

A photograph of three women in traditional Indian attire, including colorful saris and headscarves, standing outdoors. The woman on the left is wearing a bright orange and yellow floral sari. The woman in the middle is wearing a red and yellow sari with a green geometric pattern and has her hand near her mouth in a gesture of concern or distress. The woman on the right is wearing a red and white floral sari. They are standing in front of a wooden structure, possibly a fence or a wall, with a stack of bamboo poles visible in the background. The lighting is warm, suggesting late afternoon or early morning.

# Unseen, Unheard

Gender-Based Violence in Disasters  
Asia-Pacific case studies



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The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. With our 190 member National Red Cross and Red Crescent Societies worldwide, we are in every community reaching 160.7 million people annually through long-term services and development programmes, as well as 110 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by Strategy 2020 – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to saving lives and changing minds. Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development, and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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# Acronyms and abbreviations

## Bangladesh

BDRCS	Bangladesh Red Crescent Society
DDM	Department of Disaster Management
FGD	Focus Group Discussion
GBV	Gender-based Violence
GPC	Global Protection Cluster
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
KII	Key Informant Interview
MDG	Millennium Development Goals
MoH	Ministry of Health
MoWaCA	Ministry of Women and Children Affairs
MoSW	Ministry of Social Welfare
SDG	Sustainable Development Goals
SOD	Standing Orders on Disasters
UN	United Nations

## Samoa

DAC	Disaster Advisory Committee
EVAW	Eliminating Violence Against Women
NDC	National Disaster Council
NDMP	National Disaster Management Plan
SPC	Secretariat of the Pacific Community
SFHSS	Samoa Family Health and Safety Study
SVSG	Samoa Victim Support Group
UNFPA	United Nations Population Fund
WHO	World Health Organization

## Myanmar

ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
ARC	Australian Red Cross
ASEAN	Association of South East Asian Nations
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CHF	Swiss francs
Constitution	Constitution of the Republic of the Union of Myanmar, 2008
DRRWG	Disaster Risk Reduction Working Group
GEN	Gender Equality Network.
GoUM	Government of the Union of Myanmar
ICRC	International Committee of the Red Cross
INGO	International Non-Governmental Organization
MHA	Ministry of Home Affairs
MMCWA	Myanmar Maternal and Child Welfare Association
MRCS	Myanmar Red Cross Society
MSWRR	Ministry of Social Welfare, Relief and Resettlement
MWAF	Myanmar Women's Affairs Federation
NDPCC	Natural Disaster Preparedness Central Committee
NGO	Nongovernmental organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PONJA	Post Nargis Joint Assessment
SGBV	Sexual and gender-based violence
TCG	Tripartite Core Group
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAW	Violence against women.
WFP	World Food Programme
WPA	Women's Protection Assessments: post Cyclone Nargis Myanmar



# Foreword

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There is a truism in the humanitarian sector that “disasters do not discriminate.” Those of us involved in emergency response know that this is not entirely true. While they may not cause discrimination, they do exacerbate it. Women and children are 14 times more likely to die in a disaster<sup>1</sup>. More than half of those killed during the 2004 Tsunami were either very young or very old<sup>2</sup>. We know this is true, but a persistent lack of sex, age and disability disaggregated data means that both public authorities and humanitarian actors often do not fully know who is most vulnerable in an emergency, making it difficult to design responses that meet their specific needs.

We see the same tragic pattern when it comes to gender-based violence (GBV). While disasters do not cause this suffering, they can increase it. In the immediate aftermath of Cyclone Nargis in Myanmar, almost a third of survivors told one survey they were afraid of being raped, compared to only 1.4 per cent who were interviewed 18 months after the disaster<sup>3</sup>. After the 2015 Nepal earthquake, 245 children were rescued from human traffickers<sup>4</sup>.

While illuminating, examples like these underscore the need for more research into GBV in disaster settings. Data on this phenomenon is hard to find largely because of the pervasive silence that surrounds it. GBV is challenging for humanitarian actors, community-based organizations and public authorities to respond to and plan for, because it is **unseen and unheard**. In 2015, in order to strengthen data collection methods, bolster advocacy and fill the persistent information gap on how to best prevent and respond to GBV during and after disasters, the International Federation of Red Cross and Red Crescent Societies (IFRC) commissioned a global study: *Unseen, unheard: Gender-based violence in disasters*<sup>5</sup>.

This report features three case studies from that study, each from Asia-Pacific. The first is from Bangladesh, a country with a legacy of cyclical disasters, including cyclones, floods and landslides. The study finds that some of the primary needs among those affected by cyclones include safe shelter settings for women and girls and, in particular, pregnant women, in order to prevent and reduce the risks of GBV.

The second case study is from Samoa. In the aftermath of the 2009 Tsunami and 2012 Cyclone Evan, survivors reported GBV in shelters created for people displaced by the disasters. They also told us of an increase in domestic violence following the disasters.

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<sup>1</sup> Neumayer, E., and T. Plumper, 'The Gendered Nature of Natural Disasters: The Impact of Catastrophic Events on the Gender Gap in Life Expectancy, 1981-2002', *Annals of the Association of American Geographers* issue 97

<sup>2</sup> Sawai, Mari. "Who is vulnerable during tsunamis? Experiences from the Great East Japan Earthquake 2011 and the Indian Ocean Tsunami 2004" *United Nations ESCAP*. 2012.

<sup>3</sup> Women's Protection Technical Working Group (2010). *Women's Protection Assessments: Post Cyclone Nargis, Myanmar*. UNFPA.

<sup>4</sup> "Nepal Earthquakes: UNICEF speeds up response to prevent child trafficking" Accessed at: [http://www.unicef.org/media/media\\_82328.html](http://www.unicef.org/media/media_82328.html)

<sup>5</sup> [http://www.ifrc.org/Global/Documents/Secretariat/201511/1297700\\_GBV\\_in\\_Disasters\\_EN\\_LR2.pdf](http://www.ifrc.org/Global/Documents/Secretariat/201511/1297700_GBV_in_Disasters_EN_LR2.pdf)

The third case study is from Myanmar, and looks at GBV occurrence and response after Cyclone Nargis in 2008. The results of this case study are interesting: half of respondents cited an increase in GBV after the cyclone, while others claimed that it did not arise at all because of strong family and community-based support systems. Such a puzzle may point to the culture of silence that surrounds GBV.

Each of the National Red Cross and Red Crescent Societies involved in these case studies have already started following up on the lessons they revealed. The Samoa Red Cross Society is mainstreaming GBV prevention and response measures into its community disaster and climate change risk management programmes. In partnership with the National Disaster Council, it has also helped in the identification of evacuation centers and shelters, ensuring there are safe spaces for women and girls.

In Bangladesh, the National Society is integrating a violence prevention and response module into the Community-Based Health and First Aid package in maternal and child healthcare centers. It is also conducting an internal gender assessment and developing a code of conduct on prevention of sexual exploitation and abuse. The Myanmar Red Cross Society is looking to improve its disaster response programming, especially in the area of gender sensitive relief distribution and safe shelter design, taking into consideration the often differing needs of men, boys, women and girls.

The IFRC is committed to doing more to address and prevent GBV in disaster settings. We recognize that, as first responders during disasters, and as permanent parts of the communities we serve, that we have both the opportunity and the responsibility to ensure that we protect the most vulnerable.

In December 2015, the International Conference of the Red Cross and Red Crescent saw States and the Movement adopt a groundbreaking Resolution on “Sexual and gender-based violence: Joint action on prevention and response.” This resolution was a direct outcome of the studies we undertook in Bangladesh, Samoa, Myanmar and elsewhere.

I hope that this report will aid all actors who work on disaster preparedness and response to better understand how to prevent and respond to GBV during and after disasters, and to work hand-in-hand with our National Societies to eliminate the scourge of GBV in all of its forms.



**Elhadj As Sy**

Secretary General







## Why the Movement?

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The IFRC and its member National Societies are well placed to prevent and respond to GBV before, during and after disasters. National Societies have a mission statement that is distinct. Among the 190 National Societies, there are approximately 17 million volunteers, half of who are youth and approximately 50% of who are women<sup>6</sup>.

The IFRC supports its member National Societies in responding to disasters, and the IFRC Secretariat (along with UNHCR) is a co-convenor of the Shelter Cluster as part of the Inter-Agency Standing Committee (IASC) coordination mechanism. As issues around shelter location, access, design and facilities are often problematic for women and girls in disaster settings, IFRC has a key coordination and agenda-setting opportunity to improve shelters in partnership with the protection and water, sanitation and hygiene (WASH) cluster. The fact that disasters often occur in areas of conflict suggests that the intersections between GBV, conflict and disasters require more attention. The ICRC initiated research into sexual violence during armed conflict in 1999 with the **“Women Facing War”** study, which ultimately led to the 2013 *Special Appeal on Strengthening the Response to Sexual Violence* and a multifaceted approach, focusing on prevention of sexual violence activities and substantial sensitization of ICRC staff to address sexual violence.<sup>7</sup> Based on the global reach of the National Societies, IFRC’s long-term commitment to gender and diversity programming and ICRC’s institutional expertise in sexual violence during armed conflict, the Movement has the potential to have meaningful impact in GBV prevention and response during disasters, at the community level, in urban centers and policy circles.

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<sup>6</sup> <http://www.ifrc.org/en/who-we-are/the-movement/national-societies/>

<sup>7</sup> “Sexual and gender-based violence in armed conflict and disaster,” Progress report, Geneva, October 2015.

## Executive summary and study overview

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Working on gender-based violence (GBV) prevention and response is not a new theme. Governments, international organisations, NGOs, foundations and other civil society actors have tirelessly been working on raising awareness and implementing programmes to assist women and girls and sometimes men and boys to be active in preventing violence at home, in communities and contributing to policy change on a national level. GBV occurrence in conflict situations has also been widely researched, although remains a sensitive and difficult topic to address.

It is the topic of **GBV prevention and response in disaster settings**, however, which remains largely unaddressed and under-researched. Studies conducted in Australia<sup>8</sup>, Canada<sup>9</sup>, Japan<sup>10</sup>, New Zealand<sup>11</sup> and the United States<sup>12</sup> have found that GBV increases after disasters. However, few studies have been undertaken in low-income, developing country settings. Few go beyond researching the gendered effects on women and girls of GBV. Consequently, many humanitarian agencies overlook men and boys and minority groups, such as gay men and boys, lesbian women and girls and transgendered individuals in their target groups during data collection and follow-up community based programming. The following three Asia-Pacific case studies, commissioned by the IFRC as part of a global research initiative to bolster GBV prevention and response during and after disasters, start to fill the abovementioned gaps and make valuable recommendations for multi-sectorial action and follow-up in Bangladesh, Myanmar and Samoa.

### 1.1 Objectives of the case studies

Following the research objectives<sup>13</sup> of the global IFRC study **“Unseen, unheard: Gender-based violence in disasters,”** the primary findings of three Asia-Pacific case studies are presented here.

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- 8** Parkinson, Debra. “Women’s experience of violence in the aftermath of the Black Saturday bushfires” *Doctor of Philosophy Thesis*. Monash University, School of Social Sciences, Faculty of the Arts, November 2014.
  - 9** Grant, Karen and Nancy Higgit. “The stories that women tell about ‘the Flood of the Century’” *National Network on Environment and Women’s Health*. 2001.
  - 10** Yunomae, T., Tsuge, A., & Yoshihama, M.. “Violence against women and children after the Great East Japan Disasters.” *Japanese Journal of International Society for Gender Studies*, 12, 21-39. 2014.
  - 11** Houghton, R., 2009. Domestic violence reporting and disasters in New Zealand. *Regional Development Dialogue*, 30(1), pp79-90. Houghton, R., 2009. ‘Everything became a struggle, absolute struggle’: post-flood increases in domestic violence in New Zealand. In E. Enarson and P. Chakrabarti (Eds.), *Women, gender and disaster: global issues and initiatives* (pp99-111). New Dehli: Sage. Houghton, R., 2010, 28.9.2010. [Christchurch Earthquake and Domestic Violence]. – See more at: <https://ajem.infoservices.com.au/items/AJEM-28-02-09#sthash.7QIHXuBe.dpuf>
  - 12** Anastario, Lawry and Shehab. “Increased Gender-based Violence Among Women Internally Displaced in Mississippi Two Years Post-Hurricane Katrina” in *Disaster Medicine and Public Health Preparedness*, 3(1): 18-26. April 2009.
  - 13** (1) What characterizes GBV in disasters?; (2) In what ways should legal and policy frameworks, including disaster risk management, be adapted to address GBV in disasters?; (3) How should National Societies and other local actors address GBV in disasters, and what support do they need to fulfill their roles?

This case study research seeks to:

- Understand how and why GBV takes place after a natural disaster
- Identify groups which may be particularly at risk
- Document key issues and gaps in 1) Awareness and understanding on GBV occurrence during disasters, 2) Availability and access to services, 3) Safety and security and, 4) Livelihoods and migration.
- Make action-centered recommendations for all actors who prepare for and respond to disasters

## 1.2 Key definitions and concepts

For the purposes of these case studies, the following definitions of gender, GBV, diversity, social inclusion and disaster are used<sup>15</sup>:

- **Gender** refers to the social differences between females and males throughout their life cycles. Although deeply rooted in every culture, these social differences between females and males are changeable over time and are different both within and between cultures. Gender determines the roles, power and resources for females and males in any culture.<sup>15</sup>
- **Gender-based violence (GBV)** is an umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. Gender-based violence is a result of gender inequality and abuse of power. Gender-based violence includes but is not limited to sexual violence, domestic violence, trafficking, forced or early marriage, forced prostitution and sexual exploitation and abuse.<sup>16</sup>
- **Diversity** means acceptance and respect for all forms of difference. This includes, but is not limited to, difference in: gender, sexual orientation, age, disability, HIV status, socio-economic status, religion, nationality and ethnic origin (including minority and migrant groups).<sup>17</sup>

<sup>14</sup> The below definitions are complimented by UNFPA's matrix of definitions for types of GBV:  
<http://www.endvawnow.org/en/articles/1474-terminology-and-definitions.html?next=1475>

<sup>15</sup> IFRC Strategic Framework on Gender and Diversity Issues, 2013-2020, p.2

<sup>16</sup> IFRC and ICRC Background Report on Resolution 3 "Sexual and gender-based violence: joint action on prevention and response," p.2, October 2015 (in preparation for the 32nd International Conference).

