

Gender Equality and Women's Empowerment Programme II 2016-2019

Myanmar endline report 2019



Photo: CI-M



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Abbreviations

ART	Anti-Retroviral Therapy
CBO	Community Based Organization
CEDAW	Committee on the Elimination of Discrimination against Women
CMP	CARE Member Partner
CN	CARE Norway
CI-M	CARE International in Myanmar
CO	Country Office (CARE)
CSO	Civil Society Organization
DIC	Drop-in center
DHS	Demographic and Health Survey
EMB	Engaging Men and Boys
FGD	Focus group discussion
FSW	Female Sex workers
GBV	Gender Based Violence
GBVRG	Gender-Based Violence Response Group (partner organizations)
GEN	Gender Equity Network (a partner organization)
GEWEP	Gender Equality and Women's Empowerment Programme
HIV	Human Immunodeficiency Virus
IG	Impact Group
IGA	Income Generating Activity
NGO	Non-Governmental Organisation
INGO	International Non-Governmental Organisation
KII	Key informant interview
LCM	Legal Clinic Myanmar (a partner organization)
MJA	Myanmar Justice Association
MNCW	Myanmar National Committee for Women
MNMA	Myanmar Nurses and Midwifery Association
MRCW	Mandalay Region Committee for Women (a partner organization)
MSWRR	Ministry of Social Welfare, Relief and Resettlement
MYS	Mandalay Yang Sin (a partner organization)
NAP	National AIDS Program
NHTYK	Nway Htway Thaw Yin Khwin (a partner organization from Mawlamyaing)
NSPAW	National Action Plan for Advancement of Women
OCA	Organizational Capacity Assessment
PoVAW	Prevention of Violence Against Women law
RBA	Rights Based Approach
SDG	Sustainable Development Goal
SGBV	Sexual and Gender Based Violence
SHG	Self-Help Group
SMP	Socially Marginalized Populations
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWiM	Sex Workers in Myanmar Network (a partner organization)
ToT	Training of Trainers
TWG	Technical Working Group
UNSCR	United Nations Security Council Resolution
VCCT	Voluntary Counselling and Testing
WEE	Women's Economic Empowerment
WEP	Women's Empowerment Programme





Overall information for GEWEP II

Project name: Gender Equality and Women's Empowerment Programme (GEWEP) II

Project period: 2016-2019

Number of people that have been directly reached: 4,429 Female and 2,305 Male

Myanmar endline / baseline report submission: 31st March 2019

Result highlights for GEWEP II in Myanmar



Sex Workers in Myanmar (SWiM) is growing. SWiM advocates for the rights of fellow sex workers by advocating for amendment of the 1949 Suppression of Prostitution Act, a law that punishes and fines prostitution, putting sex workers at increased risk. With the contribution from SWiM and other stakeholders, the Ministry of Social Welfare, Relief and Resettlement has been drafting a new law. The draft law is expected to be submitted to parliament by the end of 2019.



More than a hundred brothels have been lobbied to promote safer work environment for female sex workers using a minimal standard checklist. The minimal standard includes provision of condoms, and hygiene and sanitary materials for both clients and female sex workers. It also needs the brothel owners/managers to allow sex worker to go out for regular medical check-up.



58% of the endline survey respondents are members of one or more self-help groups. Participation in self-help groups develops sense of social inclusion among the sex workers. This is important, as sex workers are greatly discriminated in the general community and often excluded from the social activities in the general community.



During the survey, a subset of men – who were partner of, have work relationship with, or are somehow related to FSWs – showed aggressive attitudes towards their intimate partners. These attitudes may be linked to high incidence of violence against female sex workers. More exploration on this finding and more targeted engaging men activities are suggested for future programs.

GEWEP II contributes to the SDGs in Myanmar



Executive summary

GEWEP II globally has four crosscutting thematic focus areas: Strengthening of civil society, women’s economic empowerment and entrepreneurship, women’s participation in decision-making processes and men’s engagement in transforming gender norms. GEWEP II in Myanmar has focused on enabling sex workers to exercise their human rights through sustained engagement with rights-holders, duty-bearers, men, civil society and the policy establishment. The country specific sub-thematic focus areas for GEWEP II in Myanmar are reducing gender-based violence and strengthening women’s sexual and reproductive health and rights.

The objectives of the endline study are to identify the project achievement in six thematic areas, and to provide recommendations to CI-M and its partner CSOs. A combination of quantitative method and qualitative methods were used for this study. The quantitative method included two questionnaire survey, one with female sex workers (FSWs) and another with clients of FSWs. The qualitative methods include key informant interviews and focused group discussions.

Based on the findings and analysis, it can be said that the project is moving towards its goals in realizing the safety and wellbeing of female sex workers through legal and social representation, capacity building and protecting of their rights. For example, we see a considerable increase in the percentage of FSW who have used legal services, and also in the percentage of those who are satisfied with these services, when comparing endline findings with baseline findings. See more under findings and discussion and conclusion in the executive summary below.

Key findings

	Baseline 2014	Endline 2018
Civil society is strengthened		
Capacity of partner SWIM	2.71	3.71
Women’s economic empowerment is strengthened		
% sex workers that are employed in alternative income generating activities	32%	35.6%
Changes in targeted public polices/legislation/practice promoting women’s economic rights (property, inheritance, other)	See text*	See text*
Women’s participation in decision-making is strengthened		
% of women that are member of a decision-making body	8%	8.3%
% of women that are member of a decision-making body and state they are able to influence decisions	63%	100%
Women’s perception of social inclusion in the community	3.72	4.05
Changes in targeted public polices/legislation/practice promoting women’s civic/political rights	See text*	See text*
% of women that have used sexual and reproductive health services in the last 12 months based on own decision	NA	92.1%
Men’s attitude towards women’s rights and empowerment is improved		
Men’s attitudes towards women’s economic security	3.44	3.71
Men’s attitudes towards women’s participation	NA	3.96
Men’s attitudes towards the protection of women’s sexual and reproductive health and rights	3.8	4.62
Men’s attitudes towards gender-based violence	3.38	3.47

Reducing gender-based violence		
Women's attitudes towards gender-based violence	3.3	3.8
Women's attitudes towards GBV experienced by FSW	NA	3.76
Men's attitudes towards GBV experienced by FSW	3.5	3.67
% of people who reject intimate partner violence (clients of FSWs)	NA	62%
% of people who reject intimate partner violence (FSWs)	NA	78%
Change in policies/ legal framework/directive in favour of the protection of the rights of sex workers	See text **	See text **
Changes in public policies/legislation/practice addressing all forms of GBV (domestic violence, sexual violence, FGM, trafficking, other.)	See text ***	See text ***
Strengthening women's sexual and reproductive health and rights		
% of women that have used sexual and reproductive health services in the last 12 months	92%	96.5%
% of women that have used sexual and reproductive health services in the last 12 months and are satisfied with the services	92%	91.2%
% of FSW that have used legal services in the last 12 months	5%	9.8%
% of FSW report satisfaction with the availability and quality of legal services	63%	97.1%

* The National Strategic Plan for Advancement of Women (NSWPW) implementations, which was expected to promote women's economic participation and women's participation in decision making, was stalled at national level because of budget limitations. See sections 3.2.2 and 3.2.3 for more details.

** The focal ministry for amendment of 1949 Prostitution Act changed from Ministry of Home Affairs to Ministry of Social Welfare, Relief and Resettlement. The proposed law has been drafted and expected to be submitted to parliament by the end of 2019. See section 3.3.1 for more details.

*** A law on prevention of Violence Against Women (PoVAW) has been drafted and currently waiting to be submitted to parliament. See section 3.3.1 for more details.

The programme uses a Likert scale to quantify attitudes, perceptions and feelings. The scale goes from 1 to 5. The value for the attitude indicators were derived from those Likert scale. Although different questions sometimes pointed toward different directions of attitudes, when calculating indicators, the responses were adapted so that higher indicator values always mean positive attitude. See more detailed information in section 1.2.2, limitation of the study.

Key Lessons Learned

- CI-M and partners need a strategy to finance legal aid components during financing gaps.
- Experiential learning was preferred over traditional training.
- Organization capacity assessment results do not reflect real performance of partners.
- Capacity building of CSOs and CI-M teams should go in harmony.
- CI-M should develop a partnership guideline.

Discussion and conclusion

Based on the findings and analysis, it can be said that the project is moving towards its goals in realizing the safety and wellbeing of FSW through legal and social representation, capacity building and protecting of their rights. Although the project is moving towards its goals, it will be quite challenging to fully achieve these goals in the current political and cultural context of Myanmar.



The project design is composed of four outcomes which complement each other. The activities and outputs are logically linked to outcomes and are relevant to project's goal. Among the four outcomes, the level of achievement varies.

Outcome 1 is partly achieved – to strengthen the CSO capacity in order to represent, defend and advocate the rights of sex workers. While the capacity of the main partner, SWiM, has been improved in advocacy and legal support, its leadership and management capacity has stagnated, which affected the achievement of other outcomes. The project introduced two new partners in 2017 and 2018 and started building their organizational capacities as well.

Outcome 2 has been largely achieved – sex workers enjoy increased access to health and legal service. The utilization rates of both SRHR and legal services have increased compared to baseline, and the level of satisfactions for the available services is high. The satisfaction of legal services has increased greatly since baseline, while the satisfaction with SRHR services remains over 90% despite a slight decrease (92% to 91.2%). The project's partners have continuously engaged with service providers to promote access to services and to reduce discrimination towards female sex workers in receiving services.

Compared to the other outcomes, the achievement of outcome 3 is partial – sex workers enjoy safer employment and access to alternative income options. Although some positive changes were seen among female sex workers who received vocational training or grant support, it was only a small number who received training or supports. This was partly due to the long duration of vocational training and the cost incurred to the project by grants. It was also due to delayed implementation of the activities in 2016 and 2017. On the other hand, for the safety of female sex workers who were working at brothels, the project lobbied more than a hundred brothels for safer work environments using a minimal standard checklist.

Outcome 4 shows gradual progress – sex workers enjoy greater protection before the law and within their communities. Advocacy for the amendment of the 1949 Suppression of Prostitution Act has seen some results. With the contribution from SWiM and other stakeholders, the Ministry of Social Welfare, Relief and Resettlement has been drafting a new proposed law. The draft law is expected to be submitted to parliament by the end of 2019. GEN, another project partner, has also been drafting and advocating for a law on Prevention of Violence Against Women (PoVAW). The PoVAW law has been drafted and is waiting to be submitted to parliament.

1 Introduction

1.1 Brief description of the country context

Women are known to be highly vulnerable to sexual violence within sex work. There is a strongly punitive and repressive legal framework for sex work within Myanmar, as the buying and selling of sex is illegal (Saville & Brown, 2015). The 1949 Suppression of Prostitution Act, which is adapted from a colonial-era law, carries a jail term of up to three years for sex workers. Under this law, police can prosecute anyone considered to be “loitering with intent to solicit” and there have been cases in which condoms were used as evidence to charge women with prostitution (Naing, 2018).

The illegal nature of sex work means that there is a high risk of violence, discrimination, and exploitation for women across all settings within the sex industry. It is difficult to seek services, such as health and legal services. In many cases, women who seek access to justice or legal redress can face the risk of being arrested by the police or local authorities, purely on the basis of their profession (Saville & Brown, 2015).

The 2015 estimated size of female sex worker (FSW) population in Myanmar was 70,000, which is 0.45% of 15-49 female population of the country (NAP, 2012). A study conducted, but not yet published, in 2015 estimated that there were 7,160 FSWs in Yangon and 5,277 FSWs in Mandalay (NAP, 2016). Although there are many organizations working for sex workers in Yangon and Mandalay, interventions targeting sex workers have been conducted almost exclusively through the prism of HIV/AIDS programming.

1.2 Brief description of GEWEP II

Country	Programme goal (impact statement)
Myanmar	Through strengthened legal and social representation, capacity building, and protection of their rights, sex workers are able to live in safety and with wellbeing.

The Gender Equality and Women Empowerment Programme (GEWEP) II builds on GEWEP I (2014-2015) and on Women’s Empowerment Programme (2009-2013), and is implemented by CN, CARE country offices and local partners in 6 countries: Burundi, DRC, Mali, Myanmar, Niger and Rwanda. The programme aims to empower women and girls facing poverty, inequality, violence and social exclusion to claim and realize their human rights.

GEWEP II has four crosscutting thematic focus areas: Strengthening of civil society, women’s economic empowerment and entrepreneurship, women’s participation in decision-making processes and men’s engagement in transforming gender norms. Connected to these four areas, CARE has developed global outcome indicators. Please see the table below for the global outcome indicators, including baseline and endline values for the programme in Myanmar.

