GENDER PROFILE FOR HUMANITARIAN ACTION:

RAKHINE, KACHIN, NORTHERN SHAN AND KAYIN STATES, MYANMAR

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GENDER IN HUMANITARIAN ACTION WORKSTREAM

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ABBREVIATION

AA	-	Arakan Army
AAP	-	Accountability to Affected Populations
BGF	-	Border Guard Forces
CBO	-	Community-Based Organizations
CCCM	-	Camp Coordination and Camp Management
CDM	-	Civil Disobedience Movement
CEDAW	-	Convention on the Elimination of Discrimination against Women
CMC	-	Camp Management Committee
CP	-	Child Protection
CRSV	-	Conflict-Related Sexual Violence
CSO	-	Civil Society Organizations
CwC	-	Communication with Communities
EAO	-	Ethnic Armed Organizations
FGD	-	Focus Group Discussions
FSS	-	Food Security Sector
GBV	-	Gender-based violence
GCA	-	government- controlled areas
GEN	-	Gender Equality Network
GiHA	-	Gender in Humanitarian Action
HCT	-	Humanitarian Country Team
HNO	-	Humanitarian Response
HRP	-	Humanitarian Response Plan
IASC	-	Inter-Agency Standing Committee
ICCG	-	Inter-Cluster Coordination Groups
IDP	-	Internally Displaced People
IEC	-	Information Education Communication
IIFFM	-	Independent International Fact-Finding Mission
IMAM	-	Integrated Management for Acute Malnutrition
INGO	-	International Non-Governmental Organizations
IPV	-	Intimate Partner Violence
KHRG	-	Karen Human Rights Group
KIA	-	Kachin Independence Army
KIO	-	Kachin Independence Organization
KNLA	-	Karen National Liberation Army
KNU	-	Karen National Union
KSWN	-	Kachin State Women's Network
KWAT	-	Kachin Women's Association of Thailand
KWPN	-	Kachin Women Peace Network
LGBTIQA+	-	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual and Other
MAF	-	Myanmar Armed Forces
MHM	-	Menstrual Hygiene Management
MoE	-	Ministry of Education
MoHS	-	Ministry of Health and Sports
MSDP	-	Myanmar Sustainable Development Plan
NCA	-	Nationwide Ceasefire Agreement
NGCA	-	Non-Government Controlled Areas
NGO	-	Non-Governmental Organizations
NSPAW	-	National Strategic Plan for the Advancement of Women
POVAW	-	Protection and Prevention of Violence against Women
PSEA	-	Protection Against Sexual Exploitation and Abuse
PTA	-	Parent Teacher Association
SADD	-	Sex and Age Disaggregated Data
SADDD	-	Sex, Age and Disability Disaggregated Data
SDG	-	Sustainable Development Goals
SGBV	-	Sexual gender-based violence
SRHR	-	Sexual Reproductive Health and Rights
TA	-	Travel Authorisation
UNCT	-	United Nations Country Team
W/VTAs	-	Ward/Village Tract Administrators

ABOUT

The gender profile for humanitarian action in Rakhine, Kachin, and Northern Shan States, Myanmar was first developed in 2018. The profile was based upon collective inputs and consultations with humanitarian and gender stakeholders from national and subnational levels from United Nations, International and National Non-Governmental Organizations (INGOs and NGOs), and Civil Society Organisations, with technical and coordination support from UN Women in partnership with OCHA and UNFPA. The profile has since been updated annually, and in 2021 became a joint endeavour led by the Myanmar Gender in Humanitarian Action (GiHA) Workstream, UNFPA and UN Women.

The purpose of the GiHA profile is to provide a summary overview of the overall context for gender equality and empowerment of women and girls in humanitarian action in Myanmar and to highlight key sector-specific and cross-sectional gender issues, needs, gaps, response efforts taken, constraints/challenges to address these, and finally recommend strategic goals and further action needed to strengthen gender mainstreaming. The profile is aligned with the *Inter-Agency Standing Committee (IASC) Policy on Gender Equality and Empowerment of Women and Girls in Humanitarian Action (2017)* and the *IASC Gender in Humanitarian Action Handbook (2018)*. It serves as a consolidated snapshot of existing datasets, research, analysis, and assessments available.

In 2020 and 2021, the COVID-19 pandemic further complicated the lives of people in humanitarian settings across the country, resulting in significant economic and health impacts. On 1 February, 2021, the *Tatmadaw*, also known as the Myanmar Armed Forces (MAF), seized control over the Government, declaring a year-long state of emergency and detained the country's top representatives, along with civilian Government officials and prominent civil society members, journalists, as well as countless civilians.

Prior to the coup, humanitarian needs in Myanmar were already vast due to protracted conflict, human rights violations, displacement and natural hazards resulting in 1 million people, of whom 33% women, 19% girls and 18% boys, in need of humanitarian assistance by the 2021 Myanmar Humanitarian Response Plan.[1] This includes 336,000 internally displaced people (of whom 29% are women, 20% girls and 21% boys - overall 70% of displaced). The largest population of persons in need are in Rakhine State with 806,000 people, and the second largest population is across Kachin State with 167,000 people in need. Women make up 53% of those in need of humanitarian assistance in Rakhine, and 48% in Kachin.

UN humanitarian actors in Myanmar have followed events in the country with concern, including reports of arbitrary detentions, arrests, use of excessive force, torture, sexual violence and harassment of protesters. The military coup has deepened humanitarian needs and conflict has intensified in multiple parts of the country, including areas that had not recently seen hostilities and triggering humanitarian needs in areas not previously targeted by humanitarian actors. UNDP has highlighted the compounding negative socio-economic impacts of the pandemic and political crisis, warning that nearly half of Myanmar's population could be living in poverty by the beginning of 2022, with concerns that women and girls will pay the highest price.[2] Economic disruptions from COVID-19 and the consequent economic hardship increased risks of child marriage,[3] while the closure of learning spaces disproportionately affected women's ability to take up livelihoods as their care burdens increased.[4]

Humanitarian response efforts have faced significant operational challenges including restricted humanitarian access, disruptions to the financial system and resulting cash shortages, heightened safety and security concerns, imposition of martial law in some areas, disruptions to telecommunications, and disruptions to supply chains and logistics. The UN Resident Coordinator and Humanitarian Coordinator in Myanmar have reaffirmed the commitment of the UN and its partners to stay and deliver humanitarian assistance and protection services to the affected populations.[5]

[1] Humanitarian Needs Overview Myanmar 2021 (January 2021).
[2] UNDP (April 2021). COVID-19, Coup d'Etat and Poverty: Compounding Negative Shocks and Their Impact on Human Development in Myanmar.
[3] Care and UN Women (7 June 2020): 'CARE Rapid Gender Analysis of COVID-19 in Myanmar'.
[4] Humanitarian Needs Overview Myanmar 2021 (January 2021).
[5] OCHA (25 February 2021). Myanmar Humanitarian Update No. 4: https://reliefweb.int/report/myanmar/myanmar-humanitarian-update-no-4-25-february-2021.

Photo: UN Women/Khun Ring

The 2021 version of the GiHA profile includes an analysis of the gender-related impacts of the COVID-19 pandemic and the coup. Principles approaches and continuous community engagement are critical as is careful management of security risks and adaptation to the specificities of local context. Channels for dialogues with the *de-facto* authorities on safe and unhindered access are being pursued with a focus on areas of most acute need and local dynamics are being carefully observed.

Nevertheless, it is recognized that humanitarian actors in Myanmar are required to obtain travel authorization from *de-facto* authorities to transport and deliver humanitarian assistance, as well as to obtain relevant approvals for importation and clearance of commodities, including essential and lifesaving medications.

While the sector/cluster specific recommendations remain relevant when programming in the post-February 1 context, there will be a need for regular scanning and reflection on the gendered impact of humanitarian need as well as the impact on modalities and designs to deliver assistance given that the rapidly evolving context requires assistance in new geographical areas potentially with reliance on a smaller pool of partners who have access to affected populations.

Considering these changes in context, Kayin State has been included in the 2021 analysis. Kayin has been affected by decades of armed conflict and multiple waves of displacement and has recently seen significant increases in conflict following the military coup, and therefore capturing and documenting the gendered context for the above crisis areas is critical.

METHODOLOGY

Recognised as a good practice globally in terms of gender analysis informing the Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP) processes, the GiHA Profile is updated annually to reflect current gender dynamics, needs, gaps, good practices and opportunities to improve gender mainstreaming in humanitarian programming across Myanmar. In 2021, the annual revision included a secondary literature desk review, as well as sector-specific consultations with sector representation from national and sub-national level. A total of seven consultations were held in March and April 2021 with the following sector/clusters:

- ⇒ Education in Emergencies (EiE)
- ⇒ Food Security
- ⇒ Health
- ⇒ Nutrition
- ⇒ Shelter/Non-Food Items (NFI)/Camp Coordination and Camp Management (CCCM)
- ⇒ Water, Sanitation and Hygiene (WASH)
- ⇒ Protection with Mental Health, Psychosocial Support (MHPSS) and Mine Action sub-sectors
- ⇒ Protection with Gender-based violence (GBV) and Child Protection (CP)

The consultations, which were conducted virtually given the current political context and COVID-19 related restrictions, included representation from women-led organisations, and organisations for people with disabilities. Sector leads were requested to invite participants with consideration for geographical representation, discussions were predominantly led in Myanmar language, and simultaneous translation was made available.

It is important to note that whilst effort was taken to maximise accessibility, invite a wide range of participants, promote diversity in the geographical representation and type of organisations participating, the evolving political situation and resulting telecommunications, internet and power outages and worsening security situation, particularly for Civil Society Organizations (CSOs), Community-Based Organizations (CBOs) and women-led organisations, did impact the availability of some participants through the consultation process. As a result of the evolving situation, some sector/cluster sections might not include information relating to a specific region. It is recognised that this is due to extenuating circumstances, and the GiHA workstream will continue to support these regions and sectors to ensure gender is integrated through programme activities. In an attempt to maximise the opportunity for sectors to contribute to the sector-specific analysis process, an online survey was also shared allowing sector members that were unable to join the consultations provide inputs into the GiHA profile. Further, the 2021 annual revision has been developed based upon the inputs and insights from sector/cluster respondents that were able to participate in the revision process and might not reflect or capture all activities and efforts of sectors to integrate gender through humanitarian programming. Sectors were provided the opportunity to revise the sector-specific and Accountability to Affected Populations (AAP) sections prior to the GiHA Profile being finalized. Likewise, the addition of Kayin state in the 2021 revision of the GiHA Profile saw a desk review of secondary literature undertaken, as well as some participation in sector/cluster consultations. However, due to Kayin state and South East Myanmar more generally having separate sector/cluster coordination mechanisms at state and regional level to other states included in the GiHA Profile, there were some coordination challenges faced in ensuring participants from Kayin were available for the sector/cluster consultations, which resulted in varied representation from Kayin.

While the GiHA 2021 Profile primarily discusses needs, gaps, challenges and good practices in 2020 and provides recommendations for 2021, the consultation process also addressed gender issues related to the current political situation; however, it should be noted that the situation is extremely fluid, and the gendered impact of the political situation continues to evolve. Information outlined in the sector-specific sections was developed based upon the inputs and findings provided by sector members and reflects the views of where their respective sectors stand in terms of mainstreaming gender in humanitarian programming and how efforts can be improved. As Myanmar's country context remains volatile, there is a risk that the validity of the data analysis might change depending on the development of the country situation.

BACKGROUND

The crises in Kachin, Northern Shan, Rakhine and Kayin States have different impacts on women, girls, men and boys among crisis-affected populations based on gender, age, disability, ethnicity, religion, citizenship status, sexual orientation and gender identity, and other diversities.

These gendered barriers lead to a lower ability and opportunity to survive and recover from crises as well as a lower resilience against and influence in preventing future shocks and conflict escalation. The most at-risk groups include older persons, people with disabilities, children (especially unaccompanied or separated), adolescents, female-headed households, single women, pregnant and breastfeeding women and girls, single parents, ethnic/religious minorities including stateless people and people of diverse gender identities and sexual orientations – lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and other (LGBTIQA+).

The crises disproportionately affect women and girls, as well as at-risk population groups, by perpetuating and exacerbating pre-existing, persistent gender and social inequalities, gender-based violence (GBV), and discrimination.

The global COVID-19 situation resulted in the mass return of Myanmar migrants previously living and working abroad, primarily from neighbouring countries and particularly Thailand. Between 22 March and 21 October, an estimated total of 167,798 international migrants, of which 75,852 were women, had returned to Myanmar, with a further unknown but likely significant number having returned through irregular channels.[6]Restrictions on both international and domestic travel posed a significant barrier for returning migrants to safely reach home communities, and limited humanitarian access to mandatory community and Government quarantine facilities raised concerns relating to health, food security and protection needs of those in quarantine. Women migrant returnees have faced immediate health challenges and stigma from local populations, who fear possible transmission. In addition to this, the unplanned return caused a sudden loss of income and psychosocial issues for these women[7].

Women and girls, and those most at-risk, are thus the first to experience additional barriers in accessing humanitarian relief services, which have grown more complex in 2020 – particularly relating to the COVID-19 situation and resulting restrictions, significantly impacting freedom of movement.

The prevalence of GBV and protection issues increased under the COVID-19 period, and suspension of domestic flights and additional travel restrictions saw humanitarian access worsen significantly in 2020. The adoption of a National Strategy on Resettlement of Internally Displaced People (IDPs) and Closure of IDP Camps was seen in some ways as an effort to recognize and promote durable solutions, however, its implementation has raised significant concerns including around questions of segregation, protection, meaningful involvement of IDPs including women, girls and marginalized and vulnerable population groups in the implementation of the strategy, as well as respecting the wishes of those who are displaced related to their durable solutions. All durable solutions efforts have ceased since the February coup.

Photo: UN Women/Khun Ring

Pre-existing norms around gender roles also shape the differential impact of the crises on men and boys, who have been exposed to human rights violations such as

[6] IOM Myanmar COVID19 Response Situation Report 12, 26 October 2020. Report available at: https://reliefweb.int/sites/reliefweb.int/files/resources/IOM%20Myanmar%20COVID-19%20Sitrep%2012%20%2826%20October%202020%29.pdf

[7] OCHA and UN Resident and Humanitarian Coordinator for Myanmar 2020, 'UN supports Myanmar nationals returning from abroad', https://reliefweb.int/report/myanmar/un-supports-myanmar-nationals-returning-abroad, accessed 26 August 2020.

forced recruitment, arbitrary arrests and landmines due to performing their gendered roles as protectors/defenders,

heads of households and breadwinners. Evidence from disasters and crises in the Asia-Pacific region demonstrate that LGBTIQA+ people also face increased vulnerability during times of crisis and during recovery phases, due to discriminatory socio-cultural practices which can create barriers to safe and equitable access to relief, services and information and render them particularly vulnerable to GBV and other forms of harassment and abuse.[8]

Strengthened efforts to integrate gender equality measures into the crisis responses – including disaster response – as well as preparedness, recovery and resilience building processes, is critical to ensuring that all women, girls, men and boys — particularly those most at-risk — have equitable access to, control over and benefit from relief, services, information, community-level activities and decision-making. **Humanitarian responses often miss opportunities to transform gender relations through the leadership and empowerment of women and girls** in their role as decision-makers, first responders and economic actors — notwithstanding the fact that these are key to effective response and to communities' longer-term resilience and social cohesion.

The **purpose** of this annually updated gender profile is to present:

- An updated overview of the gendered context in crisis settings in Rakhine, Northern Shan, Kachin and Kayin States including key gender issues, needs and gaps.
- A stock-take of current and past efforts to address gender issues, needs and gaps by humanitarian actors and the humanitarian coordination system, including in ensuring accountability to affected populations, and in the context of the COVID-19 pandemic and 2021 military coup.
- Key strategic goals and cluster/sector-specific recommended actions to promote gender equality and empowerment of women and girls in humanitarian action and across the humanitarian-development-peace nexus by the Humanitarian Country Team (HCT) and Inter-Cluster Coordination Groups (ICCGs) at national and sub-national levels in Myanmar.

[8] Gender in Humanitarian Action Asia and the Pacific Working Group (2017). LGBTQI+ Rights and Inclusion in Humanitarian Action and Disaster Risk Reduction.

ONGOING EFFORTS FOR GENDER MAINSTREAMING IN HUMANITARIAN ACTION

Photo: UN Women/Khun Ring

Prior to the 2021 military coup, the Government of Myanmar demonstrated commitments to advance gender equality and promote the empowerment of women and girls through its National Strategic Plan for the Advancement of Women, 2013-2022 (NSPAW), the Myanmar Sustainable Development Plan, 2018-2030 (MSDP), the Nationwide Ceasefire Agreement (NCA), and the draft Protection and Prevention of Violence against Women (PoVAW) Bill; in line with the Government's commitments to the Convention on the Elimination of Discrimination against Women (CEDAW), the Beijing Platform for Action, the Agenda 2030 and its Sustainable Development Goals (SDGs) and the UN Security Council Resolutions 1325 and 1820. Both NSPAW and the PoVAW Bill are marked steps towards strengthening legal framework to protect women from disproportionate levels of discrimination and violence.

However, it is important to note the lack of progression to finalise the PoVAW Bill, which was drafted in 2014 and has not yet been approved. De-facto authorities have also committed to approving the Bill, yet to date it remains a long-standing draft. The Government of Myanmar also committed to a Joint Communique with the Special Representative to the Secretary General (SRSG) for conflict-related sexual violence (CRSV) in 2018 following the listing of the Myanmar Armed Forces (MAF) in 2017, however, they were not able to commit to a Joint Action Plan with the United Nations and limited progress toward implementation of the Joint Communique has been achieved to date.

