**Latsi Nu’s Submission to**

**Working Group on Discrimination Against Women and Girls,**

**[ for 47th session of Human Rights Council in June 2021]**

**Women’s and girls’ sexual and reproductive health and rights in situations of crisis**

24 September 2020



1. **Introduction**

In response to the call for submission by the Working Group on Discrimination Against Women and Girls, to further discuss in the 47th session of Human Rights Council n June 2021, Latsi Nu Women Agency[[1]](#footnote-1) and its members and associate women in Rakhine and Chin States in Myanmar submit below information of women’s and girls’ sexual and reproductive health and rights in the situations of crisis faced.

The submission tries to highlight the insufficient data of violence against women and girls in a normal context, prior to encountering with both natural disasters and armed conflict. On the other hand, the documentations Latsi Nu Women Agency covers is the iceberg of the continental spanning of different forms of violence experienced by women and girls in the region where members and associate shared their experiences. And we are aiming to advance our documentation and investigation through our grassroots feminist movement and provide experts and interested stakeholders to further addressing all forms of discrimination of women and girls.

1. **Methodology**

Our methodology includes different forms of data sources. However, we gather information mainly from our feminist participatory action researches’ findings in two different contexts - one in Chin State that focus women’s participation in post-landslide contexts under natural disaster while the other one is based on women’s rights to access lands and forests in armed conflict zone in Rakhine State[[2]](#footnote-2),

Additionally, we also dissect data that relevant to the women’s and girls’ sexual and reproductive health and rights from our previous and ongoing humanitarian projects we are providing in Rakhine and Chin States.

Along with monitoring on going humanitarian assistance we are providing in Chin State, our team carried out in-depth interview to victims and survivors of sexual and gender-based violence and hold series of meetings in Internally Displaced Camps in Chin State. Also, we also carried out series of surveys in accordance with the government’s management announce, changed of handling COVID19. Total surveys conducted via in person and by telephone is four times in total from May to August 2020.

We are strictly adhered to the principles of independence, impartiality and objectivity and the obligation to “do no harm” in this fragile communities. Special attention was paid to the protection of multi-ethnic women and girls who shared their stories, witness, considering their deep-founded fear of reprisals of further violating their lives and loved ones, especially following the publication of this report available in open access.

1. **Terminology**

GAD General Administration Department

NDSC National Defense and Security Council

UN United Nations

IDP Internally Displaced Person

AA Arakhan Army

SHRH Sexual Health Reproductive Health

1. **Framework and interpretation of definition of crisis**

(Q 1, 2, 3)

Although different institutions, scholars, politicians, activists framed the definition of “crisis” in Myanmar differently, it is important to look at the State definition of the “crisis” from its legal and policy framework. In Myanmar’s 2008-constitution, drafted by military regime, better known as Sit-tat or Tatmadaw, the entire Chapter XI of “provision on state of emergency”, containing 23 articles in total, from 410 to 432 to be exact, can be translated as transferring the State sovereignty from the President of Myanmar to National Defense and Security Council (NDSC) once the “state of emergency” is declared.

Without having substantial, concrete meaning or criteria for what is called for the “state of emergency”, the entire Chapter is describing the procedure to handle the State sovereignty to National Defense and Security Council, from articles 411 to 432. In article 410, how to flag it is in the “state of emergency” as “if the President learns that or the respective local administrative body submits that the administrative functions cannot be carried out in accord with the Constitution”. It demonstrates that who can declare is directly by the President of Myanmar and indirectly by local administrative body in the country.

Local administration is domestically referring to General Administration (GAD), which has security mandate and is a branch of Ministry of Home Affairs, continued controlled by Tatmadaw. However, after the National League of Democracy, led by Nobel Peace Laurate Aung San Su Kyi, comes into power after the landslide victory in 2015 general election, the GAD has been shifted into civilian[[3]](#footnote-3) control by creating a new Ministry called Ministry of the Office of the Union of Government in late 2018.