<sup>17</sup> IFRC Strategic Framework on Gender and Diversity Issues, 2013-2020, p.2



■ **Disaster** is a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.<sup>18</sup>

### 1.3 Methodology and limitations

Qualitative methods have been applied for all case studies, including a combination of key informant interviews with a structured questionnaire and focus group discussions (FGDs) at the community level with both affected and non-affected populations. The interviews and FGDs were supplemented by in depth literature reviews.<sup>19</sup> Lead researchers encountered similar limitations, including the silence around discussing GBV, the short time allocated for the data collection, the inability to travel to some affected areas, the lack of available data and low levels of awareness on GBV related issues during times of disaster.

In Bangladesh, data collectors were unable to travel to the Cox's Bazar region, despite the high suitability of the context and the ongoing Bangladesh Red Crescent Society (BDRCS) response to Cyclone Komen in that region. In Samoa, there was an urban-rural divide in regards to language. Respondents in urban areas had a better command of the English language than individuals in rural communities, resulting in possible misinterpretation of how interviewees understood or responded to questions. In Myanmar, data collectors were unable to interview Cyclone Nargis affected populations altogether, as the Ayeyarwady Delta continues to be a restricted area requiring permission for non-nationals to enter. Therefore, caution should be used in drawing far-reaching conclusions on GBV prevalence and patterns in disasters, based on this research.

### 1.4 Key findings and recommendations

The findings are presented in the following issue areas: 1) Awareness and understanding on GBV occurrence during disasters; 2) Availability and access to services; 3) Safety and security and; 4) Livelihoods and migration.<sup>20</sup>

The **level of awareness on GBV occurrence during disasters is low in all three countries for humanitarian actors, public authorities and communities.** In Samoa,

<sup>18</sup> United Nations' International Strategy for Disaster Reduction (UNISDR)

<sup>19</sup> More information on the number of interviews and FGDs is given in each individual case study.

<sup>20</sup> With the exception of Samoa, where forced migration is not a frequent occurrence after disasters.

however, as there is a history of high GBV prevalence<sup>21</sup>, most respondents were not only aware of GBV during non-disaster times, but also expressed that “it is just a part of life.” In Myanmar, the views were divergent, with half of the respondents stating that GBV did not occur and increase post-Cyclone Nargis because of strong community, cultural and religious values. The other half of respondents stated GBV did increase after Nargis and emphasized the lack of prevention and response mechanisms. Throughout the interviews, there was little or no mention of GBV against boys, men, gay men, lesbian women and transgendered individuals. **The lack of awareness is directly interrelated to the lack of available data. The dearth in available data is a direct result of weak response systems in each country, but more importantly, in the disaster context, it is a failure of humanitarian actors to collect sex, age, and disability-disaggregated data and to either forget or refuse to implement a gender sensitive response.** Some global examples that point to negative consequences as result of not mainstreaming gender and GBV prevention and response both during and after the disaster, include:

- HAITI: “In some camps, where male dominated committees control aid distribution, women have been forced to negotiate sexual favours to meet basic needs and obtain access to supplies. More broadly, women leaders link post-earthquake economic hardship to a rise in the number of women and girls engaging in sex work.”<sup>22</sup>
- NEPAL: Early and forced marriage increases in face of heightened poverty and desperation after the earthquake<sup>23</sup>
- INDONESIA: The constant fear of violence and discrimination has become commonplace in the lives of the *Waria*, and other members of the LGBT community in Indonesia. The 2010 eruption of Mt Mirapex – following official policy guidelines, they only listed evacuees as women, men, girls, or boys. Generally *Warias* chose not to stay in temporary shelters, but rather to seek help from friends, for fear of facing discrimination and hostility in the evacuation sites.<sup>24</sup>



### Overall Recommendations:

- **Despite challenges in collecting, obtaining and accessing data on GBV prevalence in disaster and non-disaster times, all actors and the IFRC and its member National Societies should assume GBV is occurring and present across communities and contexts where**

<sup>21</sup> Please see reference in Samoa Case study

<sup>22</sup> Horton, 2012

<sup>23</sup> Tong, Katie. “Child Marriage in Nepal after the Earthquake” Plan International. June 2015.

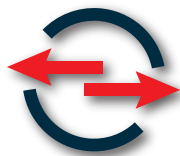
<sup>24</sup> Balgos et al, 2012

**staff and volunteers work. Disasters exacerbate the incidence of GBV and will impact our ability as humanitarian actors to respond.**

- **Implement and mainstream** the IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming through all phases of disaster response and preparedness.
- **IFRC members to develop a Primary Prevention of and Response to GBV programming approach**, with the aim to address root causes (gender and social inequality) of GBV risks and prevalence during disasters. Such an approach includes a multi-sectorial training package, mapping of available services, community centered programming on prevention and response and an IEC campaign promoting evidence-based messages that some men and many boys, and transgendered people are at risk of being targets of GBV.
- **Improve the quality of data collection and analysis on GBV in disasters, especially through partnerships between public actors, local GBV response services and selected humanitarian agencies and communities**, in order to maintain case files and support service delivery following disasters. Specifically, develop rapid assessment tools to collect sex, age and disability disaggregated data during and after a disaster.

**The availability and access to services** are weak in all three countries, but the level of trust respondents have towards service providers seems to be lowest in Bangladesh:

**When presented with a hypothetical example of their daughter being raped, none of the focus group discussion participants said they would take their daughter to a physician nor would they report the rape to the police due to social stigma and fear of the daughter not being able to marry.** In Samoa, service providers acknowledged their limited response capacity to GBV when a disaster occurs. During such emergency situations the providers were called upon to provide support to a large number of emotionally distressed people, overwhelming their capacity to deal with GBV related issues.



#### **Main recommendations for availability and access to services:**

- **Public authorities in partnership with humanitarian actors to increase, map and update understanding of available services** for GBV survivors prior, during and after a disaster.<sup>25</sup>

<sup>25</sup> For more specific recommendations, please see Executive summary and conclusion of each case study.

- **Health ministries in partnership with National Disaster Councils and NGOs, with proven track record of providing psychosocial support services, to ensure the wellbeing of first responders,** by designing crisis management plans, preparing them to handle overwhelming requests for psychosocial support following a disaster.

**Safety and security** was of primary concern, especially to all affected respondents. Specific to disaster response, female respondents, service providers and relief workers mentioned that the lack of safety and security is most apparent during relief distributions and shelter settings. In Samoa, urban shelter settings required people to live for extended periods in crowded spaces, among strangers, and with inadequate lighting, shower and toilet facilities. Young girls and adolescents living in such shelters were most vulnerable to GBV (by both other adolescents and adults) due to reduced parental supervision during the day, when parents typically went to clean up and rebuild their damaged houses. In Myanmar, some respondents spoke of the violence during relief distributions:

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“Later, after the cyclone – during the distribution of aid, people fight with each other. Women and children were pushed while men in groups bullied the women – widows – nursing mothers whose male members of family were dead or disappeared. We saw this during the aid distribution – people almost killed each other – such violence.”<sup>26</sup>

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Relief distribution items at a minimum need to reflect the different needs of women, men, boys and girls. In Bangladesh, respondents often mentioned the improvement for women and girls, in cyclone shelters, that have taken place over time. However, during an FGD with women, concerns were raised over the access for pregnant women to cyclone shelters, finding difficulties in climbing stairs and a lack of clean birthing facilities.



### **Main recommendations for for safety and security:**

- **Invest in appropriate shelter design and shelter safety management,** including parental awareness of increased risk for GBV in shelter settings. Consult with women, men, girls and boys on the design of shelters to ensure safety and dignity.
- **Develop and implement** code of conduct for internal staff and volunteers of the Movement (including IFRC, ICRC and National Societies) on prevention of sexual exploitation and abuse (PSEA).



Economic hardship usually increases after disasters, making **livelihoods more complicated and migration a forced necessity**. In Bangladesh, a male community leader expressed that between 40-45% of men migrated for seasonal work after the cyclone and a smaller number of women migrated to urban centers to work in garment factories. In Samoa, increased economic hardship led to increased community tension, and according to some respondents, more violence at home. In the Myanmar case study, trafficking was of concern. There is a lack of detail on whether people were trafficked or just moved into places like Yangon. Two respondents did indicate villages lost contact with women, “many women went to Yangon but were never heard of again”<sup>27</sup> and

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“Young women and girls were being recruited by strangers to work in other provinces and towns and it was said that many disappeared – the village has no contact with them.”<sup>28</sup>

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### **Main recommendation for livelihoods and migration:**

**Integrate and implement** livelihood component into already existing community based programmes. For National Societies, such a component could be linked to the Violence and Prevention Module as part of the community based health and first aid (CBHFA) package.

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<sup>27</sup> Interview 20

<sup>28</sup> Interview 18b

CASE STUDY 1:  
**A legacy of  
cyclones:  
Bangladesh**



# 1. Executive summary

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The International Federation of Red Cross and Red Crescent Societies (IFRC) is advancing the development of policy research to support advocacy and action for enhanced response to and prevention of gender-based violence (GBV) in disasters. To further this objective, the IFRC commissioned a global study on GBV in disasters in 2015, including nine case studies across the Asia-Pacific, Africa, Latin America and Caribbean and Europe regions. Bangladesh<sup>29</sup> was selected as a case study due to the strong expression of interest from the Bangladesh Red Crescent Society (BDRCS) and the country's vulnerability to cyclical disasters including cyclones, floods, landslides and river erosion. The research was carried out from 30 July to 12 August, 2015 and adopted a participatory methodology informed by a desk-based literature review of over 40 documents, 17 key informant interviews (KII) and 7 focus group discussions (FGD). KIIs and FGDs were held with significant stakeholders at the national level and affected populations living in an urban slum in Dhaka. A field mission was undertaken to Noakhali, a low-lying cyclone prone district, to assess the availability of a multi-sectorial response for GBV survivors, and interview affected populations that regularly utilise the cyclone shelters. Limitations include the time allocated for this case study and the narrow geographical scope covered compared with the high population and disaster risks across Bangladesh.

## Key findings:

Overall, there are low levels of awareness on gender needs and GBV risks and patterns among key disaster responders, including the government and Bangladesh Red Crescent Society (BDRCS) staff. A persistent lack of data, whether it is official record keeping by public authorities or information on traditional arbitration (preferred by communities dealing with GBV cases), makes it difficult to draw conclusive findings on GBV risks and patterns in disasters across Bangladesh. Within the IFRC Secretariat in Bangladesh and the National Society, there is a variation in the level of awareness among internal staff, including gender appropriate responses during disaster preparedness and response. For example, the hygiene parcels given during relief distributions include some feminine hygiene items such as sanitary napkins, washing powder, a bucket and soap. However, there is room for improvement in ensuring that other important items such as saris and petticoats are also included. Similarly, whilst cash grants are usually given to disaster affected women during the recovery period, it was recognized after the recent Cyclone Roanu, that pregnant and lactating mothers should be specially targeted for such cash grants. There is a greater need for organization wide awareness

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<sup>29</sup> The Bangladesh case study is one of nine country case studies intended to inform global level policy research to support advocacy and action for enhanced response to and prevention of GBV in disasters. As such each country case study was carried out on the basis of a common methodology with standardized guidance for interview and focus group discussions to facilitate analysis and comparability across the field locations. This general guidance was adapted to the context and knowledge of stakeholders being consulted. Please see Annex A for further details.



on specific GBV prevention and response related issues. Affected communities at the district level and in urban Dhaka slums also have low levels of rights awareness related to GBV, perhaps due to limited service availability.

There is significant variation across national, district, sub-district and union levels in terms of availability of and access to multi-sectorial response services for GBV survivors. This results in a generalized understanding of GBV vulnerability across key stakeholders, where women and children are presented as most vulnerable by interviewees. An understanding of how boys, men and minority groups, such as lesbian, gay, bisexual, transgendered and intersex (LGBTI), are affected, is almost entirely absent.

Safety and security are primary concerns of disaster-affected populations in Bangladesh, whether they live in an urban slum or a cyclone shelter setting. Specific issues mentioned by focus group participants include the lack of toilets, lighting, clean birthing facilities and transport to cyclone shelters. An increase in urban migration after disasters in order to fulfill livelihood needs was also expressed, including the majority of male FGD participants citing the obligatory need to migrate for seasonal work, due to large loss of assets, and a smaller number of women being forced to migrate to urban centers to either work in garment factories or for seasonal sex work.

## Recommendations<sup>30</sup>



### To all actors

- **Implement and mainstream the IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming through all phases of disaster preparedness, risk reduction and response** from BDRCS, government and other partners including human resource policy and practice.
- **Emphasize** preparedness as key in preventing known patterns of GBV in disasters (for example the design and maintenance of emergency shelters and mapping service providers so that rapid referral information can be provided to community members; and donors can provide service providers with money to re-equip their service delivery in the days following a disaster);

<sup>30</sup> For the full recommendations list, please see section 4 of this case study

- **Ensure** all assessments include an appropriately qualified protection/GBV specialist from the government or civil society;

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- **Implement** IASC and/or Red Cross Red Crescent Movement recognized monitoring and evaluation indicators on GBV in disaster settings.

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- **Launch a Primary Prevention of and Response to GBV programming approach** to change the narrative on GBV, data and disasters and to stress the fact that men and boys can also be at risk. This should be led in partnership by **the BDRCS, and may provide recommendations to actors such as Action Aid, the Ministry of Women and Children's Affairs (MOWCA), the Department of Disaster Management and the national gender networks.**

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- **Strengthen local capacity to prevent and respond to GBV during and after disasters by specifically investing in training of disaster responders at all levels.**

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- **Revise the 2010 Standing Orders on Disasters (SODs)** to better integrate gender and GBV concerns including clarifying roles, responsibilities and accountabilities across government ministries at headquarter and field level. **Specifically, use SGBV and Child protection cluster to implement section 4.2.17 on MOWCA's** role during disaster preparedness and response, especially in connection to GBV mainstreaming and women and children's protection.

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- **Ensure safety** for women and girls on the way to, from and within cyclone shelters.

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- **Safeguard access** of all groups to relief items and cyclone shelters during disasters. Especially vulnerable minority groups, such as the Rohingya, sex workers, the Mahtas, Dalits and Mund should not be discriminated against and excluded from basic services after disasters. This reduces GBV risks for vulnerable minority groups.

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### To government actors

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- **Invest in** dedicated capacity building on GBV and strengthened working relationships at the national and field level in particular with key government counterparts including Ministry of Health, Social Welfare, Women and Children Affairs and Department of Disaster Management (DDM).

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- **Partner with development actors** on mapping and capacity building for holistic multi-sectorial response services.