Humanitarian actors from the UN, INGOs, NGOs, CSOs, and bilateral and multilateral donors continue to make commitments to promote gender mainstreaming in humanitarian action, as well as across the humanitarian-development-peace nexus efforts in Myanmar. Within the HCT and ICCGs at national and state levels, the GiHA workstream, Protection sector, GBV working group, WASH cluster and other sub-sectors have been leading efforts to develop cross-cutting guidance, tools and capacity strengthening on gender as part of protection and GBV mainstreaming.

In recognizing that gender gaps remain in humanitarian action in Myanmar, there are ongoing efforts to ensure gender issues beyond GBV and protection are adequately addressed, leading to more gender-transformative humanitarian programming across all sectoral and cross-cutting areas.

While COVID-19 related restrictions did impact gender mainstreaming efforts in 2020, some key actions have been taken to advance gender and diversity mainstreaming in humanitarian action, including: the adoption of a Protection Against Sexual Exploitation and Abuse (PSEA) strategy by the HCT, finalisation of cluster/sector-specific Gender Mainstreaming Checklists for Humanitarian Action, development of localised cluster-specific tip sheets adapted from the IASC COVID-19 Global Gender Alert and the formation of dedicated small groups under the ICCG to advance efforts in inclusion and accountability to affected populations.

Although further actions are required to enhance consistent gender-responsive humanitarian action in Myanmar, it should be noted that the lack of humanitarian access and the deteriorating operational space for humanitarian action remains a key challenge in addressing the practical needs of women, girls, men and boys affected by crisis, and also limits the opportunities for transformative interventions that address the strategic needs of women and girls, as well as men and boys.

KEY OVERALL STRATEGIC GOALS FOR GENDER EQUALITY AND EMPOWERMENT OF WOMEN AND GIRLS IN HUMANITARIAN ACTION[9]

Advocacy with key stakeholders is increased to uphold the commitments to gender equality and women's empowerment in compliance with the principles of CEDAW, the Beijing Platform for Action, SDGs, the UN Security Council Resolutions 1325 and 1820, and the IASC Gender Policy.

Sex, age and disability disaggregated data (SADDD) is collected, analysed and used and consultations are conducted equally with women, girls, and the most vulnerable and marginalized groups, across all ages and diversities, including during assessments and in the overall response monitoring.

Gender mainstreaming and targeted action for Gender Equality and Empowerment of Women and Girls (GEEWG) is integrated in preparedness, response, and recovery. These are rights-based and gender transformative, meeting the specific needs and priorities of women, girls, and men and boys of all ages and diversities. To guide this process, application of the IASC Gender with Age Marker, the IASC Gender in Humanitarian Action Handbook and other IASC global and regional gender in humanitarian action guidance is ensured. Protection mainstreaming throughout humanitarian action is continued.

Positive and healthy constructions of masculinities are promoted and fostered throughout humanitarian actions in order to address the root causes of gender inequalities as fuelled by negative power dynamics shaped by restrictive, negative and harmful socio-cultural constructions of gender identities, norms and roles and thereby empower and provide equal opportunities for women, girls, boys and men.

Leadership, decision-making as well as meaningful, equal representation of at-risk groups is promoted and consistently advocated for in overall humanitarian action as well as in the longer-term peace building and development processes. Women's economic empowerment is supported through livelihoods and employment interventions (including cash-based programmes wherever feasible and appropriate) ensuring that these activities adequately take gender dynamics into consideration to ensure that they are gender transformative going beyond traditional gender stereotypical divisions of labour instead of perpetuating gender inequality and ensure they minimize risks of potentially contributing to GBV including intimate partner violence. Strategies are adopted that recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls.

Activities to prevent, mitigate and respond to GBV and sexual exploitation and abuse, especially against women, girls are strengthened and expanded through systematic gender mainstreaming that addresses harmful societal and institutional gender norms. Activities will ensure that GBV response and prevention services are more widely available and accessible to women and girls and that attention to quality and Guiding Principles is upheld through expansion of activities and continued efforts to localize services. To this end, work with men and boys is increased to achieve the goal of gender equality and the empowerment of women and girls in humanitarian action, and to promote positive masculinities

humanitarian crises?

Collaboration and engagement with and capacity strengthening of local women's rights CSOs and those working with persons with diverse sexual orientation, gender identity and expression and sexual characteristics, and other at-risk groups is increased. Women's rights CSOs play a critical role in often being first responders in humanitarian settings where other actors cannot reach. Women's rights CSOs require long-term and systematic support to maximize their preparedness and ability to respond to humanitarian crises.

Gender balance and adequate numbers of trained competent international and national female staff in the overall response is promoted. This includes ensuring female staff are provided with necessary safety and security measures and are supported through capacity enhancement and mentoring.

Advocacy is increased with donors to make financial provisions to fully resource GEEWG programming for both mainstreaming and targeted action, including by ensuring the application of **IASC gender with age marker** and creating specific budget lines for the purpose.

Existing multi-stakeholder coordinating bodies to promote gender equality and mainstreaming are strengthened at national and state levels that cut across the humanitarian-development-peace nexus by recognizing that the empowerment and resilience of women and girls is critical to effective humanitarian efforts across sectors/clusters.

[9] In line with IASC Gender Policy and Accountability Framework (2017) https://interagencystandingcommittee.org/gender-and-humanitarian-action/documents-public/accountability-framework-iasc-policy-gender-equality and https://interagencystandingcommittee.org/gender-and-humanitarian-action/documents-public/iasc-policy-gender-equality-and-empowerment-women

CONTEXT OVERVIEW FOR GENDER EQUALITY AND EMPOWERMENT OF WOMEN AND GIRLS

RAKHINE

Around 470,000 non-displaced Rohingya – of whom 33% are women, 19% girls and 18% boys – who live in communities across Rakhine State remain subject to discriminatory policies and practices such as harassment, extortion, denial of access to resources and property, abuse and heavy restrictions related to freedom of movement, access to citizenship as well as access to livelihoods and essential services.[10] The overcrowding of IDP camps coupled with women's restrictions to move freely has a profound impact on women's sense of dignity, safety and hope for the future. While the stateless Rohingya continue to be the worst-affected population group with 68% experiencing extreme severity of needs, Kaman Muslims in IDP camps in Central Rakhine are also impacted by lack of access to basic services.[11]

In late 2018, a surge in the fighting between the MAF and the Arakan Army (AA) led to increased humanitarian needs and challenges in the state with 91,836 people reportedly displaced across 10 townships in Rakhine. As of May 2021, this also extended to Paletwa in Chin State where the majority are of Rakhine ethnic origin, 55% of whom are women and girls.[12] In August 2017, a military offensive in Rakhine caused a large-scale forced displacement of Rohingyas in the northern part of the State. Since then, more than 700,000 Rohingya refugees – over half of whom are women and girls – have fled Rakhine and sought safety in Cox's Bazar, Bangladesh where over 860,000 Rohingya refugees remain to date.[13] Humanitarian access remains limited across Central and Northern Rakhine, and the world's longest internet shutdown in Rakhine State, which lasted from June 2019 until February 2021, further restricted the operation of humanitarian actors and severely limited people's access to information, which was further exacerbated in the context of COVID-19.

Women and girls bear the brunt of the crisis in Rakhine due to restrictive socio-cultural norms and high levels of sexual and gender-based violence (SGBV) that have been exacerbated by the conflict and crisis context of protracted displacement combined with a policy of segregation, overcrowding and lack of privacy in IDP camps, and overall lack of safety and a prevailing sense of fear of violence. Marginalization is further compounded for women and girls with disabilities, pregnant and breastfeeding women, adolescent girls, female-headed households and older and widowed women who are at higher risk of GBV, unemployment, poverty, exclusion from humanitarian services and aid, such as access to sanitation facilities, healthcare, livelihoods, and community participation and leadership.[14]

Gender roles and norms	While there are variations based on levels of education, wealth and urban versus rural divide, gender segregation is generally common amongst the Rohingya and Kaman, who are predominantly Muslim, closely connected to conservative cultural and religious practices. Rohingya women face significant limitations to their movement attributed to the concept of *purdah*, which causes women to be screened and veiled from men outside their family and which can limit women's participation in public life.[15] Women and girls, especially among the Rohingya community, are generally relegated to the domestic sphere and their opportunities to engage in social and political life outside the home are greatly limited. Men and boys on the other hand, are more present in life in the camp outside the home than women and girls.[16] Boys are exposed to specific protection risks such as the engagement in unsafe casual labour. Displacement, ongoing conflict, and a lack of economic opportunities in Rakhine State have impacted the constructions of negative masculinities in both Rohingya and Rakhine communities, as men's ability to fulfil their roles as the provider of the family has been significantly affected.

[10] Myanmar Humanitarian Needs Overview (2021).
[11] Ibid.
[12] OCHA Myanmar (2021). Displacement due to Myanmar Armed Forces & Arakan Army conflict in Rakhine and Chin States (As of 19 May 2021).
[13] Myanmar Humanitarian Needs Overview (2021).
[14] Handicap International (2016). Needs Assessment, Persons with Disabilities, Rakhine State, Myanmar.
[15] Oxfam (2020). Voices Rising: Rohingya Women's Priorities and Leadership in Myanmar and Bangladesh.
[16] Social Science in Humanitarian Action (October 2017). Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context.

Education	Along with prevailing gender norms that limit Rohingya women and girls' ability to attend school, environmental factors including a continuous climate of insecurity, lack of freedom of movement, limited access to education, and long distances to schools – particularly prevalent in conflict-affected areas – also significantly impact their attendance, Data provided by the Ministry of Education (MoE)[17] in 2018 reported that of the total 141,948 Rohingya students in Rakhine, only 52,697 are female, with major disparities being reported at Lower and Upper Secondary levels (Lower Secondary: 13,937 enrolled boys versus 4,974 girls; Upper Secondary: 3,972 enrolled boys versus 1,214 girls). With the increase in domestic care work brought by the COVID-19 pandemic, there is also a higher likelihood that some girls might not be able to return to school once classes resume given that girls may be required to provide increased support for domestic and care work in addition to the fact that families might not be in a position to afford their children's school fees.[18]
Marriage	There is evidence that child and forced marriage is common among the Rohingya population and that both child/forced marriage and polygamy have been increasing in recent years due to the scarcity of men and economic difficulties, forcing girls into adult roles at an earlier age.[19] Child and forced marriage is also used as a negative coping mechanism for food insecurity and the lack of funds to pay for the girls' schooling[20] – a factor that could be further aggravated by the COVID-19 pandemic and military coup.[21] Marriage is further utilized as a coping mechanism to protect women and girls from potential harassment and abuse given the aggravated security situation in Rakhine State**.**
Health	Women and girls have limited access to healthcare services in Rakhine. Only 19% of women give birth in professional health facilities compared to 37% nationally,[22] and unsafe abortions are a key cause of maternal mortality - reportedly responsible for 15% of all maternal deaths in Rakhine State compared to the national average of 10%.[23] Restrictions on freedom of movement can preclude members from different communities from accessing healthcare depending on their location, which sometimes leads to avoidable deaths.[24] In addition, Rohingya women and men generally have limited options or knowledge regarding family planning and use of contraception. As a result, only 20-25% of the new generation of parents use contraceptives.[25] Women have little decision-making power over sexual matters or the number or spacing of children and rely on other women in their households to share knowledge about women's health including reproductive health issues.
Livelihoods	Rakhine State has the lowest labour force participation rate in Myanmar at 58.8% (83.2% for men and 38.1% for women – the lowest for women among all states and regions) and the highest unemployment rate at 10.4% (9.1% for men and 12.8% for women).[26] Women are hardest hit by the socio-economic crisis of Rakhine. **Overall, less women are able to engage in paid labour and when they are engaged, they are paid less than men. The extent of this economic marginalization varies across ethnic communities, with 33% of Rakhine women and 57% of Rohingya women rating their income as either very poor or non-existent.[27]** Moreover, as all over Myanmar, women's right to access and own land is highly insecure in Rakhine State, with even further repercussions for Rohingya women and girls who are doubly discriminated against due to their lack of access to citizenship. While the rising number of Rohingya women becoming economically active outside the household is welcome, it has exposed women to additional risks of GBV.[28]
GBV and conflict-related sexual violence (CRSV)	Rakhine State has the highest percentage of ever-pregnant women who have experienced violence during pregnancy (8.6 %) among all states and regions of Myanmar. Domestic violence, including intimate partner violence (IPV), is the most prevalent form of GBV reported for Rakhine State. The COVID-19 pandemic with its quarantine, isolation and mobility restriction measures can potentially increase the risk of GBV for women and girls as studies from other contexts have shown. Rohingya women in Rakhine identified the existing lack of access to water and private sanitation facilities, lack of privacy and overcrowding in camps, living in camps with continued hostilities between IDPs and host communities, as well as increased tensions in the household due to displacement and conflict as key factors increasing their risk of

[17] Ministry of Education Rakhine Update Presentation, Dr. Aung Naing Soe, Acting Director General, Department of Basic Education on 22 March 2018.
[18] CARE and UN Women (2020). Rapid Gender Analysis, Rakhine State.
[19] Social Science in Humanitarian Action (October 2017). Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context.
[20] Save the Children (2015). Youth Situational Assessment in Rakhine State, Myanmar.
[21] CARE and UN Women (2020). Rapid Gender Analysis, Rakhine State.
[22] Advisory Commission for Rakhine State (2017). Final Report of the Advisory Commission on Rakhine State.
[23] Asian Development Bank, UNDP, UNFPA, UN Women (2016). Myanmar Gender Situation Analysis.
[24] Independent Rakhine Initiative (2020). Freedom of Movement in Rakhine State.
[25] Social Science in Humanitarian Action (October 2017). Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context.
[26] Asian Development Bank, UNDP, UNFPA, UN Women (2016). Myanmar Gender Situation Analysis.
[27] Center for Diversity and National Harmony (2015). Rakhine State Needs Assessment.
[28] Social Science in Humanitarian Action (October 2017). Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context.

	experiencing GBV.[29] Disclosure of GBV cases remains extremely limited in northern Rakhine State due to fear of stigma by survivors within their community, the lack of dedicated and accessible services, and a widespread lack of accountability among government agencies. The lack of dedicated female staff in health, security and legal sectors, which is specifically pronounced in northern Rakhine State, pose additional barriers to GBV survivors' access to services.
Decision-making and representation	Women's leadership and representation in decision-making structures remain low at all levels including at camp, village, township, and state levels. While women's political representation is low across Myanmar, the situation is exacerbated in Rakhine, where there were no female parliamentarians elected to the Rakhine State Parliament in 2015, and only three women were elected from the Rakhine State constituencies to the Union Parliament in Nay Pyi Taw.[30] As of August 2020, there were six female ward/village tract administrators (W/VTAs) or Township/District Administrators out of a total of 1,178 W/VTAs in the state.[31] At the camp level, women occupy approximately 20% of the CMC positions in Rakhine as of February 2020, although their participation in decision-making and authority often remains limited.[32] In addition, women who assume visible roles in their communities in IDP camps such as women leaders often face additional risks GBV.
Documentation	The Rohingya population is one of the largest stateless populations globally. They have limited access to citizenship as a result of the amended provisions in the 1982 Citizenship Law, which deprives the Rohingya of their citizenship and renders them stateless.

[29] Myanmar Protection Sector (2015). Protection Concerns and Risk Analysis in Rakhine.
[30] Advisory Commission on Rakhine State (2017). Final Report of the Advisory Commission on Rakhine State.
[31] CARE and UN Women (2020). Rakhine Rapid Gender Analysis.
[32] Ibid.

KACHIN

In Kachin State, protracted, new and cyclical displacement, renewed outbreaks of violence, and increasingly restricted humanitarian access all factor into compounding marginalization across communities, especially amongst women and girls, perpetuating gender inequalities. Persistent and increasing protection concerns in Kachin result in a lack of women safety both in the public and private household spheres, and women's access and opportunity to partake in livelihoods and take up leadership roles are significantly limited.[33]

Prior to the military coup, there were 167,000 people in need in Kachin, including close to 96,000 IDPs who remained in camps established in 2011, of which 48% were women and 34% children.[34] Approximately 40% of these displaced people are in areas controlled by Ethnic Armed Organisations (EAOs), to which international actors have not had access since June 2016, but where local humanitarian organizations continue to be able to operate - albeit experiencing increasing access challenges.[35]

Since the military coup in February 2021, fighting has escalated in Kachin and Northern Shan between the Kachin Independence Army (KIA) and MAF from early March, following the statement by Kachin Independence Organization (KIO) pledging support to the Civil Disobedience Movement (CDM). Clashes have continued in multiple locations with MAF carrying out airstrikes and retaliating to KIA's attacks resulting in 11,654 recently displaced people (of whom 1,437 returned home and 10,217 remain displaced) as of 3 June 2021. In Shan State, fighting has also taken place between EAOs in addition to the MAF.

Civilians bear the brunt of ongoing armed conflict with frequent outbreaks of fighting, often in civilian areas, including displacement camps, host communities and return and resettlement sites, resulting also in new displacement with some families displaced multiple times. Women and girls face particular challenges and vulnerabilities due to gender inequalities and while progress has been made towards meeting their distinct needs and addressing the disproportionate impact they bear from displacement and conflict, the HRP 2021 highlighted that humanitarian organizations continue to face significant operational constraints for safe, timely and unhindered access to people in need in many locations over the past year. **With limited programmes targeting women and girls' specific needs, gender barriers prevent women and girls from equally benefiting from humanitarian action, the peace-building process and socio-economic development as well as participating in and influencing humanitarian decisions that affect their lives.**[36] This results in inequitable access to humanitarian information, relief and services, as well as leadership and livelihood opportunities for women; whilst also hindering the ability for women and girls to be meaningfully consulted to voice the specific relief and protection needs which they require for their basic survival, wellbeing and dignity.