Civil society is strengthened
Capacity of partner Sex Workers in Myanmar (SWiM)
Women’s economic empowerment is strengthened

% sex workers that are employed in alternative income generating activities Changes in targeted public polices/legislation/practice promoting women's economic rights (property, inheritance, other)
Women's participation in decision-making is strengthened
% of women that are member of a decision-making body % of women that are member of a decision-making body and state they are able to influence decisions Women's perception of social inclusion in the community Changes in targeted public polices/legislation/practice promoting women's civic/political rights % of women that have used sexual and reproductive health services in the last 12 months based on own decision
Men's attitude towards women's rights and empowerment is improved
Men's attitudes towards women's economic security Men's attitudes towards women's participation Men's attitudes towards the protection of women's sexual and reproductive health and rights Men's attitudes towards gender-based violence
Reducing gender-based violence
Women's attitudes towards gender-based violence Women's attitudes towards GBV experienced by FSW Men's attitudes towards GBV experienced by FSW % of people who reject intimate partner violence (clients of FSWs) % of people who reject intimate partner violence (FSWs) Change in policies/ legal framework/directive in favour of the protection of the rights of sex workers Changes in public policies/legislation/practice addressing all forms of GBV (domestic violence, sexual violence, FGM, trafficking, other.)
Strengthening women's sexual and reproductive health and rights
% of women that have used sexual and reproductive health services in the last 12 months % of women that have used sexual and reproductive health services in the last 12 months and are satisfied with the services % of FSW that have used legal services in the last 12 months % of FSW report satisfaction with the availability and quality of legal services

The programme uses a Likert scale to quantify attitudes, perceptions and feelings. The scale goes from 1 to 5. The value for the attitude indicators were derived from those Likert scale. Although different questions sometimes pointed toward different directions of attitudes, when calculating indicators, the responses were adapted so that higher indicator values always means positive attitude. See more detailed information in section 1.2.2, limitation of the study.

GEWEP II in Myanmar has focused on enabling sex workers to exercise their human rights through sustained engagement with rights-holders, duty-bearers, men, civil society and the policy establishment. This project is part of the Socially Marginalized Populations (SMP) program currently being implemented by CARE International in Myanmar (CI-M). The country specific sub-thematic focus areas for GEWEP II in Myanmar are reducing gender-based violence and strengthening women's sexual and health rights.

The project addresses the problems experienced by FSWs by supporting empowerment (capacities for organising, advocacy, vocational skills), through addressing discrimination against and abuse of sex workers by service providers, and by strengthening civil society to better advocate for sex workers' rights and pressing for progressive reforms to the legal framework. This intervention builds on two years of programming in the area of sex work by CARE and its primary partner, Sex Workers in Myanmar (SWiM).

Project activities concentrate on two peri-urban townships in Yangon Region and five in Mandalay Region, and later expanded to Mawlamyaing township in Mon State. Activities also takes place at the national level to improve policy structures. The project implements the activities through partnership with civil society organizations (CSO) who represent sex workers or helping the survivors of gender-based violence (GBV) among the community including sex workers. The main impact group is FSW who are amongst the most marginalized and vulnerable in the society.

1.2.1 Theory of change

The project contributes to the theory of change for the Socially Marginalised Populations program as it is integrated with other projects that aim to achieve the objectives identified for the first five years of the program design. However, this project focuses on a specific impact sub-group, sex workers, and applies the four domains to their particular situation in order to design the intervention. The theory of change is that if safe income option and services are available to the impact group, and they enjoy adequate legal and policy protection, the impact goal of safe employment and a legitimate voice will be achieved.



Domain 1: The IG have equitable access to safe and resilient income options: Sex workers require specific interventions to achieve this outcome due to the particularity of their workplaces. They work in highly insecure work environments, including health risks, SGBV, and abuse including police harassment and extortion. Sex workers report that their primary concern is poverty, and advocate for job training and placement programs and alternative employment options that generate a living wage. However, stigma and lack of tailored programs means that they are rarely able to transition to other employment.

Domain 2: The IG are able to access to tailored basic social services, especially legal and health: Sex workers have difficulty accessing services due to stigma and a lack of tailored services such as rape services, psychosocial counselling and legal aid. Reports from sex worker organisations show that where sex workers are regularly targeted for arrest and prosecution, they are less likely to access health services. Sex workers are reportedly receiving health education, but comprehensive services that include skilled behaviour change counselling and empowerment are limited. Sex workers risk arbitrary detention and avoid accessing justice in case of need (e.g. sexual assault, rape) due to fear of arrest. Thus, services that are equipped to deal with these particular needs must be supported in order to achieve the outcome.

Domain 3: The IG are protected by policies and the legal framework: Work is needed to clarify and reform policies, laws and practice that impact negatively on sex workers. Many of the laws in Myanmar date back to the 19th century and offer little protection to women facing violence. CI-M through GEN is involved in drafting the Anti-Violence Against Women Law which will



potentially offer some protection to sex workers. However, sex work is criminalized, contrary to the recommendations of the CEDAW committee, which means that many laws do not protect sex workers, including those relating to employment. The 1949 Suppression of Prostitution Act provides penalties for soliciting including imprisonment of up to 3 years. Public order offences are also applied to sex workers. Furthermore, police are among the perpetrators of physical abuse and sexual violence.

Domain 4: The IG experience significantly improved social inclusion and reduced stigma: Sex workers face mostly verbal discrimination from the community, with varying degrees of impact. However, sexual, financial and physical abuse is also reported. Stigma also affects sex workers ability to access services due to beliefs that they are immoral and carriers of disease. To overcome this, sex worker self-help groups are encouraged, as are activities directly aimed at communities such as training of community level CSOs/CBOs on stigma reduction, and production of positive messages in the media.

1.2.2 Objective and limitations of the endline study

The objectives of the endline study are to identify the project achievement in six thematic areas, and to provide recommendation to CI-M and its partner CSOs.

The sample size is an important feature of any empirical study in which the goal is to make inferences about a population from a sample. The sample size depends on many factors. In general, larger sample size means more precision on estimating parameters of the population. However, larger sample size also means greater cost to conduct the study. Although conducted in the same five townships, the sample size used in baseline study was comparatively smaller than that of the endline study. The raw data from the baseline study was not available to the endline survey consultant. Therefore, when comparing the baseline and endline findings, although the numerical difference could be seen, the statistical significance of the difference could not be calculated.

If looking at sex workers according to the place or method of solicitation, the most common is brothel-based, street-based, phone-contact, KTV-based, and massage-parlour-based. The project targeted all FSWs, no matter the place or method of solicitation. However, not all sex workers were equally available to participate in this study. Venue based sex workers, such as brothel-based, massage-parlour-based and KTV-based sex workers, have to work from evening through late at night or the next day morning; and they have to rest or sleep the whole morning and rise again for the next day of work. On the other hand, street-based and phone-contact sex workers usually do not work till late night. As a result, most of the FSWs participated in the endline study were from street-based and phone-contact groups. Therefore, finding from this study will reflect more of the non-venue-based sex workers.

The project worked with a new partner in Mandalay since 2018. Old partner, SWiM, had been working with CI-M since 2016 and they have implemented most of the activities under GEWEP I and GEWEP II. Since the consultant did not have chance to interview with previous SWiM staff from Mandalay, some activities and achievement by old partner could not be explored. For example, the drop-in centres (DIC) related activities (DIC activities were not included in new partner's workplan). Similarly, in Yangon, starting from 2018, due to capacity issues, SWiM's



activities were limited to advocacy related ones. Most of the activities under outcome 2 and outcome 3 were removed from SWiM budgets. As a result, many of SWiM staff responsible for IG and small grant activities were let go from their duties. There has also been turnover of project staff in Yangon CARE team, including Field Office Coordinator position. As a result, the consultant could not find some information regarding the details about IG and small grand activities in Yangon.

The attitude questions from some section of questionnaires used Likert scale in different directions. The scale goes from 1 to 5. While 1 means negative attitude in some questions, it means positive in other questions. Therefore, when calculating the average scores of the whole section, in order to make higher score represents improvement, the responses to some questions had to be reversed, i.e. 1 became 5, 2 became 4, etc. The baseline survey team also used the same way to calculate the average attitude scores of whole sections. For most sections, it was found out how the baseline team made the calculation (which question they reversed), and the endline consultant followed their way (reversed the questions they had reversed) in order to make the comparison valid. However, the endline consultant could not find out the way baseline consultant calculated for the following two sections: women's attitude towards gender-based violence; and women's attitudes towards violence against sex workers. For those sections, the endline consultant used his own judgement to calculate the average scores rather than referring to how they were calculated during baseline.

1.3 Structure of the report

First, the report includes an introduction with a brief description of the context and of GEWEP II, including the theory of change and the objective and limitations of the endline study. Second, the report presents the methodology of the study. Third, the report presents key findings from the study. The findings are structured according to the four crosscutting thematic focus areas for GEWEP II. Following this, a discussion of the results across the four areas. Finally, lessons learned are presented before conclusion and recommendations.

2 Methodology

2.1 Sampling

2.1.1 Expected sample size and actual sample size, including non-response rate

For the survey of FSWs, sample size was calculated at 95% confidence level and 5% precision with the assumed SRHR service utilization of 85% (based on the finding of baseline survey). SRHR service utilization rate was used as response distribution in calculating the sample size. Non-response (plus missing data) rate was assumed to be 20%. The resulting sample sizes of 250 was divided by total number of 5 townships to be surveyed. In the survey, total 254 FSWs participated.

For the survey of clients of FSW, sample sizes calculation used 95% confidence level and 10% precision with response distribution of 50% and non-response rate 5%. The resulting sample

size of 100 was divided by total number of 5 townships to be surveyed. A total of 103 clients of FSWs participated during the survey. Although higher sample size for client should be used to represent the client of FSW population, the partner CSOs were unable to gather that large number of clients in the available time frame. In addition, clients are not major target of the project and few activities focused on clients. Therefore, the consultant and CI-M team agreed to use only 100 as sample size for clients. Baseline survey sample sizes were 100 FSWs and 50 clients of FSWs.

For the qualitative data, key informant interviews (KII) and focus group discussions (FGDs) were used to collect the qualitative information. Purposive sampling method was used for qualitative data collection.

2.1.2 How respondents were selected

The partner CSOs helped in recruiting the participants for surveys, KIIs and FGDs. They used their contacts from different sex worker networks as well as peer educators. For the male respondents, motorbike and trishaw taxi drivers, negotiators, pimps, KTV waiters, FSWs’ partners, and few ward authorities where FSWs lived or worked, were recruited for the survey. The sampling was more of a convenient type rather than a random process. The potential participants were gathered at a location such as CARE’s office, or partners’ office, where the enumerator went and asked interview questions.

For KII, the samples were selected from projects’ stakeholders. Individual interviews combined a pre-determined set of open questions with the opportunity for the evaluator to explore particular responses further. Following table showed number of individual interviews conducted with different type of stakeholders.

	Partner Staff	Brothel/KTV Owner	Police	Lawyer	Health Service Providers
Yangon	2	4	2	2	2
Mandalay	2	6	3	3	3

FGD participants were also selected in a similar fashion as survey participants. A total eleven FGDs were conducted with FSWs, of which 4 in Yangon and 7 in Mandalay. A total of four FGDs were conducted with clients of FSWs, 2 in each region. Eight people participated in each FGD.

2.2 Data collection

2.2.1 Data collection techniques

An experienced enumerator team was hired for collection of both quantitative and qualitative data. The team included six females and two male members. One of the female members was also the supervisor of the team. The consultant trained them on data collection using questionnaire and guided questions. Ethical conduct during survey process was also part of the training.

For the quantitative data collection, separate questionnaires were used for FSWs and client of FSWs. Paper based questionnaires were used. Female enumerators asked FSWs and male



enumerators asked clients of FSWs. At the end of each day of data collection, the supervisor collected all the answer sheets of the day and check for accuracy and completeness. At the end of the survey, the answer sheets were entered into Microsoft Excel sheets by a different data entry person. The data was then converted into SPSS for analysis.

The enumerator teams also conducted FGDs. One person facilitated the FGD while another person took notes. Female enumerators facilitated FDGs with FSWs and male enumerators facilitated FGDs with clients. Guided questions were provided to assist in facilitation of FGDs. The discussions were recorded using recorders, after getting permission from the participants. At the end of each day, or on the next day, the audio files were listened to and transcribed by the facilitator and notetaker. KIIs were also conducted by enumerator teams. Separated guided questions were developed for different type of respondents. The KII sessions were not recorded using audio recorders. The interviewers noted down the responses. The transcriptions and notes from FGDs and KIIs were typed into Microsoft Words by a different data entry person. These files were later used for analysis using Nvivo software. The consultant also conducted interview sessions with presidents and managers form partner CSOs, and CARE staff. Two life story interviews were also conducted with two FSWs from Mandalay.

The enumerator team collected survey data and conducted FGDs and KIIs from 29 November 2018 to 11 December 2018. There were no particular challenges to report during the data collection.

2.3 Ethical considerations

The enumerator team was trained on ethical conduct for research and surveys. The enumerators were given the following instructions:

- The enumerator should explain the purpose of the survey to each respondent.
- The enumerator should explain that the interview is a voluntary process and the respondent may stop the interview at any time.
- The enumerator should inform each respondent that their anonymity and confidentiality will be respected.
- The enumerator should inform each respondent that none of the information that could be linked to her/him would be recorded.
- The enumerator should inform each respondent that there will be no harm because of participation in this interview process.
- Each respondent is then to be asked for their informed consent.

3 Key findings

3.1 The typical programme participant

Based on the average characteristics of the FSW survey respondents, a typical programme participant was developed. We gave her the name Marlar. Malar is a common Myanmar name, derived from Sanskrit, and means “flower”.

