

Improving access to information and services for gender-based violence and sexual and reproductive health for migrant women under the current political situation and COVID-19 threat in Myanmar



Background

Globally, an estimated one in three women and girls have experienced intimate partner violence (IPV) or non-partner sexual violence during their lifetimes, and millions are affected by other forms of gender-based violence (GBV), such as child, early and forced marriage, trafficking, and harmful traditional practices. For women and girls in humanitarian crisis and complex emergencies, such as the current political situation in Myanmar as well as the COVID-19 pandemic, the risk of GBV and IPV increases. This project is focused on supporting migrant women factory workers, as well as organizational staff and peer educators of Thone Pan Hla (TPL), a garment workers association serving as a vital support network and a migrant resource center for women, in select townships of Yangon (namely Hlaing Thar Yar, Shwe Pyi Thar, Mayangone, and Dagon Seikkan).

With the funding from WHO, this project was implemented with three key objectives: (1) increase awareness of GBV among the migrant community in peri-urban Yangon (2) provide health and social support services to women and girls, and (3) foster partnership with local and international partners for increasing access to updated information and quality services for sexual reproductive health and rights (SRHR), including GBV services.

Implementation

From September to December 2021, the project has had an incredible performance. The most notable achievements are listed as follows:

- Revised organizational procedures and measures for prevention of sexual exploitation and abuse (PSEA) and GBV.
- Assessed needs of women migrant workers in access to GBV services and information through consultations with peer educators and aligned project activities to suit the migrant women workers.
- With inputs from the peer educators, drafted training materials and developed messages for

increased awareness of GBV in the community and workplace and then further dissemination reaching to 6,760 people within the peer network through developed information, education, and communication (IEC) material.

- Built capacity of 47 peer educators working in women network (TPL) with training on GBV, SRHR, and family planning.
- Conducted mental and psychosocial well-being workshop and webinar for 54 members; enrolled 4 project staff in basic counseling training.
- Launched 16 days of activity activism campaign with different phases: dissemination of information and awareness raising, chaptered video plays reflecting the GBV and harassment-related issues, and knowledge improvement by participating in the quiz and Q&A.
- Distributed promotional material and 'Goodie' packages (emergency contraceptive pills, sanitary pads, infection control materials, fortified rice, cooking oil).
- Supported 55 women in crisis for food shelter and transportation.
- Fostered partnerships with local SRHR partners and GBV working groups and participated in monthly GBV subcluster meetings for further increased access to GBV services.
- Use of digital and social media platforms to integrate women's health and SRH and GBV-related activities into existing online activities.
- Lessons learned and best practices to be documented and shared with stakeholders working in SRHR and women's health working groups at the end of the project.

Discussions and Recommendations

Context: The project was implemented under a military coup that happened 10 months ago, and the project townships such as Hlaing Thar Yar and Shwe Pyi Thar remained under the Martial Law administration. Bomb

blasts and civilian shootings happen almost every day in different wards of the project townships.

The military administration had taken over as the interim government on August 1, 2021, and the election planned in December 2021 by the military administration was postponed for another two years till 2023. Therefore, many businesses left Myanmar, and protests against the military continued nationwide. Several factories were completely shut down, and some were prepared to leave the country. The banking system was disrupted, and many businesses were moved to the online mode. Electricity cutoff and internet bans continued and were at times targeted towards specific communities and geographic areas. Public-sector health services continue to be reportedly accessible, but the staff availability is uncertain due to the security threat.

The military administration at the local ward level is strictly scrutinized, and the activities of local civil society organizations (CSOs) are under strict surveillance. TPL staff members were called regularly and informed to cooperate with local administration and not to involve in political issues. Gender and GBV are sensitive issues that teams on the ground handled very cautiously with a low profile to minimize attention from the government body.

Limitations: The assessments are done among the migrant garment factory workers, and some vulnerable groups such as differently abled ones and members from communities, specifically Lesbian, Gay, Bisexual and Transgenders (LGBT) are not widely reached. In addition, due to security threats, the messages were developed to have minimum sensitivity. The project activities are implemented in a short period. Therefore, the impact of the GBV messages could not be assessed in these consultations.

Having been exposed to the project trainings and workshops, the peers shared their changed perceptions on IPV and how they assertively took action to prevent or stop the behaviors. The peer educators received information about the penal codes and laws that protect women against harassment and GBV. With a better understanding of these laws, they become more confident to protect themselves and their peers. This finding is important to motivate people to act against GBV perpetrators; to endorse PSEA and prevent GBV, an

enabling environment especially a strong legal system is essential. This comment is supported by the peers' comments on why women don't want to file a complaint against GBV perpetrators. They mentioned the inefficient legal system in addition to the widespread victim blaming attitude within communities.

Among the peer educators trained, there are also some supervisors who reflected that they themselves had harassed their subordinates or colleagues unintentionally. So, they need to be careful of their communications. These persons, with more capacity-building, can become champions and good advocates for the prevention of GBV and PSEA in their workplace.

Despite the current political crackdowns and economic crisis and within a short period of project implementation, the peer educators showed their motivations for the social behavior changes towards IPV. They are enthusiastic to transform knowledge into messages that are disseminated within the network to share tools, tips, and techniques for self-care. With the 16 days of the GBV campaign, peer educators have had chances to interact with their peers and disseminate messages to end violence against women and girls. Therefore, with more capacity-building, peer educators can provide support to more women in their community and the workplace.

The peers developed innovations such as teleconsultation, digital health, and more information/trainings on SRHR and GBV. With digital skills that peers developed with support from the TPL network, these approaches can be piloted in future projects or integrated into existing women empowerment projects. They also pointed out the importance of psychosocial support to them and the need for this support in their network. This peer network of migrant workers has already proved to be a community of practice (CoP). Therefore, adding information/services for SRHR/GBV and mental health to the network's existing activities will result in a high return on investment.

Recommendations from the consultations with 15 peer leaders are as follows:

1. Due to the short period of project intervention, the behavior change and impact of the disseminated knowledge and trainings are often not measured. Regular follow-up and evaluation of the impact to this trained peer community should continue for sustained behavior change.



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- health services and information. These factors can also guide programs on how to smoothly integrate new health areas such as mental health and psychosocial support into existing GBV and SRHR projects.

Fig 2: Viber Stickers and messages on GBV

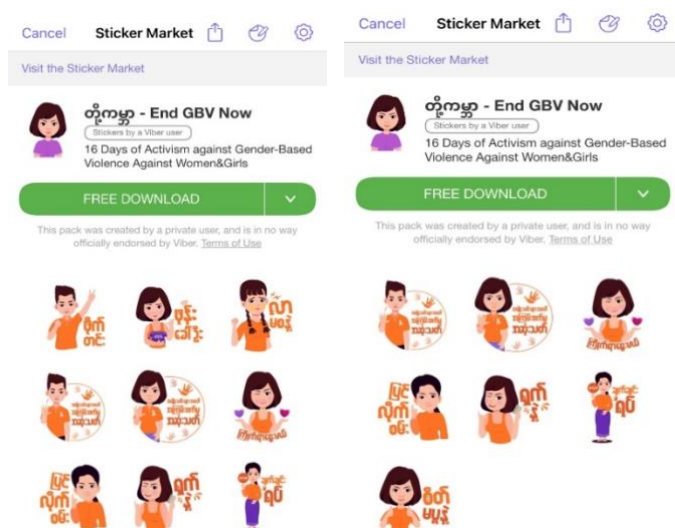


Fig 3: GBV education messages posted on social media