For the civilian Government came into power after 2015, where we interpret the President Thein Sein is a hand-pick by the Tatmadaw and led the quasi-civilian government, there are several historical landmark crises observed in geography we focus in Myanmar.

These crises will be listed as

1) Cyclone Komen in 2015, the worse[[4]](#footnote-4) the cyclone after Cyclone Nargis in Myanmar;

2) the Tatmadaw’s clearance operation in 2017 which results around 6million Rohingya in Rakhine State left to Bangladesh and still remain unsolved human rights crisis internationally;

3) Mora cyclone in Chin State in 2017 that results thousands of the local inhabitants losing their livelihoods;

4) Arakhan Army and Tatmadaw fighting since 2015 to present in western Myanmar which result around more than 200000[[5]](#footnote-5) Internally Displaced Population (IDPs); and 5) COVID19 pandemic.

To manage these events, the President of Myanmar Thein Sein announced the country at “the state of emergency” for Cyclone Komen in 2015. Although human rights activists are claiming the civilian led Government NLD has given permission the Tatmadaw to conduct that clearance operation in Rakhine State. However, being termed and managed under the “state of emergency’ accordingly to 2008 constitution is controversial that the Tatmadaw and the NLD government have phrased differently.

And Cyclone Mora in Chin State is not much paid attention as to the scale of the lost and damage occurred but it has framed as something regularly happens in climate vulnerable hilly remote areas in Myanmar in monsoon season. CCERR has response some livelihood restoration. However, we are limited to response due to our limited resources we are equipped. We have learnt that IOM intervened a year later, but it did not meet needs as it has been changed over time. It is important that stakeholder’s response timely to the climatic consequences in a time sensitive manner and it should use an advantage to apply the commitment of “localization”[[6]](#footnote-6) during endorsed in the world humanitarian submit in 2016.

The conflict between Arakhan Army and Tatmadaw is framed by the Union Government as a measure to control a “terrorist organization”[[7]](#footnote-7) which makes the Tatmadaw to commit a unilateral ceasefire. AA announced its unilateral ceasefire on 1 September 2020 and positioned themselves as defendant. To handle AA, the Union Government black out[[8]](#footnote-8) the Internet in Rakhine and Chin states where AA troops are. That makes the residents in all these areas fail to access scientifically informed information on COVID19 as well as hinder the independent journalists and reports cover the war, its impact, amplify the voices of thousands[[9]](#footnote-9) of IDPs. At present, the IDP population reaches in the two Townships with 200000. And humanitarian organizations, especially internationals are not allowed travel. Under the rules and order enforcement, it direct the Tatmadaw as the final decision makers in the conflict setting and the General Administration used excessive power over civilian to control COVID19. But little is reported how this democratic space is diminishing in the area.

With international human rights framework and instruments, Myanmar is a signatory state of CEDAW, CRC[[10]](#footnote-10) and ILO convention along with became a party to the International Covenant on Economic, Social and Cultural Rights ICESCR[[11]](#footnote-11).

1. **Challenges and good practices**

(Q 4)

In above mentioned key humanitarian and political crisis that typically influencing women’s and girls’ sexual and reproductive health and rights in area we focused in Myanmar, we would like to summarize as below -

The biggest challenges is the lack of or little access to non-biases and scientifically accurate information about sexual and reproductive health matters and services. For most women who are in the pro-poor condition, living in remote places where the government health facilities[[12]](#footnote-12) is not functioning as in law plain area in Myanmar. CCERR has been providing health assistance in Rakhine state in 2019 and Chin state 2010 in the conflict setting. Due to the intense fighting between AA and Tatmadaw, most of the government health infrastructures are suspended without any exact dates to re-open. In normal situation, local inhabitants are relying on community initiative roads which two-wheels vehicles can go. Landslide and flood induced by natural disasters like Cyclone Komen and Cyclone Mora, vital communication with outside are cut off thus it has a great negative impact to women and girls for accessing health care services, thus the reason of Maternal Mortality in Chin State is much linked with lack of infrastructure in normal setting.