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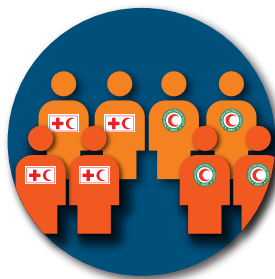
- **Initiate dialogue to revise the 2010 Standing Orders on Disasters (SODs)** to better integrate gender and GBV concerns including clarifying roles, responsibilities and accountabilities across government ministries at headquarter and field level.
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#### To civil society actors and communities

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- **Advocate with the Ministry of Disaster Management and Relief for the implementation of the 2011 “Cyclone shelter construction maintenance and management guideline.”** Specifically, focus on section 4.0 (essential facilities in cyclone shelters) and 5.0 (Cyclone Shelter Management) and add language related to protection of vulnerable groups.
  - **Forge partnership between BDRCS and government duty-bearers, civil society and humanitarian and development actors for effective referrals** – need to invest and strengthen pre-disaster GBV response infrastructure e.g. mental health and psychosocial support, shelters, health system and legal.
  - **Work with communities** to design and implement educational programme for men, women, boys and girls on violence prevention, creating safer community spaces for all. Follow further related recommendations in partners4prevention studies on masculinities and GBV in Bangladesh.
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#### To IFRC and BDRCS

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- **Implement** existing code of conduct for IFRC and BDRCS. Ensure that section on prevention of sexual exploitation and abuse (PSEA) is understood by all internal staff of the National Society and its volunteers. In the long-term, this code of conduct should be aligned with one document, which includes information on child protection, HIV/AIDS prevention and response and disability inclusion.
  - **Plan, implement and follow-up** on partnerships and programmes specifically related to **outcome 3 of the Dhaka Declaration on Collaboration Approaches in Disaster Management (1 December 2015)**
  - **Actively participate** in the child protection and sexual and gender-based violence (SGBV) clusters
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- **Ensure** relief distribution items and processes are gender-sensitive.

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- **Ensure** key staff are trained to identify, gather data, refer and respond to GBV during emergency assessments and that there is accountability to the Secretary General of the National Society on issues of GBV response during times of emergency.

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- **Work with communities** to design and implement educational programme for men, women, boys and girls on violence prevention, creating safer community spaces for all. Put special emphasis on behavior change material and informational messages on how to change men and boys' knowledge, attitudes and practices towards women and girls.<sup>31</sup> Follow further related recommendations in partners4prevention studies on masculinities and GBV in Bangladesh.

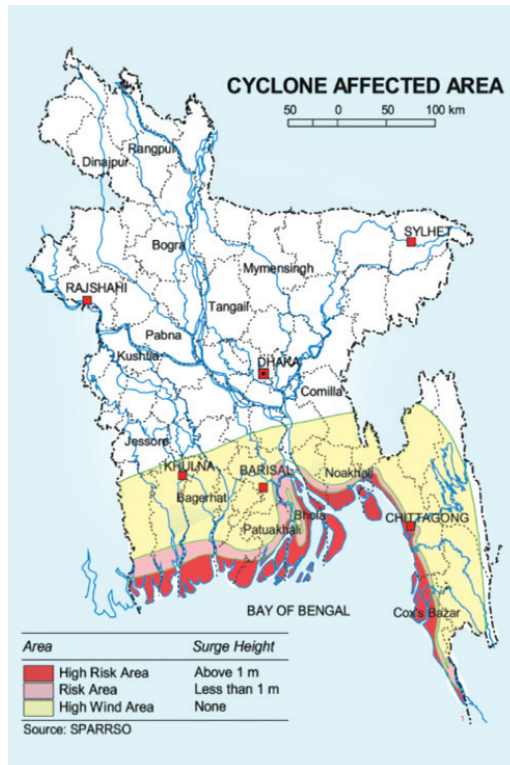


<sup>31</sup> Such educational content exists in the Violence Prevention Module BDRCS is currently implementing as part of its Community based health and first aid programme in maternal and child health care centers

## 2. The context

### 2.1 Country background

Bangladesh<sup>32</sup> is the fifth highest disaster risk country in the world, holding the highest global disaster mortality rate, experiencing multiple large-scale disasters and affecting millions of people, many of whom have been affected multiple times.<sup>33</sup> More recent examples include Cyclone Roanu (2016), Cyclone Komen (2015), Cyclone Mahasen (2013), Cyclone Gorky (2011), Cyclone Aila (2009), Cyclone Sidr (2007) and the South Asian Floods (2007). The 1991 Cyclone and 1970 Cyclone Bhola were reported to claim over 150,000 and 500,000 lives respectively, and caused large scale damage to property and livelihoods. Bangladesh generally experiences one large-scale disaster each year, including flooding, cyclones, river erosion and landslides, and loses over 3 per cent of GDP annually as a result.<sup>34</sup>



MAP 1: Example of Cyclone affected areas in Bangladesh<sup>35</sup>

For this research, a field mission was undertaken to Noakhali district to test the availability of a multi-sectorial response for survivors of GBV and to interview affected populations that regularly use the cyclone shelters. Noakhali is one of fifteen cyclone-prone, low-lying coastal districts vulnerable to natural hazards and resulting pressures on livelihoods, and negative coping mechanisms.

### 2.2 Disaster and GBV responders

Current government disaster response mechanisms are good, but require more meaningful participation from key stakeholders such as the Ministry of Women and

<sup>32</sup> Population: 168.9 million; Poverty rate: 31.5%; Official language: Bangla; Official religion: Islam; The predominant ethnic group is Bengali, however, 27 more ethnic groups are officially recognized. Other sources estimate there are 75 ethnic groups.

<sup>33</sup> HRW, *Many before your houses are swept away*, 2014, p. 40 quoting Swiss Agency for Development and Cooperation, "Disaster Risk Reduction Plan for Bangladesh 2010-12", p. 3.

<sup>34</sup> *Ibid.* p40.

<sup>35</sup> Government of Bangladesh, *Standing Orders on Disasters*, 2010. [http://www.preventionweb.net/files/18240\\_sodapprovedbyndmb.pdf](http://www.preventionweb.net/files/18240_sodapprovedbyndmb.pdf) Accessed on: 10 August 2015.

Children's Affairs (MoWCA). The national Standing Orders on Disasters (SODs) were revised in 2010 following a sixteen-year delay. The revised SODs require all Ministries, Divisions/Departments and Agencies to prepare action plans and clarified coordination mechanisms and roles and responsibilities. The recently endorsed SGBV cluster could be an entry point to better implement section 4.2.17 of the SODs, which specifically address MoWCA's participation in disaster preparedness and response and women's and children's protection issues.

National level coordination mechanisms include the National Disaster Management Council, the Inter-Ministerial Disaster Management Coordination Committee (IMDMCC) and the Cabinet Committee on Disaster Response (CCDR).

The National Plan for Disaster Management does identify the vulnerabilities of women in disasters, but it has not necessarily led to gender-specific planning at the field level, beyond evolutions of the cyclone shelter policy to promote separate facilities and the inclusion of women in cyclone management committees.<sup>36</sup> This practice was observed in the field but problems remain related to toilets, lighting and perceptions of safety by women and girls. The Department of Disaster Management (DDM) is responsible for inter-ministerial coordination and inclusion of cross-cutting issues, such as gender, throughout the different stages of disaster preparedness and response. The Joint Needs Assessment (JNA) policy, which requires the participation of key Ministries in joint assessments, including MoWCA, is often not implemented by DDM in an inclusive manner. Another key advocacy point for the SGBV cluster could be to ensure MoWCA's participation in the Joint Needs Assessment.

BDRCS has the largest operational reach of all humanitarian responders. This is made possible through its volunteer networks, which present significant opportunities and challenges. One such challenge in the face of GBV is that BDRCS does not have a code of conduct for senior management, programme staff and all its volunteers, however the content on prevention of sexual exploitation and abuse (PSEA) and child protection needs to be better understood and implemented within the organisation. The Department for Disaster Management (DDM) is the main stakeholder and counterpart for BDRCS in disaster response. In relation to GBV, the Ministry of Health and Family Welfare (MoHFW) and Ministry for Women and Children Affairs (MoWCA) are also critical counterparts. The MoWCA expressed a strong interest and will to work with BDRCS on this issue. There is also strong civil society presence in Bangladesh, including at the national and field levels. The Bangladesh Woman's

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<sup>36</sup> The Economist Intelligence Unit, The South Asia Women's Resilience Index – Examining the role of women in preparing for and recovering from disasters, 2014, p. 5



Lawyers Association (BDWLA), BRAC, Jasmine Justice and several others were mentioned in interviews and literature reviewed.

IFRC has a Strategic Framework on Gender and Diversity Issues 2013-2020 and Explanatory Note, but there was little evidence during this field research of how this was being used and/or adapted by BDRCS at the country level.<sup>37</sup> There is currently a concept note on Gender and Diversity activities to be implemented by BDRCS, which needs follow-up in the near future. BDRCS does have a gender policy from 2005 but there is no implementation strategy or evidence of financial resource budgeting. BDRCS has an internal Gender Working Committee and participates in the inter-agency Gender Working Group comprised of 35 INGOs, NGOs, UN representatives.

### 2.3 Gender-Based Violence (GBV) in Bangladesh

GBV in disasters does not happen in a vacuum. There are a number of socio-economic, cultural norms and political factors that facilitate or exacerbate structural inequalities that result in gender-based discrimination and patterns of GBV in disasters. While GBV affects all levels of society, the literature review, KIIs and FGDs all highlighted that economic and social power appear to be two key determinants of general vulnerability in Bangladesh. Further a slightly higher general prevalence of violence has been documented among young, poor rural women.<sup>38</sup> An inverse relationship has also been found between GBV and education: six years or more of education significantly reduces women's chances of experiencing violence.<sup>39</sup> For men, eleven years or more education reduces their chances of perpetrating violence.<sup>40</sup>

In identifying patterns of GBV in disasters, it is first necessary to identify and understand pre-disaster patterns and prevalence. High levels of GBV are reported in Bangladesh<sup>41</sup> including some of the worst forms such as acid throwing, with 3000 cases reported since 1999, predominantly against women and girls.<sup>42</sup> Other documented practices include early marriage, domestic violence (and harmful beliefs associated with it), rape, harassment or eve-teasing, dowry practice and trafficking. A 2014 report from the

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<sup>37</sup> <https://www.ifrc.org/en/what-we-do/principles-and-values/gender/> There is an IFRC Strategy on Violence Prevention, Mitigation and Response 2010-20 which mentions gender but does not directly address GBV.

<sup>38</sup> International Centre for Migration, Health and Development (ICMHD), Ending Gender Based Violence in Bangladesh, ICMHD Blog, 26 August 2013. Accessed from: <https://icmhd.wordpress.com/2013/08/26/ending-gender-based-violence-in-bangladesh/> Accessed on: 10 August 2015.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> Note that the lack of accurate national level data and poor knowledge and varied access to justice was observed during focus group discussions and prevents reporting and accurate understanding of the scale of the issue.

<sup>42</sup> There is legislation to prevent this, though enforcement remains weak. See Acid Survivors Foundation Bangladesh. One international NGO interviewed perceived this practice was lessening, though no evidence was collected to verify this. UNICEF, Women and Girls in Bangladesh, Key Statistics, p4.

Bangladesh National Woman Lawyer's Association (BNWLA) found from "3,633 women were murdered and 1,196 committed suicide mostly due to domestic violence, rape and dowry-related violence [in 2012-13]."<sup>43</sup>

During disaster settings, a 2014 Human Rights Watch (HRW) study found the push factors for child marriage "are exacerbated by the climate challenges being experienced by families in rural Bangladesh."<sup>44</sup> HRW found that affected populations "drew more direct links between disasters and their daughters' marriages" particularly "among families who had lost their homes and land as a result of river erosion."<sup>45</sup>

A study conducted by UNICEF following the 1998 floods found an increase in negative coping mechanisms and sexual exploitation and abuse and identified "an increase in the number of girls moving to Dhaka to become sex workers."<sup>46</sup> Further UNICEF reports: "Women's restricted decision-making power and mobility puts them at increased risk of injury or death during cyclones or floods. For instance, an astonishing 90 per cent of the deaths in Bangladesh's 1991 cyclone were among women."<sup>47</sup> While this research found that the number and design of cyclone shelters have improved, and knowledge, attitudes and practices have shifted, some of the harmful underlying social and gender norms and power relations remain.<sup>48</sup> While legal and policy frameworks are advancing, including reduced incidence of early marriage, the recent removal of the two-finger rape test in 2014, and increased equity in access to education and livelihood options, one of the key gaps that remains is the need to address men and boys' knowledge, attitude and practices towards women and girls.

The next section presents the main research findings and provides more in depth analysis on GBV prevention and response in the Bangladeshi disaster setting.

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**A** key gap that kept arising during the field research was the need to address men and boys' knowledge, attitude and practices towards women and girls, closely followed by the need for meaningful implementation of legal and policy commitments.

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<sup>43</sup> BNWLA, Report: *Violence Against Women in Bangladesh*, 2014.

<sup>44</sup> Ibid. p41 quoting Margaret Alston et al.

<sup>45</sup> Ibid. p42.

<sup>46</sup> UNICEF, *Women and Girls in Bangladesh, Key Statistics*, p 5. 90 per cent statistic from Global Humanitarian Forum, *The Anatomy of a Silent Crisis*, Geneva 2009.

<sup>47</sup> UNICEF, *Women and Girls in Bangladesh, Key Statistics*, p 5.

<sup>48</sup> UNFPA Supplement, *Preventing the Worst of Disasters*, The Daily Star, 11 July 2015.

<http://www.thedailystar.net/supplements/unfpa-supplement/preventing-the-worst-disasters-110848> Accessed on: 10 August 2015.



## Spotlight: Perspective from the Gender Working Committee

“Based on the interviews with different stakeholders, it seems that GBV is not understood by the beneficiaries. In order to increase the levels of understanding on GBV, BDRCS needs to focus on this matter. BDRCS needs to make policies, orient the staff and project beneficiaries to understand GBV and act accordingly to consider its prevention and response before, during and after disasters.”

*Rezina Halim, Gender Coordinator, BDRCS*

## 3. Research findings and analysis

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

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

The lack of available data or dedicated reports documenting patterns of GBV in disasters was often equated by those interviewed with a lack of prevalence. Several barriers were identified that prevent an understanding of the extent to which GBV occurs in disasters. Some of these are common to GBV generally, such as social stigma and under-reporting, and others, are more attributable to disaster contexts. In relation to social stigma for men and boys and associated lack of data, in the words of one physician interviewed, it is “more hidden than violence against females.”<sup>49</sup> Knowledge, attitudes and practices, and understanding of rights in relation to GBV were very low amongst affected populations consulted, which would also contribute to under-reporting. As another physician interviewed in the field stated, “most people don’t know what is their rights.”<sup>50</sup>

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<sup>49</sup> KII data.

<sup>50</sup> KII data.