- Marlar is a 33 years old FSW from Mandalay.
- Her ethnicity is Bamar and she is a Buddhist.
- Marlar attended school up to 7th grade (middle school).
- She is married and has three children.
- Her husband may not have a regular job, and he may be an alcoholic.
- Marlar became a sex worker 5 years ago.
- She entered sex work to support her family and to send her children to school.
- Marlar solicits her customers on Science Road every evening, from 6 to 9 pm.
- She also has customers who contact her through phone.
- She got 10,000 to 15,000 kyats for a session of her service. Although she could earn more than 10,000 kyats per session, it does not add up to a lot during a month. Sometimes, she does not get any customers. Sometimes, she has to share her session fees with those who helped her contact with the client. Sometimes, her whole evening income is grabbed by police or police informers.
- She makes more than 200,000 kyats per month, most of which comes from sex work. Marlar may also sell vegetables during day time. If so, she might make an extra 50,000 to 100,000 kyats per month. 200,000 kyats per month for a family of five puts Marlar and her family just above the national poverty line. Without the income from sex work, Marlar and her family would be far below the national poverty line.¹
- Marlar may have been verbally abused by the community she lives in, if they know her profession.
- Marlar might have some bad experience with customers. She might frequently experience physical abuses which included beating, punching, slapping, grabbing, shaking or shoving. This is the most common form of abuse she encounters. She might also occasionally experience non-payment for sex, no condom use, and gang rape.
- She never reports to police about the violence because she is afraid for being arrested as police know her profession. She also has some experience of being abused by police.
- She wants to change her profession because she does not want her children to know about it or she does not like the way her children are treated in the community due to her profession. However, she also knows that she will not make enough money to feed her family, to purchase basic household needs and to send her children to school with income from other professions available to her.
- Marlar may be a member of a SHG, to its meetings she rarely joins.
- With support from her SHG friends, she tested her blood for HIV every three months, at a clinic run by an NGO, free of charge. The last test result showed she is still HIV negative. She is not sure how long she can stay negative.

3.2 Thematic focus areas

3.2.1 Strengthening civil society

¹ According to World Bank's 2017 analysis of poverty in Myanmar, an individual in Myanmar is considered to be poor if he or she lives in a household with per adult equivalent consumption expenditures of 1303 kyat per adult equivalent per day or less, or 1241 kyat in per capita terms. Therefore, the poverty line for a household of five is 186,150 kyats (or 195,450 kyats for household of five adults).

Civil society is strengthened	Baseline 2014	Endline 2018
Capacity of partner SWiM	2.71	3.71

Annually, CI-M conducts organizational capacity assessment with partner organizations. The process focused on seven organization capacity areas. The findings from the assessment are used to monitor the partner’s capacity status as well as to develop capacity building plans for successive years. The following chart displays the result of capacity assessment process with SWiM from 2015 through 2018.

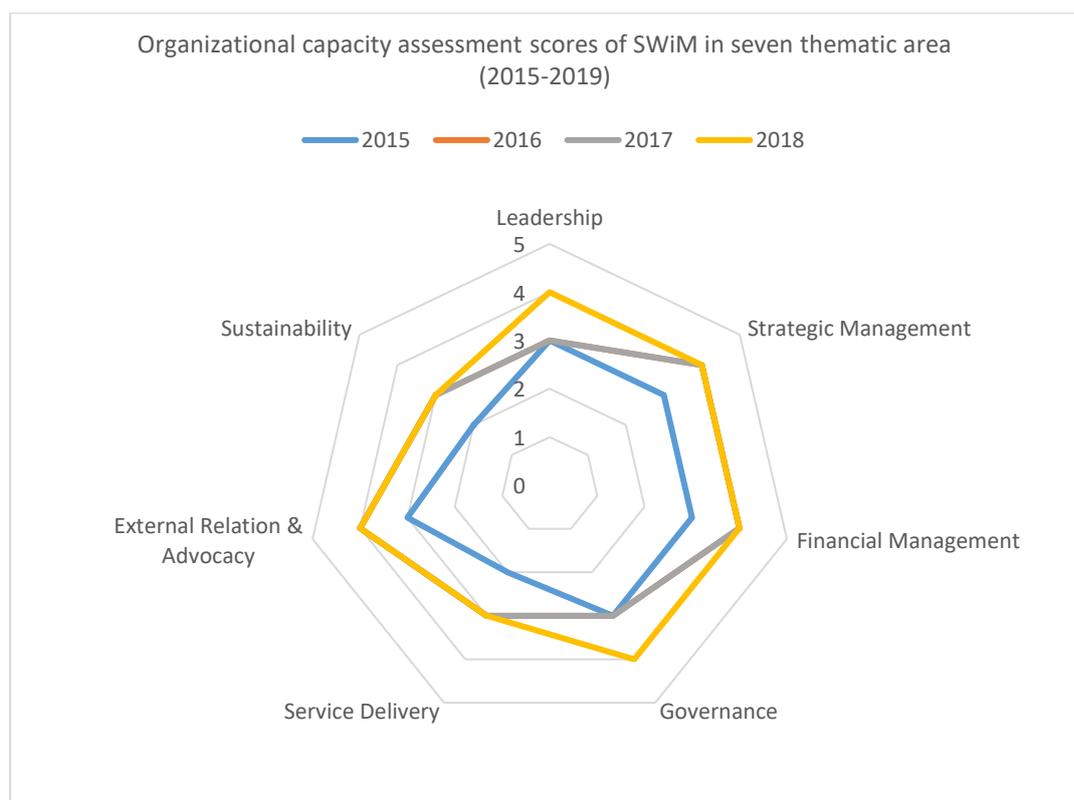


Figure 1. Organization capacity of SWiM in seven thematic areas

Six HIV positive FSW were invited to participate in Myanmar (HIV) Positive Forum for the first time in 2009 where they got the aspiration of getting together for advocating their challenges and protection of other FSW. Again in 2010, 15 FSWs have participated in the forum and they have got a chance to present about their challenges and discussed about their future conditions representing other FSW. Starting from this initiative, they started to form a regular network. In April 2011, 35 FSWs from 10 regions across the country started to implement this network as a “Sex Workers in Myanmar – SWiM” (CI-M, 2015). The network’s vision is, “Non-discrimination, equal rights and better life for HIV affected sex workers and mobilize them to engage every step of the process”. SWiM is the only national level sex worker organization in Myanmar.

Since formation, SWiM had been conducting variety of activities with small grants from different donors. They had been providing legal aid to sex workers in need of it and implementing HIV-related outreach activities and human resource capacity development activities. In 2014, SWiM became a partner of CI-M, through GEWEP I project. SWiM implemented activities under all four outcomes of the project: strengthening civil society



organizations (CSO), improving access to equitable services; improving safe employment and alternative income options; and advocating for policy reform.

CARE has developed an organizational capacity assessment (OCA) framework/tool to assess the capacity of partners in 7 dimensions (leadership, strategic management, financial management, governance, service delivery, advocacy, and sustainability). In the beginning of 2015, CI-M assessed the capacity of SWiM using OCA tool, and the results from that assessment were used as a baseline capacity of SWiM, as well as for developing capacity development plan for the next year. The capacity assessment was conducted annually to monitor and guide the capacity development of SWiM.

The overall capacity score of SWiM has increased from 2.71 in 2015 to 3.71 in 2018. In 2015 assessment, the service delivery and sustainability dimensions of SWiM was in 'nascent' stage (score 2), and all the remaining dimensions (leadership, strategic management, financial management, governance and advocacy) were in 'foundational' stage (score 3). After the annual OCA was done, a capacity development plan was produced and integrated into succeeding year action plan.

In 2018 OCA, when compared to baseline, all dimensions of capacity have increased one score each. Service delivery and sustainability dimensions reached to 'foundational' stage (score 3), and all the remaining dimensions reached to 'developing' stage (score 4). Most of the dimensions increased scores in 2016 assessment, while leadership and governance dimensions reached their final scores (4 each) in 2018. There has been no backward movement of scores in all the dimensions.

During the four years period, SWiM network has been growing gradually. Its SHG membership increased from 44 SHG in 2016 to 50 SHGs in 2018 throughout the country. Number of members also increased from 2 040 in 2016 to 2 124 in 2018. In 2018, SWiM was implementing three projects with funding sources from CARE, UNAIDS and Alliance with a total number of around 40 staff. Although the government consistently rejected SWiM's application for organization registration because of the illegal status of its members, SWiM finally received official registration in 2017.

Within SWiM, each project was managed by a project manager. All the projects were overseen by a 'Management Committee' through its 'Working Group' members. A chairperson, who was the leader of SWiM network, directed the organization through 'Central Committee' and 'Working Group'. While all the projects' staffs were paid staff, Central Committee and Working Group members including the chair person and the secretary of the network were volunteers. Most of the staffs and volunteers of SWiM were FSWs. SWiM also had board members who were technical specialists from INGOs, CSOs and some senior government advisors. SWiM occasionally received inputs from board members, technically and programmatically.

In 2016 and 2017, the Central Committee, took the decision-making power from the project managers. Central Committee, or more precisely the chairperson, made most of the decisions which were previously made by project managers. As a result, many decisions could not be made on time and many activities of all projects had been delayed. GEWEP II project's activities in Mandalay were particularly affected, which include vocational training and grants approvals.

Finally, CI-M had to find new partners for implementing of the activities under service delivery components.

Other challenges faced during the capacity development of SWiM were high staff turnover and low level of education of most of the staff. CI-M had to provide some training repeatedly to recuperate the staff turnover. CI-M also had to adapt the training methods in order to match with the education level of partner staff. Such methods included role plays, drawing pictures, story-telling and games.

CARE lead partners but they also gave us authority. As a result, we gained confidence, experience and capacity. What is different from other organization is that they trust us, and they respect us.

SWiM (2018 Annual Review Workshop)

They allowed us to make decision. What is different from other organizations is that they accessed our needs first and then provided support to us

MYS (2018 Annual Review Workshop)

On-job learning is more effective. We like it more and we learn more from it.

NHTYK (2018 Annual Review Workshop)

In July 2017, Legal Clinic Myanmar (LCM) became an implementing partner of the project. CI-M has experience working with LCM as a partner since 2014. LCM staff were mainly lawyers and paralegals, with expertise in providing legal awareness to different communities and legal aids to violated and unjustly treated people, especially women, free of charge. CI-M has been supporting LCM in its organizational policy development and in building financial and administrative capacities. LCM provide basic legal awareness training and paralegal training to project participants. LCM also provide legal aid services to GBV survivors form community and FSWs. The legal aid services included legal counselling, legal mediation, court representation and 24-hours hotline service.

CI-M introduced a new implementing partner, Mandalay Yaung Sin or MYS, to the project in 2018. MYS was a nascent organization with experienced staff, who were previous staff or volunteers from Myanmar Nurses and Midwifery Association (MNMA). When MNMA dissolved, some of their old staff formed MYS in 2017. Under the partnership with GEWPE II, MYS provided trainings and legal support to FSWs. Trainings included legal literacy, life skill, and vocational trainings. MYS also facilitated dialog sessions between FSWs and social and health service providers. It also lobbied owners of brothels and massage parlours and KTV managers to promote safer work environments for FSWs. In 2018, MYS facilitated the formation of Mandalay Sex Worker Network (MSW), together with six other organizations.

The capacities of LCM and MYS have been assessed using OCA tool in 2018. The finding would be used by the project as a baseline data, and also to develop capacity development plans for partners. Mandalay Regional Committee on Women (MRCW), and GBV response groups (GBVRG) are collaboration partners of the project. The project did not access the capacities of collaboration partners.

3.2.2 Women’s economic empowerment and entrepreneurship

Women’s economic empowerment is strengthened	Baseline 2014	Endline 2018
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% sex workers that are employed in alternative income generating activities	32%	35.6%
Changes in targeted public policies/legislation/practice promoting women's economic rights (property, inheritance, other)	See text*	See text*

* The National Strategic Plan for Advancement of Women (NSWPW) implementations, which was expected to promote women's economic participation and women's participation in decision making, was stalled at national level because of budget limitations.

While FSWs expressed a desire to leave sex work, they also recognised that they were unlikely to earn sufficient income in non-sex work, and that this was an unattainable dream rather than an achievable goal (Saville & Brown, 2015). Despite the inability to leave sex work, most FSW wanted to generate more income through alternative options. Alternative income sources were like safety nets for sex workers at the times when they could not do sex work. One example of such situation was when police were actively searching and arresting sex workers in order to meet their quota of arrest. Sex businesses stopped from weeks to months and FSWs who relied solely on sex work were facing a difficult time. Another example was when FSWs became old and their income from sex work were significantly reduced.

Participatory Ethnographic Evaluation and Research (PEER) study among FSWs in two cities (Yangon and Mandalay) in Myanmar conducted by CARE Myanmar identified the barriers to leaving sex work which included: financial barriers; attitudes of sex workers towards alternative works; bureaucratic barriers; legal barriers; lack of skill and education; and stigma and discrimination to sex workers from people in community and potential employers. Financial barriers included debt, supporting family members, the inability to save money to invest in a small business, the inability to earn as much in other line of work, and/or a dependence on a daily wage (rather than monthly salary). Thwarted livelihood opportunities, through lack of education, skills, or training, were also seen to be a key barrier (Saville & Brown, 2015).

35.6% of FSW endline survey respondents had income generating (IG) works in addition to sex work, which was 32% in baseline. Whether or not an FSW had an alternative IG work does not relate to the education level, marital status or type of sex work she is engaged in. Even some FSWs working in venues such as brothels, KTV and massage parlours had IG activities alternate to sex work. However, FSW who were 35 years or older were more likely to engage in alternative IGA than their younger counterparts.

FSWs with alternative IG activities usually sell goods or food. Some run a makeshift betel shop where they sold small snacks and commodities in addition to betel. Some sold groceries at local markets and others sold second-hand clothes. A few ran a small rice-and-curry shops. Second common type IG activity is washing and ironing of clothes in the neighbourhood. Another common type is tailoring/sewing of clothes. Some worked with own sewing machines while others were staff at garment factories. It was not rare that an FSW worked as a staff, either of a private business such as a grocery stores or a factory, or of an NGO. Many NGOs working for sex workers employed FSWs.