Chin State has a great impact on education to its prior human development index that local health care professionals are very relatively low to cover local population and similar to Mro and Khami groups who are living in remote mountainous areas in Rakhine State. Having access to professionals and health care providers is travelling outside the communities. Due to discriminatory societal norms that do not much appreciate women and girls to travel outside, it becomes a double barrier comparing with their counterpart men and boys. Thus, the local inhabitants are mainly relying on the Sharman, unprofessional modern health practitioners called “quash” (yan-kut). And most yan-ku are the male as they can travel outside and learn something including pharmacy or giving treatment when there is no doctors. For women and girls, they are ended up with these yan-ku thus many women and girls avoid available health care providers due to gender sensitivity on not talking women’s and girls’ sexual and reproductive health concerns to male yan-ku. And any complications around women and girls’ health is even far away to talk, but many ended up lives as the way it is.

As mentioned above, it is challenging for local inhabitants in Chin State and Mro and Khami communities in Rakhine state to access essential medicines as prescribed by the WHO standard, equipment and technologies for the quality. The challenge for the government is they cannot executive reducing the Tatmadaw’s budgets and allocate more finance on the State’s health care infrastructures and human resources.

With some efforts and commitment from NGOs, UN, international donors and the corporations, the facility of prevention, treatment of HIV, STD are seen quite progressive in urban areas and well connected with urban. As Chin State is highly remote and so does Rakhine’s hilly areas, the cost that these facilities to reach out is tripled as well as service providers need to be highly committed to adopt rural remote life styles as it needs time to create human bond, relationship in discussing privacy issues as well as in local dialect. As women and girls are socially stigmatized to discuss about their sexuality and reproductive health, and more stigmatized to discuss with outsiders, many of them lack the scientifically informed prevention on sexual and reproductive health including STD and HIV.

When compounded with remoteness with lack of infrastructures and cultural barrier intertwined, all services around pregnancy related health services, pre post-natal care, assistance during children birth and emergency obstetric care and providing ranges of services such as emergency contraceptive information and services, family planning is regularly out of the service. While infertile women are being outcasted with the discriminatory norms, labelling them as like “flowers with no fragrance” or some even faced “unworthy women” by being not reproducing babies rather than assisting where can they seek infertility treatment and culturally sensitive but professionally informed counselling. Some women faced extra burden for re-paying their bride price or in kind if the family of her partner, husband is not approving, appreciating her marriage.

In these highly remote area with not much of exposing with modern, likewise in other patriarchy societies, human resources are very important for clanship and linage expansion through bloodline and women and girls are expected to be engines of human production. Subordination over women and girls’ body is further pushed by religious teachings, especially in remote border area in southern part of Chin state and villages between Bangladesh and Myanmar. Thus, majority women including IDP women we interviewed in Paletwa township in Chin state have expressed that “it is our (women) duties to bear, nurture and rise up their (husband families) children”. Pregnancy and children are not seen as property objects of their husband.

CCERR’s outreach mobile team leader to response the present conflict setting in Chin State, reflecting the situation of women and girls as

*“7 out of 10 women cannot decide on the contraceptive options we provide because it will be a waste if their husband reject and she needs to cancel, for instance implant, intrauterine device. And only 3 patients can decide freely and independently after explaining the advantages and disadvantages of variety contraceptives bases on their health condition”.[[13]](#footnote-13)*

In this context, there is no room for discussing abortion. In constitution and any legal documents, no women is allowed to abort any conceptions and pregnancies. If rape[[14]](#footnote-14) is happened to a girl or woman, the male mediators who is so called “working for the affairs of the two families” rather arrange the girls or women families to accept marrying the rapist by holding a marriage ceremony. All family’s members of girls and women are most of the time feel shameful to experience rape in the family. These victims and survivors are even mostly ended with traumatized by the collective blame and shame in the community thus marrying the rapist is the only way in most rape-cases. And Myanmar domestic law does not allow, recognize the right to abortion with medical. However, if a married woman is suffered obstetric fistula and uterine collapse, and in peace in her husband and afford financially, they get treated. However, in southern part of Chin, women are not allowed to bring hospital without any males’ decision or approved and this concern remains silence in the region.