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**M**ore than 90 per cent of female FGD participants in the urban slum admitted their husbands beat them at times, often over decisions related to household expenditure, but they did not identify this as violence but rather as a ‘family issue.’

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Another challenge in disaster contexts such as Bangladesh, with high levels of cyclical disaster risk, poverty and pre-existing patterns of GBV, is the difficulty to identify and isolate – much less quantify – the incidence of GBV attributed to disasters alone. Key knowledge and awareness gaps include both the experiences of men and boys as potential victims/survivors, and the need for stronger engagement of men and boys in behavioral change interventions. The lack of knowledge on prevalence of GBV amongst men and boys is also likely to result in additional barriers in their access to services as they face social stigma in coming forward.<sup>51</sup>

Knowledge and awareness on GBV risks and access to services for LGBTI individuals was not commonly understood by key stakeholders interviewed and can be assumed to be largely ignored by most, if not all, responders in emergency contexts.<sup>52</sup>

### 3.2 Availability and access to services

In general, availability of and access to a holistic multi-sectorial response varies greatly across the national, district, upazila/sub-district and union levels. This research suggests a number of factors influence survivors’ access to support services, including social norms, logistical challenges, lack of awareness, preference for community-led justice processes, prior relationship between perpetrator and survivor (if any), trust in the police<sup>53</sup> and family support. The preference to use traditional customary practices, arbitration and sentencing (salish) in rural areas presents challenges for women and girls’ access to justice.<sup>54</sup>

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**W**hen presented with a hypothetical example of their daughter being raped, none of the FGD participants said they would take their daughter to a physician nor would they report the rape to the police due to social stigma and fear of the daughter not being able to marry.

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<sup>51</sup> Note one study from Bangladesh found that 3 of 291 cases examined were male. (MM Islam et al, *Profile of Sexual Assault Cases Registered in the Department of Forensic Medicine*, TAJ December 2005, Volume 18, Number 2).

<sup>52</sup> Shakhawatt Hossain, Human rights: Bangladesh’s LGBT Community and the UPR 2013, 28 April 2013. <https://lgbtbangladesh.wordpress.com/> Accessed on: 25 July 2015.

<sup>53</sup> Not one FGD participant said they would report rape to the police, only when pushed with a hypothetical example of a daughter not wanting to accept marriage or compensation, was reporting to police considered an option at the field level. This is backed up by the very low numbers reported – on average 10 rapes per month reported to the police at the district level in Noakhali.

<sup>54</sup> Human Rights of Women in Bangladesh for the Beijing+ Twenty Review, p1. Electronic copy only.



In interviewing government and police, the delays in pursuing legal cases (3-4 years on average), and threats against survivors and witnesses act as barriers to survivors pursuing legal action against perpetrators. One interviewee stated, “People don’t seek help due to lack of security.”<sup>55</sup> Paradoxically, men cited women’s poor security situation (14.3 per cent) as a cause for increased domestic violence after floods. The main cause cited was lack of employment (63.5 per cent) followed by lack of food (14.3 per cent).<sup>56</sup>

At the field level, when communities that regularly used the cyclone shelters were presented with the same hypothetical situation – men said they would go to the chairperson for a solution, and if no solution was identified, they would then go to the police. Women said they would go to the local chairman first, sometimes try for marriage, and sometimes settle for money. When questioned further about what to do if the girl does not want to marry, which was met initially with some surprise, women said they would then go to court (noting that the 24 hour requirement for the medical test is likely to have passed). This makes it more difficult to understand the scale of GBV, as cases of traditional arbitration are less likely to be captured in official data collection processes. Access to services is much more limited at the field level and social stigma and pressure much more acute in smaller rural communities.



## Who are the vulnerable groups?

Women, children and adolescents are frequently recognized as the most vulnerable groups. A few interviewees identified additional GBV risk factors including age, disability and ethnic/religious minority. The Rohingya, particularly those in informal camps, and the broader host community, were also cited as a particularly vulnerable group<sup>57</sup>. INGO disaster responders provided examples of minority group exclusion from cyclone shelters. The first involved a case of a sex worker who was excluded from a cyclone shelter in Banishantui Purna in 2007 and died as a result.<sup>58</sup> The second case relates to Rohingya access to cyclone shelters and the third cites the Mahtas, Dalits and Mund minority groups in Khulna and Satkhira districts, being “routinely discriminated [against] when accessing post-disaster assistance.”<sup>59</sup>

<sup>55</sup> KII data.

<sup>56</sup> Actionaid, *Violence Against Women During Flood and Post-Flood Situations in Bangladesh*, April 2008, p54.

<sup>57</sup> Most interviewees, except for government and police officials, cited the Rohingya as a particularly vulnerable group.

<sup>58</sup> KII data.

<sup>59</sup> ACAPs Secondary Data Analysis Cyclones. Electronic copy only.

**During disasters**, it is important to note that the inter-agency cluster system is not fully implemented in Bangladesh. Whilst there is no overarching protection cluster, both an SGBV and child protection cluster have been recently endorsed by the government. Both these clusters provide an important entry point for gender and GBV related interventions during disaster preparedness and response. Even in the absence of these clusters, important work on gender related interventions has been accomplished by humanitarian actors, such as UNICEF's emphasis on mother and child nutrition in the Food Security Cluster and BDRCS's hygiene packages for women and children during relief distribution. After the recent Cyclone Roanu operation, a need was seen for special cash grants for pregnant and lactating mothers to be provided. Such cash grants are being planned for in future BDRCS responses. Despite examples of good practices, there is room for improvement in the overall response by humanitarian actors. Especially, in the area of GBV prevention and response.

Relief distribution should consider the need to include or ensure reproductive health support services and supplies are available to prevent unwanted pregnancies.<sup>60</sup> Gender, diversity and GBV considerations need to be integrated through all disaster relief processes including DRR, assessments and distributions. Another key concern for BDRCS is the lack of evidence that staff and volunteers have signed a code of conduct or are aware of the associated complaints mechanisms and processes for reporting sexual exploitation and abuse against beneficiaries<sup>61</sup>. In addition, concerns among female volunteers due to social stigma and local culture prevent equal participation and representation in relief distributions. Similar concerns exist around child protection. BDRCS needs to strengthen its ability to prevent and respond to GBV by ensuring that it is a safe organization, for all staff, volunteers and beneficiaries.

### 3.3 Safety and security

Safety and security resonated as two key concerns in FGDs with female heads of households in an urban slum in Dhaka, female youth volunteers and cyclone-affected women and adolescent girls in the field. For the urban slum in Dhaka, adolescent girls' lack of safety and security during the daytime in their homes in the slum was cited as a key reason for seeking early marriage for their protection.

<sup>60</sup> KII data from District level Family Planning Clinic, who also ran mobile clinic in emergencies, noted the need for contraception to prevent unwanted pregnancies.

<sup>61</sup> FGD and KII data. Further it remains unclear to the researcher what mechanisms are in place.

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**W**omen and adolescent girls in cyclone shelters are concerned about the lack of lighting and locks in toilets. Pregnant women avoid coming to shelters due to difficulties in climbing stairs and absence of clean birthing facilities.

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Following several devastating disasters with high death tolls, including the 1991 cyclone where women were reported to constitute 90 per cent of fatalities,<sup>62</sup> disaster preparedness measures are tackling some of the social norms that prevented women from moving to and feeling safe in the shelters. KII and FGDs frequently referred to the past where women were reluctant to travel to shelters due to lack of permission from their husbands, a desire to protect assets and insecurity and fear of GBV on the way to and in the shelter. Overwhelmingly, both KII and beneficiaries in the field said this practice had improved for most women and girls, with the exception of pregnant women. During the FGD with women in the cyclone shelter, participants mentioned pregnant women not wanting to come to the shelter due to difficulties in climbing the stairs and the lack of a clean bathroom where they could give birth.

### 3.4 Livelihoods and migration

Disasters exacerbate pre-existing vulnerability. The poor, socially excluded and discriminated disproportionately experience the impacts of disasters in terms of loss of assets and livelihoods. One INGO interviewee, who specializes in livelihoods, explained the gendered vulnerability caused by the loss of assets, noting that many men have the option to migrate and earn a livelihood. 12 of 19 male FGD participants in the cyclone shelter had migrated for seasonal work after a disaster and 5 of 19 had migrated more than once. New mobile phone technology enables them to send money home so they can now stay longer; previously they had been away for 3-4 months, now it is up to 6 months. During the FGDs, a male community leader estimated 40-45 per cent of the community had migrated for work after a disaster and a small percentage of women had migrated to work in the garment factories.

Another livelihood challenge includes loss of microfinance assets due to disasters, resulting in women repaying their loans without the income-generating assets. Two anecdotal stories, which should not be generalized for the Bangladeshi context, on microfinance projects targeting women, revealed instances of male partners spending resources and leaving the women to repay the loan. Consequently, these women had to resort to exploitative labour practices, including migration to urban centers for seasonal sex work.

Based on the abovementioned gaps in awareness, data collection, access to services, safety and security, livelihoods and migration, the final section of this case study provides some action-centered recommendations for different sets of actors.

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<sup>62</sup> UNICEF, *Women and Girls in Bangladesh, Key Statistics*, p5.

## 4. Conclusion and recommendations

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### 4.1 Conclusion

The greatest difficulty in researching GBV prevention and response in disaster settings, especially in Bangladesh, which has high levels of cyclical disaster risk, poverty and pre-existing patterns of GBV, **is identifying and isolating the incidence of GBV attributed to disasters alone.** Knowledge, attitudes and practices, and understanding of rights in relation to GBV were very low amongst affected populations consulted. When communities that regularly used the cyclone shelters were presented with the hypothetical situation of a woman being raped, men said they would go to the chairperson for a solution, and if no solution was identified, they would then go to the police. Women said they would go to the local chairman first, sometimes try for marriage, and sometimes settle for money. When questioned further about what to do if the girl does not want to marry, which was met initially with some surprise, women said they would then go to court (noting that the 24 hour requirement for the medical test is likely to have passed). **This makes it more difficult to understand the scale of GBV, as cases of traditional arbitration are less likely to be captured in official data collection processes. Key knowledge and awareness gaps include both the experiences of men and boys as potential victims/survivors, and the need for stronger engagement of men and boys in behavioral change interventions.**

Access to services is much more limited at the field level and social stigma and pressure much more acute in smaller rural communities.

**Safety and security** were of primary concern to both affected populations and other respondents, especially in the context of relief distributions and shelter settings. Women in the slum areas were more worried about day to day security challenges, such as not being able to go out at night by themselves, staying at home alone or locking their doors.

Bangladesh is in a process of social transformation in realizing gender equity goals and there is space for much needed dialogue and action on preventing and responding to GBV in disasters. However, the limitations in the methodology used in this study make it difficult to draw conclusive findings on GBV risks and patterns in disasters across Bangladesh and further detailed research is recommended. In particular further research should be undertaken into GBV patterns and prevalence in urban slums, Cox's Bazar and Chittagong Hill Tracts, Sadr, Western region and disaster-affected areas sharing borders with India in particular to better understand the relationship between disasters and trafficking.



There is room and possibility to change social and gender norms, and the patterns observed after disasters in Bangladesh demonstrate this. Disasters present an opportunity to shift and change gender norms, especially when the male head of household migrates for work. This can create new space for women to leave the house, travel to markets, engage in economic productivity and inhabit public space.<sup>63</sup> This, along with the shift in early marriage and dowry practices, demonstrates;

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“that culture is not some sort of ‘primordial constraint’ from the past that hinders economic and social progress. Culture is constantly being changed by the people who construct it in the first place.”<sup>64</sup>

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## 4.2 Recommendations



### To all actors

- **Implement and mainstream the IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming through all phases of disaster response** from BDRCS, government and other partners including human resource policy and practice.
  - **Strengthen local capacity to prevent and respond to GBV during and after disasters by specifically investing in training of disaster responders at all levels.**
- 
- **Emphasize** on preparedness as key in preventing known patterns of GBV in disasters for example the design and maintenance of cyclone shelters and mapping service providers;
  - **Contextualise** vulnerability analysis based on age, gender and diversity, including minority groups and men and boys;
  - **Ensure** all assessments include an appropriately qualified protection/GBV specialist from the government or civil society; **Implement** IASC and Movement recognized monitoring and evaluation indicators on GBV in disaster settings.
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<sup>63</sup> Kill data.

<sup>64</sup> UNFPA, Ending Violence Against Women – Programming for Prevention, Protection and Care, August 2006, p6. <https://www.unfpa.org/sites/default/files/resource-pdf/endingvaw.pdf> Accessed on: 20 July 2015

- **Launch an Information, Education and Communication (IEC) campaign** to change the narrative on GBV, data and disasters and to stress the fact that men and boys can also be at risk. The BDRCS, Action Aid, the Ministry of Women and Children's Affairs, the Department of Disaster Management and the Gender Network should lead this in partnership.

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- **Revise the 2010 Standing Orders on Disasters (SODs)** to better integrate gender and GBV concerns including clarifying roles, responsibilities and accountabilities across government ministries at headquarter and field level. **Specifically, use SGBV and Child protection cluster to implement section 4.2.17 on MOWCA's** role during disaster preparedness and response, especially in connection to GBV mainstreaming and women and children's protection.

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- **Recognize women's and girls' need for safety and security**, including in the home, in public spaces, educational institutions and the workplace.

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- **In disaster situations, ensure safety for women and girls on the way to and in cyclone shelters.**

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- **Safeguard access of all groups to relief items and cyclone shelters during disasters. Especially vulnerable minority groups, such as the Rohingya, sex workers, the Mahtas, Dalits and Mund should not be discriminated against and excluded from basic services after disasters. This reduced GBV risks for vulnerable minority groups.**

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- **Conduct** real time research in a disaster context on the patterns of GBV, ideally in a situation where there are pre-disaster GBV programs and pre-existing systems for monitoring and collecting GBV data.<sup>65</sup>



### To government actors

- **Invest in** dedicated capacity building on GBV and strengthened working relationships at the national and field level in particular with key government counterparts including Ministry of Health, Social Welfare, Women and Children Affairs and Department of Disaster Management (DDM);

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- **Partner with development actors** on mapping and capacity building for holistic multi-sectorial response services.

<sup>65</sup> See UNFPA pilot data collection districts, Partners for Prevention. <http://www.partners4prevention.org/> Accessed on: 20 August 2015.