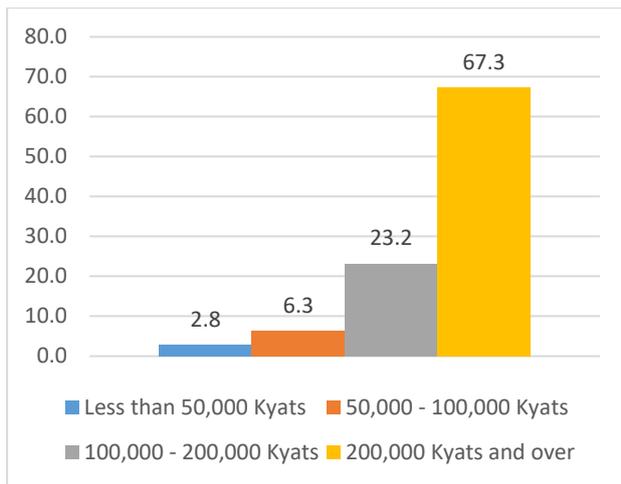


Figure 2. Monthly income of FSWs

Majority of the respondent FSWs made monthly income of more than 200,000 kyats (around 130 USD). This income is inclusive of income from alternate IG activities (for those who have such income). Very few of FSW respondents who have alternate IG sources stated that their incomes from alternate sources were enough to exit from sex work. Income from sex work is always higher, mostly significantly, than income from other sources. 200,000 kyats per month is around average salary of basic staff in many industries. However, there are many barriers for sex workers to access job opportunities in such industries. They may be bureaucratic barriers; legal barriers; lack of skill and education; and stigma and discrimination to sex workers from people in community and potential employers.

“It is not easy to find a job out there. You need connection if you want a factory job. With such type of job, I could support 150,000 [kyats] to my family. Now [as a sex worker] I can support 300,000 [kyats] [to my family].”

Interview with FSW, Yangon

Most common reason women entered sex work is combination of having dependent family members to support and lack of options for other type of jobs. This also becomes a major reason which prevent them from exiting sex work. 92% of FSW survey respondents have family members to support. Average number of family member FSW were supporting is three. Many of the family members they were supporting were not their children².

3.2.2.1 Project Interventions

Under GEWEP II project, CI-M worked with partners to support FSWs who wanted to generate more income from sources other than sex work by addressing two barriers: financial barriers to invest in small businesses; and skill barriers. CI-M and partners supported FSWs to build their vocational skills by providing two types of training: sewing/tailoring training, and hair dressing/beauty parlour training. To support FSWs who need capitals to start small business, small grants were provided. Between 2016 and 2018, the project provided vocational training to 32 FSWs and small grant support to 81 FSWs. CI-M also trained partner organizations on

² The exact number of the dependents who were not FSWs’ children cannot be calculated using existing data. This was because the data only consisted of number of children each FSW had and number of dependents. However, it did not consist of information on how many of their children were living with them.



small grant management which included recipient selection, helping recipients in start-up of small business, and monitoring performance of small business.

CI-M monitored the outcomes of those activities and found that a few training participants were already employed at private businesses. Many of FSWs who received grants were running small businesses or extending existing ones. By having alternative income, some sex worker reported that the frequency of sex work had been reduced. One FSWs reported that she stopped working as sex worker. However, there have been some complaints that 100 USD grant was not enough to start a new business.

The vocational training provided by the project were two to three months long training. One partner said at the interview that it was difficult for some sex workers to regularly come to the training. Although the project provided training participants with travel fees, meal and snacks and supporting materials for the training, FSWs need some regular and daily income to support their family. The project (the partners) usually had to negotiate with the trainers to conduct additional training sessions to compensate for the missing days of the training participants. Consequently, it did not affect the training completion rate.

Under this outcome, the project also aimed to promote safer working environment for sex workers. This activity focused mainly to brothel-based sex workers. In 2017, the project consulted with sex workers from Yangon and Mandalay to explore workplace challenges and protections needed. The three main areas identified by sex workers were wages exploitation by pimps, low level of accessibility to health services (STI treatment and HIV testing) and lack of social caring while sex workers were in custody. Using this information, the project developed a minimal standard checklist for safe workplace for sex workers. The project then lobbied the brothel owners and pimps to promote safe work environment for sex workers. In 2017 and 2018, a total of 107 brothels have been lobbied using the minimal checklist. All the brothel owners and pimps who participated in KII were aware of minimal requirements for safer workplace. They kept condoms at their brothels and provided to customer free of charge. FSWs at their brothels were sent for HIV testing regularly. Hygienic materials were also kept at brothels.

In 2016 and 2017, the activities under this outcome were implemented by SWiM. The inability of the partner to make timely decision caused delays in implementing activities, especially in Mandalay. Consequently, CI-M had to find new partners to implement these activities. Starting from 2018, Mandalar Yaung Sin (MYS) implemented the IG and small grant activities as a new partner.

3.2.2.2 Changes in legislation promoting women's economic rights

Myanmar Government has developed National Strategic Plan for the Advancement of Women (NSPAW) (2013-2022) based on the Myanmar's Constitution 2008, CEDAW and the 12 Priority Areas of the Beijing Platform for Action. Restructured Myanmar National Committee for Women (MNCW) is responsible for implementation of NSPAW. In 2018, four technical working groups (TWG) were formed under MNCW to implement its functions, one of which was implementation of NSPAW. The TWGs are 1) women in peace and security, 2) violence against women and children, 3) participation in politics and economy and 4) mainstreaming. Group 3,

participation in politics and economy, is responsible for four key priority areas under NSPAW, which are: 1) women and livelihood, 2) women and the economy, 3) women and decision making and 4) women and human rights. Gender team of CI-M were involved in two other TWGs but not in group 3, participation in politics and economy. Although the responsibilities and work plan of each TWGs have been identified since September 2018, because of limited budget and time frame, TWGs could not implemented much activities yet.

3.2.3 Women’s participation in decision-making processes

Women’s participation in decision-making is strengthened	Baseline 2014	Endline 2018
% of women that are member of a decision-making body	8%	8.3%
% of women that are member of a decision-making body and state they are able to influence decisions	63%	100%
Women’s perception of social inclusion in the community	3.72	4.05
Changes in targeted public polices/legislation/practice promoting women’s civic/political rights	See text*	See text*
% of women that have used sexual and reproductive health services in the last 12 months based on own decision	NA	92.1%

* The National Strategic Plan for Advancement of Women (NSWPW) implementations, which was expected to promote women’s economic participation and women’s participation in decision making, was stalled at national level because of budget limitations.

A study conducted, but not yet published, by National AIDS Program in 2015 estimated that there were 7,160 FSWs in Yangon (YCDC area) and 5,277 FSWs in Mandalay (7 townships) (NAP, 2016). Several organizations worked in Yangon and Mandalay to support FSWs especially in health and legal issues. For many years, those organizations helped FSWs to form self-help groups (SHGs) in order to provide mutual support among group members. Some SHGs became stronger and even combined into networks of SHGs, and advocated for the rights of highly marginalised fellow sex workers. As the number of such SHGs grew, many FSWs in Yangon and Mandalay became members of those groups. Since those SHGs were founded by FSWs, most of the groups are female only groups.

Out of 253 FSW survey respondents, 148 (58%) participated in one or more groups or organizations. Most of the groups they participated were sex worker SHGs. 21 out of 253 FSWs (8.3%) participants are leadership committee members of the groups. During baseline, it was 8%.

“My neighbours know I work at KTVs. At first, they didn’t like me, I know. But I never faltered when community members were called to contribute labour like road repairing in our neighbourhood. I also made pickled tea leaf salad for them” They knew that I sold seasonal snacks, toys, and sometimes vegetables in the community, as my income from KTV became less lately. They noticed that I never give up. I was gradually accepted by some neighbours. They even gave me a nickname, ‘Swe Sone Min Tha Mee’, meaning a lady who can do many things to make ends meet.”

Interview with FSW, Mandalay

3.2.3.1 Influencing decisions of groups



All 21 FSWs who were members of leadership committee reported that they have been able to influence the decisions of groups 'moderate' or 'a lot'. During baseline, it was 63%. More than three quarter FSWs respondents who participated in groups (either as a leader or as a member) felt that they had been able to influence the decision of the groups in last 12 months. However, having influence upon SHGs does not mean they also have influence in wider society. Let alone the influence on decisions of groups of wider society, acceptance and subsequent participations of FSWs in such groups might not be possible in near future considering current cultural context and political environment. Even this project could not have done much to improve general acceptance of sex workers by wider community.

Generally, FSWs who were older than 35 participated more in groups compared to their younger counterparts. Those who attained high school level of education participated more in groups than those with other level of educations. Likewise, FSWs with high school level education constituted higher proportion among leadership committee members (57%).

For those who did not join any group, the main reason for not joining were: they were busy, or they did not have time due to workload; and they had no contact or no information about the groups. Few said they were not interested in joining a group, and few others said they were not invited to join a group.

Nearly three quarter of FSWs, who were member of groups, reported they participated actively in group meetings (moderate or a lot). Most common type of support they received from the groups were health and legal awareness, followed by health services, then by capacity building supports. Access to social network was also a common benefit from participating in SHGs. A few said they received IG and loan support from the groups.

More than 80% of the FSW survey participants reported that: they had good social network in the community; they were happy with involvement in SHGs; they were frequently invited to community events; and the community members were ready to support in case of shock or crisis. 93% said that they felt that they were treated with respect and dignity when visiting to health facilities. When the respondents talked about the community, they meant the sex-worker community, not the general community. Although there was still great discrimination towards sex workers in the general community, by participation in SHG networks and activities, it seems FSWs developed a sense or perception of social inclusion within the sex workers community.

245 (96.5%) of FSW survey participants or their spouse had used at least one kind of SRH services in last 12 months before the survey. Most common services used are condoms (82%), HIV/AIDS testing and counselling (71.8%), information and counselling (44.9%), treatment of STI (38.8%) and other contraceptives (35.9%).

3.2.3.2 Decision-making on SRHR

On average, in 92.1% of cases, the FSWs decided by herself to use the service. The remaining proportions of decision were made by her spouse/partner or made in joint with spouse/partner or mad by others.

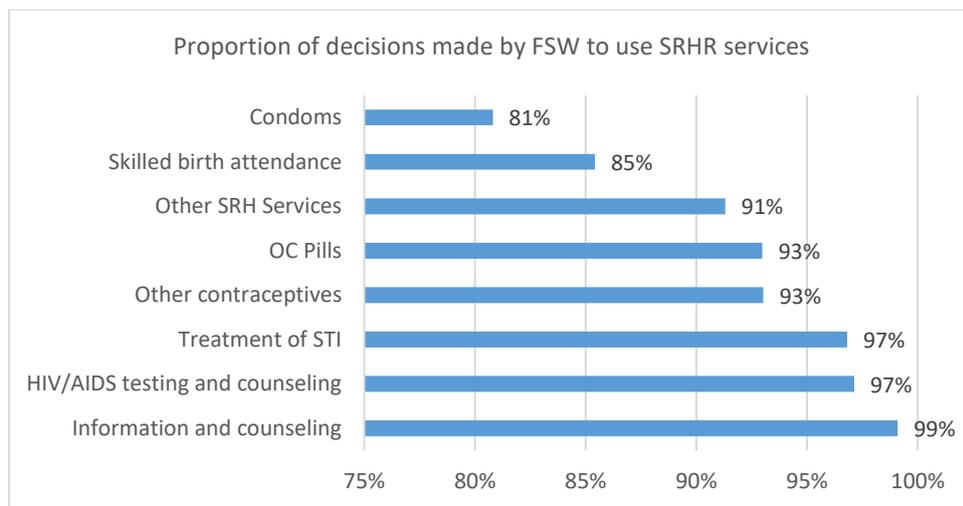


Figure 3. Decision making of different types of SRHR services.

Compare to other services, FSWs made decisions by themselves on condom use less frequently. 16.2 % of condom decisions were made jointly. Also, decision on using skilled birth attendance were also made by FSWs alone less frequently. These decisions were made by spouses in 8.3% of cases and made jointly in 4.2% of cases. For the remaining SRH services, FSWs alone made the decisions in more than 90% of cases.

3.2.3.3 Project Interventions

The project's partner, SWiM network, had many SHGs under its umbrella. Those SHGs were located across the country. CI-M selected those SHGs in Yangon and Mandalay and built their capacity. CI-M conducted capacity assessment to six SHGs from Yangon and three SHGs from Mandalay and identified capacity building needs. Based on the capacity assessment results, CI-M provided training to the SHGs in areas such as leadership, project cycle management, SHG development, legal awareness, and gender-based violence.

In Yangon, ten FSWs members of those SHGs were selected and trained as peer educators. The training also included topics on GBV and legal awareness. After attending the training, the peer educators shared their knowledge to their fellow SHG members.

The project opened one drop-in centres (DIC) each in Yangon and Mandalay. FSWs visited DICs, took some rest, shared experience, and expanded their social networks. CI-M and SWiM provided legal and GBV training to DIC visitors. Special events were also held at DICs every week where the visitors shared their knowledge and experiences through exciting activities such as games, quizzes and group-works. However, when SWiM no longer had funding support for some components from the project because of delaying in implementing activities, the DICs were closed in 2017. The DIC component was not included in the activities of MYS, the new partner who handed over the activities of SWiM in Mandalay in 2018. Since there are DICs or DIC like services provided by other organizations, the absence of GEWEP II's DICs would not have significant impact to the access to services by FSWs. However, being a hub for FSW's networks, running a DIC facilitated many other project activities which required linkage with such networks. Consequently, not having a DIC might pose some challenges on the implementation.