The operationalization of the National Camp Closure Strategy over the last year, that aims to seek durable solutions for approximately 9,200 IDPs (of whom 31% women, 18% girls and 19% boys) through return or resettlement, made dedicated efforts to ensure a gender-responsive implementation in the State. While overall, IDPs remain discouraged to return or move to resettlement sites due to income and security-related uncertainties, as per the assessment conducted by the Joint Strategy Team in November 2018, in Kachin and Northern Shan, the push factors to return or resettle varied between men and women. For instance, it was found that while women will prioritise the living conditions, family cohesion, identity, education and health services in their decisions on living situations, men will give more importance to the fear of losing their land and houses at their place of origin. Gender must continue to be a lens through which ongoing assessments are conducted and all engagement and guidance from humanitarian actors should integrate GEEWG priorities.

Gender roles and norms	In consultations, women and girls often express shame of their prolonged IDP status, and their dependency on humanitarian assistance. Men express frustration with not being able to fulfill their expected gendered roles as providers for their families, while women express disappointment at not being able to take care of their children and provide a secure and safe environment for their children. These feelings of inability to meet ascribed gender roles were further exacerbated by having to endure inadequate living conditions in the camps. **A key challenge for women and girls in IDP camps relates to limited access to proper feminine hygiene measures including menstrual hygiene due to lack of privacy and inadequate sanitary and toilet facilities.**[37] A trend of family disruptions and separations has also been reported among IDPs. Causes of violence include displacement-related stress factors such as anger, frustration and anxiety. The inability of men and women to provide for the family was described as the main cause leading to a loss of respect, traditionally associated with the role of the provider. Coping strategies such as seeking work elsewhere

[33] Durable Peace Programme (April 2020). Displaced Women's Experiences, Opportunities and Priorities in Kachin State.
[34] Ibid.
[35] Ibid.
[36] ActionAid (2016). On the Frontline: Catalyzing Women's Leadership in Humanitarian Action.
[37] Gender Equality Network and Kachin Women Peace Network (February 2013). Women's Needs Assessment in IDP Camps, Kachin State.

	were reported as leading to family tensions and mistrust.[38] Women also reported feeling an immense sense of responsibility in having to often shoulder the responsibility of being the main breadwinner.[39]
Health	Women in both IDP camps and host communities face challenges in access to healthcare, with maternal health being cited by women as a key gap within IDP camps, and unreliable.[40] Governmental healthcare facilities and unaffordable transportation costs to hospitals or clinics outside of IDP impose barriers to access health services.[41] In addition to maternal health, women also cite unsafe water, inappropriate sanitation facilities, lack of hygiene (including menstrual hygiene), and overcrowded camps as key health issues.[42] The vast majority of women's health problems in the camps have also been reported as being related to sexual and reproductive health, including vaginal, uterus and cervical problems.[43] For family planning needs, there is an overall lack of awareness and socio-cultural acceptance of the use of contraceptives. Furthermore, research by the Gender Equality Network (GEN) and the Kachin Women Peace Network (KWPN) in 2013 found that male community leaders actively discourage women from using contraceptives.[44] There is reportedly a significant decline in the percentage of births attended by skilled birth attendants in IDP camps in Kachin with notable impacts on women's health.[45]
Education	In Kachin, teaching staff mainly consist of female teachers, as there are challenges in recruiting male teachers, as teaching is seen primarily as a women's role while men typically take up jobs where there are more livelihood opportunities that require more physical labour. The ratio of girls to boys attending primary level education (the gender parity index) is at 0.95.[46] Overall, half of both boys and girls do not complete primary level education in Kachin. There is reportedly a higher drop-out rate for boys at primary level education, as boys often tend to be encouraged to seek work as family providers, e.g. in the mining industry, given their gender roles within families.
Livelihoods	The lack of economic opportunity manifests itself along gendered lines, with women in Kachin overall having a low labour force participation rate at only 46% in comparison to 85.7% for men.[47] WFP's 2017 Post-Distribution Monitoring Report on Kachin highlighted that *"gender imbalances when taking part in economic activities were wide in Myitkyina, where in nearly 50% of the household there was at least a female income earner against 78% of those with male income earners. The share of households with both male and female income earners was 30% in Myitkyina and those with exclusively female earners were 20% in Myitkyina."* 27% of households in Kachin are female headed. In 12 IDP camps surveyed by Oxfam and Trócaire, most women are registered as 'dependents' on family registration cards, indicating that household work is both unpaid and undervalued.[48] GEN and the KWPN report that women in IDP camps mostly work as casual labourers, including work on farms, many of which are Chinese-owned with wages about half of the average local casual labour wage.[49] It has further been reported that overall, women's wages are lower than men's wages across different types of labour. Other casual labour options for women IDPs include working near the Chinese border at restaurants, shops or casinos.[50] While some women with access to vocational trainings are able to generate a basic income of 300-500 yuan (46-77 USD) per month, these training opportunities are limited especially in Non-Government Controlled Areas (NGCAs), and many women face barriers to participate, thus resulting in a limited overall access for women to formal training and skills and knowledge development.[51] Women's wellbeing is also further impacted by limited access to markets.[52] Some women are further engaged in smaller-scale homestead based activities (such as tailoring, vegetable gardening and livestock rearing). Based on market and livelihoods research by the Danish Refugee Council (2017), the Early Recovery Network led by UNDP and KMSS (2015) as well as GEN and the KWPN (2013), there is a large need to provide more long-term, multi-year funded, sustainable and transformative livelihood programmes targeting women including through skills training, market development and promotion of access to formal job market as well as women's financial inclusion and access to capital, resources and inputs for livelihoods. The resulting protection risks

[38] Ibid.
[39] Oxfam and Trocaire (2017). Life on Hold.
[40] Comment from the Health Cluster: The Health Cluster does not support this statement as it is based on the reports conducted in 2017 by non-health partners.
[41] Oxfam and Trocaire (2017). Life on Hold.
[42] Ibid.
[43] Gender Equality Network and Kachin Women Peace Network (February 2013). Women's Needs Assessment in IDP Camps, Kachin State.
[44] Ibid.
[45] Oxfam (2018). Durable Peace Program Endline Report.
[46] Ministry of Education (2014).
[47] Asia Development Bank (2016). Gender Equality and Women's Rights in Myanmar: A Situation Analysis.
[48] Oxfam and Trocaire (2017). Life on Hold.
[49] Gender Equality Network and Kachin Women Peace Network (February 2013). Women's Needs Assessment in IDP Camps, Kachin State.
[50] Ibid.
[51] Oxfam and Trocaire (2017). Life on Hold.
[52] Interim HRP (2018).

	are also gendered, with the lack of economic opportunities rendering women and girls particularly vulnerable to sexual exploitation and trafficking – as found by the Kachin Women's Association of Thailand (KWAT), the combination of large-scale displacement, gaps in protection mechanisms, and shortages of humanitarian aid combined with lack of economic opportunity have become major factors fuelling human trafficking along the Kachin-China border.[53] **Women are further denied their right to access and own land due to discriminatory social customs, which particularly impacts female-headed IDP households attempting to reclaim land they fled from.** In Kachin, women are typically completely excluded from inheritance despite equal inheritance rights in national laws for men and women.[54] Though the labour force in Kachin consists primarily of male participation, the nature of some of the work men partake in also comes with safety concerns. Risky and unsafe labour, primarily in the mining industry, is often undertaken by men, as well as boys, in Kachin, which often has low operational safety standards and limited protections for workers, and can result in exposure to unsafe working conditions.
Militarisation and security	The militarization and outbreaks of fighting have a severe impact on freedom of movement and security, particularly for women and girls. Checkpoints and military bases complicate access services and carry out daily tasks, so much so that women have shared that they do not wish to return to homes that are located close to military bases.[55] The issue of land mine infestation especially impacts men and boys who are among the main victims of landmine injuries and deaths. With reference to the recorded actions of MAF from the past and sources such as the UN Secretary General's annual report from 2020,[56] women, girls, men and boys from ethnic minorities continue to be at serious risk of CRSV, which significantly increased with the escalation in fighting, encounters with the MAF and displacement. As findings of the UNHCR perception survey on safety and security levels in IDP camps in Kachin and Northern Shan show, there has been a decline and continuous fluctuation in perceptions of safety among women and girls whereby in the third week of February, only 56% of women and girls surveyed felt mostly safe, and 44% felt sometimes safe (numbers for men and boys were the same). Towards the end of March, the figures changed to 32% of women and girls feeling mostly safe, 60% sometimes safe and 8% not feeling safe at all (with equal figures for men and boys) and in the second week of April, 58% of women and girls reported feeling felt mostly safe, 35% feeling sometimes safe and 8% not feeling safe at all (54%, 38% and 8% respectively for men). Displaced people limit movements after dark and go to the forest for food and firewood only when necessary. Women mitigate risks by only exiting the camp accompanied.
Gender-based violence and trafficking	The Special Rapporteur on the situation of human rights in Myanmar found evidence of widespread sexual violence in Kachin as well as other abuse of women with disabilities and women and girls from ethnic and religious minorities.[57] The Independent International Fact-Finding Mission (IIFFM) report released in September 2019 provided evidence of sexual violence against women, girls, men, boys and transgender persons in Kachin.[58] The report also found that security forces systematically perpetrated sexual violence and humiliation including rape, forced nudity, and sexual torture against men from ethnic minorities in sites of detention Kachin and Northern Shan, suspected of being members or supporters of EAOs, in order to obtain information or confessions.[59] In a qualitative study conducted by Oxfam and Trócaire in 2017 across twelve IDP camps, many research participants shared experiences of sexual violence by 'uniformed soldiers', with rape being the most frequently mentioned form of violence against women.[60] Domestic violence, including IPV, is the highest form of GBV reported, with women citing the lack of livelihoods, enduring poverty, and the use of drugs and alcohol as risk factors for increased levels of violence.[61] Women further reported that they feel threatened by the continued possibility of sexual violence, and that this threat restricts their mobility and access to services. For survivors of GBV who choose to pursue formal or informal justice mechanisms, access to justice is low, especially within IDP camps in NGCAs. While cases of trafficking, rape, and domestic violence were frequently reported, women also reported that in a society dominated by patriarchal gender norms and IDP camps managed by male camp managers, women were 'held responsible' when experiencing GBV.[62] Women access informal justice systems more frequently than formal justice systems. Less than 5% of reported cases seek formal justice system responses.[63] Child

[53] Kachin Women's Association of Thailand (2013). Pushed to the Brink: Conflict and human trafficking on the Kachin-China border.
[54] ActionAid, CARE, Oxfam, and WON (2016). Minoletti, Paul. Gender Budgeting in Myanmar.
[55] Durable Peace Programme (April 2020) Displaced Women's Experiences, Opportunities and Priorities in Kachin State
[56] Conflict-related Sexual Violence: Report of the UN Secretary General (3 June 2020).
[57] Interim Myanmar Humanitarian Response Plan (2018).
[58] A/HRC/42/CRP.4 . Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts.
[59] A/HRC/42/CRP.4 . Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts.
[60] Oxfam and Trocaire (2017). Life on Hold.
[61] Ibid.
[62] Ibid.
[63] Cited by UNFPA.

	survivors of sexual abuse (both boys and girls) in Kachin also face barriers in access to services, e.g., children can only have one person accompanying them to the hospital and this often needs to be a translator - thus the parents/guardians are most often unable to accompany their child to the hospital. Furthermore, survivors of rape face, in many parts of the state, forced marriage to the alleged perpetrators.[64] For men and boys, protection risks include forced recruitment, landmines and turning to negative coping mechanisms such as alcohol and drugs. Although women and girls are disproportionately impacted, men and boys may also be subjected to sexual exploitation and abuse.
Decision-making and representation	Kachin benefits from an active civil society, especially from women-led organisations, 16 of which came together to form the Kachin State Women's Network (KSWN). Women's leadership otherwise remains low at all levels, with women holding only 2 state-level ministerial positions in Kachin, and only 0.25% of W/VTAs being women state-wide.[65] In a limited number of camps and host communities, women's support groups and women's forums currently exist but their functioning has proven to be insufficient to support women's issues and promote women's meaningful representation, participation and leadership at an adequate level. Even when women are involved in the Camp Coordination and Camp Management (CCCM) committees, they are often not engaged in key decision-making positions, and remain in junior or administrative positions.[66] According to a study by the Durable Peace Programme,[67] 50% of IDPs in Kachin believe that men make better leaders than women. Adolescents and children, especially girls and young women, also have very limited opportunities to influence family, household, village or camp level decision-making and are mostly sidelined from consultations or any public community engagement platforms. Women's limited involvement in village and camp level decision-making has been identified as resulting in key protection gaps as well as overall gaps in effective and accountable camp management and local community decision-making. At the household level, men are considered as heads of households while women carry out most of the care and household related work. Among the IDP population, a study recently found that it is a commonly-held belief that men are entitled to make final decisions related to the household, influencing women's ability to participate in decision-making. However, it is important to note that in the same study 56% of women and 47% of men disagreed with this notion and while significant challenges to women's leadership remain, many do hold leadership positions whether in household or community level. 66% of displaced women in Kachin see more opportunities for women to take on leadership positions today than there were five years ago.[68]

[64] Asia Development Bank (2016). Gender Equality and Women's Rights in Myanmar: A Situation Analysis.
[65] Oxfam and Trocaire (2017). Life on Hold.
[66] Gender Equality Network and Kachin Women Peace Network (February 2013). Women's Needs Assessment in IDP Camps, Kachin State.
[67] Durable Peace Programme (April 2020). Displaced Women's Experiences, Opportunities and Priorities in Kachin State.
[68] Ibid.

NORTHERN SHAN

Since 2009, Northern Shan has seen regular and continuous armed clashes between a number of EAOs against the MAF, and sometimes against one another, despite the unilateral ceasefire that was put in place by MAF in 2019 which was extended until October 2020 due to COVID-19.[69] The sporadic and mobile nature of clashes caused continuous cycles of temporary displacement of families across the region, and this, along with the presence of landmines and unexploded ordinances hindered opportunities for safe and durable solutions for civilians in protracted displacement. Approximately 8,600 people were temporarily displaced in 2020, and at least 9,800 people remain in 33 IDP camps or camp-like settings, of which at least 38% are children, and 69% are women and children together.[70] While there is little public data or analysis of the gendered impacts of ongoing conflict on women and girls in Northern Shan, the analysis that exists indicates that women and girls are disproportionately impacted by various contextual factors, including a lack of decision-making power and representation, protection concerns relating to a heavy armed presence of EAOs, Border Guard Forces (BGF), militias and MAF, and by high levels of drug use among men – which is associated with a high HIV prevalence. **Additionally, women and girls in Northern Shan face a lack of livelihoods and income generating opportunities and growing risk factors for cross-border trafficking that reinforce economic insecurity and protection concerns.** These concerns were further compounded in 2020 by the impacts of COVID-19 that disproportionately affected women and girls in accessing livelihood opportunities due to restrictions on freedom of movement, increased care burden due to gendered social norms, increased susceptibility of women in the informal sector, and the rapid return of tens of thousands of migrant workers primarily from China and Thailand that increased food and livelihood insecurities for the home community and returning migrants alike.[71] Across humanitarian settings, women and girls face additional issues when accessing both health services and WASH facilities due to social norms and safety concerns, compounding the risks posed by COVID-19. IDPs and other vulnerable communities in Kachin and Northern Shan were also impacted by closures of the Myanmar-China border, which blocked supply lines and increased food insecurity, in particular in NGCAs in the eastern part of Kachin. Despite security and landmine risks, some IDPs returned to their places of origin due to increased fear of COVID-19 outbreaks in camps.

Gender roles and norms	Women reported having little to no decision-making power in their homes,[72] and feeling excluded from contributing to decisions related to the future of their families. At the same time, due to drug use among displaced men, women are also taking on roles traditionally assigned to husbands as "protectors" and "providers" for their family, on top of existing care work in the home.[73] Although men may not be fulfilling their traditional roles, they still have a privileged position over female partners in the home and women are expected to be obedient. High rates of forced male recruitment (including forced recruitment of boys) and gendered casual income opportunities have resulted in a lower ratio of men in IDP camps over time. This has resulted in increasing space for women to assume public leadership roles, for example in camp management committees, however this has not been coupled with substantive shifts in gender relations which resume upon return of male household members.
Education	Across Shan State, the ratio of girls to boys attending primary level education (the gender parity index) is at 1.04.[74] Shan has the lowest female literacy rate among young women at 59.4%.[75]
Livelihoods and access to economic resources	Women in IDP camps in Northern Shan identify the lack of livelihood opportunities and income-generating activities as a key challenge. These challenges in turn constitute barriers to education for children, as women report not being able to cover their education-related expenses. This challenge is further exacerbated for female-headed households, who comprise 14.7% of all households in Kutkai and Tarmoengye Townships, with the majority of interviewees reporting having lost their husbands due to drug abuse and forced recruitment, according to InterSOS.[76] The presence of landmines and unexploded ordnance continues to be a major protection risk for civilians and limits their freedom of movement, causing livelihood problems for farmers in particular. **Women and girls in rural areas are employed in agricultural livelihoods such as paddy rice cultivation in high numbers, yet landmine contamination, COVID-19 and security-related movement restrictions and land confiscation continue to be key barriers to earning income based on farming livelihood opportunities.**

[69] Myanmar Humanitarian Needs Overview (2021).
[70] Myanmar Humanitarian Needs Overview (2021); OCHA, (2019-20). Myanmar temporary displacement in northern Shan.
[71] CARE (2020). Rapid Gender Analysis of COVID-19 in Myanmar; Myanmar Humanitarian Needs Overview (2021).
[72] InterSOS (2014). Multi-Sectoral Needs Assessment Southern Kachin and Northern Shan States.
[73] UNFPA, DRC, and Kachin Women's Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.
[74] Ministry of Education, 2014.
[75] Asian Development Bank, UNDP, UNFPA, UN Women (2016). Myanmar Gender Situation Analysis..
[76] InterSOS (2014). Multi-Sectoral Needs Assessment Southern Kachin and Northern Shan States.