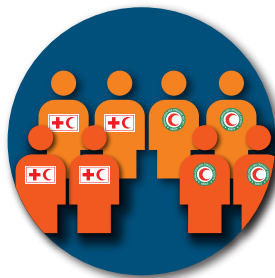
- **Initiate dialogue to revise the 2010 Standing Orders on Disasters (SODs)** to better integrate gender and GBV concerns including clarifying roles, responsibilities and accountabilities across government ministries at headquarter and field level. **Follow-up** with Action Aid and relevant government entities on ongoing process.
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#### To civil society actors and communities

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- **Advocate with the Ministry of Disaster Management and Relief for the implementation of the 2011 “Cyclone shelter construction maintenance and management guideline.”** Specifically, focus on section 4.0 (essential facilities in cyclone shelters) and 5.0 (Cyclone Shelter Management) and add language related to protection of vulnerable groups.
  - **Forge partnership between BDRCS and government duty-bearers, civil society and humanitarian and development actors for effective referrals** – need to invest and strengthen pre-disaster GBV response infrastructure e.g. mental health and psychosocial support, shelters, health system, legal etc.;
  - **Work with communities** to design and implement educational programme for men, women, boys and girls on violence prevention, creating safer community spaces for all. Put special emphasis on behavior change material and informational messages on how to change men and boys’ knowledge, attitudes and practices towards women and girls. Follow further related recommendations in partners4prevention studies on masculinities and GBV in Bangladesh.
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#### To IFRC and BDRCS

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- **Implement** existing code of conduct for IFRC and BDRCS. Ensure that section on prevention of sexual exploitation and abuse (PSEA) is understood by all internal staff of the National Society and its volunteers. In the long-term, this code of conduct should be aligned with one document, which includes information on child protection, HIV/AIDS prevention and response and disability inclusion.
  - **Sensitize staff and volunteers** and organize capacity events to conduct assessments and interviews on GBV during disasters.
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- **Partner and network with local and national organizations** to support BDRCS in implementing activities on GBV such as protection messaging, disseminate referral contacts so that victims can receive the support

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- **Plan, implement and follow-up** on partnerships and programmes specifically related to **outcome 3** of the **Dhaka Declaration on Collaboration Approaches in Disaster Management** (1 December 2015)

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- **Actively participate** in the child protection and sexual and gender-based violence (SGBV) clusters

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- **Ensure** relief distribution items and processes are gender-sensitive.

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- **Ensure** a safe organization for female staff and volunteers and beneficiaries including children.

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- **Set quota for female leadership** within BDRCS and IFRC at headquarter and field level and require minimum level of representation of women in response and additional safety measures, such as appropriate sleeping and hygiene arrangements.

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- **Undertake in depth, follow-up research** in urban slums, Cox's Bazar and Chittagong Hill Tracts, Sadr, Western region and disaster-affected areas sharing borders with India, in particular to better understand the relationship between disasters and trafficking.

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- **Liaise with Samoa Red Cross** on ADRA's "Open the Door" radio initiative and assess whether BDRCS's radio programme team can implement it.

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## Annex: A list of GBV prevention and response service providers in Bangladesh<sup>66</sup>

Type of service provider	Description of organisation	Contact information
<b>Health</b>		
Bangladesh Red Crescent Society violence prevention module in maternal and child healthcare centers	The VISION of the Society is to become an effective and efficient humanitarian organization in Bangladesh by 'doing more, doing better and reaching further'.	Address: National Headquarters 684-686 Bara Maghbazar, Dhaka 1217 Postal Address G.P.O. Box 579, Dhaka Contact Information Tel: (880) (2) 8319 366/ 9330 188 / 9330 189 / 9350 399/ 8314 701/ 9352 226 Fax: (880) (2) 8311 908 / 9352 303
Bandhu Social Welfare Society	Bandhu Social Welfare Society (BSWS) was formed in 1996 to address concerns of human rights abuse and denial of sexual health rights, and provide a rights-based approach to health and social services for the most stigmatized and vulnerable populations in Bangladesh, MSM in particular kothis/hijras and their partners.	Address: 99 Kakrail, 2nd and 3rd Floor Dhaka 1000 , Bangladesh. Tel: 88 02 9339 898 / 9356 868 / 5831 6041 FAX: 02 9330 148 Email: shale@bandhu-bd.org
One stop Crisis Center (OCC), Medical College Hospital <sup>67</sup>	OCC provides medical treatment, forensic DNA test, police assistance, legal support, psychosocial counseling, social welfare services, shelter and safe custody, rehabilitation and social reintegration to the women and children victims of violence free of cost. Women and children with a history of physical, sexual and burn assaults can get admitted to the OCC through hospital protocol.	
<b>Psycho-social</b>		
National Trauma Counseling Center (NTCC), Dhaka	Objectives include the provision of psychosocial counseling support to violence against women and children; Conduct different types of psychological counseling training for Human Resource Development and, finally, organize awareness raising programme for changing mindsets of people.	Department of Women Affairs (Room No -416) 37/3 Eskaton Garden Road, Dhaka-1000 Phone : +8802-8321 825 Mobile: +8801 71 31 77 175 Email: ntccb@yahoo.com
National Helpline Center for Violence Against Women	Objectives include to help women and children victims of violence; to guide victims and other stakeholders on legal provisions and actions, to provide counselling services, give information on other helplines and provide referrals.	Department of Women Affairs (7th Floor) 37/3 Eskaton Garden Road, Dhaka-1000 Helpline Number – 10921

<sup>66</sup> This list is not exhaustive, is based on desk research and includes mainly local initiatives.

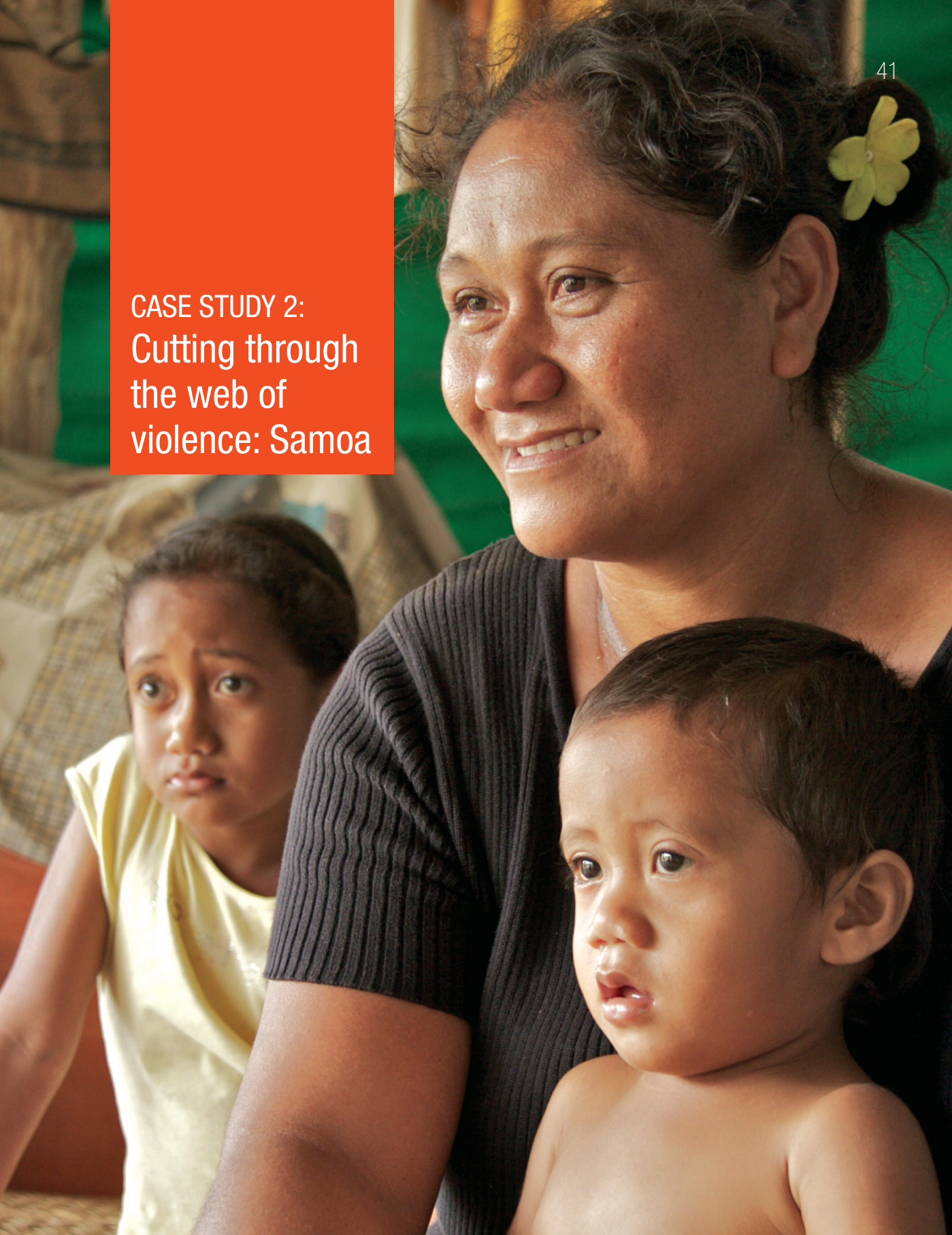
<sup>67</sup> This is a joint initiative by the Ministry of Women and Childrens Affairs (Government of Bangladesh) and the Government of Denmark: [http://www.mspvaw.gov.bd/index.php?option=com\\_content&view=article&id=183](http://www.mspvaw.gov.bd/index.php?option=com_content&view=article&id=183)

## Case study 1: A legacy of cyclones: Bangladesh | Annex

Type of service provider	Description of organisation	Contact information
<b>Legal</b>		
Police Women Help Desks	15 such referral centers are run by the Bangladesh police which are supposed to provide safe environments for women and girls to report and file their cases	
Naripokkho	Naripokkho is a membership-based women's activist organization in Bangladesh working since 1983 for the advancement of women's rights and entitlements and building resistance against violence, discrimination and injustice.	Tel: 8119914, 8153967 Ext. 116 Fax: 8116148
Bangladesh National Women's Lawyers Association	Bangladesh National Women Lawyers' Association is a lawyer's association based in Dhaka, Bangladesh. It was established in 1979. Its main goal is "to create equal opportunities and equal rights for every woman and child in the country." BNWLA promotes the rights and status of women lawyers alongside fighting for access to justice for all women & children particularly for the most disadvantaged women and children in Bangladesh.	Monico Mina Tower, 48/3, West Agargaon, Dhaka-1207. Tel: 8112 858 / 8125 866 / 9143 293 Fax: +880-2-8112 858 / 8125 866 / 9143293 Email: bnwlabjmas@gmail.com / bnwla@hrcmail.net
<b>Economic Empowerment</b>		
BRAC	BRAC is an international NGO whose mission is to "empower people and communities in situations of poverty, illiteracy, disease and social injustice. Our interventions aim to achieve large scale, positive changes through economic and social programmes that enable men and women to realise their potential".	BRAC Centre, 75 Mohakhali, Dhaka-1212. Tel: 880-2-9881265. Email: info@brac.net
Rural Employment Opportunities for Public Assets (REOPA)	REOPA is a social safety net project that works to provide employment primarily to vulnerable rural women through road maintenance projects. It currently employs 24,440 such women to work in groups of 33 on project sites nationwide. Women are selected through a lottery after they have been short-listed as destitute, socially marginalized and unable to meet the basic food needs of themselves or their families.	<a href="http://interactions.eldis.org/sites/interactions.eldis.org/files/database_sp/Bangladesh/Rural%20Employment%20opportunities%20for%20Public%20Assets%20(REOPA)/REOPA1.pdf">http://interactions.eldis.org/sites/interactions.eldis.org/files/database_sp/Bangladesh/Rural%20Employment%20opportunities%20for%20Public%20Assets%20(REOPA)/REOPA1.pdf</a>
<b>Advocacy and Networks</b>		
Bangladesh Women's Foundation	This Foundation was created in 2003 to invest in women's leadership and empowerment and bring positive changes to women's livelihoods and well-being. It transitioned into a women's fund in 2004. BWF seeks to support all women's organisations but mostly small local women's organisations that are registered with the 'Ministry of Women and Children Affairs, Social Welfare and Youth'.	2/21, Babor Road, Block-B, Mohammadpur, Dhaka Tel: 880-2-9115696 Fax: 880-2-9110088 Email: bdwf@bangla.net.bd
Boys of Bangladesh	Boys of Bangladesh, popularly known as BoB, is the largest network of self-identified Bangladeshi gay men from home and abroad. It is a non-registered, non-funded and non-formal group run by a pull of dedicated volunteers who strive to make it a safe space for like-minded people to come together, and share their thoughts, feelings and experiences and ultimately find a place where they can truly belong.	Email: info.bob.bd@gmail.com



CASE STUDY 2:  
Cutting through  
the web of  
violence: Samoa



# 1. Executive summary

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The International Federation of Red Cross and Red Crescent Societies (IFRC) is advancing the development of policy research to support advocacy and action for enhanced response to and prevention of gender-based violence (GBV) in disasters. To further this objective, the IFRC commissioned a global study on GBV in disasters in 2015, including nine case studies across the Asia-Pacific, Africa, Latin America and Caribbean and Europe regions.

Samoa was chosen as one of the case studies. It is a disaster prone country, in which 70 per cent of the population lives along the coastline, exposing them to cyclones, tsunamis and flooding. Two major natural disasters, the tsunami of 2009 that killed 149 people<sup>68</sup> and Cyclone Evan of 2012 that displaced close to 5,000 persons were examined for this research.<sup>69</sup> Qualitative methods with supplementary desk research were applied to this study and a total of 65 people (47 women, and 18 men; age range 17 to 65) were consulted through one-on-one interviews, focus group discussions and a written questionnaire from 11 May to 6 June, 2015. Interviewees were from tsunami-affected communities on the south coast of the island Upolu and from Cyclone Evan-affected communities on the island of Sava'i and from Apia, the capital of Samoa. Limitations to this research include the sensitivity of the topic resulting in guarded responses; possible selection bias due to pre-interviewee identification by the Samoa Red Cross and; an urban-rural language divide with less understanding of English in the rural areas. Generalized conclusions, therefore, on GBV prevalence and patterns during disaster situations, should not be drawn from this research.