3.2.3.4 Changes in legislation promoting women’s civic/political rights

One of TWGs under MNCW was ‘participation in politics and economy’ working group. This group was responsible for four key priority areas under NSPAW, which are: 1) women and livelihood, 2) women and the economy, 3) women and decision making and 4) women and human rights. Although the responsibilities and work plan of each TWGs have been identified since September 2018, because of limited budget and time frame, TWGs could not implemented much activities yet. CI-M was involved in two other TWGs but not in this one.

3.2.4 Engaging men for gender transformation

Men’s attitude towards women’s rights and empowerment is improved	Baseline 2014	Endline 2018
Men’s attitudes towards women’s economic security	3.44	3.71
Men’s attitudes towards women’s participation	NA	3.96
Men’s attitudes towards the protection of women’s sexual and reproductive health and rights	3.8	4.62
Men’s attitudes towards gender-based violence	3.38	3.47

3.2.4.1 Men’s attitude to women’s economic security

The overall score of men’s attitudes towards women’s economic security was higher in endline than it was in baseline. Although overall scores indicated the attitudes were generally in the positive direction (average scores > 3), there are some attitudes which need attention from gender transformation perspective.

Mostly, men agreed that women have the same rights as men to study and work. Women’s right to own and control over cash and assets was usually agreed by men respondents. And men rarely denied women’s right to inherit property or assets.

However, in the contrary, more than half of the men respondents agreed that major household decisions such as buying land or building a house should be made by men. Land and house were also assets and buying or building them also required cash. It seemed like there were significant proportion of men respondents who thought women could own and have control over cash until the amount was significant. It also seemed like, in those men’s opinion, women could own and have control over assets as long as those assets were trivial or unimportant.

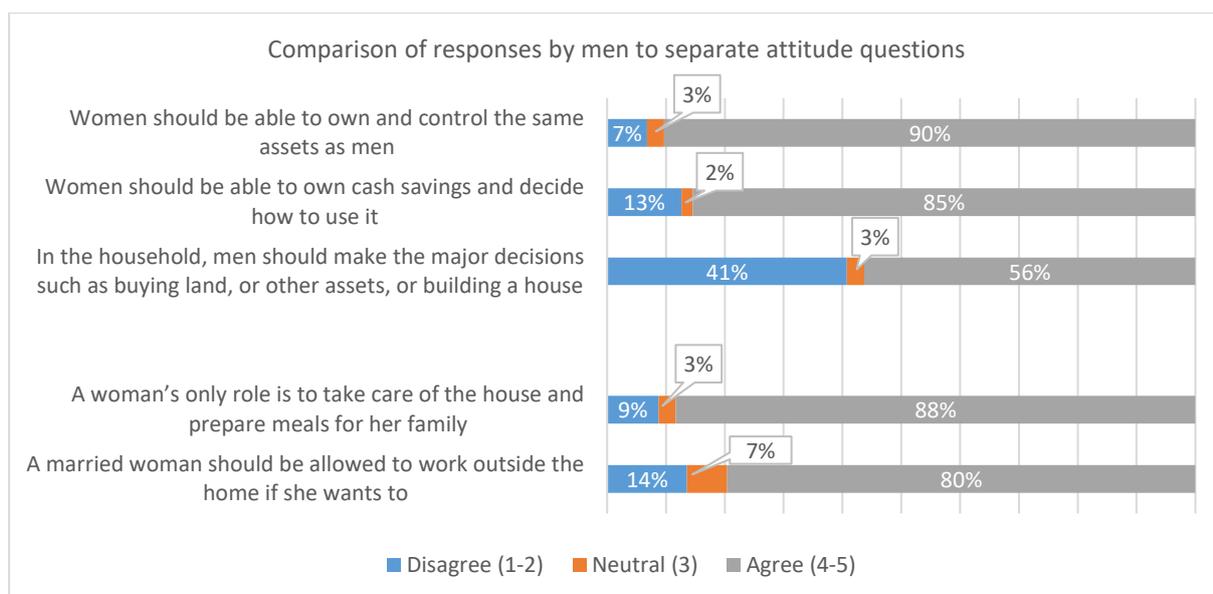


Figure 4. Men's attitudes towards women's economic security.

Again, in the contrary, while most respondent men agreed married women should be allowed to work outside home if she wants to, more than three quarter of men respondents believed that taking care of the house and preparing meals for the family were women's only role.

These two questions together could be interpreted in two different but overlapping ways. 1) Even though it was not women's role, a married woman should be allowed to work outside if she wanted to. 2) Whether or not a married woman worked outside of home (it is up to her), she needed to perform her primary (only) role of taking care of home and family. Both interpretations led to the same conclusion that a woman who worked outside of home would be busier than a man who works outside of home, because she has her primary role of taking care of home and preparing meals for her family. This is discouraging for women who are seeking employment or entrepreneurship opportunities.

CI-M should conduct further studies and analyses into men's attitudes which might probably block the way towards women empowerment. Understanding of such nuance attitudes and integrating them into gender messages and activities would have potential to enhance the effectiveness of gender transformative programs.

3.2.4.2 Men's attitudes towards women's participation

The average score of responses to questions asking about men's attitudes towards women's participation is 3.96. Those questions were not asked during baseline and hence no comparison can be made.

Most respondent men showed no disagreement to women having a say in family sphere as well as in public sphere. They usually agreed women to have different political opinion than their husbands which included deciding whom to vote. In most respondent men's opinion, women should be able to stand for election to all publicly elected bodies, or women should be head of state just like men.

Even though most men agreed on women having their own opinions and speaking out those opinions in both household and public spheres, some thought women need permission to vote, and many thought they need permission to go out to public places, from their husband and/or head of the household. These responses suggested that there were significant portions of men (respondents) who had attitudes that might be hampering the agency of women towards meaningful participation in family as well as public spheres.

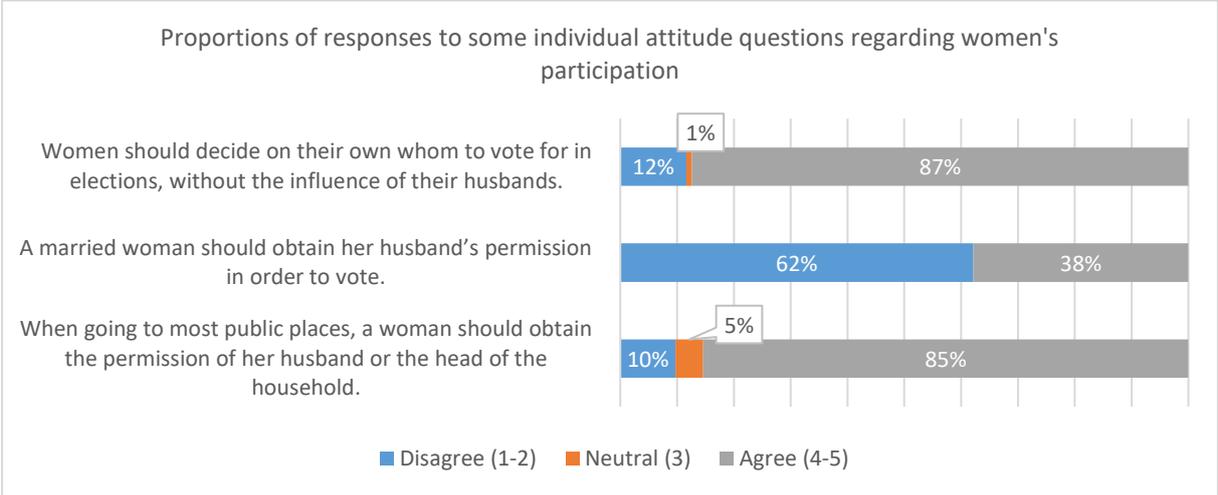


Figure 5. Men's attitudes towards women's participation.

3.2.4.3 Men's attitudes towards women's SRHR

Average attitude score of responses to questions asking men about their attitudes towards women's SRHR in the endline survey was 4.62. This figure was higher than the score from baseline survey where it was 3.8.

Agreement rates to all the questions under this section were higher than 85%. This means that men respondents generally respected the rights of women regarding their SRH issues. Nearly all respondent males agreed that women should have the same opportunities to receive health care as men. Most of them agreed that a couple should decide together on family planning decisions such as how many children to have and what type of contraception to use. Very few of them rejected a woman's justification in asking to use condom during sex if she knows her husband has sexually transmitted infection. Male survey respondents generally agreed that a woman may decide on her own on where to seek opinion regarding SRH issues.

3.2.4.4 Men's attitudes towards GBV

The average attitude score of men's responses to GBV questions in endline survey was 3.47. In baseline survey, the score was 3.38. This means that endline survey respondents express less positive attitudes towards GBV compare to their baseline counterparts. More than three quarter of the male respondents agreed that a wife should tolerate being beaten by her husband in order to keep the family together. When asking male respondents about their opinion on intimate partner violence, levels of agreements on a husband's justification in beating/hitting his wife varied, depending on the reasons for beating/hitting. The following were reasons of a husband in beating/hitting his wife, ordered by agreement levels, from

highest to lowest: neglecting the children; going out without telling the husband/partner; arguing with the husband; burning food; and refusing to have sex with the husband.

Only two of the five intimate partner violence questions were asked in baseline, and in each question, endline results show less agreements to violence. Even with these positive results, the overall attitude towards intimate partner violence is still in the alarming stage.

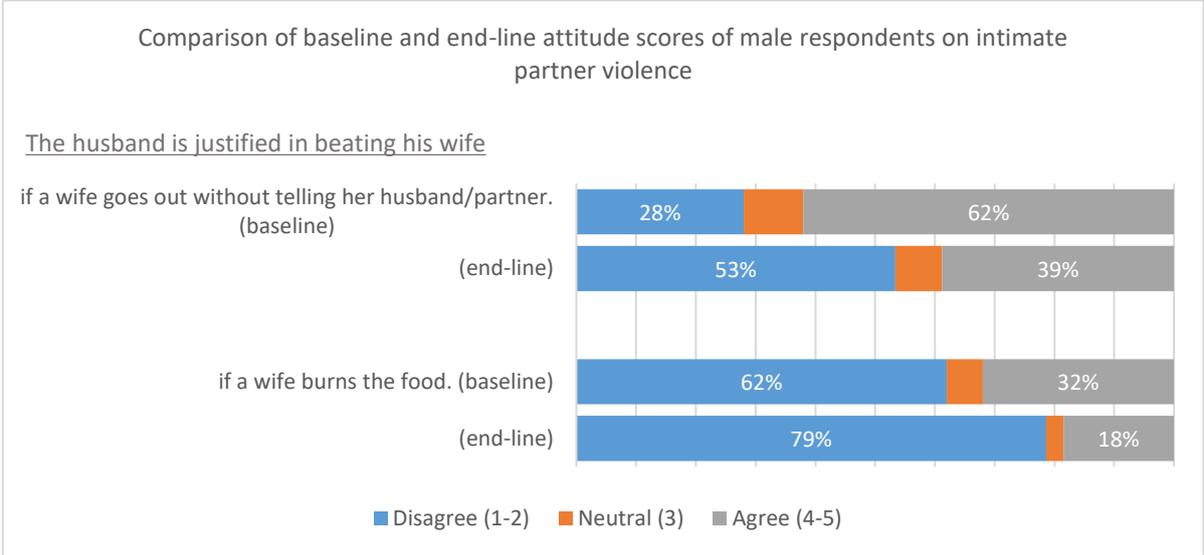


Figure 6. Men’s attitude towards intimate partner violence (2015 and 2018).

Regarding other questions towards GBV, most of the male respondents agreed that it is justified for a wife in refusing to have sex with her husband/partner when she is tired or not in the mood. Similarly, most of them agreed that women should choose themselves to whom they want to marry.

A demographic health survey (DHS) was conducted in Myanmar in 2015, which represented nationally (male sample size 4,737). Compare to the national figures from DHS, the respondents of the endline survey rejected the intimate partner violence less frequently, in all five questions. On the other way, it could interpret that more male endline survey respondents have aggressive attitudes towards intimate partners than general males. The reason could be: because of small male sample size in endline survey (n = 100, 10% confidence intervals); or because the endline survey respondents represented a subset of general males –who were partner of, have work relationship with, or are somehow related to FSWs – who might have more aggressive attitudes towards intimate partners. If it was due to the second reason, these attitudes would have impact on the incidences of violence experienced by FSWs (as shown in section 3.3.1). And CI-M should include more gender transformative (engaging-men) activities with this particular subset of males into the design of future projects.