Militarization and security	The proximity of military bases or battalions to civilian IDP camps, with armed actors ranging from untrained night watchmen to formalized trained militia and ethnic armed groups as well as the presence of soldiers inside camps poses a grave concern and generates fear among the camp population, particularly for women who report living in distress and fear.[77] It also further limits women's access to basic services and facilities, including using latrines at night. Women and girls fear coming across soldiers when they leave the camps to collect firewood or water. Forced recruitment is also a key concern for both women, men, boys and girls. There are also reports of women and girls being abducted by armed groups in order to influence their male relatives. The use of landmines is another risk factor for women and girls, especially when leaving the camp to collect firewood in the forest.
Gender-based violence	Between 2010 and 2013, the Women's League of Burma gathered reports of over 100 cases of sexual violence perpetuated by military members against women, with the majority being linked to military offensives in Northern Shan and Kachin.[78] The IIFFM report released in September 2019 found that MAF, the Myanmar Police Force and the MAF intelligence agency systematically perpetrated sexual violence against men in sites of detention Kachin and Northern Shan suspected of being members or supporters of EAOs. Security forces used sexual violence and humiliation including rape, forced nudity, and sexual torture against men from ethnic minorities in detention, in order to obtain information or confessions from detainees.[79] In an inter-agency GBV and trafficking assessment across 15 IDP camps, women identified domestic violence as a main threat, further exacerbated by levels of drug use among the male population in the camps.[80] Attitudes towards domestic violence being an issue for the private sphere hinder women's ability to leave abusive situations or seek justice.[81] Women's access to justice is extremely low in the context of a lack of formal legal service providers and the existence of tensions between informal and formal justice systems. Survivors of violence are hesitant to report due to community blame and stigmatization. Women furthermore identified forced marriage for girls around the age of 16 as a key protection threat driven by the lack of economic conditions, over-crowded shelters, and low standards of living.[82]
Trafficking	As identified by the Protection Sector in 2015, human trafficking of women and girls in particular for domestic servitude, sexual exploitation, and forced marriage remains a major threat.[83] Although camp leaders report systems such as registration of movement and the use of informal networks to trace the location of victims of human trafficking, women reported being unaware of services for survivors of trafficking, or of how to support persons at risk of trafficking.[84] Women and girls are particularly vulnerable to trafficking by means of fraud or deception, particularly from people claiming to arrange a traditional marriage with Kachin people on the China side of the border.[85]
Decision-making and representation	Women have limited access to decision-making structures in camps, and restrictions on their participation in public life.[86] Women's participation in camp management committees continues to be very limited, and only a few functioning women's groups in camps exist.[87]
Safety	In discussions with women, the lack of fencing and barriers surrounding the camps was identified as a key safety concern, as camps may be located in the proximity of military bases and are easily and often accessed by strangers, including drug users. Girls, unmarried and widowed women also identified limited water resources requiring women and girls to bathe in nearby streams also used by men and the host community as a key safety challenge. Additional concerns include long distances to fetch water and collect firewood and the risk of being driven out of forested areas by perceived owners as well as seeing soldiers or drug users; and safety concerns relating to limited or no lighting at night on the pathways to latrines, inside latrines and between shelters, and the lack of gender-segregated latrines. Women and girls also face privacy challenges at a household level and have limited to no privacy in the home due shelter size, overcrowding and the need for household members to live in one shared room, and thin walls between shelters. This has especially become more of a concern as young girls are reaching adolescence.

[77] UNFPA, DRC, and Kachin Women's Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.
[78] Women's League of Burma (2014). Same Impunity, Same Patterns.
[79] A/HRC/42/CRP.4 . Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts.
[80] UNFPA, DRC, and Kachin Women's Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.
[81] UNDP (2017). One Acre of Land is Better than Nothing: Access to Justice and Informal Justice Systems in Shan State.
[82] UNFPA, DRC, and Kachin Women's Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.
[83] Myanmar Protection Sector (2015). Protection Concerns and Risk Analysis in Kachin and Northern Shan.
[84] UNFPA, DRC, and Kachin Women's Association (2014). Interagency GBV and Trafficking Assessment in Northern Shan State.
[85] Ibid.
[86] Ibid.
[87] Ibid.

KAYIN

Over recent years, despite the 2015 NCA signed by 8 out of 21 EAOs with a further 2 signing the agreement in 2018, continued and escalating armed violence in Kayin State and across the country threatened Myanmar's sustainable peace agreement. Sporadic clashes between the Karen National Liberation Army (KNLA), the military branch of the Karen National Union (KNU), and the MAF in Kayin in the recent years had displaced more than 10,000 people (51% of whom women)[88] in Hlaingbwe and Hpapun townships. Another 2,400 (52% of whom women)[89] had been displaced due to insecurity relating to road construction activities in Kyaukkyi Township in Bago Region, which adjoins the state.

Following the 2021 military coup, conflict escalation intensified in South-East Myanmar on 27 March when the KNLA responded to mortar shelling by MAF by raiding their military base. MAF immediately carried out airstrikes that continued until 31 March and increased clashes and mortar shelling on the ground caused the displacement of thousands of people, including in Thailand. Clashes have continued with particular concern of the situation worsening in areas that have previously not been considered as areas affected by conflict. Further displacements continue to occur in May 2021, and there have been reports that some attempting to flee to Thailand have been turned back. IDPs remain stranded in jungle areas with no access to healthcare, and significant humanitarian access constraints are affecting the ability to deliver any lifesaving services. The intensification of conflict follows the KNU/KNLA earlier withdrawal from the NCA and negotiations in January 2021. Sex-disaggregated data is not readily available in terms of the new displacements, nor all protection incidents, allowing for limited gender analysis of the impacts of the recently escalated conflict.

South-Eastern Myanmar additionally is exposed to severe seasonal floods triggered annually by heavy rains between June and September. The majority of those living in the state belong to the Kayin ethnic group, which consists of a range of unique cultures and languages, including the Sgaw, Pwo, Bwe and Paku Kayins. People from non-Kayin groups such as the Shan, Pa-o, Mon and Bamar ethnicities also reside there. 84% of the inhabitants are Buddhists, while 10% are Christian and 5% Muslim.[90]

COVID-19 community-wide lockdowns, widespread quarantining, curfews, international border closures for goods and people, and domestic travel restrictions have led to increased unemployment, income and food insecurity, GBV, needs-based petty theft and social anxieties in Kayin. Since the outbreak of the pandemic and prior to the coup, both the Myanmar Government[91] and authorities from EAOs introduced different forms of governance rules, making it difficult for Kayin communities to navigate overlapping and sometimes contradictory COVID-19 restrictions. This worsened access to jobs, farms and markets during critical harvest periods, especially as Kayin has the lowest labour force participation (51%) across the whole of Myanmar,[92] with rates of female labour force participation significantly lower than male (66% compared to 89%),[93] reflecting discriminatory gender roles persistent in Kayin and across Myanmar. Reports from the Karen Women Empowerment Group (KWEG) documented concerns raised by community members that joblessness was increasing alcohol and substance abuse, which in turn has fuelled violence in the home and community. KWEG has also documented rising intimate partner violence during the pandemic – exacerbated by income insecurity – along with increased fighting between family members, neighbours, and young people from neighbouring villages.[94]

Gender roles and norms	Many aspects of Kayin society are traditionally male dominated. Cultural, religious, and social norms place men as the primary breadwinners, heads of household and decision-makers, while women are relegated to the private sphere as primary caregivers and caretakers of the family unit. Gender perceptions in South-Eastern Myanmar are heavily influenced by religious norms. Even though women and men theoretically enjoy equal rights under Myanmar's Constitution, men traditionally have a higher religious status in Buddhism, the dominant religion in South-Eastern Myanmar, which paves the way for multiple types of discriminations.[95] **Gender stereotyping remains prevalent in South-Eastern Myanmar, exemplified by the common Bamar and Karen proverb, "*The sun will not rise if the hen crows,*" illustrating traditional perceptions of women's roles.** Virginity is regarded as sacred in South-Eastern Myanmar, where a proverb compares women to leaves: "*If sharp material falls on them, or if they fall on sharp material, they will be damaged*".[96] Traditional perceptions of gender roles were challenged during the conflict period, as women had to replace some men as village leaders. As a result, attitudes towards women began to change, and some women became

[88] Myanmar Humanitarian Needs Overview (2021).
[89] Myanmar Humanitarian Needs Overview 2021
[90] The 2014 Myanmar Population and Housing Census Department of Population Ministry of Labour, Immigration and Population October 2017, Kayin State
[91] Referred to the Government before the events of 1 February 2021.
[92] Central Statistical Organization (CSO), UNDP and WB (2020). Myanmar Living Conditions Survey 2017: Socio-economic Report, Nay Pyi Taw and Yangon, Myanmar: Ministry of Planning, Finance and Industry, UNDP and WB.
[93] The 2014 Myanmar Population and Housing Census Department of Population Ministry of Labour, Immigration and Population October 2017, Kayin State.
[94] Safer World (17 September 2020). Gender and COVID-19: economic impacts in northern Karen State, Myanmar.
[95] Karen Human Rights Group (2018). Suffering in silence? Sexual violence against women in Southeast Myanmar.
[96] Ibid.

	teachers, customary leaders and healthcare workers. Despite these positive developments, further efforts are required to ensure full gender equality in the region. Further, in addition to trauma, survivors of sexual violence deal with stigma and shame as the 'loss of virginity' by an unmarried woman or girl can be seen as a source of bad luck to an entire community. Generally, it is difficult for a rape survivor to marry and hence it is not uncommon for the survivor to accept to marry the perpetrator, and local leaders sometimes pressure them to do so. Such an outcome can condemn a survivor to a life of sexual abuse, as marital rape is not perceived as a crime according to Myanmar's Constitution.[97] While COVID-19 impacted both men and women, the women who spoke with KWEG described several changes to their daily lives, spanning the triple burden of domestic work, community (social) work, and income-generating work, as well as increased anxiety about their own health and family wellbeing.[98] Women's already high load of care and domestic labour responsibilities has further increased as family members have been at home 24 hours a day, and women are responsible for additional health and hygiene practices to prevent COVID-19 infection. Women are not only caring for their families but are supporting the needs of the wider community. By choice or sometimes due to obligatory social expectations, women mobilise resources for community needs, lead public health awareness campaigns, volunteer for charity efforts, and support neighbours and extended family members who are grappling with income insecurity.[99]
Health	In Kayin, prior to the coup, healthcare services were provided through the Ministry of Health and Sports, Health Cluster partners and Ethnic Health Organizations (EHOs). EHOs continue to provide care through stationary primary health care clinics and mobile teams, and referrals for patients who need advanced care in tertiary health facilities either in Myanmar or in neighbouring Thailand. The closure of the official border crossings between Thailand and Myanmar due to the COVID-19 pandemic has affected these referral mechanisms as has the February coup. Even prior to the coup, about a quarter of people in Kayin lived below the poverty line and the standards for maternal and childcare is among the lowest in the country. In Kayin, as well as other rural communities in Myanmar, family planning is often frowned upon by conservative community members and religious leaders. Nationwide, the use of condoms and other contraceptives is less than 40%, according to Government figures. Only 15% of married women in Kayin have access to modern family planning services.[100]
Education	In South-Eastern Myanmar, different authorities have assumed responsibility for educational provision. In some areas this has been Government-led, in others it has been KNU-led, and in areas of mixed control, both actors have been involved. Across these areas, women described education as being of importance to them and demonstrated their commitment to promoting a higher standard of education for their villages' children by being involved in the construction of new schools, sending their children to school in nearby villages to access better education, even in adverse weather conditions, and generally struggling for their livelihoods whilst ensuring their children have access the education.[101] The literacy rate for Kayin is 74.4%, lower than the national literacy rate of 89.5%. Literacy rates are slightly higher for males (78.4%) than females (70.9%).[102] The lack of sexual education in Kayin, as well as across Myanmar, also puts women in a situation of increased vulnerability to sexual violence. Increasing gender sensitivity at all social levels and facilitating discussions on consent are important steps towards reducing the vulnerability of women and girls to sexual violence.
Livelihoods and access to economic resources	Women in Kayin are generally perceived as home-makers primarily responsible for domestic work and childcare. They hold decision-making power related to household finances and childcare.[103] Despite women's primacy in the domestic sphere, men are deemed heads of the household, relegating women to a secondary position. In Kayin, there is occasional flexibility in the gendered household division of labour, possibly more so than in other states. In some Kayin households, men participate in domestic work and childcare. There is a generational difference as well: unlike men and women, boys and girls are encouraged to work in both the private and public spheres, with some aspiration that as adults they would be less likely to perpetuate rigid gender divisions in labour.[104] Likewise, women occasionally work with their husbands in the field or raise cattle when their husbands are travelling. Women as well as men in Kayin also tend to migrate to seek work in Thailand and neighbouring countries to support their family income. For working women and women-headed households, unemployment and pay cuts, rendered from COVID-19 restrictions, have demanded new, alternative income sources, from foraging for bamboo shoots and

[97] Ibid.
[98] Safer World. Gender and COVID-19: economic impacts in northern Karen State, Myanmar. 27 September 2020
[99] Ibid.
[100] Women in Myanmar lead the conversation on family planning. International Rescue Committee, 2015
[101] Safer World. Security, justice and governance in south east Myanmar. A knowledge, attitudes and practices survey in Karen ceasefire areas. January,2019
[102] 2014 Myanmar Population and Housing Census: A Changing Population: Kayin State Figures at a Glance: https://myanmar.unfpa.org/sites/default/files/pub-pdf/3C_Kayin_Figures_ENG.pdf
[103] Why Gender Matters in Conflict and Peace Perspectives from Mon and Kayin States, Myanmar. UN Women, 2015
[104] Ibid.

	sewing face masks to sell locally, to taking loans to cover financial gaps. For households that previously relied solely on men's wages, women and children are now seeking informal jobs to supplement the family income. KWEG staff described the rising debt in Kayin villages, along with an increase of petty theft driven by economic need, which impacts women's safety and assets.[105] Migrant workers have also been impacted – 50% of men and 42% of women surveyed in a recent assessment of 1,300 returning Myanmar migrants have lost their jobs due to COVID-19; less than 10% were receiving the same amount in remittances as before the pandemic and 60% said they are in debt, two-thirds of whom said their debt has worsened since the pandemic.[106] While both women and men are engaged in agriculture, including farming, food gathering and food preparation, raising livestock, household work, child rearing, and weaving, or travel outside the village for work, the gendered division of labour is still evident. In Kayin, 61% of all people who are of working age (15-64) are in the labour force. The proportion of males in the labour force is significantly higher (81%) than females (41%).[107] As in many other states across Myanmar that are heavily reliant on agriculture as a primary means of livelihood, men are socially expected to carry out "heavy" work such as raising large livestock and working in the fields, while women do the "lighter" work like breeding small livestock such as pigs and chickens, and tending to family matters.[108] Yet, encouraging participation and inclusion of a diversity of people in programming is challenging as women, girls and specific vulnerable groups find it challenging to give time for project activities since they have to work and earn money for food, clothing and shelter and carry out care roles. This should be considered in programming.[109]
Militarisation and Security	Despite positive reports from many women regarding their freedom of movement and increased access to their lands after the NCA was signed by KNU and MAF in 2012, many women who expressed continuing difficulties with their livelihoods felt that this was closely related to the ongoing presence of armed actors in South-Eastern Myanmar. Moreover, for several women who spoke to the Karen Human Rights Group (KHRG), their personal and economic situations were severely impacted by losing their husbands as a result of military activity, such as landmine casualties or forced labour.[110] Kayin is one of the most heavily mine-contaminated states in Myanmar and has among the highest number of recorded landmine victims in the country.[111] Landmines have been used by what was considered the Government, the military and EAOs. Reports claim that men became victims of landmines more often than women because men tended to enter contaminated areas either as combatants laying landmines, forced porters on the front lines, or as male household heads collecting firewood and foods or travelling between villages — all largely male roles. Reports also claimed that while men who have disabilities as a consequence of landmines tend to be cared for at home by their wives, women with disabilities were sent to their parents or other relatives to be looked after, as women's husbands were often unable to combine the new caregiving role with their role as the family's breadwinner.[112] Unmarried women who suffer from sustained injuries caused by landmines live with high levels of uncertainty, and single women with disabilities face particular discrimination and considerable challenges in becoming married in addition to the difficulties they face in sustaining their livelihoods.
Gender-Based Violence	KHRG's documentation reveals that sexual violence has remained an ongoing risk for women and girls in South-Eastern Myanmar. Between January 2012 and November 2018, KHRG received 52 reports covering 27 cases of sexual violence, including 7 cases in 2018 alone.[113] These included instances of rape, attempted rape, sexual assault and sexual harassment perpetrated by a wide range of actors, including local community members, teachers, government officials, MAF soldiers and members of ethnic armed groups. Children, orphans, and women who have mental illnesses or who experience economic difficulties are particularly vulnerable to sexual violence. Out of the 27 rape and sexual assault cases that KHRG documented between 2012 and 2018, 12 involved particularly vulnerable women. These included 6 cases involving women with mental disabilities, as well as 3 cases involving child survivors in 2018.[114] In South-Eastern Myanmar, different authorities enforce their own legislation in the areas under their control and their provisions regarding GBV remain unclear. Overall, because two legal systems exist in

[105] Safer World. Gender and COVID-19: economic impacts in northern Karen State, Myanmar. 27 September 2020
[106] Poverty, food insecurity, and social protection during COVID-19 in Myanmar. Combined evidence from a household telephone survey and micro-simulations. IFPRI. November, 2020
[107] https://myanmar.unfpa.org/sites/default/files/pub-pdf/3C_Kayin_Figures_ENG.pdf
[108] Ibid.
[109] Survey response from WASH sector, Kayin.
[110] Why Gender Matters in Conflict and Peace Perspectives from Mon and Kayin States, Myanmar. UN Women, 2015
[111] Ibid.
[112] Ibid.
[113] Suffering in silence? Sexual violence against women in Southeast Myanmar. Karen Human Rights Group, 2018
[114] Ibid.