Although several international organizations, UN families operating in the country, including Rakhine and Chin are introducing Prevention of Sexual E A as one set of code of conducts for staffs, it makes benefit to the “beneficiary” “target” populations aware sexual harassment and complaint mechanism. On the supplementary provision of contraceptives such as male and female condoms is committed by mostly UN, and very few international organizations, there is not much relatively progression of committing to provide menstrual hygiene products, menstrual management or in kind supports.

Myanmar has enacted recently[[15]](#footnote-15) the domestic law that take action to rape against children, although CEDAW is ratified by Myanmar. However, the legal framework provided only how to punish and to what degree to punish which many women rights organizations are not satisfy with it, it does not offer how to prevent.

As communities in this context speak different local dialects or different languages and it fail to reaching out by mainstream health education session released in mainstream TVs, radios, and other forms available. Somehow, they are more depending on religions institutions or missionaries in such remote areas and it is sometime misleading in scientifically and far to reach out professional medicals. Internet, smartphones are introduced nationwide in after 2015, 2016, it benefits many populations regarding sexual and reproductive health information. However, there are still some communities especially in southern part of Chin state and norther eastern part of Rakhine State where there is no telecom companies are not yet installed their infrastructures due to security as well as not much committing on information as human rights concern.

1. **Experience of crisis**

(Q 5, 6, 7, 8, 9)

Above mentioned five crises can be divided into two categories depend on whether armed conflict is involved or not. The impact of crisis to women and girls is disproportionate comparing men and boys. Women and girls from minority in Rakhine state and rural women and urban poor communities in Chin state are the most impacted by the crisis. And disabled and IDP women and girls regardless of where they stay has another higher potential exposure with gender-based violence to severe human rights violation.

To the severe the level of violence, they have experience being rage and stab or kill to dead. In 2020 February, Mro village head report about the two three girls missing in the farm. And later, found the two were dead and one is still missing to date. During the clearance operation, the ARSA came into the farm and killed a newly married couple in 2017 in Maungtaw Township in Rakhine state. The deceased father report us his tragedy witness of the killings.

On 29 June 2020, Tatmadaw troop enter into U Gar village[[16]](#footnote-16), they found out women and new born who could not run as it was 6 days of post-partum period. The troops found and asked 46 years old women giving a choice if she run and kill dead with gun or she give her body to three Tatmadaw soldiers to rape. Later they also asked another 19-year-old woman who is in post-partum period, and apology of the grandmother leave them free.

While Paletwa in Chin state, during the Tatmadaw bombing in February to Wat Ma, Meiksawa-1 and 2, Paing Taing, they do not access to health care facility. Our survey highlighted that Paletwa is the highest region in Chin state where women do not independent decision making for her reproductive options, how many children to have. Even there is a taboo a married woman cannot deny sex to intimate partner. Women who flee to our “safe” house told their common stories, they cannot object anything about sex, regardless of their will to their intimate partner. And also, they cannot choice how many children they will be having, it’s about their husband to decide. Marie Strop, an NGO working on family planning came to the area, and ask women to insert the armed implant without[[17]](#footnote-17) properly consent. Later some women know that this is contraceptive. Now the community as well as the religious group do not allow some health staffs who are providing the reproductive health care services.

During the cyclone Komen in 2015, thousands are staying in the camp. Women shared their memories that they faced very challenging in the beginning of the camp. As the camp committee arranged foods for all, they did not consider pregnant women, sicks, young children, disabled into priority, they had to eat the left over from men.

