CARE INTERNATIONAL IN MYANMAR

CARE International in Myanmar is a non-governmental organisation representing the CARE International network in Myanmar since 1995. Tackling gender-based violence (GBV) is a priority for CARE and is recognized as a critical obstacle to women’s empowerment that affects individual, family and community development. It limits women’s livelihood opportunities, ability to access resources and decision-making power, and to participate in political processes. Together with our partners, the Kayah State Women’s Network under the Yaung Ni Oo (New Dawn) project, CARE has developed a multi-stakeholder model for the prevention and response of GBV. It contributes to CARE’s global goal of a life free of violence for women and girls by addressing GBV and gender inequality and strengthening women’s voice, whilst being sensitive to the need for approaches that support Myanmar’s peace and reconciliation process.

KAYAH STATE & GENDER BASED VIOLENCE (GBV)

Bordering Thailand, Kayah is the smallest state in Myanmar and with a population of 285,000, yet one of the most ethnically diverse with 10 different ethnic groups. This diversity has led to insurgencies and prolonged internal armed conflicts and insecurity that has impacted on development, and has had long-lasting consequences for gender relations and gender-based violence. The most prevalent forms of GBV found in Kayah are intimate partner violence (IPV) mostly among married couples, and sexual violence against women and children. Traditional social and cultural norms and practices prevalent in Kayah further compound women’s vulnerability to violence. Customary practices such as bride price, son preference, and unequal opportunities for women to inherit place women as lower status in comparison to men, and create an environment in which violence against women and girls is justified and socially accepted. As such the problem remains largely hidden, often surrounded by a culture of silence. Most GBV cases are either ignored or dealt with by community leaders and elders who adjudicate cases according to traditional compensation practices that offer limited justice or support to survivors. This creates obstacles for GBV survivors to report and access justice and life-saving health and psychosocial counselling services.

THE PROJECT PARTNERSHIP

With the recent political changes in Myanmar, many CSO’s and Non-State Actors (NSA) in Kayah are playing an increasingly important role as active change agents working for social justice, and taking advantage of the previously unavailable opportunities to advocate with the Myanmar Government for the representation of vulnerable ethnic groups, gender equality and the political participation of women. The New Dawn project, funded by the Norwegian Agency for Development Cooperation (NORAD) and the German Ministry for Economic Cooperation and Development, brings together a range of these stakeholders working across different levels of society in Kayah, along with Government duty bearers to support effective alliances, build solidarity and collective action for GBV prevention and response.

• The Kayah State Women’s Network (KSWN) is a diverse network of women’s organisations representing the major ethnic groups in Kayah. KSWN members bring in-depth knowledge and years of practical experience providing services and support to their communities.
• Law Home is a local legal service that plays an important role in both representing survivors in legal proceedings, as well as providing legal awareness training to communities on the existing laws protecting women.
• The Government of Myanmar and its Departments are key to law, policy and practice reform as the current legal framework and the practices of service providers are not supportive of survivors. The Kayah State Government’s health, judicial and law enforcement agencies are collaborating with the project to try to change this.
• CARE Myanmar provides a range of GBV technical and organizational support to partners, as well as acting as a bridge between the network and the Government.
Multi-Stakeholder Model for Ending GBV in Kayah: Key Strategies

Evidence has shown that no single sector or organisation can adequately address all elements of GBV prevention and response. The Multi-Stakeholder Model for ending GBV represents a holistic and coordinated approach aimed at working at different levels of society, and with multiple actors to prevent and respond to GBV in Kayah. It focuses on promoting the participation of all stakeholders, and collaboration and coordination across key sectors, including (but not limited to) health, psychosocial, legal/justice and safety/security. The model engages with individuals, couples, families, communities, solidarity groups and allies, and State institutions through using a combination of GBV prevention and response strategies. CARE is replicating this GBV model in other states.

GBV Prevention
Strengthen Women’s Individual & Collective Voice

Empowering women is one of the key measures to strengthening their individual and collective voice and reducing their vulnerability to GBV. At the collective level, the KSWN Network is being supported and empowered by CARE to take the lead on GBV coordination, advocacy and activism at both local and state levels with key stakeholders, and other civil society actors. Women’s meaningful participation is being strengthened both as a network and as individual organisations within the network who are being supported to initiate community based responses to GBV. To strengthen and empower women at an individual level in the community, CARE and partner organisations established 35 Village and Loan Savings Associations (VSLA’s) which are enabling women to access finance opportunities, initiate livelihood activities and earn an income. This economic empowerment initiative is combined with building the capacity of the VSLA groups to prevent and respond to GBV in their communities, and group members use monthly meetings as entry points to engage with their husbands, male family members and other community members in dialogue to reflect and challenge social and gender norms using CARE’s Social Analysis and Action Tools. VSLA group leaders are also active in their community on advocating on cases of GBV, and for enabling survivors to access services and support.

Engaging Men as Allies to End GBV

Changing attitudes among the community is key to GBV prevention and so a strong focus is placed on engaging with men and addressing underlying beliefs, attitudes and practice around men’s use of violence. To engage men in the community in discussions about GBV, partner organisations are using a male peer approach in which key men were identified as potential positive male activists in their community. Through CARE’s Engaging Men ‘Change-Maker’ TOT training, the men were given the opportunity to reflect on their experiences of masculinity and its relationship to violence. They are being supported to play a more active role in their community, and engage in discussions with their male peers on challenging the underlying norms that support gender inequality and men’s use of violence against women. The skills of influential male leaders are also being strengthened to understand their role as leaders in supporting communities to prevent and respond to GBV. Partners are engaging directly with influential male leaders in their community to build their knowledge and awareness of a survivor centred approach that promotes confidentiality and offering support to the survivor based on their best interests, including the opportunity to access the legal justice system and other services.