	parallel, local civilians usually have limited knowledge of both the applicable legislation and the mechanisms for reporting a crime to the relevant authorities. KHRG documentation showed that women in South-Eastern Myanmar often choose not to report cases of sexual violence due to the fear of social stigma, but also due to a lack of knowledge about how to access formal justice mechanisms. It was also reported that perpetrators of sexual violence often threaten the GBV survivors, as well as their female family members, in order to deter them from reporting or speaking about the incident. In KNU controlled areas, the local justice system does not seem to fully comply with international standards for the administration of justice. Indeed, KHRG documentation reveals that cases of GBV are sometimes handled by low-level courts that focus on negotiating settlements between survivors and the perpetrators, who often do not have the capacity to condemn perpetrators to a prison sentence that is consistent with the gravity of the offence.[115] As a result, the local population often tends to rely on traditional justice mechanisms that provide no guarantee to protect the rights of the GBV survivors, who face delays and bias in seeking justice for the violence they experienced. Local village leaders are usually slow to respond to allegations, and they do not handle GBV complaints according to the Penal Code because of their lack of legal knowledge. Instead, they tend to settle the case informally. Typically, the perpetrator will be asked to marry the survivor or to pay a small sum as a form of compensation. The survivor is often pressured by her family to accept these terms in order to close the case. Because of gender stereotyping, victim-blaming is common, and survivors often face discrimination and social stigma. There is a widespread perception that rape only happens to women who behave in a way that does not match traditional social expectations.[116] The lack of trust in and the partiality of the Myanmar judiciary system also remains a significant impediment to delivering justice to the survivors and enforcing the rule of law. This is particularly true for cases of past or present sexual violence committed by MAF soldiers, which are either ignored or handled by opaque military courts that usually shield perpetrators from further prosecution and sanctions. Other factors contributing to the widespread misuse and distrust of the official justice system include its high cost, corruption, gender bias, lengthy trial delays and language barriers for ethnic minorities with little or no knowledge of the Burmese language.[117]
Decision-making and representation	Men's position as household heads also affects women's participation in local governance systems and their ability to stand for local positions. Prior to the coup, local elections for W/VTAs were conducted by representative vote of household heads. As most households are headed by men, women have been mainly excluded from the voting process. Despite this, the state with the highest percentage of women village tract administrators in the 2012 election was Kayin, with women accounting for 2.4% of village tract administrators.[118] While women are active in community work, this is often in traditional spheres or roles deemed appropriate for women. Women in Kayin are thus active in social welfare promotion or service provision, and roles in the service of the preservation of culture and religion.[119] This includes work in the church for Christian women, or in roles supervising pagoda offerings, ceremonies, and alms for Buddhists. While women may be active in these 'traditional' spheres, they are considered for the role of religious leaders, as these roles are reserved for men. While women are active as household heads and village leaders, particularly during and following the conflict in Kayin, there remains a perception amongst some men that it is shameful to have a woman leader and some husbands may prevent their wives from taking on leadership roles.[120] Furthermore, cultural conditioning may make women reluctant to take on leadership roles, as they have internalized their culturally perceived "unsuitability". Women's participation in the peace process has been limited on the national scale. Few women have been included in the negotiation teams of the Myanmar Government and none in those of the MAF. The situation is slightly better amongst EAO-controlled areas. In Kayin, three female KNU leaders were involved in negotiating a 2012 bilateral ceasefire.[121] Naw Zipporah Sein, the most senior of these, subsequently led the group's negotiations on the NCA.[122] Nonetheless, and despite a July 2018 agreement signed by the parties to the NCA which set the condition to include at least 30% women across all areas of peace talks, women's participation has remained low.

[115] Ibid.
[116] Ibid.
[117] UN Women (2016). Women's Access to Justice in the Plural Legal System of Myanmar
[118] UNDP (2015). Women and Local Leadership: Leadership Journeys of Myanmar's Female Village Tract/Ward Administrators.
[119] GEN (2015). Raising the Curtain: Cultural Norms, Social Practices and Gender Equality in Myanmar.
[120] UNDP (2015). Women and Local Leadership: Leadership Journeys of Myanmar's Female Village Tract/Ward Administrators.
[121] Swiss Peace, GDI and UN Women (2015). Why Gender Matters in Conflict and Peace: Perspectives from Mon and Kayin States, Myanmar.
[122] Swisspeace (2014). Looking at the Current Peace Process in Myanmar through a Gender Lens.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Existing Needs and Key Challenges

NATIONAL

Coordination: Need to improve coordination among sectors/clusters and their members around issues of AAP that results in AAP mechanisms functioning in silos (either per sectors or individual organizations), which can lead to confusion for affected populations; lack of agreed commitments and contacts for cross-referral between sectors receiving complaints which may be related to other organisations/sectors. This is coupled with limited Communication with Communities (CwC) mechanisms at national and local levels (except in Rakhine, where a CwC working group was active over the course of 2020), which hinders the ability to listen to and communicate to communities on a wide range of issues pertaining directly related to them. The AAP small group of the ICCG has been looking at the feasibility of collective AAP options in Myanmar since early 2020, which also includes elements of CwC.

Lack of funding commitment: Lack of sufficient donor requirements and budgeting for accountability and feedback mechanisms (e.g. in project proposals and planning).

COVID-19, conflict and 2021 political situation: Limited access to communities significantly hinders the ability to reach affected people including those with specific vulnerabilities (particularly for face-to-face options such as help desks which are often preferred by older people and those who are illiterate or lack phone access); remote working modality poses challenges in enhancing accountability and transparency at community level and ensuring community feedback mechanisms are well-functioning; delay in being able to investigate and respond to complaints; delay in the implementation of programme adaptations and improvements based on feedback received; and limited capacities of field operational partners as well as limited monitoring and supervision while remote operations are observed.

Socio-cultural norms: Existing gender norms discourage and devalue the inclusion and active participation of women and girls including in community feedback mechanisms (e.g. women are discouraged to speak in community consultations and decision-making processes).

Awareness: Limited community awareness on the different ways feedback and complaints can be submitted as well as the function, purpose and value of community feedback mechanisms in certain states/regions.

Operational challenges:

Disability Inclusion: Issues in access and participation of people with disabilities in community feedback mechanisms due to limited consideration of their accessibility needs; capacity gap of community feedback mechanism focal points in disability inclusion; current designs of digital community feedback platforms and tools such as KoBo require people with disabilities to have someone assisting them when making reports - limiting options for people with disabilities to submit reports anonymously; lack of access to community feedback mechanisms operated through social media for certain population groups who do not have access to internet or relevant applications. Given their added vulnerabilities, women and girls with disabilities face further constraints in accessing community feedback mechanisms.

Short project timeframe of humanitarian programmes hampers the ability to monitor the effectiveness of AAP implementation.

Data protection: Varied approaches to databases for AAP mechanisms including use of Excel, MoDA and others during heightened security situation posing risks relating to search and seizure of devices and documents containing personal data.

Staffing: Lack of dedicated AAP and CwC focal points across the board with these functions integrated as part of other responsibilities.

RAKHINE	KACHIN	NORTHERN SHAN
Access limitations: Women and girls' limited access to mobile phones due to male ownership of phones in the household hinders their ability to make reports through community feedback hotlines.	**Capacity/resource constraints:** Although Community Feedback Mechanisms (CFMs) are widely established in villages and camps, there are implementation constraints due to capacity and budget limitations. **Limited coordination:** While individual CwC efforts continue by operational partners, these are usually undertaken in silos, amidst the lack of a coordination approach.	**Lack of coordination:** Lack of options to report WASH-related feedback through available community feedback boxes in IDP camps – an example of siloed feedback mechanisms. **Limited coordination:** While individual CwC efforts continue by operational partners, these are usually undertaken in silos, amidst the lack of a coordination approach.

Good practice examples of current response

NATIONAL

Coordination: In 2020, an AAP Small Group of the ICCG was established to explore inter-agency AAP in Myanmar, where CwC coordination is also part of the discussions.

Staffing: Some community feedback hotlines are operated by female and male staff which provides persons calling the hotline with the opportunity to speak to an operator of their preferred gender; decentralized helplines are provided so that staff can speak in local languages; and training of helpline staff in managing sensitive complaints including Gender Based Violence/Sexual Exploitation and Abuse incidents.

Information provision: Use of visual and audio messaging for affected people in local languages about entitlements and avenues for queries, suggestions, and complaints; Protection Sector worked with the Humanitarian Advocacy and Communications Group to develop and distribute a set of key messages targeting communities and to address the concerns raised by communities on different issues. In the absence of a CwC mechanisms, this enabled an approach to address urgent and emerging CwC needs.

Monitoring: Integration of AAP-related indicators in 3/4W WASH Cluster mappings and integration of an AAP-related WASH indicator in 2021 HRP with the aim to address WASH-related concerns through community consultations; conducting post-distribution monitoring by phone including on AAP related issues.

Needs analysis: A survey on AAP was conducted in 2020 assessing the needs and gaps around AAP coordination in Myanmar, the results of which are guiding the AAP work carried out in 2021, and a survey is under development by Food Security Sector to assess cross-cutting sectoral needs and gaps including around AAP to increase understanding of accountability issues.

AAP mainstreaming: Technical feedback on AAP components to HNO/HRP and Myanmar Humanitarian Fund proposals is being systematically provided by Protection Sector.

Inclusion: Protection Sector prepared the implementation of community feedback mechanisms in hard-to-reach areas which includes significant considerations of age, gender and disability (roll-out has been delayed due to COVID-19). A Disability Inclusion working group of the ICCG was established to strengthen disability inclusion mainstreaming.

RAKHINE	KACHIN	NORTHERN SHAN
Staffing: Engagement of female staff for community feedback consultations, house visits and hotline operations; female staff collected feedback from women separately and through informal channels to widen reach to women that might be restricted in movement. **Information dissemination:** Phone numbers of community feedback mechanisms included in cash envelopes distributed during cash-based interventions. **Accessibility:** Integrated call-back policy for community feedback hotlines operated by Food Security Sector, enabling people with financial constraints to access feedback channels free of cost.	**Implementation:** Protection, WASH and Shelter/NFI/CCCM Sectors implemented CRM actions and follow-ups based on feedback received through several community feedback channels (including household interviews, suggestion boxes, collection of feedback from WASH communities and camp leaders, etc.). **Coordination:** Community feedback collected by CCCM staff and shared with relevant sectors/clusters. **PSEA:** PSEA reporting mechanisms are in place and PSEA focal points appointed. **Disability inclusion:** Feedback and complaints by people with disabilities are conveyed through volunteers; feedback and complaints are followed up using a grading system. **Accessibility:** Suggestion boxes are available at clinics, making them easily accessible for women and girls.	**Availability:** Suggestion boxes are available in all IDP camps and awareness sessions on community feedback mechanisms are provided periodically. **Outreach:** Feedback and complaints are collected as part of post dignity kit distribution monitoring and followed up to the extent possible.

2021 recommendations

NATIONAL

Coordination: Strengthen inter-agency coordination around AAP using a multi-sectoral approach including establishing a data sharing protocol, which ensures confidential and ethical data sharing among sectors/clusters; integrate AAP as agenda item in cluster/sector meetings on a more regular basis; develop models for community feedback mechanisms that can be replicated across clusters/sectors and states/regions.

Needs analysis: Increase efforts in conducting needs analyses aiming to gain a better understanding of the specific needs and preferred feedback channels from different population groups with a focus on potential access constraints of women, girls and those with vulnerabilities.

Monitoring: Include an AAP indicator in programme documents and proposals to increase accountability for programmes and donors and systematically integrate AAP into every programme activity.

Access: Ensure the availability of multiple confidential feedback and complaint channels based on the different ways women, girls and people with disabilities can access mechanisms in different contexts following inclusive consultations (e.g. through hotlines, focus groups discussions, house visits, etc.).

- Provide private areas and/or channels for discussion and reiterate the confidentiality of the information being shared.
- Increase community awareness on the different ways feedback and complaints can be submitted and how community feedback mechanisms function;
- Continue to engage female staff to obtain feedback.

Participation: Consult women, girls, men and boys and people with specific vulnerabilities in advance when designing humanitarian assistance and for every change in programming in a dignified manner.

- Ensure accountability, participation, and meaningful engagement of women-led organizations/women rights organizations, organizations of people with disabilities and LGBTIQA+ in the HNO/HRP process and the development of humanitarian policies and guidelines.
- Design information, education, communication, and advocacy materials in multiple formats and languages that cater to the accessibility needs of different population groups including people with disabilities. Consult and seek input from people with disabilities when developing and evaluating these materials.
- Utilise knowledge of the findings gained through CwC consultations held with women and men at the sub-national level on best practices and successful mechanisms for community outreach in 2020 to strengthen CwC in the context of COVID-19 and the 2021 political situation and ensure that information reaches children in appropriate ways.

Social norms: Promote community-based programming initiatives that aim to empower women, girls and vulnerable population groups to express their opinions and build their leadership skills.

Well-functioning mechanisms: Measure the existence of a well-functioning feedback mechanism based on the number of feedbacks that are received from different population groups, not by the existence of the mechanism. Ensure feedback can be submitted in multiple different media depending on the context, that feedback can be submitted in an anonymous manner and that feedback is responded to within a reasonable time. Ensure feedback guides programming. Encourage community feedback mechanisms including hotlines to have adequate staff (of diverse genders) to triage feedback and complaints and ensure all feedback is responded to according to a grading system.

Behaviour change: Foster positive attitudes among frontline staff and team members around feedback and lessons learnt including building staff's perception that providing affected communities with appropriate, safe and well-functioning feedback and complaint channels is essential to improve programming.

Capacity building: Train male and female staff on AAP and disability inclusion, including data protection components such as confidentiality and consent; ensure transfer of AAP skills to staff of implementing partners through capacity building.

PSEA: Strengthen the integration of PSEA reporting channels into existing community feedback mechanisms; coordinate with the PSEA Network to raise community awareness on their right to assistance, acceptable behaviour of aid workers and where and how to submit reports on incidents of sexual exploitation and abuse. Train field staff to deal with sensitive complaints in line with established referral procedures. Ensure feedback can be submitted anonymously and confidentially.

RAKHINE	KACHIN	NORTHERN SHAN
Quality assurance: Conduct satisfaction surveys on community feedback mechanisms that include women and other vulnerable groups with restricted movement and ensure potential complaints are followed up and acted upon.	**Accessibility:** Ensure availability of multiple communication channels are placed in IDP camps in areas that allows the population including people with disabilities to submit feedback anonymously.	**Accessibility:** Increase availability of community feedback hotlines for WASH-related feedback and complaints considering that suggestion boxes might not be accessible for all population groups due to limited literacy levels and increase cross-sectoral coordination and information sharing.

SECTOR/CLUSTER GENDER DYNAMICS AND PROGRAMMING CONSIDERATIONS

HEALTH

Existing Needs, Gaps and Constraints

NATIONAL

2021 political situation: Significantly reduced access to healthcare due to security forces' occupation of public hospitals, and arrest warrants issued under Section 505(A) of the Penal Code which criminalises any anti-military stance, thereby increasing security threats for health professionals.

Cultural/Social norms: Socio-cultural and religious norms that limit women and girls' access to and knowledge of general healthcare and SRHR including family planning, and a low interest and involvement of men in family planning or empowerment activities.

Lack of access: Limited or lack of transportation services impeding access; need for contingency measures for women and girls in areas of limited humanitarian access.

Lack of enabling environment: decision-making positions is unfavorable for women and girls with low literacy rate.

Inclusive programming: Potential to strengthen tailored and mainstream programming areas to understand specific needs of and improve access to healthcare for vulnerable groups such as sex workers, LGBTIQA+ individuals and people with disabilities.

RAKHINE

Cultural/Social norms: Limited participation of men in family planning awareness sessions; Limited discussion of sexual and reproductive health among adolescent girls and boys.

Access: Unable to reach remote areas and camps with health services due to travel authorization issues and security concerns. Gaps in pre- and post-maternal services and SRH in remote areas as a result; Limited access to internet for knowledge sharing and access to relevant health information.

COVID-19 and 2021 Political situation: SRHR programming delayed and required adaptation.

- Privacy and security concerns for women and girls in COVID-19 quarantine facilities.
- Insufficient medical staff for Outpatients Department. Closures or lack of services at public hospitals forces patients to go to private hospitals/clinics, impacting access for women and girls that have already restricted movement. Referral options to hospitals are complicated and difficult, especially for referrals of children, and for Rohingya women, men, girls and boys.

Funding: Need for donor funding flexibility to include medical transportation.

KACHIN

Drug abuse: Growing concern for men and women; women more hesitant to seek help due to heightened sense of shame and prejudice they experience.

GBV services: Lack of access to multi-sectoral health services by GBV survivors in rural/remote areas; social norms, safety concerns and fear of stigma and shame make survivors reluctant to report GBV incidents and access multi-sectoral support.

Access: Harm reduction partners providing adolescent sexual and reproductive health (ASRH) training and awareness have limited access to remote/rural populations.

2021 Political situation and COVID-19: Reduced access to mobile health clinics due to reduced frequency, timing of visits, and number of awareness sessions.

- Limited access for women and girl injecting drug users to clinics for antiretroviral therapy and Methadone treatments due to military occupation of clinics.

NGCA policy implications: Unmet needs in family planning due to EAO SRHR policies, including limitations on use of contraceptives and encouraging multiple childbirths.

Human trafficking: Women and girls are vulnerable to human trafficking, resulting in GBV complications and risk of HIV transmission.