The most challenging one is not having data that could have shown all evidences as it needs outstanding commitment to work with the communities. Many local women do not see the value of documentation and its advocacy. Also, to get donors’ funds need a lot of commitment for financial compliance and policies in place thus they feel they are not fitting, not ready. That makes their work systemic, random and non-result orientated activities. Many in the area who work with documentation for human rights violation are male driven organizations[[18]](#footnote-18) who also are struggling with the bureaucratic policies and standards of intermediaries international NGOs.

First and foremost, several NGOs and CSOs who could have better reach out than other international organizations do not win their proposals to donors for these areas in the eyes of cost-effective manners while much of donors’ cost-effectiveness is based on the financial value and numbers of population covered. And little commitment from donors from principles to commit where there is extra flexibility and long-term commitment[[19]](#footnote-19) is needed. And another risk factor is almost-a-century-long civil war in the country, which makes these remote area isolation and negligence. When interviewed IDPs women in Paletwa Township, much of them are not clear-cut on what and who is the government of Myanmar. For ordinary women[[20]](#footnote-20), they still think Tatmadaw is the government and NLD is one of their branches.

First and foremost, the main obstacles encountered by the State, after the civilian led government is national planning on financing. Much of the national budget cannot be planned as the parliamentary space is reserved 25% for Tatmadaw. Reduction of the Tatmadaw expense is far away to touch at this stage. Another challenge for the government is they cannot avoid cronies and tycoons whose business are violating human rights as there is a shared board member between Tatmadaw and cronies. Although many international communities assume Myanmar is in its democratic transition Tycoons crony’s business link and controlling religious entities. Now the country has a mysterious political parties United Democratic Party (UDP)[[21]](#footnote-21), who is going to compete the general election with the second highest candidates next to NLD. UDP has more candidates than military back Union Solidarity Development Party (USDP).

The State’s foreign aid dependency is a threat for the communities’ women and girls. The Sate itself should have a policy that withdrawal dependency from foreign aids. The opposite is we are seeing more and more transnational, free trade agreements while proper budgeting on comprehensive sexual education in school is because there is excessive push from international NGOs.

Measures adopted during and after the crisis to ensure women and girls’ access to SHRH services is mainly on UN, NGOs health sectors. However, being far away from communities makes their response slow, not meeting the basic needs demand, cultural insensitivity makes not effective as it should be. In the cluster where CCERR also participate, the budgeting for women and girls’ reproductive health as well as addressing gender-based violence are the least paid attention in male-dominant humanitarian clusters. And sex disaggregation data is not still challenging for the implementation and planning not only for the government but also the NGOs.

The State has humanitarian programs, which is mostly managed by Ministry of Social Welfare, Relief and Rehabilitation but addressing the SRHR needs explicit capacity advancement on handling cases. They are more dependent on foreign aids rather than national GDP’s. One struggle is the racial or class issue that those who could enter into joining the Government’s labors forces or even the NGOs are those who already have a certain benefit of accessing education or some privilege. Even these staffs or human resources are reaching the women in this context, there is hidden resistance not following what have been informed. In parallel with that language barrier plays one of the major key factors to communicate effectively between the service providers and the recipients.

For women and girls’ access to justice and obtain reparations for violating their SRHR has multiple layers. One is individual conception in the family which is then directly much linking with the religious institutions either Christianity or Buddhism. Benevolence religious teachings of to forgive the perpetrators is the problem.

1. **Challenges and good practices**

It looks like it is a good practice for women especially in the emergency situation that using menstrual calendar system is one good practice. At least to our interview with IDPs camps in Chin state and some camps in Rakhine state, many people at reproductive aged said they have that knowledge. And it is excessively useful and alternative when there are no contraceptives are not available in the context of crisis or delay supply. And some women express it does not harm to their body.

For a very remote communities, they still maintain traditional medicines or using medicinal plants for curing and healing around reproductive health problems. And many women are in this context are still applying this. However, the challenges is some medicinal herbs are in endangered or commercialized and difficult to consume for the local themselves. Or moreover, these herbal plants are disappearing in the area dur to industrialized planning of the government, or privatizing lands and forests in the name of “conservation”[[22]](#footnote-22).