Community Mobilisation

Preventing GBV requires commitment and engagement of the whole community, and efforts must creatively engage a cross section of community members, not just women, to encourage a community wide change in attitudes and beliefs that perpetuate violence. Community based partners are at the forefront of these efforts to build community support structures that are supportive of women, and engage many stakeholders at different levels e.g. community men and women, youth and religious leaders, leaders, and institutions to raise awareness about GBV. CARE has developed and adapted behaviour change materials and training for specific use in Myanmar context to assist partner organisations to engage with community members in dialogues on gender inequality and GBV, reflect on harmful gender norms that perpetuate violence, and challenge the community to

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envision and create a safer environment for women. Community based partners further use group trainings, public events, and advocacy campaigns such as the 16 days of activism against GBV, as opportunities to engage and mobilise the community on GBV.

**SUPPORT THE LEGISLATIVE ENVIRONMENT**

Creating a supportive environment for survivors of GBV in which they can access justice as well as services and support in the community, is critical. In the 7 townships of Kayah State, Law Home is providing knowledge building sessions on legal awareness training to influential male leaders, and community members for an improved understanding of the laws and legal framework currently protecting women. As well as advocating for GBV survivors to access the legal justice system, rather than traditional resolution mechanisms that are not supportive of women. Law home also provides legal advice and legal counseling to survivors of GBV, as well as representation in Court. To support the legislative environment at national level CARE and partners, in particular the Gender Equality Network (GEN), are working with the Myanmar government and other civil society stakeholders to strengthen laws and policies against GBV and their effective implementation, in particular advocating for the passing of Prevention of Violence against Women Law (PoVAW) to protect women.

**GBV RESPONSE**

**STRENGTHEN GBV COORDINATION & REFERRAL MECHANISM**

A coordinated GBV referral mechanism has not been formalised in Kayah for adults and children who have experienced violence to access first line support and services based on their immediate needs -medical and psycho-social services, safe accommodation, police and legal assistance. To strengthen a coordinated response for GBV, CARE and KSWN are working with government duty-bearers, Department of Social Welfare (DSW), Myanmar National Committee for Women’s Affairs (MNCWA), Police & Courts and Health officials, GBV service providers, and civil society organisations to coordinate and establish GBV township referral pathways in the 7 Townships of Kayah, along with community level GBV referral guidelines. This will enable survivors of GBV to have timely access to services through a referral system based on their immediate needs following the incident. Further coordination activities with stakeholders include training for key community responders, including community leaders, and GBV service providers on using the GBV referral pathway. Along with disseminating IEC materials such as posters to raise awareness on the services and support available to GBV survivors in the community.

**STRENGTHEN GBV SERVICE PROVIDERS**

Of the GBV services being provided in Kayah, poor quality has been noted across the board from service providers, such as health care workers, police, and legal aid, who are not often able to address GBV cases sensitively or responsively both in terms of their understanding of GBV issues and their capacity to provide quality, effective services. CARE is working with health, legal and police service providers in Kayah to improve the quality of care and services offered to GBV survivors and to strengthen the skills and capacity of key personnel. Specialised training is being delivered based on their particular role in GBV prevention and response as health, legal and Police Service providers. Particular emphasis is on handling a GBV case without bias and using a survivor centred approach that focuses on safety, respect, confidentiality and non-discrimination to ensure the best standard of care for survivors. For Health care providers, who are often the first point of contact for women experiencing violence, their skills are being strengthened on identifying and treating violence and sexual violence in particular, including the clinical management of rape.

**STRENGTHEN CRISIS ACCOMMODATION & PSYCHO-SOCIAL CARE**

Providing a safe space for survivors following an incident of violence is vital when they are at risk and in need of immediate protection. In order to strengthen the crisis shelters in Kayah, CARE conducted a comprehensive review in 2016 with 3 selected crisis shelters to assess the range, quality and ethical standards of the existing GBV shelter services provided. Based on the recommendations, Shelter Operation Guidelines \(^4\) were developed to implement protocols and standards of good practice for the management of Crisis Shelters, along with a tailored training paying particular attention to strengthening psycho-social counseling practices and protocols for safety and confidentiality for staff and survivors. CARE is also supporting the safe houses through providing equipment, first aid, bedding and other supplies to the shelters. To strengthen psycho-social care to survivors’ counsellors, case workers, and health care staff who directly counsel GBV survivors, either in formal or informal settings, have

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been trained in basic GBV psycho-social counselling for survivors, including self-help strategies for counsellors. Opportunities to provide counselling and awareness raising to survivors and their families are being created in the community.

**INTRODUCED SURVIVOR CENTRED GBV CASE MANAGEMENT**

GBV survivors require minimum ethical standards of care and support in order to meet their immediate needs. Many service providers, CSO’s and front-line community responders in Kayah handling cases of GBV haven’t been given the opportunity to learn technical skills and knowledge on dealing with a GBV case according to the protocols and standards of good practice. To enable an improved GBV response to survivors, CARE developed GBV Case Management Guidelines and training for caring for adult and child survivors, and is building the capacity of partners within the network, along with service providers and front-line responders, on delivering a survivor centred response centred on the key principles of safety, confidentiality, non-discrimination, and respectful of the survivor’s autonomy and choices. Case management of GBV will also enable the documentation of cases and as can be used as an advocacy tool with key stakeholders and duty-bearers on GBV response.

**MULTI-STAKEHOLDER MODEL FOR ENDING GBV IN KAYAH STATE**

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