NORTHERN SHAN

Lack of access to SRHR: Language barriers, illiteracy and limited education of women and girls as causes for limited access to SRHR information; limited access to family planning in remote areas which is aggravated by COVID-19 and the 2021 political situation.

- Lack of provision of comprehensive antenatal care package.

COVID-19 and 2021 Political Situation: Disruption of services to continue antiretroviral therapy and other medications for people living with HIV. Referral pathways are increasingly complicated with limited available healthcare services.

- Inability to reach women and girls for awareness sessions; security concerns and transportation difficulties to conduct awareness sessions; empowerment activities and healthcare as planned due to COVID-19 prevention measures.

Drug abuse: Growing concern for of increased use by men and women; women more hesitant to seek help due heightened sense of shame and prejudice they experience.

Human trafficking: Women and girls are vulnerable to human trafficking, resulting in GBV complications and risk of HIV transmission.

Good practice examples of response

NATIONAL

- Medical staff trained in and provided Psychological First Aid, GBV and Clinical Management of Rape and referral pathways as MoHS clinical guidelines are rolled out. However, because of the 2021 political situation, this work may have been suspended.
- Focus group discussions conducted with remotely located populations included women and girls, aiming to incorporate the knowledge and opinion of people in rural areas through planning and management of development projects and programs.

RAKHINE	KACHIN	NORTHERN SHAN
• Distribution of dignity kits to women and girls in quarantine centres. • Mobile clinics increased accessibility to health, handwashing and COVID-19 prevention awareness sessions resulting in positive handwashing behavioural change. • Pregnancy and breastfeeding awareness sessions for women in communities and monitoring visits to households with pregnant and breastfeeding women conducted for counselling and awareness. • Provided COVID-19 prevention and nutrition awareness information to women. • Gender based violence (GBV) awareness raising and prevention measures in camps where there are GBV risks.	• Weekly virtual Health cluster SRHR coordination technical working groups meetings held for sharing of SRHR information. • Distribution of hygiene and dignity kits to quarantine facilities. • Women-friendly clinics/centres established to provide weekly support services for women injecting drug users. • Development of education video clips including video with sign language. • Referral to adult and youth-friendly health services clinic for SRHR problem of vulnerable youths.	• Female service providers assigned for SRH and GBV related services, and ensured providers can provide comprehensive services. • Established safe shelter for women living with HIV. • Held targeted awareness sessions on GBV and referral pathways for health staff. • Integration of SRH services including long-term family planning into primary health care services; integration of SRH awareness into psychosocial support activities. • Collaboration with local youth network and establishment of youth-friendly environment in SRHR information sharing and service provision both in person and online.

2021 recommendations

- Strengthen coordination and collaboration with women's organisations, youth network, gender network, men who have sex with men network, people who inject drugs network and organisations for people with disabilities on health awareness and program implementation. Ensure these actors are meaningfully engaged in health coordination mechanisms.
- Expand health services and enhance accessibility to ensure that pregnant and breastfeeding women receive critical care for themselves and newborns particularly in remote areas.
- Increase community-wide awareness on GBV and continue concerted efforts to ensure GBV survivors can access adequate and survivor-centred healthcare that addresses their specific needs, including post-rape management and emergency contraceptives without stigma.
- Promote collaborative approach with local CBOs, CSOs, and ethnic health organisations who have a better understanding of the local area context and community needs at ground level to fulfil the necessary programming implementation.

RAKHINE	KACHIN	NORTHERN SHAN
• Conduct gender training for health staff and volunteers working with mother support and youth groups. • Strengthen capacity of women community groups and women organisations on gender-related health concerns that have been previously trained on health awareness, to facilitate community information sharing and capacity building. • Promote role of local CSOs and create opportunities for local communities in order to involve them in activities.	• Policy-level advocacy by health cluster actors for gender budgeting, inclusive of SRHR, GBV specific needs. • Conduct awareness sessions to understand the need for more inclusive hiring practices and prioritise recruitment of female staff and staff with disabilities. • Expansion of rehabilitation centres for those recovering from substance abuse to consider gender needs such as the provision gender-segregated rooms and WASH facilities.	• Provision of gender training for actors in the health cluster to increase awareness and understanding of gender concerns in health. • Enhance MHPSS activities, including provision of self-care instructions to communities. • Engage with community leaders and men in awareness of the need to provide specialised healthcare for women and girls to improve access to services for women and girls. • Apply consortium approach for better coordination among local actors.

NUTRITION

Existing Needs, Gaps and Constraints

NATIONAL

Lack of gender mainstreaming in guidelines: No mention of a gendered approach in the National Integrated Management for Acute Malnutrition (IMAM) Guidelines, and lack of gender considerations integrated in national guidelines.

Higher malnutrition amongst girls: Monthly Sex and Age Disaggregated Data (SADD) for a severe and acute malnutrition programme for ages 6-59 months shows higher malnutrition amongst girls (60% for girls compared to 40% for boys). It is suggested that this is due to priority given to boys over girls at household level for nutritional food intake. As a result, more female patients are admitted to health clinics for malnutrition.

Limited male interest and engagement in nutrition activities: Particularly related to antenatal care when nutritional knowledge is child or woman focussed. Influenced by strong beliefs that this is primarily the responsibility of female family members.

Disability inclusion: Potential to strengthen integration of specific needs of people with disabilities in nutrition programming.

Security: Key security concerns due to ongoing 2021 political situation, which is already impacting the ability to continue service provision and hindering household access to nutrition knowledge and support services, particularly for pregnant and breastfeeding women. Will also further limit access to nutritious food due to limited livelihood opportunities in communities, particularly for women and women-headed households.

COVID-19: Limitations in access due to COVID-19 related movement restrictions sees that usual distribution of nutrition commodities is primarily undertaken through community committees, who may have less understanding of which commodity is for mothers and which for infants, leading to lower quality programme implementation.

RAKHINE	KACHIN	NORTHERN SHAN
Cultural/social norms: Limitations in ability to provide antenatal care, with some examinations and supplements not allowed in some ethnic groups. • Required to approach religious leaders for permission to provide home visits to commence nutrition treatment for children and pregnant women; limited decision-making power for mothers at household level. • Pregnant mothers under 19 (due to child/forced marriage) are at higher risk of health problems, as women are often not allowed to leave the house making it difficult for them to go to clinics or access food distribution, markets or any other services. • Access constraints for mothers who need permission from husbands or male family members to accompany children with severe malnutrition who are referred to hospital. **COVID-19:** Distribution of double rations provided at one time to address the COVID-19 movement may not have reached women, girls and pregnant and breastfeeding women, that face more restricted movement than men and boys.	**Male Engagement:** Many volunteers of nutrition-related activities are female - hard to persuade the spouses to participate in nutrition awareness sessions. **Funding:** Donors are unaware of gendered needs in programme design and the need to ensure male inclusion in workshops and breastfeeding sessions from project commencement. **Limited knowledge:** Limited nutrition support to pregnant and breastfeeding women and children in the region, and limited knowledge of nutritional needs and information by communities. **Security:** Ongoing regional conflict resulting in internal displacement. Particular concern for women, girls, pregnant and breastfeeding women and elderly affected by the crisis. Some service provision has slowed as a result, impeding continuation of malnutrition prevention and response programming.	**Livelihood opportunities:** Lower livelihood opportunities and income for women and girls, especially women-headed households and elderly, hindering access to nutritional food. Issue for families impacted by armed conflict and those who suffered a loss of a male family member, who are traditionally responsible for household finances as primary income earners. **Limited access to goods and information:** Limitations of programme activities due to conflict situations, exacerbated by COVID-19, causing high transportation costs for goods and resulting in poor availability and access to food (nutritious food), particularly in rural regions. Poor maternal nutrition knowledge and limited access to information on healthy nutritional diets, particularly for pregnant and breastfeeding women in rural and mountainous areas. **Cultural/social norms:** Longstanding traditional beliefs and particular taboos that limit the intake of certain foods, impacting levels of nutrition knowledge. **Lack of capacity:** Limited integration of gendered considerations by some Nutrition actors due to lack of gender knowledge and technical guidance.

Good Practice Examples of Current Response

NATIONAL
Provision of nutritional supplements to pregnant and breastfeeding women in the breastfeeding facilities/corners in factory and government office workspaces.

RAKHINE	KACHIN	NORTHERN SHAN
• Awareness sessions and Information Education Communication (IEC) materials including pamphlets targeted at fathers to increase male involvement in nutrition and feeding practices. • Involving fathers and mothers-in-law in caretaker nutrition awareness sessions to increase awareness of their joint responsibility as caretakers. • Ensuring female staff attended home visits for the safety and comfort of mothers.	• Ensuring volunteers for mother support groups are female to increase comfort and openness for participating women. • Collection of data that is gender disaggregated to better inform future Nutrition programming.	• Formation of women groups such as mother support groups and nutrition volunteer groups. • Capacity building among volunteers from the community carrying out case detection and referral support activities for malnourished children. • GBV awareness sharing and referral support for GBV survivors integrated within nutrition project activities.

2021 recommendations

NATIONAL

- Increase engagement of men and boys in antenatal visits, nutrition sessions and feeding practices through targeted advocacy that explains their roles and responsibilities as caregivers.
- Review the current distribution protocols of cash subsidies provided to mothers by non-governmental entities and determine gaps in programming due to the current political situation and cash liquidity situation that might require adaptation.
- Take into consideration gendered nutritional needs in regard to COVID-19 economic recovery, and how this will impact women and girls' access to nutritional food.
- Consider tailoring nutrition programming response to nutritional needs of elderly people – for example diets with higher fibre, lower sugar, less need to chew, easier to digest.

RAKHINE	KACHIN	NORTHERN SHAN
• Provide health and nutrition education through schools that inform of different health needs for males and females, to improve gender-specific nutrition targeting. • Target religious leaders and male community leaders for awareness sessions on nutrition, including discussing the importance of women caregivers' decision-making powers at household level in terms of nutrition and its impact on the health of children. • Use mother support groups and home visits to share accurate information on COVID-19 and prevention control measures to lower fears and encourage access to health clinics. • Continue to ensure that pregnant and breastfeeding women, female-headed households, people with disabilities and older persons are consulted to identify effective and accessible supplementary feeding interventions (in compliance with RAC Recommendation No. 43).	• Review and use SADDD to inform future nutrition programming, particularly in relation to access of services for people with different diversities. • Share analysis of SADDD with donors (potential or current) to advocate for more flexible and inclusive funding cognisant of differed nutritional needs for women, girls, men, boys and people with disabilities. • Provide nutrition education awareness sessions to IDP communities to increase engagement of men and boys as well as increased access to knowledge for women.	• Provide nutrition education awareness sessions to communities to increase engagement of men and boys in nutrition activities as well as women's level of nutrition knowledge. • Consider restrictions on movement and access for women and girls, including pregnant and breastfeeding women, when providing food distribution activities and information sessions and expand access to rural and mountainous regions.

FOOD SECURITY

Due to extenuating circumstances, Food Security Sector section does not include inputs from Northern Shan. GiHA workstream will continue to support Northern Shan colleagues in mainstreaming GEWE.

Existing Needs, Gaps and Constraints

NATIONAL

Cultural/Social norms: Impeded women's involvement in livelihoods and income generation activities that require physical labour, interacting with men and/or moving in public spaces. Some men do not agree to involve women equally in income generation activities.

Lack of decision-making power and control over assets: Although pregnant and breastfeeding women and girls and other vulnerable groups are prioritised for food ration distribution, the level of control they have over the rations they receive at household level remains unknown.

- Lack of digital and financial literacy impacting the opportunity to take the lead in managing cash-based assistance such as mobile-based transfers.
- Lack of access for women to key agricultural assets, including land and inputs and formal credits/loans which are safe (non-exploitative to meet spikes in household expenses or use for business purposes.
- Insufficient access to knowledge of food preparation and nutrition-related issues for both men and women household members.

COVID-19 situation: Limited income generating opportunities due to COVID-19 may push women back to "house and caring" activities, as men may wish to have control over or be prioritized for any income opportunities; the disruption in trade limited the amount of money available for women to save through saving groups with priority used for consumption.

2021 political situation: Difficulties in distribution and money transfers, leading to a disruption in livelihoods opportunities.

Resource gaps: Lack of dedicated human resources to analyse gender considerations related to the partners' programming; lack of existing gender policies in some Food Security Sector (FSS) partners.

RAKHINE	KACHIN	KAYIN
Cultural/Social Norms: women are not allowed to work with men, creating challenges for Cash-for-Work programming. • In Rohingya committees, some men do not accept women as committee members, and some do not want to work under the leadership of a woman. Women often do not feel comfortable in leadership positions because of these norms. • Unequal wages with male workers earning approximately 2-3 times more than women workers. • Women have limited job opportunities, as it is not seen as appropriate for them to take on most professions in society.. Movement restrictions specifically for women also hinder their ability to join the labor force. • Food distribution card is held by male heads of households rendering women unable to collect distributions. • Lack of nutritional knowledge by men who are primary decision-makers in households. **Limited access for vulnerable groups:** Women with disabilities, elderly and female-headed households have difficulties in accessing food distribution points.	**Knowledge gaps:** Women have less knowledge on the use of digital technology (as they have less access to it), which leads to limited ability for women to compete in the job market. **Movement restrictions:** Increased movement restrictions, including an increased number of checkpoints, restricting travel for small businesses from IDP camps to downtown markets/merchandisers, impacting women and LGBTIQA+ persons with small businesses as primary income that are not able to access other income generation activities. **Lack of access for people with disabilities:** Limited access to relevant income generation activities, resource provision and information.	**Cultural/Social Norms:** Limited ability for women and girls to participate in livelihood activities including accessing work in markets and/or farms due to care burden. • LGBTIQA+ persons face difficulties in finding sustainable means of income generation due to social norms that reinforce marginalisation and discrimination of people in this community. **Challenges for inclusive livelihood security:** • People with disabilities are less likely to secure sustainable income generation livelihood opportunities due to physical barriers to work and limited knowledge of employers on disability-friendly adaptations.

Good practice examples of current response

NATIONAL

- Female farmers have been targeted in a successful model of programming on climate-smart agriculture and have been able to encourage other female farmers to adopt similar agricultural practices through knowledge sharing.
- Gender and Gender-Based Violence messages are incorporated into key messages for beneficiaries, and where it is safe to do so, questions on food insecurity or assistance-related household tensions are included in monitoring tools.
- FSS developed an entrepreneurship training program delivered to existing women groups. Participants were able to schedule a time and day when they would be available to attend the training session and resulted in the participants' increased availability for skills development and increased their ability to balance their time across capacity building and their traditional roles in their households.

RAKHINE	KACHIN	KAYIN
• Shifted cash programming modality from in-kind to mobile transfers resulting in women in households procuring a phone and gaining access to helplines and improving their digital literacy. • Women employed in food distributions and receive the same daily wages as men.	• Provided vocational training to women and girls on strengthening production capacity and business development to increase their income. • Both women and men in village committees participated in awareness sessions on strengthening women participation in decision-making.	• Cash-for-Work programme targeting women and girls to increase access to livelihood opportunities for women in villages. • Programming standards set to ensure 60% of targeted populations are women and girls.

2021 recommendations

NATIONAL

- Engage both women and men in women's economic empowerment programmes and design training sessions that allow the participation of women and their spouses. Male engagement prior to and during activity implementation will strengthen efficiency of gender-transformative advocacy efforts.
- Plan how to support mothers' participation without causing harm to women, their children and other family members in all livelihoods programming, by budgeting for childcare and working with spouses, communities and families as a whole to distribute the care burden more evenly and change gender norms in terms of women as income earners.
- Assess and carry out gender analyses with concrete suggestions for FSS partners to implement gender inclusive programming, e.g. undertake a gender analysis on how food rations are distributed within the household through inclusive consultations.
- Roll out training on gender integration in humanitarian programming for FSS partners.
- Encourage women to be the primary recipient of cash assistance and provide them with the ration card, if applicable.

RAKHINE	KACHIN	KAYIN
• Promote the importance of including girls in education for better future income generation opportunities. This may include advocacy with community and religious male leaders. • Gender-responsive adaptations to cash-for-work programming following targeted and inclusive consultations with women, girls, LGBTIQA+ individuals and people with disabilities. • Hold women in leadership capacity building sessions to promote participation of women in community activities.	• Hold awareness and information sharing sessions for male community members and leaders on nutritional and food security budgeting and spending. • Community training sessions with women and adolescent girls on digital literacy to increase employable skills related to technology and increase access for women to smartphones. • Targeted consultations with people with disabilities and LGBTIQA+ people to inform livelihoods programming for those with limited access to income generation activities. Ensure LGBTIQA+ people impacted by COVID-19 measures are included in Cash-for-work programming.	• Conduct gender-segregated, inclusive consultations at household-level to ensure women's voices and needs are captured, separately for different age groups. • Hold awareness and information sharing sessions for male community members and leaders on nutritional and food security budgeting and spending. • Target and include both IDP and host community populations in food service provision, acknowledging vulnerable groups in host communities. • Include adolescent girls and women and girls with disabilities in livelihoods programming ensuring their access.

Water, Sanitation and Hygiene (WASH)

Existing Needs, Gaps and Constraints

NATIONAL

Intersectionality/inclusion of vulnerable groups: Safety concerns for LGBTIQA+ persons using WASH facilities in IDP camps (e.g., choosing to use toilets designated to either men or women), and in communal washing areas due to discrimination.

- People with disabilities face barriers in accessing WASH facilities, particularly toilet facilities in IDP camps.
- Limited consultation with adolescent girls or women with children to find out how they use WASH facilities.

WASH facilities Extension/construction in temporary displacement sites: Limited access to land area in all states/regions (e.g. no free land space, land ownership issues, or no permission from religious leaders) causing difficulties in expanding existing and constructing new WASH facilities.