## Key findings:

Given the relatively high background level of GBV in Samoa<sup>70</sup>, it is not possible to determine whether GBV generally increased in the aftermath of these disasters. However, this research reveals that persons displaced by the disasters in Samoa are at higher risk of GBV than those who manage to stay in their communities. **Relocation of rural Samoan communities<sup>71</sup> seems to be one of the root causes increasing post-disaster GBV risk and prevalence.** All informants that were directly affected by the tsunami agreed that the unequal distribution of relief supplies created disillusionment, agitation and community tensions, indirectly increasing risk of physical violence

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<sup>68</sup> "Learning from Earthquakes: Samoa Earthquake and Tsunamis of September 29, 2009," EERI Special Earthquake Report, January 2010. [https://www.eeri.org/site/images/eeri\\_newsletter/2010\\_pdf/Samoa-Rpt.pdf](https://www.eeri.org/site/images/eeri_newsletter/2010_pdf/Samoa-Rpt.pdf)

<sup>69</sup> World Bank, Samoa, Post-Disaster Needs Assessment. Cyclone Evan 2012. March 2013. Report No: ACS4432

<sup>70</sup> The Samoa Family Health and Safety Study conducted in 2007 (based on responses from 1,212 women and 386 men) found that 46.4 per cent of Samoan women have experienced a form of partner abuse. This is mostly expressed as physical abuse (37.6 per cent), with 18.6 per cent reporting emotional abuse, and 19.6 per cent sexual abuse. Additionally, 62 per cent of respondents reported that they had been physically abused by someone other than a partner and 11 per cent reported being raped by a non-partner.

<sup>71</sup> Particularly in dispersed bush settings



amongst intimate partners. Urban shelter settings require people to live for extended periods in crowded spaces, among strangers, and with inadequate lighting, shower and toilet facilities. Young girls and adolescents living in such shelters were most vulnerable to GBV (by males both adolescents and adults) due to reduced parental supervision during the day, when parents typically went to clean up and rebuild their damaged houses.

Most GBV survivors do not seek help in the aftermath of a disaster. When people have lost family members, belongings and livelihoods, solidarity within the community may be more important than ever. Consequently, community members may be even less likely to acknowledge intimate partner violence within their community, given their understanding of the increased pressures facing families and the need to “stand together in the face of sadness and adversity.” Whilst GBV service providers know how to deal with GBV cases in a normal setting, they have not been trained to target and respond during a broader crisis or emergency situation.

## Recommendations<sup>72</sup>



### To all actors

- **Led by the National Disaster Council and the Ministry of Women, Community and Social Development, formulate a GBV disaster response strategy**, including training to target service providers, responders and those most vulnerable to GBV. Government, non-government and community actors and responders must be part of the formulation process.
- **Increase, map and update understanding of available services** for GBV survivors prior, during and after a disaster.
- **Invest in appropriate shelter design and shelter safety management**, including parental awareness of increased risk for GBV in shelter settings.
- **Improve the quality of data collection and analysis on GBV**, and plan for maintaining case files following disasters. Specifically, collect sex, age and disability disaggregated data during and after a disaster.
- **Conduct further research on GBV prevalence** among boys, men and transgender individuals, such as the Fa’afaine.

<sup>72</sup> For a full list of recommendations, please see section 4 of this case study.



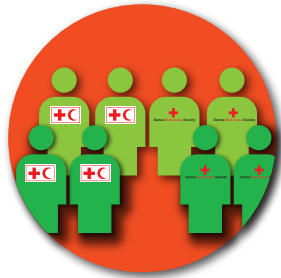
### To government actors

- **Ensure implementation and follow-up of** gender and GBV related content in the **Disaster Management Act 2007** (4a, 6e, 7.4b, 12.2c, and 13.2a,b, c) **and the National Disaster Management Plan** (4.2.5, check sector by sector, section 6).
- Clarify roles and responsibilities and provide guidance in National Disaster Management Plan on gender and GBV related prevention and response during disasters.
- **Partner with ADRA, Samoa Victim Support Group (SVSG)** and GOSHEN to promote increased safety and psychosocial support in evacuation centers and temporary shelters. For example, information on increased GBV prevalence in disaster situations can be part of ADRA's "Open the Door," radio programme.
- **Initiate and conduct research on GBV prevention and response** in disaster settings. The Ministry of Women, Community and Social Development should amend its data collection tools for the Mother daughter study and integrate questions on GBV occurrence, prevention and response in disaster settings.
- **Develop rapid assessment tools, inclusive of sex, age and disability disaggregated data** for disaster response. The gender working group within the Disaster Management Group should take a lead on this initiative, in partnership with relevant actors.



### To community actors

- **Engage in disaster preparedness activities,** GBV awareness training and active engagement with community leaders, community groups (particularly women's associations) and community members. Community youth should play an active role in disaster response (potentially via church youth networks), with a particular emphasis on community safety measures.
- **Conduct review of community by-laws** to understand existing legal practices on GBV prevention and response with traditional community authorities.
- **Integrate information on GBV violence prevention and response** into ongoing community programmes with traditional and faith based leaders which engage men and boys.

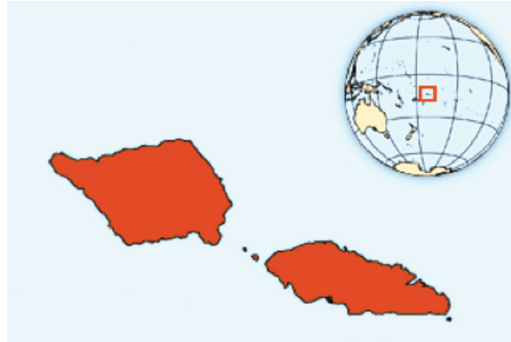


### To Samoa Red Cross Society

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- **Continue** mainstreaming GBV prevention and response in disaster situations into the Community Disaster and Climate Change Risk Management (CDCRM) community based programmes.
  - **Ensure implementation and follow-up of** gender and GBV related content in the **Disaster Management Act 2007** (4a, 6e, 7.4b, 12.2c, and 13.2a,b, c) **and the National Disaster Management Plan** (4.2.5, check sector by sector, section 6).
  - **Continue** ongoing training and sensitization with internal Red Cross staff, community volunteers, and peer educators on health, HIV AIDS, gender and GBV mainstreaming. **Develop rapid assessment tools, inclusive of sex, age and disability disaggregated data** for disaster response. The gender working group within the Disaster Management Group should take a lead on this initiative, in partnership with relevant actors.
  - **Strengthen key partnerships** with Ministry of Women, Community and Social Development; Ministry of Health, National Health Services; National Disaster Council; UNFPA; Samoa Family Health and the Samoa Victims Support Group.
  - **Continue partnership** with National Disaster Council and Sub-Committee on Evacuation Centers and Shelters to identify island-wide spaces safe for women, girls, men and boys.
  - **Understand process of investigation** by domestic violence police unit and transfer of cases to Family Court (FC). Consult with National Human Rights Institution (NHRI) on how they are working with the domestic violence police unit and the Criminal Investigation Division (CID). Advocate with NHRI, FC and CID to integrate process on how to handle GBV related cases during and post-disasters.
  - **Develop and implement** code of conduct for internal staff and volunteers on prevention of sexual exploitation and abuse (PSEA).
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## 2. The context



Map: WHO Wester Pacific Region:  
<http://www.wpro.who.int/countries/wsm/en/>

### 2.1 Country background

Samoa<sup>73</sup> is a Polynesian Pacific country northeast of Fiji and consists of four inhabited and five uninhabited islands. 90 per cent of the population live on the two main islands of Upolu and Savai'i and 70 per cent of the population lives on the coast, leaving them particularly vulnerable to disasters. Samoa is exposed to a range of natural hazards, including tropical cyclones, floods, earthquakes,

tsunamis, volcanic eruption, and drought. According to the World Bank, Samoa is ranked 30th among countries most exposed to three or more hazards. Samoa was ranked 51st out of 179 countries in the Global Climate Risk Index 2012 report in terms of countries most affected by extreme weather events. Climate change, sea-level rise, environmental degradation, pollution, coastal erosion, water quality and resource management are all-important environmental issues to be managed in Samoa for disaster prevention.<sup>74</sup> For this research, data collection took place in the capital, in tsunami-affected communities on the south coast of the island Upolu and in Cyclone Evan-affected communities on the island of Sava'i.

### 2.2 Disaster and GBV responders

Government response is led by the National Disaster Council (NDC)<sup>75</sup> in conjunction with the Disaster Advisory Committee (DAC). The NDC consists of members of the Cabinet, and is chaired by the Prime Minister. The DAC includes government ministries, and corporations, NGOs and other civil society organizations. The emergency response is currently informed by the National Disaster Management Plan (NDMP)<sup>76</sup> of 2011-2014 and is under revision since 2015.<sup>77</sup>

<sup>73</sup> The population census of 2011 indicates a total national population of 188,000 with Apia, the capital city, accounting for about 20 per cent of the country's population. In terms of gross domestic product, Samoa is placed among lower and middle-income countries. The United Nations Development Programme (UNDP) Human Development Index (HDI) ranks Samoa 94th out of 182 countries. Adult life expectancy at birth is 73 years and literacy rate is above 90 per cent.

<sup>74</sup> World Bank, *Samoa Post-Disaster Needs Assessment. Cyclone Evan 2012*. March 2013. Report No: ACS4432, pp 22

<sup>75</sup> During a disaster response, the role of the NDC is to set strategic direction for the DAC, undertake high level strategic decisions and ensure inter-governmental and international relationships.

<sup>76</sup> The NDMP aims to achieve the following objectives: (1)To reduce the impact of hazards to Samoa; (2)To ensure all communities and response agencies are ready to respond to any disaster; (3)To put in place mechanisms to enable prompt and effective response to disasters; (4)To ensure processes and systems are in place for long term recovery; (5)To strengthen disaster resilience of communities that are exposed to hazards so they are able to reach and maintain an acceptable level of functioning and structure

<sup>77</sup> Samoa, *Samoa's National Disaster Management Plan, 2011-2014, 2011*  
[http://www.preventionweb.net/files/27077\\_ndmpfinal20111215endoresedbydac.pdf](http://www.preventionweb.net/files/27077_ndmpfinal20111215endoresedbydac.pdf)

During response to a disaster, DAC co-ordinates and manages response activities from the National Emergency Operations Centre and reports to the NDC for direction and decision-making. The NDC is responsible for oversight and approval of all response and recovery activities, as advised by DAC. In the period before a disaster, DAC coordinates all preparedness and disaster risk reduction activities and reports to NDC for direction and decision as required. The NDMP indicates those organizations responsible for psychological support during the emergency response, but it does not provide any guidance on responding to gender issues or GBV risks.

In addition to the government, other responders are represented in the DAC and its sub-committees. Local organizations, NGOs and other civil society organizations such as the Red Cross, church representatives, development partners, Samoa-based regional and international organizations, overseas missions, private sector, and community representatives are part of DAC. Together they constitute Samoa's National Platform for Disaster Risk Management, which is a multidisciplinary and multi-stakeholder forum for disaster response and risk management. The Village Council and village organizations, including Women's Committees, are responsible for coordinating disaster mitigation and preparedness programmes and activities at the community level. They coordinate village response activities for specific threats<sup>78</sup>.

Regarding GBV prevention and response actors, a Domestic Violence Police Unit was established in 2007, including two primary outposts in Upolu and in Savai'i, with three additional sub-posts under each primary one.<sup>79</sup> The Division of Women within the Ministry of Women, Children and Social Development (MWCSD) works on several policy initiatives. One project of note, which could benefit integration of GBV prevention and response in disaster settings, is the *Mothers and Daughters* programme<sup>80</sup>. This programme aims to improve communication between mothers and daughters at the community level, improving decision making on sexual and reproductive health and initiating conflict resolution in a non-violent manner. Such a programme should be extended to including men and boys. Among UN agencies, UN Women, the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP) have all implemented valuable initiatives for GBV prevention and response, however, none have been specific to the disaster setting. The Adventist Development and Relief Agency (ADRA) supports an "Open the Door" radio programme, which focuses on improving communication within families on sensitive issues, such as GBV.<sup>81</sup>

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<sup>78</sup> This role includes: (1) Initiating community response; (2) Information dissemination; (3) Shelter management; (4) Damage assessment; (5) Relief co-ordination; (6) Developing community preparedness and evacuation plans; (7) Implementation of community vulnerability reduction measures

<sup>79</sup> Boodoosingh, 2015, p.99

<sup>80</sup> "Mothers and Daughters Programme," <http://www.mwcsd.gov.ws/images/stories/division-for-women/updates2013/Mothers%20and%20Daughters%20web%20sum.pdf>

<sup>81</sup> Boodoosingh, 2015, p.99





## Spotlight: The Samoa Red Cross in action

“There are two outcomes, which stand out in this study. The first points to greater GBV risks occurring in shelter settings, where: (1) there are no separate toilets for men and women, (2) the toilets are too far away from the shelter for women and girls to reach, (3) the toilets cannot be locked, (4) there is inadequate lighting in the shelters and (5) the living quarters are too crowded. The second points to long-term behavior change at the community level, consistently engaging men and boys on how to change their attitudes on resolving conflict within the family. The Samoa Red Cross has followed up on these two outcomes by identifying evacuation centers and shelters, with the National Disaster Council, which are safe for women and girls and by mainstreaming gender-based violence prevention into its community based programmes on community disaster and climate change risk management (CDCRM). By including the whole community and the whole family, we hope to lessen GBV against boys, girls, men and women during disaster settings”.

*Tala Mauala, Secretary-General, Samoa Red Cross*

Samoa community family support services have been established since 1993. Currently there are various small-scale organizations that offer counseling and raise public awareness on domestic violence and child abuse. The Samoa Victim Support Group (SVSG) established the first safe house in 2006 and there are currently plans to establish a temporary home for young mothers. One of the main projects for SVSG in cooperation with the Criminal Division of the Attorney General’s was the campaign in mid-2010 against rape and indecent acts with support from the Pacific Fund for Eliminating Violence against Women (EVAW). SVCG, in cooperation with UN Women, has created a 24-hour Helpline that provides counseling and information about the location of safe houses. The helpline allows survivors to access support outside the family or traditional church support services. Other NGOs providing psychosocial support include the Goshen Trust and *Fa’ataua Le Ola*.

### 2.3 Gender-Based Violence in Samoa

The most recent data on GBV prevalence in Samoa is from the 2007 Samoa Family Health and Safety study (SFHSS). This research study was undertaken by the Secretariat of the Pacific Community (SPC) and the UNFPA based on a World Health Organization

(WHO) designed questionnaire. The responses from 1,212 women and 386 men that had been in a relationship were used to inform statistical analysis. 46.4 per cent of women had experienced some form of partner abuse, including physical abuse (37.6 per cent), emotional abuse (18.6 per cent) and sexual abuse (19.6 per cent).<sup>82</sup> A similar quantitative survey conducted in the Asia and Pacific region amongst predominantly men (10,000 men and 3,000 women) indicated that violence against the partner ranged in most countries from 30 to 57 per cent. Common contributing factors in all of the countries related to gender inequality, childhood experiences of abuse, and the enactment of harmful forms of masculinity.<sup>83</sup> Samoan women, more so than other women of Pacific countries, were likely to receive physical abuse by someone other than their partner, including parents, teachers and other women of the extended family.