In the emergency event, local and community’s self-help groups are the quick agencies to step up assisting the victims, IDPs. But most of them are religious back groups and items of contraceptive provision or providing dignity kits is less concern as it is managed by predominantly male leaders.

To date, there is discussion on the sexual and reproductive health education to schools in Myanmar. It is something a great move to touch the topic since school aged. But most school curriculum are with a dominant Burman centered approach and ethnic groups are seen it as element of domination. Further, using the right language down to each ethnic group would need extra budget and it is not sure the Government could manage to support that level.

1. **Preparedness, recovery and resilience**

(Q 10)

Myanmar Disaster Management Law[[23]](#footnote-23) is central to focusing the natural disaster but it does not embody to address armed conflict. To address this natural disaster is using the branches that have security mandate is unfavor, unsafe for women, especially LGBTI community members.

Overall, all crisis accepts the natural disaster setting mainly and any other forms of disaster is reported to or the President of Myanmar have learned it through one branch of Tatmadaw General Administration. If disaster is declared then the constitution Chapter XI is highly it is to handover civilian power to the Tatmadaw. SRHR in specific is not included in both constitutional and legal documents about the disaster. Both documents do not use gender sensitive language either.

1. **Conclusion and recommendations**

(Q 11, 12)

As the Government does not have no concrete and comprehensive plan to address SHRH in policy or in practice, it is a long way to advocate based on the existing good practices. It needs people center policy advocacy rather than western minded NGOs’ to advocate which does not reflect the reality of women and girls need of SHRH. And the health working stakeholders also needs to acknowledge of the role of traditional medicines by not only focusing capitalizing mass production of pharmaceutical companies.

We think CEDAW and UPR are options. But CEDAW is much of potential to reflect the diverse women needs regarding the need. UPR is more general and it does not serve special attention to people in additional need to communities like disabled, minority in minority ethnic group. We feel it will be the immense opportunity to inform Working Group in Discrimination Against Women and Girls.

------------------------------------------------ E N D ---------------------------------------------------------------------