COVID-19 limitations: Limitations in staff visiting sites; conducting consultations including focus group discussions (FGDs) and conducting capacity building training with partners; postponement of activities such as infrastructure projects; decreased funding due to shifting funds to only life-saving activities. This also affected distribution of hygiene kits including menstrual hygiene management (MHM) products.

2021 political situation: Issues in cash flow led to a reduction in certain activities. This might have an impact on the ability to meet the minimum standards of the WASH sector including addressing international minimum standards in relation to gendered needs.

RAKHINE

Lack of Access: Limited Travel Authorisations (TAs) for gender focal persons to project sites.

- Challenge for actors that do not have camp-based staff to implement gender activities.
- Local government only allows lifesaving activities (based on its own definition) due to COVID-19 but gender standalone activities including awareness sessions, FGDs, and consultations not permitted.

Safety and security concerns: In some IDP camps, especially adolescents and young girls are reluctant to access communal bathing facilities due to cultural practices and mostly bathe inside their tents.

- Latrines in IDP camps in Sittwe are household shared (1 latrine per 4 households). Women and girls are uncomfortable using latrines located next to male latrines.

MHM: Distribution of sanitary materials per household rather than per number of women and girls of menstruation age has resulted in insufficient MHM distribution coverage.

- Insufficient sanitary pad disposal options for women and girls resulted in feelings of shame and discomfort when used pads are seen by other community members.
- Limited products and high prices cause insufficient provision of MHM products.

Protracted camps: Bathing facilities have been built at the end of the long houses in Rohingya camps, but they have not been built appropriately due to a lack of space.

KACHIN

Cultural/social norms: WASH committee has aimed to include both men and women representation in leadership. However, there is hesitation from men to participate in WASH activities in camps at field level, resulting in unequal representation.

Safety concerns: Men occasionally use women's bathrooms if they are located closer to their living space, causing safety concerns for women and children, particularly adolescent girls.

- Some camps allocate shared usage of toilets between separate households, increasing safety concerns.
- There are no gender-segregated toilets and washing facilities in COVID-19 quarantine centres.

Temporary displacement sites: Temporary nature of displacement sites in Northern Shan and Kachin means that WASH infrastructure is less sustainable, and there is a lack of ownership over these sites due to access limitation/restrictions compared with regular protective IDP sites and villages.

MHM: Insufficient access to and distribution of MHM products including sanitary pads and limited and inadequate disposal options in camps. Delays in procurement and transportation of materials.

- Challenges in sanitary pad market accessibility in NGCAs.
- Community awareness and education session for menstrual hygiene management needed.

Maintenance of latrines: Challenges identified by camp communities in maintaining two separate gender-segregated latrines for males and females, as it doubles maintenance needs including collecting and refilling water for latrines – resulting in some camps providing 1 latrine per shelter.

NORTHERN SHAN

Access issues: Challenges in obtaining access to NGCAs limits availability of basic WASH services.

Temporary displacement sites: Temporary nature of displacement sites in Northern Shan and Kachin means WASH infrastructure is less sustainable, and there is a lack of ownership over these sites due to access limitation/restrictions compared with regular IDP sites and villages.

Limited MHM: Limited availability of MHM products including sanitary materials resulting in insufficient coverage for the camp community, especially for households with a higher number of female family members.

WASH facilities: Gaps in installing gender-segregated toilets and bathing areas; segregated spaces still needed for bordering schools (e.g. Chinese schools in Kokang regions)

Good practice examples of current response

- WASH Cluster developed a MHM guidance note, assisting partners in making programming improvements for women and girls.
- Hygiene kit guidance note is under revision, which recommends the inclusion of a larger number of sanitary items in hygiene kits.
- A pilot is ongoing with GBV Protection Sub-Sector to try out alternative MHM options such as reusable sanitary pads.
- Participation in national-level ICCG inclusion Task Force that looks at unique needs of women, girls, people with disabilities, and others.

RAKHINE	KACHIN	NORTHERN SHAN
• Developed 2021 Gender and Protection Strategy, based on gender needs assessment. • Pilot on household gender segregated latrines in one IDP camp, that increased privacy and sense of ownership of communities in maintaining latrines. • GBV mainstreaming capacity building training conducted with WASH field staff and coordinators, with the aim to draft an action plan on camp adaptations for GBV. • Provision of tailored assistive devices to improve access to sanitation for people with disabilities based on needs assessments and FGDs.	• In-camp distribution of hygiene kits to women and girls that include MHM products, and camp provision of an incinerator to dispose of sanitary materials. • Inclusive WASH facilities, including camp latrines for people with disabilities, pregnant women, elderly: • installation of a foot valve at hand washing stations at the entrance of quarantine centres/fever clinics, to facilitate access for people with disabilities during COVID-19; • inclusive WASH activities achieved by consulting both men and women, conducting a rapid gender analysis, and addressing the needs from the analysis.	• Provided WASH awareness sessions with male involvement/engagement, especially in camp communities, where previously male engagement was low due to being seen as a "woman's issue". • Allocated budget for tube wells in camps to reduce the need to travel long distances to water sources for women and girls, increasing their camp safety. • MHM and disability inclusion considerations included in school infrastructure designs.

2021 recommendations

NATIONAL

- Integrate indicators from the Gender Mainstreaming Checklist into WASH mapping template to make these mandatory reporting requirements for monitoring purposes.
- Increase inter-sectoral coordination with CCCM, Protection, gender experts, and WASH actors to see how the current bathing systems can be enhanced to become safer and more accessible for women and girls.
- Ensure adequate budgeting and planning in programme design for sufficient MHM provision and gender-segregated WASH facilities.
- Foster organisational mindsets that work toward understanding that gender integration is not added value but constitutive of effective WASH activities, and that providing services and access to the most vulnerable based on different needs will save lives.

RAKHINE	KACHIN	NORTHERN SHAN
• Establish safe spaces for women and girls for information sharing, feedback and discussions regarding MHM. • Review WASH guidance documents and conduct induction sessions for partners to ensure inclusion and gender are mainstreamed in adherence to humanitarian standards as much as possible. • Inter-sectoral coordination with the Cash Working Group to identify cash programming opportunities for MHM. • Finalise the action plan on GBV mitigation adaptations to WASH camp facilities and commence planned activities. • Support partners in piloting different gender-responsive activities under the Strategic Operational Framework and action plan, with technical assistance from GBV/Gender actors. • Installation of MHM used sanitary pad disposal boxes, in consultation with women and girls	• Integration of LGBTIQA+ specific activities in WASH programme design, implementation and decision-making processes. • Inclusion of LGBITQA+ persons in consultations, FGDs and surveys that inform WASH programme design and planning. • Install gender-segregated toilets and bathing areas in all IDP camps and temporary displacement sites, ensuring MHM needs are taken into account. • Cross-sectoral collaboration with CCCM actors in ensuring a safe location for WASH facilities in camps, and promote usage of correctly allocated facilities depending on gender through awareness sessions. • Continue personal hygiene promotion including provision of MHM products for adolescent girls and women and soap for hand hygiene in family hygiene kits.	• Ensure there are a sufficient number of WASH facilities for camp communities, including gender-segregated latrines, bathing spaces equipped with sufficient water supply and hygiene products. • Ensure sufficient provision of MHM products according to the number of women and girls of menstruation age in camp communities.

DUCATION IN EMERGENCIES (EiE)

Existing Needs, Gaps and Constraints

NATIONAL

Gaps in needs assessments: Lack of access to affected populations to conduct needs assessments as a result of COVID-19. The current method and type of data collected does not ensure meaningful engagement of populations, particularly women, girls, and people with disabilities in consultative discussions.

- Lack of collaboration and information sharing of SADDD between EiE actors resulting in duplication of information gathering. Lack of clarity on how SADDD is being used to inform programming.

Limited gender knowledge: Limited capacity and knowledge on how to implement gender-responsive programming.

COVID-19 impacts: Learning interrupted nationwide with closure of government schools, and those from low-income and low literacy households expected to be most impacted. It is assumed that boys were prioritised in home learning due to an increased care burden on girls to assist in households.

- Loss of access to in-school services including counselling, nutrition and extra-curricular activities, which can heavily impact children's mental health and social development. Mental Health and Psychosocial Support (MHPSS) impacts might be more significant for girls in Rohingya community as spaces for girls to interact outside the home are particularly limited.
- School closures raise safety concerns for children, especially girls, as schools are seen as safe spaces. Issues of child labour, forced marriage and sexual exploitation expected to increase for girls.
- Extra care burden fell primarily on women to continue home learning and take care of children, which was not sufficiently addressed in programming.
- Girls who have started menstruation in this period may not return to school and there are concerns that girls who have become involved in household chores will not be allowed to return. Boys might also be affected due to economic impacts and consequent child labour. High school students might not return to school due to financial pressure coupled with a lack of future economic opportunities post-education.

RAKHINE

COVID-19 and 2021 political situation: Awareness sessions for volunteer teachers and Parent Teacher Associations (PTAs) conducted virtually due to COVID-19, limiting participation for people who do not have smartphones. The 2021 political situation has increased issues for mobile data access.

- Increased restrictions on TAs significantly hampered children's access to schools and education facilities.

Cultural/Social norms: Significant disparities in enrolment numbers between Rohingya girls and boys. After menstruation, girls are unable to leave homes, significantly affecting their access to education.

- Limited number of female teachers in camps reducing the number of women role models and examples of livelihood opportunities post-education for girls.
- Awareness that LGBTIQA+ people are present in Rohingya camps, but no attempt for outreach, and there are relevant concerns of doing harm by reaching out.

KACHIN

Social/Cultural norms: Some access to education issues remain for girls due household chores, and lack of safety traveling to and from camps to access government schools.

Disability inclusion: Key challenges around perceptions of people with disabilities and presumption that disabilities are only physical in nature. Lack of awareness about children and adolescents with intellectual disabilities attending school.

- Physical access for people with disabilities continues to be an issue due to lack of awareness on possible adaptations and existing beliefs that these are too expensive to be implemented.

2021 Political situation: Significant impact in government-controlled areas (GCAs) with limited willingness of families to send their children to government schools.

- Uncertainties about school operations and teachers' presence.
- Though schools in NGCAs remained open during 2020 despite COVID-19, there are increased needs for MHPSS and home-based learning.

NORTHERN SHAN

Limited internet access: Awareness sessions for volunteer teachers conducted virtually due to COVID-19 raising access challenges to organise Parent Teacher Association (PTA) sessions as most do not have smartphones. The 2021 political situation has further increased access issues for mobile data access.

Cultural/social norms: Girls and boys not receiving equal access to education due to the mindset of communities and parents that prioritise work and household responsibilities rather than education for girls.

- In Lashio, school management committees are mostly composed of men and there are no women represented in committee leadership positions.
- High illiteracy rates of women and girls in camp communities as education is not prioritised.

Safety concerns: Community schools only offer primary grades up to Grade 4. Past Grade 4, families often tend to send their children, mainly sons, to urban areas or other villages to continue education. Protection concerns relating to trafficking and sexual harassment deter families from sending girls to other locations for educational purposes.

Good Practice Examples of Current Response

RAKHINE	KACHIN	NORTHERN SHAN
• Peer-to-peer networks set-up for female teachers conducted virtually due to COVID-19, which enabled women from different IDP camps to successfully collaborate. • Online recruitment event held to attract female teachers, which resulted in a higher number of applications from women and girls than anticipated, however, underqualified to the current requirements or underage. • Attempts by organisations in Rohingya IDP camps to hire female teaching assistants to support in classrooms, in an effort to encourage attendance of girls. • Child protection and Code of Conduct awareness sessions organised in IDP camps and communities, increasing knowledge among camp-based staff.	• Significantly higher number of teachers in IDP camps are women, which encourages girls to stay in school as potential livelihood opportunities and contributes to the perception that schools are safe spaces for women and girls. • Equal enrolment of girls and boys in schools within IDP camps, and similar levels of student achievements between boys and girls in literacy and numeracy.	• Programs to address emotional wellbeing and education continuity specifically address gender, emphasizing to caregivers the importance of education for both girls and boys. • Hygiene kits distributed within EiE activities include gender-specific needs

2021 recommendations

NATIONAL

- Ensure needs assessments integrate gender analysis and collect SADDD to better ascertain the differences of girls, boys, women and men in education.
- Conduct inclusive consultations with boys and girls prior to advocacy planning for 2021 new school year 'back to learning' or 'keep on learning' campaigns to understand different targeting of key messages for boys and girls and the gender-specific barriers to education.
- Prioritise access for children with disabilities when planning and building schools and conduct awareness sessions on human resources required for support, such as employing support workers for children with disabilities during classes.

RAKHINE	KACHIN	NORTHERN SHAN
• Continue collaboration with female teachers' network groups and women and girls' groups in IDP camps to understand needs, risks and mitigation strategies to increase recruitment of female teachers. Provide technical support for the facilitation of home-based learning processes. • Ensure organisations conducting field-level activities are gender-balanced with women NGO workers present to act as a driving force for girls' education by showing the potential career opportunities. • Collaborate with livelihood actors to set up livelihood activities linked to education for women and girls and run awareness sessions for girls and parents to show potential livelihood opportunities for girls if they remain in school. • Review temporary learning space teaching qualification standards and prioritise the training and hiring of female teaching staff.	• Continue to enhance volunteer teachers' knowledge about child safeguarding and the code of conduct for boys and girls through supporting organisations to develop safeguarding policies and induction sessions, as well as structured accountability mechanisms. • Collaborate with education actors that operate in NGCAs to ascertain the level of need for child safeguarding measures and support.	• Conduct awareness raising sessions with both IDP camp and host communities, working with women network groups to increase gender knowledge and equal opportunities for meaningful participation of women in PTAs and leadership positions. • Consult and collaborate with women network groups to understand key needs, risks and mitigation strategies to increase recruitment of female teachers in IDP camps, which will encourage girls to enroll in IDP camp schools.

SHELTER/CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)/NON-FOOD ITEMS (NFI)

Existing Needs, Gaps and Constraints

NATIONAL

Data Collection: Challenge in gathering SADDD with affected populations due to physical access restrictions as a result of COVID-19 and security situations, as well as difficult telecommunications access to camps.

Privacy concerns: Privacy concerns for women, girls and other vulnerable groups in every region due to overcrowded shelters with limited space and no areas of privacy.

Safety: Insufficient lighting and long distances from shelters to camp facilities increased security concerns for women, girls, people with disabilities and LGBTIQA+ people. Sharing of facilities by multiple households due to a lack of space and insufficient gender-segregated WASH facilities also impacted safety.

Staffing: Limited expertise on gender programming and gender mainstreaming among staff.

RAKHINE

Land space limitation: Limited land area heightening safety concerns for women and girls in both new and protracted IDP camps as a result of denied permissions to expand from landowners, or insufficient space in existing sites such as monasteries and schools.

- Overcrowding in shelters, often with over ten people in one space, results in privacy and safety concerns for women and girls in shelters.
- Need for coordination with WASH sector in CCCM and Shelter activities, as there are needs for more gender-segregated bathing and toilet facilities with adequate privacy in an accessible location to shelters. Lighting must also cover the distance from shelter to toilet facilities.

COVID-19 restrictions: Travel restrictions resulted in higher costs to install COVID-19 preventative measures.

- Limited activities due to COVID-19 restrictions resulted in less consultations with women and girls due to lack of access.
- During COVID-19, NFI distribution adapted to social distancing rules by dividing IDP camps into small groups for household-to-household distribution rather than mass distribution. Distribution was undertaken by volunteers and contractors, including Cash for Work contractors. This may have hindered the inclusion of women and girls, people with disabilities, and female-headed households in receiving distributions due to their marginalised status in communities.

KACHIN

Limited private spaces: Long-term/protracted nature of displacement and the expansion and aging of families over time means that efforts to construct partitions for privacy are insufficient to account for changing needs.

- Barrack-type shelters are not private and harder to adapt.

NFI standard packages: Minimum standards for NFI distribution in emergencies at IDP camps have not been updated since 2011, and there is a need for most NFIs to be updated and reviewed to fulfil the needs of women and girls

- Most NFIs standard packages for distribution are only designed to cover temporary displacement, with mixed expiration dates for items, potentially impacting access to essential hygiene and MHM items for women and girls.
- Delayed refilling of NFIs results in a lack of essential hygiene and MHM items for women and girls.

Knowledge gaps: Limited knowledge of women and girls regarding their opportunities to provide feedback during shelter assessment and implementation of shelter activities in camps, as well as in NFIs assessment, and post distribution monitoring activities.

NORTHERN SHAN

Limited private/living spaces: For large families, shelters are too small and have no separate rooms for adolescent girls and women. This results in some girls and women finding alternative temporary living arrangements such as sleeping at friend's homes.

COVID-19 and 2021 political situation: Impeded delivery of shelter items to camps resulting in delays for materials to expand living spaces and make privacy partitions. Movement restrictions hinder the quality of services as actors cannot meet populations including women, girls, LGBTIQA+ and people with disabilities in camps for consultations on their needs and gaps. Predictions that numbers of IDPs will increase in 2021 further exacerbating privacy and space concerns, and a higher budget and planning for Shelter/NFI/CCCM will need to consider host community needs and gaps as well as IDP communities.

Shelter design: Limited women participation in shelter design resulting in few ideas and views of women being included in the process with their needs unrecognised.

NFI: Bras are distributed in one size and do not fit all women and girls. Winter clothes are often according to male sizes.

CCCM: Newly wedded husbands and wives often differ in their opinion on living arrangements, with husbands generally wanting to return to their original village for livelihood opportunities but wife preferring to stay in IDP camps for their children's education (education services can be better available in camps). This affects long-term planning for CCCM and gender-segregated consultations are important to ensure the views of women and men are influencing programming.

Good practice examples of current responses

NATIONAL

Shelter design standards reviewed and improved regarding consideration for gender and disability inclusion, following consultations with women, girls, people with disabilities as well as men and boys to understand key needs and safety concerns.