Help-seeking behaviour is not common, as the majority of women who have experienced abuse have never told anyone about it (54 per cent). The people women are most likely to speak to are: parents (25 per cent); friends (12 per cent); and the partner's family (10 per cent). Very few women sought help from neighbours, police, health workers, priests or counselors and no one had approached a women's organization.

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**T**he main reason for not seeking help was that the abuse was viewed as normal or not serious; the main reason for seeking help was no longer being able to stand the violence.

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Samoa prosecutes domestic violence under general assault laws, the New Crimes Act (2013). Unlawful intimidation includes stalking, use of violence or words to intimidate, damage or threats of damage to property and the compelling of any person to do or to abstain from any act that person has a legal right to do or to abstain from doing. Violation of this act can incur an imprisonment term not exceeding one year or a fine of two penalty units. Sexual violence within a marriage relationship can be prosecuted. The maximum penalty for rape is

life imprisonment; the maximum penalty for unlawful sexual acts is 14 years. The Family Safety Act 2013 has been in effect since April 2013 and covers the breadth of offenses covered under the Domestic Violence umbrella.<sup>84</sup> A Family Violence Court was formed in 2013. This is the first dedicated Family Violence Court in the Pacific outside

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<sup>82</sup> Secretariat of the Pacific Community, *The Samoa Family Health and Safety Study*. 2007. SPC, UNFPA and Government of Samoa. Noumea, New Caledonia.

<sup>83</sup> Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roseli, T. and Lang, J. *Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations Multi-Country Study on men and violence in Asia and The Pacific*, Bangkok. UNDP, UNFPA, UN Women, UNV. 2013.

<sup>84</sup> UN Women, *Ending Violence in Samoa Roundtable, country review*, 2015.

of Australia, New Zealand and Fiji. Family Violence Courts were established by the judiciary in response to community concerns about the increase in family (domestic) violence cases. It is unclear if any cases in relation to post-disaster violence have been dealt with in this court, as there is no link to disasters in the databases.

The next section presents the main research findings and provides more in depth analysis on GBV prevention and response in the Samoa disaster setting.



## 3. Research findings and analysis

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The findings summarize and analyse the following significant aspects of GBV during and post-disasters: 1) Awareness and understanding on GBV occurrence during disasters; 2) Availability and access to services; 3) Safety and security, in particular the effects of displacement and relocation, and; 4) Livelihoods and community tension. It should be noted that there are divergent views in the results. Some respondents felt that the disaster had brought families together and increased cohesion with everyone working together to rebuild and reconstruct their houses. However, others noted the increase in economic hardship, community tension and lack of safety and security for families who had to be relocated.

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

Most community-based and national actors working in disaster response are aware of the relatively high incidence of GBV in Samoan society. In recent years, more attention has been devoted to domestic violence and child protection, and training has taken place for various service providers, although these efforts have not necessarily been connected to each other and carried out by individual stakeholders, rather than as part of a national strategy. Some church leaders have received training, funded by their international partners, and in other cases, individual NGOs have been trained. The Samoan Police Force has created a specific Domestic Violence Unit, and the government has created the Family Court. However, GBV does not seem to have received any specific attention in relation to disaster response, despite a gender working group being set up as part of the national Disaster Management Group. This gender working group is meant to discuss and prepare strategies for the future.

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“domestic violence happens every time, even after the tsunami, it is the reality of life”<sup>85</sup>

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**Research results indicate that domestic violence, early marriage and sexual assault are likely to increase in the aftermath of a disaster.** Both women’s association groups indicated in the FGDs that domestic violence was an issue after the disaster.

Most of the time such reported violence consisted of verbal abuse, although sometimes “men get physical with their wives and children.” One of the women’s groups commented that it is not always the men that beat up their wives but that it would also happen the other way round. Six service providers agreed that early marriage is an increased risk after a natural disaster occurs. As a result of the disaster, families from

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<sup>85</sup> Female respondent in tsunami affected area

different areas in Apia lived together in the temporary shelters. Although they did not know each other prior to the disaster, they started to socialise as a result of the shared shelter space. This created various opportunities for young people to be together with an increased risk for both consensual and non-consensual sexual relationships and potential early pregnancies. However, no respondents were aware of an actual case that resulted in an early marriage as a specific consequence of the disaster. Similarly, a rural service provider confirmed that sexual assault and domestic violence continued post-disaster, but admitted it was hard to determine if there had been an increase in cases. This was primarily due to the lack of record keeping.

Informants from different sectors emphasized different factors in explaining GBV after disasters.

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**A**ffected community members<sup>86</sup> explain GBV predominantly as “a way of life,” something that is part of day-to-day living and therefore definitely will occur when hardship increases.”

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Community church leaders and service providers drew a connection between low levels of education and GBV. Six service providers emphasized the role of traditional parenting practices whereby punishment of children for disobeying or disrespectful behaviour is accepted. This learned behaviour influences how couples relate to each other and how they resolve conflicts. Female service providers emphasized the relationship between GBV and the inequality of women’s position in society.

Service providers also spoke about traditional arbitration being used by community members to “settle” e.g. a rape or sexual assault case between perpetrators and survivors, with the aim of preventing public shame in the community.

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**C**ultural norms such as punishment of the entire extended family by the community in cases of incest or sexual assault within the family contribute to a culture of silence.

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## Who are the vulnerable groups?

The following groups were identified as being more vulnerable than others:

- 1) Couples facing economic hardship after disasters are likely to face more intimate partner violence<sup>87</sup>
- 2) Young mothers or young recently married women with limited education and income, This includes recently married women, who have moved into their husband's community and hold a low community status. These women do not have the protection of their own family members and are often left vulnerable to abuse;
- 3) Young girls with limited socio-economic power whose mothers have engaged in new relationships. When the mother is away from the house the girls are more exposed to the 'stepfather;'
- 4) Young girls with poor mother-daughter relationships and overall limited parental supervision. As two service providers explained, some mothers do not exercise their responsibilities as parents. For example, they send their daughters to buy cigarettes in the evening even though they have to walk through the bush when there is limited light. Or, some girls have bad relationships with their mothers and would enter inappropriate sexual relationships to compensate for the lack of parental attention, creating risks for early pregnancies.

Suggestions provided by various interviewees on actions that should be taken focus primarily on the need to change cultural practices and the need for ongoing education and awareness activities. Additional suggestions include:

- Increase awareness of good parenting styles and child protection issues;
- Continue efforts to “break the silence” and encourage community discussion on GBV;
- Increase engagement and trust of the community in police forces;
- Increase recognition and inclusion of the most vulnerable populations in development of GBV activities and policy formation;

<sup>87</sup> Several service providers commented that they thought it was likely that intimate partner violence increased, particularly for those who suffered economic hardship. For example, in one area, Cyclone Evan flooded the homes of a particularly vulnerable group of people that had been leasing their houses from the government. Despite losing their homes, they were required to continue paying their leases. One respondent commented that this economic hardship increased the couple's conflicts, characterized through fights and quarrels.

**O**ne respondent expressed that “vulnerability is people not accessing services.” “They don’t want to talk about it.”

### 3.2 Availability and access to service

Service providers acknowledged their limited response capacity to GBV when a disaster occurs. During such emergency situations the providers were called upon to provide support to a large number of emotionally distressed people, overwhelming their capacity to deal with GBV related issues. At the same time they too were suffering from the impact of the disaster and struggled to manage their own emotions.

Concerning GBV cases reported by respondents, it is unclear what (if any) support was received by those affected. A serious shortcoming was the lack of recording-keeping after the disaster due to the high demands placed on under-resourced staff. There are no records during that period. If a GBV case was dealt with in the aftermath of the disaster, and if documented, then it is unlikely to be linked with the disaster in the database. The office building of the victims’ service support organization was heavily damaged during Cyclone Evan, creating additional challenges for their response capacity.

The Samoa Family Health and Safety Study, highlighted how only a small percentage of survivors in ‘non-disaster times’ seek support and are, in general, inclined to deal with the abuse in silence.<sup>88</sup> One interviewee explained: “the more vulnerable we are, the more difficult it becomes, we don’t want to victimise ourselves twice by bringing it up to the surface.” Various service providers commented on the need to break the silence and be less protective of the community. The results of the questionnaire with the secondary students highlight some of the protective sentiments of the adolescents towards their community; “those things don’t happen in our community,” “we have community rules and they protect us.”

In addition to cultural factors, which limit help-seeking behaviour, humanitarian organizations responding to the disasters have limitations in their capacity and focus. For example, the Samoan Red Cross is able to mobilize many young volunteers to respond to disasters. But often because of their young age, the volunteers are reluctant to pose difficult questions to authority figures or question their approaches. Similarly volunteers may sense that there are problems within families or in the broader system of relief distribution but not feel that it is their responsibility to question or challenge these problems. It is ,therefore, important to emphasize that if there is not enough

<sup>88</sup> Secretariat of the Pacific Community, *The Samoa Family Health and Safety Study*. SPC, UNFPA and Government of Samoa. 2007. Noumea, New Caledonia.

awareness on GBV prevention and response and if survivors are unable to regularly access services, their safety and security will diminish on a long-term basis.

### 3.3 Safety and security

According to key informant respondents, displacement increases the potential for GBV to occur. In the aftermath of the tsunami, the majority of affected families relocated into the hills to live on their plantation land. These newly formed communities were more dispersed than those, where people had lived before. This living situation increased the risk for young girls moving within the community and particularly between houses and shower facilities. One service provider described some of the difficulties in controlling the youth after the tsunami, noting that the young people would use their former school in the flooded area near the beach as a social gathering place. Since the new community was now located in the hills, supervision over the youth was more difficult and the community leaders had to reinforce security rules by prohibiting youth gatherings at the old school to protect all the young people, in particular young girls.

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**D**iscussions in the focus groups with the women's associations (22 women in total) in the affected area revealed similar differences in perceptions. One group (nine women) reported that, while there was an increase in conflicts and domestic violence, they did not recall any incidents of sexual assault. As one woman remarked, "we are Christians." The other group (12 women) confirmed that sexual assaults did occur and were perpetrated by men from outside their communities. They noted that their relocation inland made social control more difficult as houses were surrounded by the bush, with no electricity and therefore limited light during the night.

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After Cyclone Evan at least seven shelters were established in the capital Apia. Some families stayed for three months and did not want to move back to their houses. Families from different areas in Apia lived together, creating new dynamics – both positive and negative. Many interviewees agreed that shelter settings are more prone to GBV due to inadequate secure bathing facilities. In such settings where people previously unknown to each other are living together, it is also possible for outsiders to walk in without being noticed. In summary, places where abuse takes place vary. They tend to be wherever there is limited oversight or vulnerable persons

are isolated. All service providers that worked in the temporary shelters agreed that these living circumstances increased the risk for sexual assault, as too many people from different areas lived in a confined space. In most cases the bathing facilities provided insufficient privacy and security, leading to increased peeping. Provision of 24-hour security in the shelters was a challenge. Shelter workers described how some parents left their young girls unaccompanied in the shelter during the day, whilst they attended to their flooded houses, leaving them exposed and more vulnerable to sexual assault.

Regarding relief distribution, 26 of the 29 informants agreed that its implementation by the councils of chiefs in the affected communities was a source of conflict. Specifically, their method resulted in an unequal division of relief assistance, leading to disillusionment, agitation and community tensions. Whilst some organizations would conduct a head count and provide relief supplies on a door-to-door basis, other organizations would provide it to the council of chiefs of the particular community for their distribution. This meant, according to those interviewed, that relief items were dispersed based on power and status positions rather than on vulnerability and actual need.

### 3.4 Livelihoods and community tension

Economic hardship increased for many after the disaster, resulting in small scale looting, increased community tension, land conflicts and pursuing alternative livelihoods. One service provider said: “we called it the second Tsunami”. “The wave that took some of the belongings away out of the houses.” A World Bank report on Cyclone Evan also refers to small-scale looting<sup>89</sup>. One of the affected students wrote: “some people from the community acted like criminals, as they steal things since they were young, they just took things and took them to their families because they knew that everybody had left for higher ground.”

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**N**ine of the fifteen students surveyed by questionnaire responded that the tsunami created family and community disputes, primarily over division of the customary land and land ownership.

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More economic hardship led to more community tension, especially in the area of divisive land issues, and the pursuit of alternative livelihoods.

“My uncle wanted us to go to the far end of the land, but we did not want to live there.” Another student responded that two female community members moved out of the community to their husbands’

<sup>89</sup> World Bank, *Samoa, Post-Disaster Needs Assessment. Cyclone Evan 2012*. March 2013. Report No: ACS4432

families as they did not get a good agreement on where to live on the land. Five students had a different opinion; “there were no fights in our community” or as another student wrote: “There were no fights or conflicts just the sadness, it made us quiet and peaceful.” These findings were affirmed through a focus group discussion with 22 women of the affected communities who noted that land issues were particularly divisive. For example, there were conflicts within the families about who would live where on the land, and conflicts between neighbouring communities about where a specific border lay.

Economic hardship also led to the quest for alternative livelihoods. While school attendance in Samoa is mandatory, some more vulnerable and poor families would send their children to sell products on the street to provide income for the family. This, one shelter worker commented, increased as a result of Cyclone Evan. Families that were already vulnerable lost their houses on the land that they were leasing. Income was needed to not only pay the rent but to also pay for the rehabilitation of the house. Other shelter workers agreed that Cyclone Evan increased the risk of child labour, but were unsure about the extent to which this actually occurred.

## 4. Conclusion and recommendations

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### 4.1 Conclusion

It is difficult to draw definitive conclusions about the prevalence of GBV following these two natural disasters in Samoa. While there were cases of sexual violence, abuse and intimate partner violence following the disaster, they were not officially recorded by caseworkers and service providers due to the chaotic situation and intense demands of the disaster response. Even if cases had been recorded during this time period, it would be difficult to draw a direct link between their occurrence and the disasters.

Given the relatively high background level of GBV in Samoa (where almost half of Samoan women have reportedly experienced physical abuse), it is not possible to determine whether GBV generally increased in the aftermath of the disasters. However, **this study did find that persons displaced by the disasters in Samoa were at higher risk of GBV than those who managed to stay in their communities.** Respondents suggested that domestic violence increases after a natural disaster, typically in family settings where differences between partners are often expressed through violence. Economic problems and heightened frustrations as a result of the disaster could be expected to contribute to increased conflict – and related abuse. This especially happened in urban areas where affected persons were required to live for



extended periods in crowded shelters, among people not from their community, and with inadequate lighting, shower and toilet facilities.