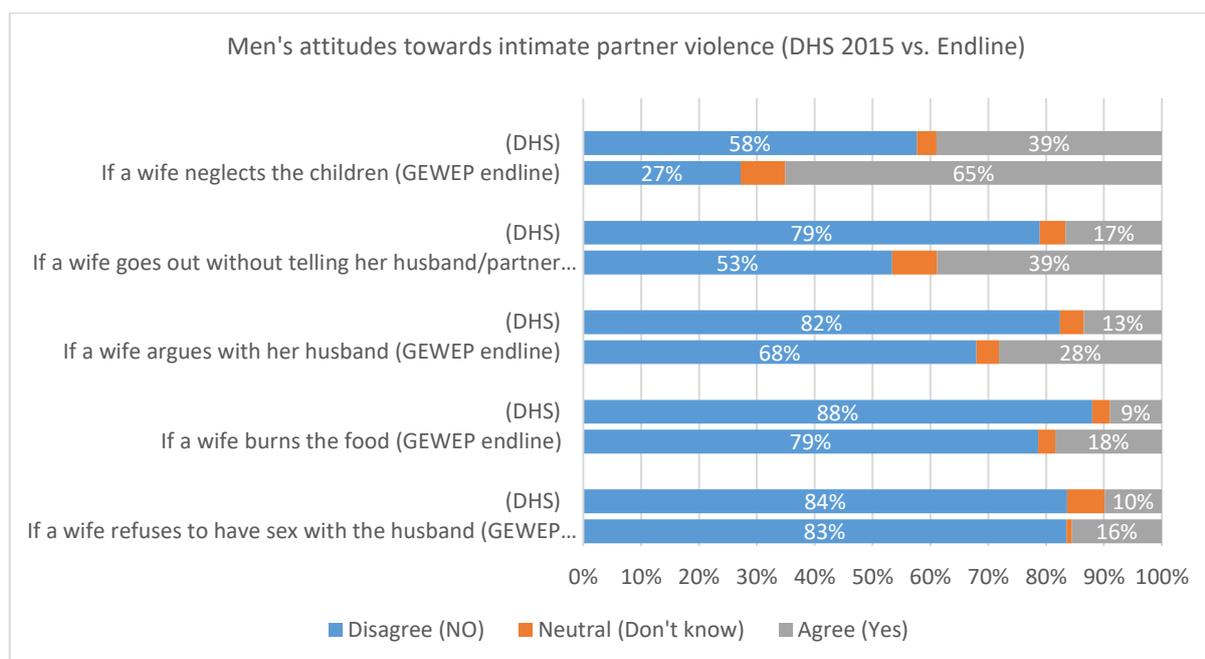


Figure 7. Men's attitudes towards intimate partner violence (DHS vs. endline survey).

Nearly half of the male participants agreed that a girl was never too young to be married if a good husband was found, and that it was better to send a son to school than it is to send a daughter. More than a third of them agreed that survivors of rape must have done something to provoke it. For more details, please see figure in annex comparing women's attitudes towards intimate partner violence.

3.2.4.5 Project Interventions

CI-M has developed Engaging Men Strategy under the its SMP program. Four strategic approaches under the strategy are basically 1) increase awareness of men and women, 2) build capacity of men and women, 3) develop organizational and community system and 4) increase men's engagement in policy advocacy. The strategy's priority constituencies are CARE staff, partner organizations, male partners of sex workers and migrant women, and police officers and community leaders.

CI-M gender team and a consultant developed engaging men training curriculum. Engaging men TOT was conducted for CARE staff, partners' staff. The project also has delivered GBV, anti-discrimination and engaging men trainings to health service providers, legal service providers and police/general administration staff to improve their knowledge and practices in providing service for FSWs. Client and husbands of sex workers, gatekeepers at brothels, pimps, and neighbouring communities were also provided with training on GBV and engaging men.

Engaging men working group was formed under the Gender Equality Network, a strategic partner of CI-M. The working group organized 16 days activism and valentine day events. The group developed key message addressing violence against women. The message was delivered through special events activities, FM radio and TV channels.

Some changes among police officers were reported by FSWs. FSWs who were in police custody were allowed to meet with partner staff from SWIM so that legal arrangement could be made. Some FSWs expressed that they felt comfortable talking with police either in public or during investigation because they noticed friendliness and willingness to help from police officers. One particular police officer was noted by FSWs for providing suggestion to FSWs in custody and helping them contact SWIM.

3.3 Sub-thematic focus areas

3.3.1 Reducing gender-based violence

Reducing gender-based violence (links also to UNSCR 1325)	Baseline 2014	Endline 2018
Women’s attitudes towards gender-based violence	3.3	3.8
Women’s attitudes towards GBV experienced by FSW	NA	3.76
Men’s attitudes towards GBV experienced by FSW	3.5	3.67
% of people who reject intimate partner violence (clients of FSWs)	NA	62%
% of people who reject intimate partner violence (FSWs)	NA	78%
Change in policies/ legal framework/directive in favour of the protection of the rights of sex workers	See text **	See text **
Changes in public policies/legislation/practice addressing all forms of GBV (domestic violence, sexual violence, FGM, trafficking, other.)	See text ***	See text ***

** The focal ministry for amendment of 1949 Prostitution Act changed from Ministry of Home Affairs to Ministry of Social Welfare, Relief and Resettlement. The proposed law has been drafted and expected to be submitted to parliament by the end of 2019.

*** A law on prevention of Violent Against Women (PoVAW) has been drafted and currently waiting to be submitted to parliament.

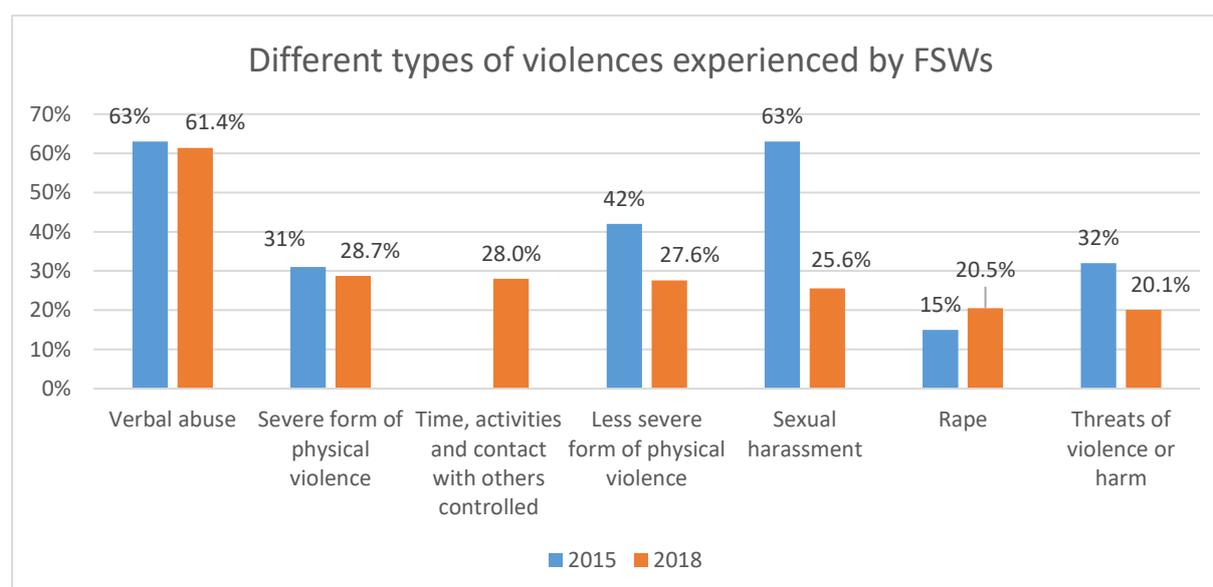


Figure 8. Different types of violence experienced by FSWs.

During endline survey, three quarter of FSWs responded that they have ever experience at least one form of violence. The most common form of violence FSW experienced was verbal abuse. 20.5% said they have experienced rape. Among the rape survivors, phone contact FSWs and



street-based FSWs were the most common (74% of all rape survivors were either phone contact or street-based FSWs). Two third of those rape survivors said it happened once a year or more frequently. Clients were the most common offender of different types of violence, apart from verbal abuse.

Husband/partner, police and pimp were also occasional offenders of violence. Most common type of violence offended by husband/partner was beating, punching or slapping (severe form of physical violence). Most common violence committed by police and pimps was threatening of violence or harm.

When compared with baseline finding, proportions of FSWs who reported to have experienced sexual harassment, less severe form of physical violence and threatening violence or harm in endline finding are significantly less. However, proportion of FSWs experiencing rape is higher in endline. Because of difference in sample sizes of baseline and endline, and unavailability of baseline raw data, the statistical significance of the differences could not be calculated.

3.3.1.1 Women's attitudes towards GBV

Average attitudes scores of FSW participants towards gender-based violence in endline survey is 3.8. It was 3.3 in baseline survey. This means that more FSW participants in the endline survey expressed positive attitudes towards GBV when compare to their baseline counterparts.

When asking to FSWs about their opinion on intimate partner violence, their scores were consistently higher in all questions than scores of male survey participants. But, the patterns of agreements on violence behaviour of intimate partners were interestingly similar between male and FSW respondents. More than half of the FSW survey participants thought that a wife should tolerate being beaten by her husband in order to keep the family together.

Like male respondents, many FSWs believed that neglecting children by a wife is a serious misdeed that her husband is justified in beating her. Less serious wrongdoing than neglecting children, but more serious than burning food, arguing with the husband and refusing to have sex with husband, was going out without telling the husband or partner, which need her husband/partner to discipline her by hitting or beating her.

12 885 females form general community across the country participated in DHS 2015 (female questionnaire). When compared with the national figures from DHS, the FSWs respondents in GEWPE II endline survey showed more or less the same pattern of responses to questions on attitudes towards intimate partner violence. FSWs are one subset of general female, and this finding showed that attitudes towards intimate partner violence by FSWs subset does not differ from that of its superset, the general female community.

Even more FSWs shows positive attitudes (reject violence) than general women in two areas (justification in beating/hitting of wife when she refuses to have sex with him or when she argues with him). One reason could be that FSWs in Yangon and Mandalay have frequent exposure to gender and GBV training provided by NGOs and CSOs. CI-M and its partners contributed a larger share of that awareness raising and capacity building training. For more

details, please see figure in annex comparing women’s attitudes towards intimate partner violence.

3.3.1.2 Women’s and men’s attitudes towards GBV experienced by FSWs

Around half of the survey respondents (both FSWs and males) agreed that it is ordinary in their community that sex workers experienced sexual harassment, physical violence or threatening. However, most of the survey respondents (>80%) did not agreed that sex workers should accept such violence as a nature of their work.

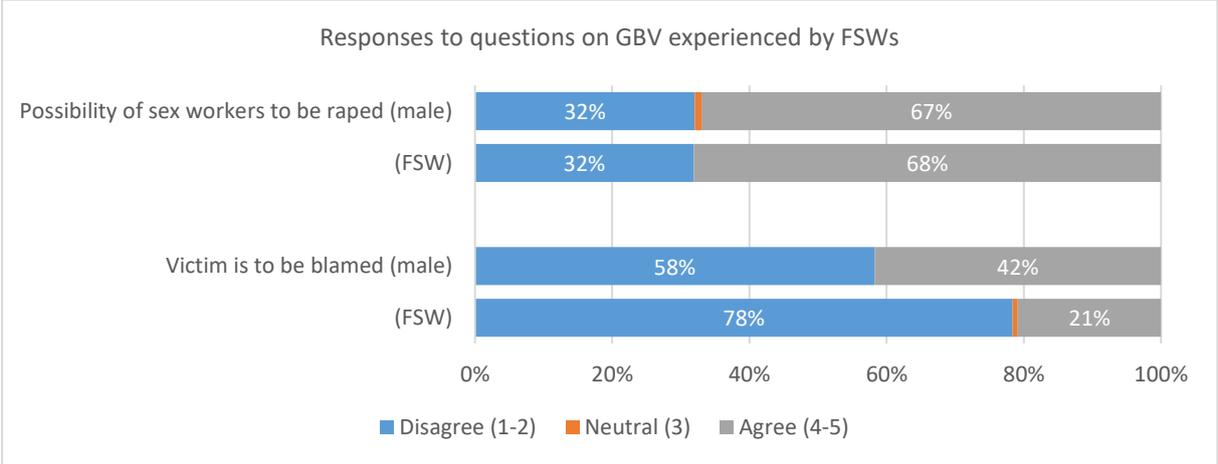


Figure 9. Attitudes of respondents toward GBV experienced by sex workers

Majority of the respondents believed that drugs or alcohol was the cause of gender and sexual based violence. Although both male and FSW participants similarly agreed that a sex worker could be raped, male respondents had more tendency to blame the FSW (the survivor) for putting herself into such situation.

3.3.1.3 Project Interventions

The project provided GBV case management training to four CSOs which included project's partners and other CSOs. The CSO participants were trained on how to assist GBV survivors by using survivor centre approach. The project also trained health and social service providers on GBV counselling. GBV, anti-discrimination and engaging men trainings were also provided to health department staff, lawyers, police officers from township and central levels and cadets from police training academy.

CI-M and partners together have been organizing special events such as 16 Days of Activism, International Women Day, Violence Against Sex Workers Day. GBV messages were disseminated to the community through different channels. In 2018, MRCWA organized 16 Days of Activism in 8 townships in Mandalay Division where GBV messages were disseminated through plays and songs.

Engaging men working group is formed under the Gender Equality Network, a strategic partner of CI-M. The working group organized 16 days activism and valentine day events. The group developed key message addressing violence against women. The message was delivered through special events activities, FM radio and TV channels.

SWiM's chairperson occasionally engaged with media and explained challenges, violence, abuses and discrimination faced by FSWs. The project could not develop a media strategy as appropriate technical personal could not be found. The project (especially SWiM) also wanted to limit the media engagement before the draft proposed Prostitution Act reaches to Union Parliament. They concerned the possible impact of misinterpretation of the media message by the community, and consequently the parliamentarians, on the law amendment process.

To systematize coordinated response to GBV cases, CI-M facilitated a workshop with CSO, INGO and Government stakeholders and develop a referral mechanism and guideline. Then referral guideline trainings were provided to GBV Response Groups (GBVRG), Legal Clinic Myanmar (LCM), MRCW, township and district Department of Social Welfare (DSW) staff, and service



Figure 10. 16 Days of Activism events conducted by MRCWA in Mandalay



providers. GBVRG and MRCWA later used the guideline to refer GBV survivors to appropriate service providers. While three GBVRGs helped the survivors at the ward and village levels, MRCWA supported them in Mandalay District which consisted of seven townships.