RAKHINE	KACHIN	NORTHERN SHAN
• Engaged men and boys, including CMC and government representatives in consultations to dismantle barriers that women and girls face in camps. • CMCs reformed, aiming to be more inclusive of women representation and meaningful participation. Actors currently working with camp management agencies to resume reform trainings that were suspended due to COVID-19.	• In camps, solar streetlights were built, and fencing installed around camp compounds to increase the safety and security of women and girls in the camps. • In remote camps, portable solar lamps were distributed so that women and girls could use them to access latrines at night. • Set a criterion and continued promotion of increased participation of women as CMC members, ensuring at least 30% of women participation in CMCs.	• Enhanced equal gender participation in camp committee members. • Consulted with women and girls on increased protection concerns with Protection and GBV actors relating to shelter and camp coordination. Provided partitions to improve the dignity of woman and girls and built handrails at stairs for improved safety of elderly persons, based on identified needs. • Provided light torches to women and girls to mitigate safety concerns in camps.

2021 recommendations

NATIONAL

- Conduct gender needs analyses when designing and planning Shelter/NFI/CCCM-related programming and use findings throughout programming to ensure needs of women and girls and different diversities are met.
- Consult women and girls throughout programming and use recommendations and learnings regularly to update activities.
- Integrate GiHA recommendations in sector and partner organization's work plans. Allocate specific budgeting for gender programming, inclusive participation, and feedback mechanisms ensuring the needs of women, girls and vulnerable population groups are being met.
- Provide gender mainstreaming training to sector staff to enhance capacity for gender-responsive programming.

RAKHINE	KACHIN	NORTHERN SHAN
• Review the long-term appropriateness of these shelters given the duration of the conflict and growing populations to ensure the protection concerns of women, girls, people with disabilities and LGBTIQA+ persons are being met. • Advocacy with donors to ensure adequate budgeting for further support, and consideration of individual needs of women, girls and other vulnerable groups are considered in programming. • Periodic update and dissemination of sex, age, disability disaggregated population and situational data to inform funding and future program design and implementation. Inter-sectoral sharing of data to enable collaboration. • Inter-sectoral collaboration with Protection and WASH sectors to ensure shelter reconstruction includes consideration of women and girls' protection needs, including distance of WASH facilities and water collection points from living spaces and lighting locations in camps.	• Renovate and rebuild shelters to consider privacy and space needs for growing families, particularly young and adolescent girls and women. • Design shelters with better access to WASH facilities for people with disabilities and the elderly, and ensure they are safe for women and girls. • Select gender-balanced focal points/CMC members who can effectively represent the situation in the camps and reflect the needs of vulnerable groups in the community. Work with CMCs to improve their inclusiveness and women's ability to have meaningful representation in them. • Review and update NFI minimum standards, standard packages and replenishment packages following consultations with women, girls, pregnant and breastfeeding women, people with disabilities, and other vulnerable groups.	• Provide shelters that cater to the gendered needs of women and girls including privacy, sufficient lighting, and gender-segregated WASH facilities for those who are included in return and resettlement programs and local reintegration settlement. • Prioritise consultations with women, young and adolescent girls, people with disabilities, pregnant and breastfeeding women in NFI post-distribution monitoring to ensure items distributed are age and gender appropriate. • Advocate to donors for shelter, NFI and CCCM programming to cater to the specific needs of women, girls and vulnerable population groups to ensure their needs considered in future budgeting to respond to increased IDP numbers in camps and communities. • Continue to create safe spaces for women where women community members and women leaders can exchange experiences, share existing needs and challenges and learn about best practices.

PROTECTION

National Protection Working Group, Mine Action and MHPSS

This section includes general Protection sector at national and regional levels, as well as national-level Protection sub-sectors Mine Action and Mental Health and Psychosocial Support (MHPSS)

Existing needs, gaps and constraints

NATIONAL

COVID-19 impact: Postponement of court cases by mobile legal aid services and court systems, thereby delaying access to justice for survivors and potentially allowing perpetrators to avoid accountability mechanisms and reoffend.

Intersectional considerations: Challenges in considering and integrating unique needs of people with disabilities, the elderly, adolescent girls, LGBTIQA+ people in protection programming. Highly dependent on scope and funding of the programme.

Women's participation: Limited opportunities for women and girls from rural areas to participate, including in leadership roles. Lower rates of literacy and knowledge among women hamper confidence and decrease skills that women might need to take on leadership roles.

SADD on protection incidents: Challenges in receiving SADDD from secondary sources that feed information into Protection Incident Monitoring data, affecting gender analyses.

RAKHINE

Severe access limitations due to internet shutdowns, COVID-19 and 2021 Political situation:

- Limited information access on health-related and protection information.
- Lack of physical access and internet shutdown hindered direct implementation including facilitating case management.
- Limited accessible legal services due to lack of Travel Authorizations.
- Limited/restricted access to communities due to COVID-19, political situation, hindering consultations with women, men, girls, boys and other vulnerable groups during programme design.

Social/cultural Norms: Women have limited access to information channels and telephone support services as male household members typically own or have access to mobile phones and radio more often as compared to women.

- Lack of willingness of men and boys, including community leaders, to engage in Gender Equality and Women's Empowerment (GEWE) and protection awareness sessions.

KACHIN

Access for people with disabilities: Limited access to protection information and services due to inadequate human and funding resources.

Cross-sectoral protection coordination needs: Protection concerns relating WASH, including disability-friendly, gender-segregated toilets and bathing facilities.

Limited male leadership engagement in Gender Equality and Women's Empowerment: Challenges to engage male cultural/religious leadership to work on shifting community perceptions on women, their rights and abilities.

- Barriers for young men and middle-aged groups to participate in protection awareness sessions as they have been organised during work hours.

Trafficking survivor support: Insufficient programming to provide multi-sectoral support for trafficking survivors that have returned from China.

COVID-19 impacts: COVID-19 prevention and control measures such as movement restrictions significantly increased need for MHPSS services in camps for women and girls, particularly youth.

NORTHERN SHAN

Limited protection services: Challenges in coverage of protection services to women, girls, and different vulnerable groups when there is a protection incident in an IDP camp, and lack of information sharing sessions on available protection services in villages.

- Significant need for more dignity kits to be distributed in both camps and villages.

Irregular migration to China and border areas: Boys and men targeted for recruitment by armed groups, forcing them to flee forced recruitment to China irregularly. This leaves women and children as the majority population in villages making them particularly vulnerable for potential security threats and incidents in heavily militarised areas.

2021 Political situation and COVID-19 impacts: Commodities, transportation costs and health costs have risen significantly.

- Frequent internet shutdowns resulting in lost data and information posing challenges in protection case data management
- Volunteer protection service providers face financial and security difficulties when travelling to the survivors' homes for service provision, and public transportation services no longer functioning.
- Limited approval of TAs and heightened security concerns for field level programme staff.
- Protection services provided by *de-facto authorities* no longer referred to and some no longer functioning.

Good practice examples of current response

NATIONAL

Mine Risk: Similar participation between men and women - 2020 data shows 19% boys, 23% girls, 25% men, 33% women were reached by Mine Risk education activities; good gender balance in trainers, and ensured women facilitators were included equally; adjusted the time and locations of mine-risk education sessions according to who is participating to ensure accessibility for women, girls and other vulnerable groups; SADD was collected and used.

MHPSS: MHPSS support provided to women experiencing stress or depression due to COVID-19, and to respond to the increased incidence of domestic violence in COVID-19 period. Field-based MHPSS education sessions were held and materials were distributed in different ethnic languages.

Protection for women with disabilities: Referral and networking with social workers from the Department of Social Welfare (prior to the coup) and other service providers to support delivery and health care for women with hearing impairments and intellectual disabilities).

RAKHINE	KACHIN	NORTHERN SHAN
• Provided case management and MHPSS counselling sessions through hotlines. • Established a separate quarantine facility for women in Sittwe camps (Ohn Taw Gyi camp) and distributed dignity kits to women and girls. • Conducted Mine Risk education awareness sessions and training, which recognised the different risks experienced by women, girls, men and boys.	• Increased representation and participation of women in CMC, with 30-40% of CMC members being women. • Women received cash support as a means to empower household decision making and financial control. • Formed a self-help group with women in the camps to foster a community support network.	• Conducted needs assessment with women and girls and referred to support services as a result of the findings of the assessment. • Established safe spaces where women and girls could access referral pathways, including MHPSS. • Held awareness sessions on protection referral pathways including MHPSS for women and girls in villages.

2021 recommendations

NATIONAL

- Ensure that Protection partners supporting the needs of women, girls, men and boys in the return and resettlement process comply with protection guidance notes on returnees and respond to different needs of vulnerable groups.
- Elevate Protection staff awareness and understanding of LGBTIQA+ issues and considerations through staff onboarding awareness sessions periodically to increase knowledge for all staff in LGBTIQA+ considerations required throughout all phases of programming.
- Organise training (potentially through online training platform if possible) for organisational development and staff capacity building of local CSOs on protection topics such as protection principles and their mainstreaming, child safeguarding, PSEA, GBV basic concepts and referrals.

RAKHINE	KACHIN	NORTHERN SHAN
• Increase male involvement in awareness activities on women's rights including male community leaders together with women. • Ensure safety audits are intersectional to assess any new barriers for women, girls, men, boys and LGBTIQA+ persons due to COVID-19 and the 2021 political situation. • Integrate gender-specific protection risks and consultation of women and girls and different vulnerable populations in the implementation of the National Strategy on Camp Closure. • Improve access to information for women and girls in communities where typically only men own mobile phones and radios and increase women's digital literacy.	• Strengthen community-based protection mechanisms and ensure it incorporates the needs of people with disabilities, LGBTIQA+ people and other diversities. • Strengthen inter-sectoral collaboration, particularly with Health, Shelter, CCCM, and NFI – which includes dignity kits – to ensure multi-sectoral services and programming incorporates additional protection needs for women and girls. • Ensure targeted and cross-sectoral programming for supporting survivors of cross-border trafficking. • Ensure young and adolescent girls and women, as well as people with disabilities are reached with MHPSS support.	• Utilise SADDD in programme design and planning to prioritise the provision of effective protection services by specific needs. • Consult adolescent girls and women and design sustainable protection services for pregnant girls under 18 that require longer-term multi-sectoral support services (such as healthcare, safe shelter and living locations, long-term financial and rehabilitation support). • Consult women, men, girls and boys on gender and age specific needs and concerns relating to forced recruitment, trafficking and migration and tailor programming to respond to those needs and provide legal and human rights knowledge to increase awareness.

PROTECTION

Gender-Based Violence (GBV) and Child Protection (CP)

This section includes GBV and CP sub-sectors at national and regional levels

Existing Needs, Gaps and Constraints

NATIONAL

Insufficient access to justice: Women unaware of laws and justice systems and feel unsafe or ashamed to access formal justice mechanisms.

- Justice actors, including police, lack awareness on GBV and related support service provisions, and there are limited legal assistance services and formal justice mechanisms available. When they exist, they do not necessarily ensure survivor-centered approach.

Intersectionality/inclusion: LGBTIQA+ individuals are rarely reached, targeted or consulted, and significant community stigma and discrimination remain. There is a lack of services for LGBTIQA+ survivors, as well as limited tailored for people with disabilities.

COVID-19 and 2021 Political Situation: Most activities postponed in 2020 due to COVID-19. Limited functioning of internet and communications channels as well as physical movement restrictions leading to significant barriers for survivors to access multi-sectoral support and referral pathways, and limitations in reporting.

- Safety concerns for service providers requiring stringent information and data security measures. This increases difficulties in accessing information on available services and causes significant delays in providing support to survivors.

RAKHINE	KACHIN	KAYIN	NORTHERN SHAN
Risks in IDP camps and displacement sites: In temporary displacement sites, women have limited access to complete information which limits their ability to make informed decisions. • No separate, private space for women and girls in temporary sites. • Child/forced marriage is common in some IDP camps such as Sittwe and Pauktaw camps, and some villages. **Legal issues and migration concerns:** Women are less informed and knowledgeable on processes to attain documentation (e.g. citizenship identity card, birth registration, family registration), and adolescent boys and men are prioritised in the documentation process to work abroad. • Increasing numbers of irregular migration to Malaysia that mostly targets young women for forced marriage.	**Child soldiers:** Gaps in how to identify, support the release of and provide services to children who were formerly soldiers in Ethnic Armed Organisations. **Cultural/social norms:** Women and girls lack knowledge about their rights and autonomy, as men have decision-making power. • Men and boys are typically the primary income earners in households, resulting in limited participation in awareness activities. **Host communities:** Women, girls and vulnerable groups from host communities are much less targeted for protection/CP/GBV services. **COVID-19 & 2021 political situation:** Cash distribution to women and girls severely hindered with bank transfer challenges. • Closures or impeded access to local markets resulting in women and girls being unable to sell items made through vocational activities in Women and Girl Centres.	**Insufficient response to gendered needs:** • Most anti-trafficking hotline operators are male. • No available services for men and boy survivors, who are mostly only referred for legal support. **Gaps in services and information:** The community is largely unaware of reporting mechanisms and support services available. • Limited safe spaces or safe house services in the region. **Insufficient access to justice:** Perpetrators of GBV incidents are largely only held to account through traditional/informal community justice systems. Cases mostly result in some form of compensation paid to survivors, which prevents survivors from receiving justice, and perpetrators may reoffend.	**Barriers in accessing information and services:** • Current unstable political and armed conflict situation hindering physical and virtual access to services and information. • Information/services are not reachable and cannot be disseminated widely in some areas such as rural/remote areas, areas not covered by humanitarian agencies, conflict-affected areas, and areas with limited law enforcement. **Inclusion:** Need for existing programming to strengthen a Right-Based approach, support provision and understanding for needs of people with disabilities. **COVID-19 restriction measures:** Most activities suspended due to movement restrictions, curfews, limitations in participant numbers, and barriers to entry to local communities for agencies outside the camp or village.

Good practice examples of current response

NATIONAL

- Developed *guidance note on GBV service provision during the time of COVID-19* and *GBV referral guidance* to support partners in continue providing critical GBV services while considering COVID-19 infection control as well as to support referrals; shared technical resources on GBV remote service provision, key messages, IEC materials, videos on GBV remote service in English/Myanmar languages.
- Case managers of the Department of Social Welfare trained on GBV case management prior to the coup.
- MHPSS minimum standards for GBV interventions developed and orientation provided; MHPSS GBV remote services guideline developed.
- Protection against Sexual Exploitation and Abuse (PSEA)-GBV service mapping for non-humanitarian settings completed and disseminated.
- GBV helpline developed in response to the 2021 political situation; GBV Hotline Minimum Standards in development.
- Development of COVID-19 quarantine centre Code of Conduct and gender guidelines with PSEA network to ensure gendered protection needs of women and girls were met in government and community-run quarantine centres.

RAKHINE	KACHIN	KAYIN	NORTHERN SHAN
• Participatory risk mapping (with men, women, children, elders, and people with special needs) conducted, needs identified and shared to partners. Risk mitigation planned in discussions. • Guidance note on Mitigating GBV for Cash–based Interventions in Humanitarian Settings in Rakhine State developed with Protection Working Group, Food Security Cluster and Maungdaw Inter-Agency Group (MIAG) developed.	• Camp protection activities are led and organized by women and girls from camps. • Remote case management system and hotlines established amidst COVID-19. • Cross-sectoral gender mainstreaming activities with CCCM sector ongoing to encourage female participation in CMCs.	• Included men, boys and vulnerable groups in GBV awareness sessions. • Gender and ethnicity non-discrimination and zero-tolerance PSEA policies adopted organisation-wide for various Protection actors.	• Revised training and capacity building modules for case workers to be inclusive. • Joint case review meetings were conducted by CP and GBV case management partners. • Closer coordination with medical social workers established to facilitate case management process.

2021 recommendations

NATIONAL

- Strengthen efforts to conduct awareness raising with adult committees on child friendly practices, child safe spaces and adolescent engagement that integrate the gendered needs of boys and girls.
- Ensure that the access needs of people with disabilities are being considered and integrated into GBV programming modalities and adaptations, particularly in the period of COVID-19 and 2021 political situation, so that these communities are being reached.
- Prioritise consultations with the LGBTIQA+ community where possible ensuring to do-no-harm and ensure that the needs and barriers of LGBTIQA+ survivors to access support services and information are being considered in programme design and implementation. Ensure that self-identification is emphasised and that working with LGBTIQA+ communities/people.
- Increase donor flexibility, collaboration and technical support (including coaching and supervision) for local CSOs, women-led and women rights organisations to strengthen efforts of community-led protection systems. Such support needs to be long-term and also address the organizational development needs.

RAKHINE	KACHIN	KAYIN	NORTHERN SHAN
• Continue and expand GBV safety audits through direct observation, FGDs, and key informant interviews with local leaders in collaboration with other clusters/sectors. • Strengthen inter-sectoral collaboration with Shelter and CCCM sectors to increase women and girl's safety in temporary and long-term displacement sites.	• Increase awareness of Camp Management Committees and leaders on GBV and gender. • Prioritise collection of SADDD and ensure vulnerability criteria are set (e.g. reproductive age, number of children, disability)). Preposition NFIs such as dignity kits and solar lamps in advance to aid distribution, in light of cash flow concerns.	• Strengthen organizational support for CSOs in marginalised/remote and NGCA communities that respond to many CP and GBV cases with limited funding. • Consult community leaders on formal and informal justice mechanisms to determine how best to support survivors to access justice.	• Increase recruitment of field staff or locally recruited focal points to ensure continuity in service provision and community access, particularly in camps and conflict-affected areas. • Ensure the needs of people with disabilities are integrated through GBV and CP programming to increase access to services and tailor information dissemination methods to enhance inclusion.

GENDER PROFILE FOR HUMANITARIAN ACTION:

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