

BURMA OPERATIONAL PLAN GENDER ANNEX

CONTEXT/NEEDS

NOTE about data: The availability of reliable data is extremely limited. Gender-focused research studies are scarce.

Men and women have **equal rights** under the law in Burma but women and men's ability to enjoy these rights is influenced by conservative cultural beliefs and practice and a lack of legal accountability mechanisms which vary across the country. Burma is ethnically diverse with culturally different gender traditions.

At face value, gender based discrimination does not appear to be particularly visible, but there is insufficient data and evidence to make an accurate assessment. However, women and girls continue to bear primary responsibility for domestic work, caring for children, family and community, as well as 'productive' work earning an income or livelihood for the family. Other **barriers** include the lack of women's access to appropriate (reproductive) healthcare, and disadvantages in relation to mobility and access to credit, productive assets, markets and information. Gender-based violence is of particular concern, especially in ethnic minority areas on the border.

Although the estimated completion rate in primary **education** is 60%, the ratio of girls to boys is near parity. Monitoring from current programmes indicates a ratio of 0.94 and has produced no evidence of overt discrimination against girls. However, these overarching figures may mask differences between different geographical areas, income groups, ethnic groups, types of school, etc. There is also limited data and anecdotal evidence suggesting that although slightly more boys than girls start school, this advantage is reversed in favour of girls by completion. We know very little about the situation in secondary education.

The **rural population** on average is less literate and has considerably less access to education services, primary health care and safe drinking water, and improved sanitation facilities. A significant portion of agricultural work, most notably during the paddy transplanting and harvesting seasons, but also in daily labour to supplement the family income, is done by women. Most of the vegetables and other produce from household gardens and small-scale poultry raising activities are sold at local markets by women from small stalls or mats on local market days.

Health indicators in Burma are poor and reflect high poverty levels and chronic under investment in health services. Gender relations impact on who benefits from **health care**. Women are more vulnerable to ill health, yet have fewer resources and opportunities to protect their health or to seek care. Women are also expected to care for the sick. Pregnancy and childbirth make women particularly vulnerable and risk potentially catastrophic health expenditure for their families.

Women's participation in **public life** – such as in village meetings – is very low, as is their participation in and access to social networks. Women's representation in the recently elected Parliaments is minimal. In rural Burma men are traditionally the heads of households and make most of the major decisions, while women may decide over household consumption and child rearing. Due to the absence of an (independent) women's movement, there has not been an effective lobby on gender issues. However, there is a National Plan of Action for the Advancement of Women (2010-2013), and some positive action taken by the authorities to address issues such as trafficking of women.

HOW DFID WILL ADDRESS THESE CHALLENGES?

There is no official MDG 1 poverty line data for Burma but 10% of the population cannot cover their food needs. Disparities between states are masked within national data. The landless (15m rural people) are dependent on seasonal agricultural work and off-farm employment, which is inadequate throughout the year. In the absence of any government safety net provision, DFID cash and asset transfers will provide predictable assistance to rural communities, and to women in particular.

Lack of access to affordable credit remains the single biggest obstacle to the development of the agriculture sector. More than 40% of the rural population are indebted to informal money lenders which charge exorbitant interest rates (60% to 200% pa). Under DFID's support the savings groups will give women access to affordable credit at relatively low interest rates and, at the same time, will give women a stronger voice within the family, in the communities, and local development affairs. The agriculture packages and farm finance will enable women to have greater access to market-orientated technical and vocational training, agricultural inputs leading to increases in economic resources and income for their families.

Burma has suffered more than six decades of internal conflict. In conflict-affected areas of eastern Burma, at least 500,000 people are internally displaced. 110,000 people living in hiding are particularly vulnerable. 140,000 people live as refugees in camps in Thailand. As part of a community-based package of humanitarian aid to people in conflict-affected areas, we will increase support for women's self help groups. These groups have been shown to give women a greater role in community decision-making, but because they are usually linked to savings groups (see above) also contribute to women's economic empowerment. In the refugee camps, we will support legal assistance centres that improve refugees' access to justice, including cases of gender-based violence. Our support to food and shelter in refugee camps will include supplementary feeding for children and women who need it.

Civil society is increasingly active (particularly in service provision) but fragmented. Policy advocacy is possible in certain areas but political activity (challenging the regime) is risky. Accountability and responsiveness are among the worst in the world. A successful mainstreaming element of our existing programme on civil society has improved local partners' awareness of the impact their work has on women and girls. We will look to build on this as a model for improving awareness of other groups who are often marginalised in development activities.

The level of government investment in staffing and schools is low. A high proportion of the costs of education are borne by families. Schools run by monasteries and faith groups, communities, and by ethnic minority administrations provide services to the poorest, in rural and urban areas. We will improve targeting of the poorest boys and girls through our programmes to non-Government schools, particularly in ethnic minority states, and to those already missing out on school.

Burma has amongst the worst health indicators in Asia, and for some areas – malaria, malnutrition and tuberculosis – ranks amongst the highest burden countries globally. Burma's ethnic minorities have poorer health indicators; in some remote communities only 32% of children receive a full course of vaccination. Reducing maternal mortality is a major focus of DFID Burma. Direct impacts for women and girls include safer deliveries and increased choice over whether and when they have children. Emphasis is on community-led approaches both to increase women and girls' access to services and their ownership and control through increased representation in local decision making bodies.