CI-M facilitated regular coordination meetings with partners (SWiM, MYS, LCM, GBVRG, MRCWA) and service providers (health staff, police, lawyers, DSW staff and National AIDS Program staff).

Having a clear guideline and a coordination mechanism among stakeholders was proved to be effective in providing health and legal assistance to GBV survivors from community and FSWs. In 2018 in Mandalay, GBVRGs helped 121 GBV cases, and MRCW 118 cases which included three FSWs. LCM provided legal assistance to 455 GBV cases which included 12 cases of FSWs.

3.3.1.4 Change in legislation in favour of the protection of the rights of sex workers

SWiM, the project's partner since 2014, has been engaged in the leading role in advocacy process to amend the 1949 Suppression of Prostitution Act. This act made the sex work illegal and resulted in different forms of discrimination, abuse, violence, and exploitation towards FSWs. The project built the advocacy capacity of the SWiM and helped them develop advocacy strategy. SWiM collected evidences of violence against FSWs through its member SHGs across the country and use those evidence to advocate for amendment of 1949 Act.

Previously, the amendment of 1949 Act was under the responsibility of Ministry of Home Affair (MOHA) which included Myanmar Police Force. When the newly elected NLD government viewed the prostitution (and amendment of 1949 Act) as human rights issue rather than law enforcement issue, they change the focal ministry for law amendment to Ministry of Social Welfare, Relief and Resettlement (MSWRR). SWiM has been invited and consulted on several occasions by MSWRR for the law amendment process. Many UN, INGO and CSO also involved in the process.

The proposal did not yet contain suggestion for decriminalization or legalization of the sex work. It aimed to reduce the jail terms and fine amount for conviction of prostitution. Currently, the Union Attorney General Office already provided their feedback to the draft law and MSWRR was working with stakeholders to address the feedbacks. The proposed law was planned to be submitted to Parliament before end of 2019. Submitting of the draft law to the Parliament is only the first stage, and it may take even longer in the Parliament to present, discuss, vote and decide whether to accept the proposed amendment.

On the other hand, CARE and SWiM also have been engaging with parliamentarians at regional and central levels who expressed support on reform of 1949 Prostitution Act. Through this engagement, the project planned to recruit more parliamentarians who would support the reform in parliament hearings and meetings, and eventually in voting in favour of law amendment.

3.3.1.5 Changes in legislation addressing all forms of GBV

CARE’s another partner, GEN, has been taking a lead role in drafting and advocating for Prevention of Violence Against Women Law (PoVAW) for more than four years and has found the negotiation and passage of the law challenging because of lack of understanding on the nature and threat of GBV among political actors. In 2017, a joint team was formed and made a compelling advocacy movement towards adoption of PoVAW law. MSWRR was the lead ministry for drafting and submitting the PoVAW to parliament. At the time of this evaluation, the comments from the Union Attorney General Office have been addressed and the law was ready to submit to Parliament. However, since this new law was not one of the priority issues at Parliament, it was not clear yet whether it will be submitted to coming Parliament Sessions or the next.

Gender team of CI-M were involved in two TWGs under MNCW, namely mainstreaming group and violence against women (VAW) group. Mainstreaming working group is responsible for three priority areas: women, education and training; women and health; and institutional mechanisms for the advancement of women. VAW working group is responsible for two key priority areas under NSPAW: violence against women; and women and the media. Although the responsibilities and work plan of each TWGs have been identified since September 2018, because of limited budget and time frame, TWGs could not implemented much activities yet. However, VAW working groups have been organizing awareness raising sessions at schools and factories (government and private), in which, gender experts from NGOs, police, lawyers and judges make presentations on gender and GBV. CARE gender team have been actively involved in those awareness raising sessions.

3.3.2 Strengthening women’s sexual and health rights

Strengthening women’s sexual and reproductive health and rights	Baseline 2014	Endline 2018
% of women that have used sexual and reproductive health services in the last 12 months	92%	96.5%
% of women that have used sexual and reproductive health services in the last 12 months and are satisfied with the services	92%	91.2%
% of FSW that have used legal services in the last 12 months	5%	9.8%
% of FSW that have used legal services in the last 12 months	63%	97.1%

Most FSWs participants of endline survey or their spouse (96.5%) have used at least one kind of SRHR service in previous 12 months. This was higher than baseline where only 92% had used SRHR services. In end-survey, most common services used were condoms (82%), HIV/AIDS testing and counselling (71.8%), information and counselling (44.9%), treatment of STI (38.8%) and other contraceptives (35.9%). However, more of baseline respondents who used SRHR services satisfied with the service they received than endline respondents (92% vs. 91.2%)³. Around one fifth of the FSWs who have received skill birth attendance during delivery were not satisfied with the service. Some few were also not satisfied with OC pill use, and information and counselling services. No clear reasons were provided for dissatisfaction.

Around 10% of FSW endline survey respondents have used legal services in last 12 months, and nearly all of them were satisfied with the serviced they received. Legal service utilization and

³ The statistical significances of the differences could not be calculated because of unavailability of baseline raw data.



satisfaction were both higher in endline than in baseline survey. According to partners, many FSWs who seek legal support for violence against them did not want to contest their cases at the courts. Instead, they wanted a lawyer to help them mediate their cases locally. They did not dare to go to the court and admit their profession at court because it was illegal.

3.3.2.1 Project Interventions

CI-M provided SRHR trainings to partner staff and active peer educators from the SHGs. The topics covered in those trainings were SRHR, different contraception methods, reproductive health, HIV, AIDS and cervical cancer. Partner staff shared their knowledge to the DIC visitors and sex workers in the field. Peer educators shared the knowledge with their fellow SHG members. Partner staff and peer educators also helped FSWs who were seeking health or legal services by referring to appropriate service providers.

“When GEWEP I ended and before GEWEP II activities started, cases on trials at courts stopped receiving legal support from the project. Some of the FSWs lost their cases and were even sentenced prison terms. FSWs could not withstand frequent court appointments and long duration of the trials without external support, and they finally admitted and accepted court decisions. After that, some FSWs on trials showed reluctance to accept legal support from the project. “

Interview with partner staff

Multiple legal literacy trainings were provided to FSWs by partner organizations. The training aimed to raise the awareness of FSWs on existing prostitution act, existing criminal law concerned with FSWs, how to prevent exploitation, how to defend and how to deal with police for unreasonable arrest, and how to defend accusation on trial.

Most of the SRHR cases were referred to Marie Stopes International (MSI), Population Service Internationals (PSI), National AIDS Program (NAP), Htun Clinic and township hospitals. Lawyers and paralegals from Legal Clinic Myanmar (LCM) and Myanmar Justice Association (MJA) usually provided legal support to the cases referred from CARE and partners. CARE and partners met regularly with service providers for better collaboration in service access and provision.

To reduce the discrimination of service providers towards FSWs, the project delivered GBV, anti-discrimination and engaging men trainings to health service providers, legal service providers and police/general administration staff. In 2018, project’s new partner, MYS, facilitated dialog sessions between service receivers and service providers. The service providers included in such sessions were trafficking police, lawyers, and staff from Department of Social Welfare, National AIDS Programs, government hospitals, and NGOs. The dialog sessions aimed to improve understanding upon FSWs among service providers and consequently to reduce discrimination.

Police and judges usually wanted to end the cases (sex work cases) quickly because such cases made them less or no money. So, in the past, they pushed sex workers to admit quickly. Sex workers usually admitted and were sentenced to prison terms. Lately, with supports from legal aids and lawyers, sex workers did not admit that they were guilty. When the courts processed the cases with support from witness, some were released, and some were granted bail. 3A (subsection of prostitution act) usually doesn't grant bail. But there have been some cases in which we used points from CEDAW and women's

right to finally persuade the judge to grant bail. ..., but when sex workers run away while they were on bail, it became difficult to apply for bail.

Interview with a lawyer from Mandalay

	Legal Support	SRHR Support
2016 Yangon Mandalay	17 cases <ul style="list-style-type: none"> • Court representation • Food and clothes provision while in custody • Psychosocial counselling 	474 FSWs <ul style="list-style-type: none"> • Referral for VCCT and STI treatment • Mobile SRH services
2017 Yangon Mandalay Mawlamyaing	22 cases <ul style="list-style-type: none"> • Court representation 	803 FSWs <ul style="list-style-type: none"> • Referral for VCCT and STI treatment • Hospital cost
2018 Yangon Mandalay Mawlamyaing	44 cases <ul style="list-style-type: none"> • Court representation • Food and clothes provision while in custody 	389 FSWs <ul style="list-style-type: none"> • Referral for VCCT and STI treatment • Hospital cost

Table 1. Legal and SRHR support provided by project partners. Note that the project extended to Mawlamyaing in 2017, Mawlamyaing was not part of this endline survey.

4 Discussion on the results

The goal of the project is to support sex workers to be able to live in safety and with wellbeing through strengthened legal and social representation, capacity building and protection of their rights. Under this goal the project has four expected outcomes:

- Strengthened capacity of civil society to represent, defend and advocate the rights of sex workers.
- Sex workers enjoy increased access to health and legal services.
- Sex workers enjoy safer employment and access to alternative income options
- Sex workers enjoy greater protection before the law and within their communities

Based on the finding and analysis, it can be said that the project is moving towards its goals in realizing the safety and wellbeing of FSWs through legal and social representation, capacity building and protecting of their rights. It will be quite challenging to fully achieve these goals in the current political and cultural context of Myanmar. The project design is composed of four outcomes which complement each other. The activities and outputs are logically linked to outcomes and are relevant to project's goal. Among the four outcomes, the level of achievement varies.

Outcome 1: to strengthen the CSO capacity in order to represent, defend and advocate the rights of sex workers. Outcome 1 is partly achieved.

SWiM has been the key project partner of the project in both GEWEP I and GEWEP II. SWiM is a network of self-help groups (SHG) formed with FSWs, and they represent the sex workers community in Myanmar and advocate for the rights of sex workers. Throughout the GEWEP I & II, CI-M has been systematically supporting SWiM to build their organization capacity.



According to organizational capacity assessment (OCA) results, SWiM's capacities in seven thematic areas were improving. SWiM was supposed to contribute to three other outcomes.

SWiM showed great improvement in their advocacy capacity. With support from CI-M, SWiM developed an advocacy strategy in 2015, which was reviewed and revised in 2017. This advocacy strategy made SWiM's effort to change 1949 Prostitution Act more systematic and inclusive. SWiM collected evidence from its members across the country evidence of violence against sex workers and used that information for their advocacy effort. The government agreed to amend the Act, and assign Ministry of Social Welfare, Relief and Resettlement (MSWRR) as focal ministry for amendment of the 1949 Prostitution Act. Together with other agencies, SWiM has been providing inputs to MSWRR in drafting the law. At the time of this survey, the law was in the drafting stage and it was expected to be submitted to parliament before end of 2019. CI-M and SWiM also approached Union and State level parliamentarians who expressed support on reform of 1949 Prostitution Act. Through this engagement, CI-M and SWiM planned to recruit more parliamentarians who would support the reform in parliament hearings and meetings, and eventually in voting in favour of law amendment.

SWiM and MYS, the new partner since 2018, have been providing legal assistance to FSWs for court representation. The partners also promoted access to health services by sex workers by making proper referrals to appropriate NGO and government service providers.

However, in 2016 and 2017, after SWiM's leadership decided to take over the decision-making authorities from project managers, there has been delays in completing the workplans under Outcome 3, especially in Mandalay. The vocational training could not be conducted, and many grant applications from FSWs who want to initiate or expand small businesses had been left unapproved. This incidence had negative impact on realization of outcome 3. This also had impact on human resource management and project management which in turn affected the quality and timely completion of the overall project activities. CI-M had to find new partners to replace SWiM to implement outcome 2 and outcome 3 activities.

CI-M introduced two implementing partners to the project, LCM and MYS in 2017 and 2018 respectively. LCM provided legal capacity building and legal aid services to FSWs and GBV survivors from the community. MYS implemented the activities in Outcome 2 and Outcome 3 which were previously implemented by SWiM.

In 2018, MYS facilitated the formation of Mandalay Sex Worker Network (MSW), together with six other organizations. With the growth of SHGs and SHG networks, the participation of FSWs in those groups also increased, from 8% in baseline to 58% in endline. FSWs' perception of social inclusion in the community is higher in endline than in baseline. This may not be talking about general community but about sex worker community.

Outcome 2: sex workers enjoy increased access to health and legal service. Outcome 2 has been largely achieved

GEWEP II or other CI-M projects in Yangon and Mandalay did not provide SRHR services. But, since CARE has been working for PLHIVs and high-risk groups for more than a decade, CARE was well known among FSWs and their clients. And CARE have been part of many coordination



mechanisms and networks of organizations which are helping FSWs. Referral pathway for SRHR services including HIV counselling and testing, and STI treatments were already well established by such networks.

CI-M and its GEWEP partners could use the benefit of such referral mechanism in helping FSWs effectively. On the other hand, CI-M built the capacity of partners, and partners in turn built the capacity of their member SHGs and FSWs, on SRH and SRHR. DIC had been a gathering place for FSWs where they shared their experience and knowledges with their fellow sex workers. Partners, member SHGs as well as peer educators, who were all participants of GEWEP II project, also referred those FSWs who need SRH services to appropriate health service providers. Since FSWs are at high risk of being infected by HIV and STI, they need regular blood tests and occasional treatment. If they are infected with HIV, then they need counselling and ART. The constant need of information and service by FSWs could use the advice and service provided by GEWEP II partners and similar other organizations. The percentage of FSWs who have used SRHR services in last twelve months was 96.5 which was increased from baseline when it was 92. GEWEP, together with other organizations, contributed to that figure. In addition, attitudes of men towards women's SRHR also showed higher average in endline than in baseline, which is usually associated with women's health seeking behaviour.