Relocation of communities and reconstruction of homes, villages and community services far from the original site seem most likely to cause an increase in the risk and incidents of GBV. This is primarily due to reduced social control in times of resettlement. In urban shelter settings, young girls and adolescents were most vulnerable to GBV (from other adolescents and adults) as there was a tendency for parents to leave them unaccompanied in the shelters during the day while they went to clean up and rebuild their damaged houses. **All respondents who were directly affected by the tsunami agreed that the unequal distribution of relief supplies created disillusionment, agitation and community tensions.** Whilst some organizations provided door-to-door relief supplies on the basis of a head count, most relief items were distributed by the council of chiefs of the particular community, resulting in the non-transparent and unequal division of goods.

**Most GBV survivors are unlikely to seek help and this is exacerbated in the aftermath of a natural disaster.** Seeking help within community traditional structures increases the chances not only of the survivor being exposed, but also of the whole family being scrutinised by the community, if not expelled in severe cases of rape or incest. In the aftermath of a disaster, both traditional and other support structures are less available to deal with GBV. It was clear that the capacity of service providers to respond to GBV after the natural disasters was limited and under-resourced. **Whilst they know how to deal with GBV cases in a normal setting they have not been trained to specifically strategise, target and respond during a broader crisis or emergency situation.** During such emergency situations the providers are called upon to provide support to a large number of emotionally distressed people, overwhelming their capacity to deal with GBV related issues. This lack of preparedness among service providers led to reduced confidence, feeling overwhelmed and less ability to deal with emotional stress.

## 4.2 Recommendations



### To all actors

- **Led by the National Disaster Council and the Ministry of Women, Community and Social Development, formulate a GBV disaster response strategy,** including training to target service providers, responders and those most vulnerable to GBV. Government, non-government and community actors and responders must be part of the formulation process.

- **Increase, map and update understanding of available services** for GBV survivors prior, during and after a disaster.
- **Ensure the wellbeing of first responders**, by designing crisis management plans, which prepares them to handle overwhelming requests for psychosocial support following a disaster.
- **Invest in appropriate shelter design and shelter safety management**, including parental awareness of increased risk for GBV in shelter settings.
- **Improve the quality of data collection and analysis on GBV**, and plan for maintaining case files following disasters. Specifically, collect sex, age and disability disaggregated data during and after a disaster.
- **Conduct further research on GBV prevalence** among boys, men and transgender individuals, such as the Fa’afaine.



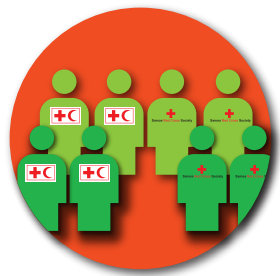
#### To government actors

- **Ensure implementation and follow-up of** gender and GBV related content in the **Disaster Management Act 2007** (4a, 6e, 7.4b, 12.2c, and 13.2a,b, c) **and the National Disaster Management Plan** (4.2.5, check sector by sector, section 6).
- Clarify roles and responsibilities and provide guidance in National Disaster Management Plan on gender and GBV related prevention and response during disasters.
- **Partner with ADRA, Samoa Victim Support Group (SVSG) and GOSHEN** to promote increased safety and psychosocial support in evacuation centers and temporary shelters. For example, information on increased GBV prevalence in disaster situations can be part of ADRA’s “Open the Door,” radio programme.
- **Initiate and conduct research on GBV prevention and response** in disaster settings. The Ministry of Women, Community and Social Development should amend its data collection tools for the Mother daughter study and integrate questions on GBV occurrence, prevention and response in disaster settings.
- **Develop rapid assessment tools, inclusive of sex, age and disability disaggregated data** for disaster response. The gender working group within the Disaster Management Group should take a lead on this initiative, in partnership with relevant actors.



### To community actors

- **Raise awareness on and implement community based activities** that promote conflict resolution skills between men and women to break the silence around GBV; emphasize child protection and the need to amend parental practices.
- **Engage in disaster preparedness activities**, GBV awareness training and active engagement with community leaders, community groups (particularly women's associations) and community members. Community youth should play an active role in disaster response (potentially via church youth networks), with a particular emphasis on community safety measures.
- **Conduct review of community by-laws** to understand existing legal practices on GBV prevention and response with traditional community authorities.
- **Advocate with the National Health Service, Domestic Violence Unit within the Police and the Division of Correction, Enforcement and Maintenance to improve** their data collection processes for GBV survivors in general and during disasters.<sup>90</sup>
- **Integrate information on GBV violence prevention and response** into ongoing community programmes with traditional and faith based leaders which engage men and boys.



### To Samoa Red Cross Society

- **Continue** mainstreaming GBV prevention and response in disaster situations into the Community Disaster and Climate Change Risk Management (CDCRM) community based programmes.
- **Strengthen overall capacity building by continuing** ongoing training and sensitization with internal Red Cross staff, community volunteers, and peer educators on health, HIV and gender and GBV mainstreaming during disasters.

<sup>90</sup> Boodoosingh (2015) suggests the following specific interventions: (1) For the National Health Service: the number of individuals who go for emergency care at the National Hospital with sexual or domestic violence identified as the underlying cause; the number of cases reported to the Domestic Violence Unit; the proportion of cases that are admitted to hospital and are seen by social workers at the Social Service Unit; (2) For the Domestic Violence Unit within the Police: the number of cases referred to the CID; (3) The Division of Correction, Enforcement and Maintenance in the Ministry of Justice and Court Administration: information from survivors about violence impact and need for services; information on experiences with the Family Court.

- **Strengthen key partnerships** with Ministry of Women, Community and Social Development; Ministry of Health, National Health Services; National Disaster Council; UNFPA; Samoa Family Health and the Samoa Victims Support Group.

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- **Continue partnership** with National Disaster Council and Sub-Committee on Evacuation Centers and Shelters to identify island-wide spaces safe for women, girls, men and boys.

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- **Ensure implementation and follow-up of** gender and GBV related content in the Disaster Management Act 2007 (4a, 6e, 7.4b, 12.2c, and 13.2a,b, c) **and the National Disaster Management Plan** (4.2.5, check sector by sector, section 6).

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- **Understand process of investigation** by domestic violence police unit and transfer of cases to Family Court (FC). Consult with National Human Rights Institution (NHRI) on how they are working with the domestic violence police unit and the Criminal Investigation Division (CID). Advocate with NHRI, FC and CID to integrate process on how to handle GBV related cases during and post-disasters.

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- **Develop and implement** code of conduct for internal staff and volunteers on prevention of sexual exploitation and abuse (PSEA).

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## Annex: List of GBV prevention and response service providers in Samoa<sup>91</sup>

Type of service provider	Description of organisation	Contact information
<b>Health</b>		
Adventist Development and Relief Agency (ADRA)	ADRA Samoa exists to serve and care for the needs of people with no preference for race, gender or religion and "makes a difference one life at a time".	Tel: +685 27439
Tupua Tamasese Meaole National Hospital		
<b>Psycho-social</b>		
Goshen Trust Mental Health Services Samoa	Goshen Trust Mental Health Services Samoa was started in 2009. It is a not for profit organisation that makes no profit. The main goal is to provide support and care to people who suffer with a mental health problem and their families.	Tel: 27487 / 7207362 Email: saveatoo@samoaoonline.ws
Samoa Victim Support Group	Samoa Victim Support Group (SVSG) was established in 2005 whose mission is to provide integrated, personalised, professional service to all survivors of crime. This organization provides multi-sectoral support, helping survivors with medical care, case filing and legal support.	Web: www.samoavictimsupport.org Email: svsginsamoa@gmail.com Tel: +685 27904 / +685 25392 / +685 8007874
<b>Psycho-social</b>		
Samoa Victim Support Network	Please see above	
Domestic Violence Police Units		
<b>Economic Empowerment</b>		
Samoa Women Shaping Development (initiative by Ministry of Women Community and Social Development)	This is part of a Pacific wide initiative. <b>Pacific Women Shaping Pacific Development (Pacific Women)</b> is a 10 year \$320 million program. Pacific Women supports 14 Pacific countries to meet the commitments made in the 2012 Pacific Island Forum Leaders' Gender Equality Declaration and will work with Pacific governments, civil society organisations, the private sector, and multilateral, regional and United Nations agencies to achieve its intended outcomes.	Web: www.pacificwomen.org Tel: +679 331 4098 Email: info@pacificwomen.org
<b>Advocacy and Networks</b>		
Pacific Womens Network Against Violence	Initiated by the Fiji Women's Crisis Center (FWCC). The Fiji Women's Crisis Centre (FWCC) provides crisis counselling and legal, medical and other practical support services for women and children who are sufferers and survivors of violence committed against them by men.	Web: http://www.fijiwomen.com Tel: +679 331 3300
Pacific Sexual Diversity Network	The PSDN is a regional network of Pacific MSM and Transgender organisations whose mission is to strengthen community leadership, mobilisation and advocacy in the areas of sexuality and gender identities with respect to sexual health including STIs and HIV and AIDS, well being and Human Rights	Email: psdn.secretariat@gmail.com / psdn-secretariat@hotmail.com Tel: +685 77 96351
Samoa Fa'afafine Association	A non-profit incorporated society set up to promote the rights & interests of fafafines and faafatamas in Samoa.	Web: http://fb.me/sfainc Email: samoafaafafine@gmail.com Tel: +685 75 12346

<sup>91</sup> This list is not exhaustive, is based on desk research and includes mainly local initiatives.



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



# 1. Executive summary

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

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

## Key findings

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

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<sup>92</sup> UN Risk Model

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

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

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

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

## Recommendations



### To all actors

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



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



### To government actors

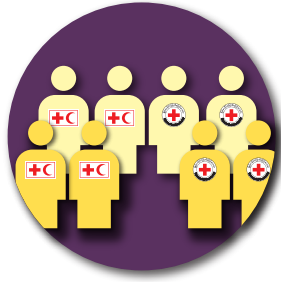
- **Establish** a multi-sectorial, inter-ministerial response team for women's, men's, boys' and girls' protection concerns during and immediately following disasters. Members should include the Department of Social Welfare, Relief and Resettlement; the Ministry of Home Affairs (the Police), key members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



### To civil society and network actors

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

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



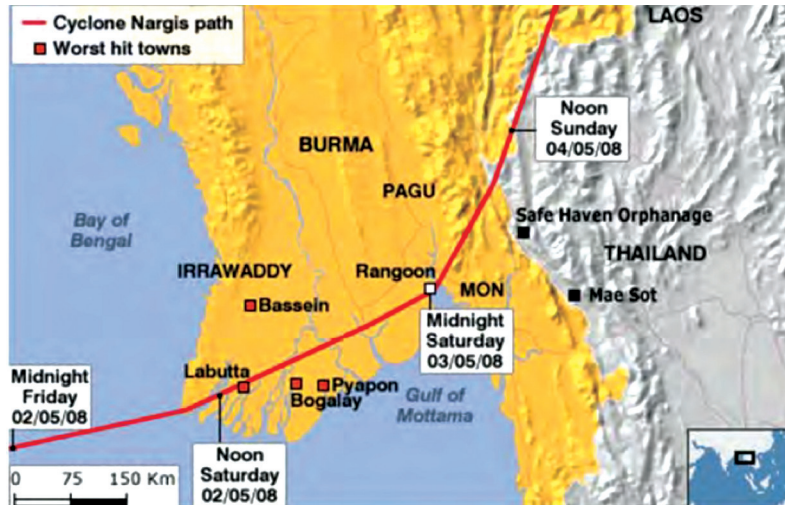
## To the IFRC and Myanmar Red Cross (MRCS)

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

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



## 2. The context



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

### 2.1 Country background

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

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

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

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

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

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

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

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

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

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

## 2.2 Disaster and GBV responders

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 2.3 GBV in MYANMAR

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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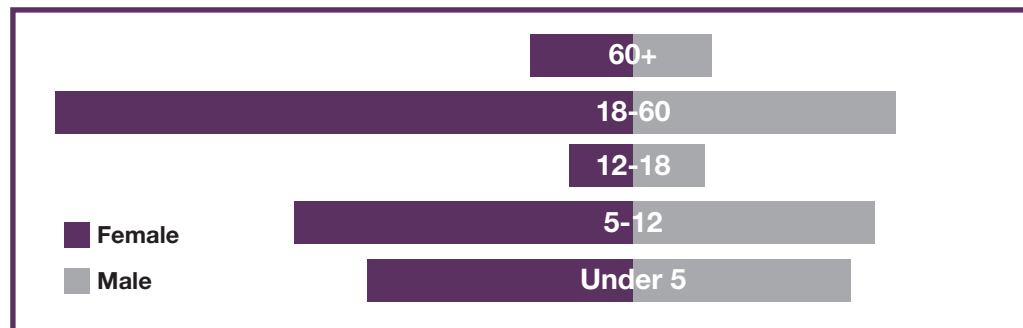
<sup>115</sup> Tripartite Core Group op cit. (2008), p.160.

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

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

<sup>118</sup> ibid

<sup>119</sup> Interview with UNICEF

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

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

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

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

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

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

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

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

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

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

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



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

## 3. Research findings and analysis

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

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

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

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

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

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

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

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

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

<sup>126</sup> Interview 7

<sup>127</sup> Interview 1



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

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

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

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

<sup>128</sup> Interview 9

<sup>129</sup> Interview 9

<sup>130</sup> Interview 18a



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

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



## Who are the vulnerable groups?

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

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

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

### 3.2 Availability and access to services

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

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

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

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

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

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

<sup>134</sup> Interview 4

<sup>135</sup> Interview 18a

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

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

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

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

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

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

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

### 3.3 Safety and security

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

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

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<sup>136</sup> Interview 18.

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

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

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

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

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

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

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

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

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

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<sup>140</sup> Interview 18

<sup>141</sup> Interview 14

<sup>142</sup> Interview 5

<sup>143</sup> Interview 6

<sup>144</sup> Interview 14

<sup>145</sup> Interview 6

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

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

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

### 3.4 Livelihoods and migration

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

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

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<sup>146</sup> Interview 1

<sup>147</sup> Interview 18

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

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



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

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

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

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

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

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

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

<sup>151</sup> Interview 9

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

<sup>153</sup> Interview 18a

<sup>154</sup> Interview 18b

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

## 4. Conclusion and recommendations

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### 4.1 Conclusion

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

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

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

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

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

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

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

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

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

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

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

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

## 4.2 Recommendations



### To all actors

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

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

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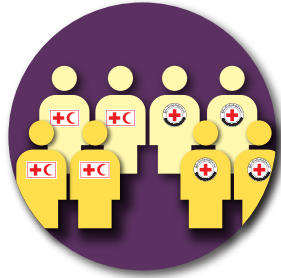
To civil society and network actors

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





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

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

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

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

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



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

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



# The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

