67 See sources #12-39-T4-I2; #15-57-A4-I1; #14-56-A1-I1; #12-108-A2-I1 and #15-57-A4-I1 (available upon request).

68 See sources #14-25-CL1; #14-56-A6-I1; #12-149-S1; #14-56-A6-I1; #12-149-S1; and #14-25-CL1 (available upon request).