1. Latsi Nu is a grassroots feminist platform built for diverse women from two different states in Myanmar. One is from women in Hakha in Chin state who have been experienced the involuntary resettlement in post-landslide induced by Cyclone Komen in 2015. With the support from Asia Pacific Feminist Forum on Women, Law and Development (APWLD), we carried out a feminist participatory action research for 18 months and became a member based independent organization and at present it constitutes around 400 members. Another one is from Rakhine state, mostly women from minority community such as Mro, Daingnet, Thet, some Chin women groups to focus their dispossession and un-accessibility of lands and forests along the fight escalate between Arakhan Army and Tatmadaw. Majority are the IDPs women and it constitutes around more than 100 members we refer them as BOOM women as 18 months’ work of a feminist participatory action research with APWLD. Other women from Paletwa in Chin state who are also IDPs and living in a camp like setting in Chin state also incorporate the platform further amplifying the movement through #womenifesto campaign under feminist politics focus. Moreover, there are more individuals from Disporas communities are also joining the platform to date. Latsi Nu social media could be observed at <https://www.facebook.com/LatsiNu> [↑](#footnote-ref-1)
2. Rakhine state is better known by international community as a place Rohingya are experiencing the “genocidal intent” by the State Army, better known as Tatmadaw or sit-tat. [↑](#footnote-ref-2)
3. <https://www.irrawaddy.com/news/govt-announces-transfer-military-controlled-dept-civilian-ministry.html#:~:text=News-,Govt%20Announces%20Transfer%20of%20Military%2DControlled%20Dept%20to%20Civilian,The%20General%20Administration%20Department%20logo.&text=The%20GAD%20is%20currently%20a,of%20the%20country's%20powerful%20military.> [↑](#footnote-ref-3)
4. CCERR published a report “Community Led Lost and Damage Assessment” available at <https://themimu.info/sites/themimu.info/files/assessment_file_attachments/CCERRpublicationEng.pdf> [↑](#footnote-ref-4)
5. <https://reliefweb.int/sites/reliefweb.int/files/resources/MMR_HNO_2020_FINAL_131219.pdf> [↑](#footnote-ref-5)
6. <https://www.unocha.org/lebanon/localization> [↑](#footnote-ref-6)
7. <https://www.irrawaddy.com/news/burma/myanmar-govt-declares-arakan-army-terrorist-group.html> [↑](#footnote-ref-7)
8. Human Rights Watch phrased the internet shut down in the region as the world longest internet shut-down and the it was started in 21 June 2019 <https://www.hrw.org/news/2020/06/19/myanmar-end-worlds-longest-internet-shutdown#:~:text=(Bangkok)%20%E2%80%93%20The%20Myanmar%20government,living%20in%20a%20conflict%20zone>. [↑](#footnote-ref-8)
9. <https://www.thenewhumanitarian.org/news/2020/02/18/Myanmar-Rakhine-conflict-Arakan-army-displacement-internet-shutdown> [↑](#footnote-ref-9)
10. Myanmar became a party in July 1991. [↑](#footnote-ref-10)
11. Myanmar became a party in October 2017. [↑](#footnote-ref-11)
12. Chin state health report for 2018 at <https://chinstate.gov.mm/storage/chin-health-report-2018-2019-3-11_1553933576.pdf> [↑](#footnote-ref-12)
13. Interview 24 June 2020. [↑](#footnote-ref-13)
14. During the Cyclone Komen in 2020, there is two adolescent case around GBV that one was raped and another girl suicide. Neighbors found the premature dead body brough by the house god to the victim of rape. Only then the family and community know. However, the rapist family proposed to marry the girl according to the Chin custom. [↑](#footnote-ref-14)
15. Sources <https://www.irrawaddy.com/news/upper-house-passes-bill-increasing-penalty-child-rape-cases.html> [↑](#footnote-ref-15)
16. <https://www.myanmar-now.org/mm/news/4516?fbclid=IwAR0btfGxES3Evm7Y01fDjKuQfeeD7VODgcXIS4R2EwurCLSfV-1P0fyAukc> [↑](#footnote-ref-16)
17. CCERR’s health team Out Patients Record. [↑](#footnote-ref-17)
18. For Chin state and community, Chin Human Rights Organization focus who got a special consultative status with ECOSOC and their documentation is much on religious freedom and belief but specific gender-based violence is under reported to UN mechanisms. Their website at <https://www.chinhumanrights.org/> [↑](#footnote-ref-18)
19. <https://www.usip.org/publications/2020/09/nonviolent-action-myanmar-challenges-and-lessons-civil-society-and-donors?fbclid=IwAR1-rZTdz37SEF_mPSVCiPDiMy2V8yf6BFujgkjkVNrc3Wzg7dtIczBgUKs> [↑](#footnote-ref-19)
20. CCERR’s forthcoming report on the vulnerability assessment in IDPs camps in May 2020. [↑](#footnote-ref-20)
21. <https://www.myanmar-now.org/mm/news/4544?fbclid=IwAR0Ln1e_vQy3GU0lu884UPil-q7rHeuPzFGCkORuZRf3L5eilQbbRipNgLk> [↑](#footnote-ref-21)
22. Latsi Nu’s forthcoming report on Multi-ethnic women of Mayu Mountain on the move: reclaiming their ancestral lands and forests. We found out the conservation is for production of pharmaceutical products by national companies and excessive illegal logging have been followed. [↑](#footnote-ref-22)
23. <https://www.ifrc.org/Global/Publications/IDRL/IDRL%20guidelines%20implementing%20legislation/English%20version%20of%20%20DM%20Rules%20(approved).pdf> [↑](#footnote-ref-23)