On the other hand, the project's principal partner SWiM brought the experience and expertise related to legal service provision to GEWEP II. Another partner, LCM, joined the project in 2017. While LCM provide legal awareness raising and legal aid service, CI-M helped LCM built their organization capacity. CARE, LCM and SWiM (later MYS) worked harmonically in helping FSWs who were in court and needing representation, or who were GBV survivors. The GEWEP II partners also raised awareness among FSWs on their legal rights, and how to avoid being arrested unfairly by police. The rate of utilization of legal services also increased from 5% in baseline to 9.8% in endline. The contribution of GEWEP II in this increment would be significant, although this will require more data and analysis to prove it.

To reduce the discrimination of service providers towards FSWs who sought services, the project delivered GBV, anti-discrimination and engaging men trainings to health service providers, legal service providers and police/general administration staff. Moreover, project partners regularly coordinated with those service providers to facilitate the referral process. Dialog sessions were also facilitated between FSWs and service providers, as additional effort to make service providers understand FSWs' life and challenges and to reduce discrimination. Of all FSWs who received SRHR services in last 12 months, 91.2% were satisfied with the services they received. And 97.1% of all legal service receiver FSWs were also satisfied with the services they received.

Outcome 3: sex workers enjoy safer employment and access to alternative income options.
Achievement of outcome 3 is partial.

The project provided opportunities to FSWs who want to generate additional income through an employment or entrepreneurship. The number of FSWs who received vocational support and small grants were limited because of the duration of the trainings and the cost incurred to the project. Moreover, the performance of a partner, SWiM, particularly in this outcome has



been low in 2016 and 2017, which resulted in even lower number of beneficiaries of this outcome.

However, there were some evidence showing FSWs gaining benefit from activities under this outcome. Some vocational training participants either employed at private businesses or started owned business. Grant recipients also showed some success in start-up business or expanding existing businesses. But, when compared with the total number of trainees (32) and total number of grant recipients (81), the number of success cases has been insignificant. On the other hand, there were some complaint from FSWs that 100 USD was not enough to start a new business. The project should consider a variable grant amount with a fixed ceiling. The amount of a grant should depend on type of business and soundness of the business plan.

Under this outcome, the project also aimed to promote safer working environment for sex workers. In 2017 and 2018, a total of 107 brothels have been lobbied using the minimal standard checklist which promote condom usage and hygienic practice at brothels, as well as access to SRHR services by FSW.

Men's attitudes towards women economic empowerment showed that a great majority of men respondents believed house works and caring family as women's only role. And more than half of the men believed that major household decisions should be made by men. As for married women, these attitudes of their husband would be discouraging for seeking employment or entrepreneurship opportunities.

**Outcome 4: sex workers enjoy greater protection before the law and within their communities.
Outcome 4 shows gradual progress**

SWiM's endeavour to protect the rights of fellow sex workers by amending the 1949 Suppression of Prostitution Act has shown some improvement. Through years of effort, the government finally assign an appropriate ministry, MSWRR, as a focal ministry to amend the 1949 Act. The draft law has been prepared and was planned to be submitted to the parliament by the end of 2019. If the draft law is approved by parliament, the sentence and fine amount for committing prostitution will be less, and sex workers will be sent to vocational institutions rather than to prison. At this time, decriminalization or legalization of sex work will not be proposed considering the current political situation in Myanmar where nationalist and conservatives are making strong voices both in the parliaments and the general community.

There will be general election in Myanmar in 2020. MSWRR, being a government ministry, might also consider the impact of proposed draft Prostitution Act on 2020 election. The opposition USDP party can probably use the proposed Prostitution Act to attack the NLD party which is in control of current government. There has been evidence that USDP used nationalists and conservatives to attack NLD government. In this regard, some thought that the motivation to submit the draft Prostitution Act to parliament before end of 2019 was somewhat ambitious.

The other law drafted and advocated for by GEN, Prevention of Violence Against Women Law (PoVAW), was a little far ahead than 1949 Prostitution Act. It was now drafted and ready to submit to parliament. Considering the time of submission and its probable little impact on the

election, PoVAW has more chance to be submitted to and discussed at coming parliament sessions.

Both PoVAW and Prostitution Act, if approved, will have positive impact on the lives of FSWs. However, as long as sex work is criminalized, it will be challenging for a sex worker to get legal protection from all the violence and crimes endured by them. She will remain reluctant to seek assistance from or report to police and authority in case of violence or exploitation in fear of being arrested. Even if a sex worker is sent to a vocational institution rather than a prison for committing prostitution, she may have family to support and she will not want to be away from them.

Attitude of men respondents towards intimate partner violence suggested that they may be representing a subset of general male community who have more aggressive attitudes (and possibly behaviour) towards their partners. Those men were living in the neighbourhood of sex works, their livelihoods were somehow dependent on sex work, or they were FSWs' partners or husbands. CI-M should do some more research to confirm or disconfirm the suggestion, with a sufficient sample size. While such aggressive attitudes would contribute to the high incidence of violence faced by sex workers, this is an opportunity for CI-M to introduce more of gender transformative (engaging-men) activities with this particular subset of men into future projects' designs.

4.1 Relation to the Sustainable Development Goals



Royal Flower project implemented by CARE Myanmar and its partner CSOs contributed mainly to SDG Goal 5, Gender Equality. Under SDG 5, the project has been contributing to the following indicators of SDG 5: End all forms of discrimination against all women and girls everywhere; Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation; Ensure universal access to sexual and reproductive health and reproductive rights.

FSWs experienced different forms of discrimination from institutions, people in the community, their family and from other sex workers. The project instituted different strategies to address the discrimination experienced by FSWs. To reduce the discrimination faced by FSWs when seeking service, the project trained lawyers, police and health service providers on GBV, anti-discrimination, and engaging-men. The project facilitated occasional dialog sessions between service providers and FSWs so that the service providers understood the lives of, and challenges experienced by, FSWs. CI-M and partners organized special events, such as 16 Days of Activism, and disseminated anti-GBV message to wider community.

A referral mechanism was set up and used by partners, community groups, and duty bearers so that they could provide response services to the GBV survivors quickly and effectively. A



coordination mechanism was established between project partners and service providers, where they met regularly to find solutions for challenges in providing response services to GBV. GBV counselling and GBV case management training were also provided to CSOs and health and social service providers. As a preventive measure to GBV, the project provided engaging men training to client, family members and community in the neighbourhood of FSWs.

The project involved in two policy reform process through its partner to address the discrimination and violence endured by sex workers. Through its partner, SWiM, the project has been advocating for amendment of the 1949 Prostitution Act, which has been keeping the sex workers vulnerable to different forms of violence, discrimination and exploitation. GEN, another project's strategic partner, has been drafting Prevention on Violence Against Women (PoVAW) law and advocating for its adoption at parliaments. The draft PoVAW addresses violence against women in general, including those against FSWs. The project has been providing financial support to GEN for its advocacy efforts.

The project disseminated the SRH and SRHR knowledge to the FSW community through partner CSOs and peer educators. They referred the FSWs in need of SRH services to the appropriate NGOs and government service providers. By doing so, the project helped the FSWs in accessing reproductive health service and realizing their reproductive health rights, who were otherwise deeply marginalized. Moreover, by providing anti-discrimination training to health service providers from NGO and government sectors, the project attempted to overcome another barrier preventing sex workers from seeking appropriate services for their SRH concerns.

By promoting women's, especially FSWs', SRHR, the project is also contributing partly to an indicator under SDG 3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

5 Lessons learned

- When GEWEP I ended and before GEWEP II activities started, cases on trials at courts stopped receiving legal support from the project. Some of the FSWs lost their cases and were even sentenced prison terms. FSWs could not withstand frequent court appointments and long duration of the trials without external support, and they finally admitted and accepted court decisions. After that, some FSWs on trials showed reluctance to accept legal support from the project. See more under recommendation below.
- Partners valued experiences they gained from working together with CARE staff. During annual review workshop, more than one partner group said training alone was not enough, and hand-on experience made them really skilful at tasks. One example of such experience was when partner staff working together with CARE staff preparing work plan and budget.
- During partner capacity assessment (of SWiM), facilitated discussions were conducted with three SWiM groups, three CI-M groups, and two other donors of SWiM. Scores were provided by groups for each thematic area which were then averaged to get final scores for seven thematic areas. In the final score of each thematic area, SWiM had



three votes, CI-M had three votes, and each of other two donors had one vote (total eight votes). SWiM's discussants generally provided higher scores (to themselves) than other groups. Since they have more votes, their opinions impacted the average scores more than the other donors' opinions (CI-M votes were more or less in the middle), resulting in skewed scores. It is suggested that, in the future OCA analysis, each organization should have only one vote. The result of three discussions of SWiM should be averaged out and used as one vote. The result of three discussions with CI-M teams should also be treated the same way. In that way, the opinion of any organization matter as that of any other organization.

- The partner capacity building plan should be developed in coordination with the other donors of that partner. When CI-M partnership advisor facilitated the OCA of a partner, other donors of the partner were also consulted. But, when capacity building plan was developed based on the OCA finding, and when the capacity building activities were implemented, other donors were not consulted. It is suggested that capacity building of a partner should be coordinated among different donors of that partner. By doing so, time, money and technical resources can be shared among donors. The donors altogether can even have a medium-term capacity building strategy for the partner. For SWiM, by doing so, the focus of the capacity building will move from the project (GEWEP) towards the network (SWiM network). And the result of the capacity building might be more sustainable.
- Although OCA results showed a partner's capacity as improving, in reality, the major activities supposed to be implemented by the partner were not going well (IG small grant activities and many Outcome 2 activities, by SWiM). It was not because of outside circumstances, but of the leadership and management issues of partner. As a result, CARE had to look for other partners. This highlights the limits of the OCA tools. It is a tool use to help partner reflect upon their own capacity, but it could not be an objective measure of their capacity. A recommendation on partnership guideline was presented in the following recommendation section, which also suggested objective measurement of partner capacities.
- Two (three if Mawlamyaing is counted) CARE field offices are currently working with separate partners, and CARE offices uses different approaches with different partners (work planning, decision making, mentoring and coaching, monitoring). CARE field teams and program team had to adapt the working style with partners based on emerging situations. While it is good to be flexible when the nature of the activities is dynamic, an appropriate and proper amount of guidance would help the teams to stay on the track. See more under recommendation below on partnership guideline.

6 Conclusion and recommendations

- The project should conduct a study to confirm or disconfirm the finding of this endline survey about attitudes of sub group of men towards intimate partner violence. Those men were living in the neighbourhood of sex works, their livelihoods were somehow dependent on sex work, or they were FSWs' partners or husbands. If those negative attitudes were confirmed, it could be one of the main contributors to the high incidence of violence faced by sex workers. And consequently, CI-M should introduce more



intensive gender transformative (engaging-men) components with that sub group of men into future projects' designs.

- Continuing activities during funding gaps between projects is a common problem not only of partners but also of CI-M. However, the legal support activities of this project are not the ones that should be caught in the same trap, because the livelihood and freedom of many people are depending on it. Donor, CI-M and partner CSOs should work on a strategy to avoid leaving a legal aid process in the middle of a trial, because of a funding gap. The strategy should consider at least the average duration of a trial, the estimated cost, possibility of funding during gap periods, and communicating the service recipients about all possible scenarios from the beginning.
- CI-M and partners should find out an appropriate size of grant amount to start a small business. Current amount 100 USD per grant was limited for someone to start a new business, but it may be enough for those who extend their existing business. The grant amount could also be in a range depending on the type of activity proposed.
- SWiM's presence on the web and the social media was limited. SWiM can use the social media more effectively to communicate its advocacy messages to wider audience. However, since the issue SWiM is advocating is sensitive in current political situation, SWiM should also take caution on what message to present and when to present on the social media.
- It is a good practice that organization capacity assessment to partners usually comes up with capacity development plan for succeeding years. However, most part of the plan are training. The capacity development plans should also consider opportunity for partner staff to gain hand on experience such as on-job learning, secondment to some of CARE or other organizations' departments.
- Although partnership is not new to CI-M, it is also not in its advanced level. Especially, field office staff of CI-M find it difficult to prioritize between the partner capacity development agenda and completion of activities. There has been evidence that they skipped partners' departments' procedure in order to speed up some activities, instead of finding a solution together to improve the procedure.
- CARE should develop a partnership guideline using experience working with partners as well as external expertise. The guideline should include a tool to clearly measure capacity of partners (objectively) in different areas and provide guidance to CARE field and program teams on how to work with partners at different capacity level at different areas. While partners (especially CSOs) do not need to follow the exact ways CARE is doing, and they need room for development, they also need a starting point from where they could grow. There should be milestones identified in different capacity areas, but how each milestone is reached could be flexible. The partnership guideline should be strict in measuring the achievement of the milestones but should be flexible in how to work with partners to reach to next milestones. (This recommendation is targeting the partnership type where CARE also planned to support partners' capacity development, such as partnership under GEWEP thematic focus area – strengthening civil society)
- In its endeavour towards CSO capacity strengthening and partnership capacity development, CI-M should consider a parallel capacity development model where partners' capacity and CI-M staff capacity are built in parallel. It does not necessarily mean they need to attend all the same training. When considering the capacity of a partner in a particular area, for example in financial development, the expected behaviour of the partner after having that capacity should be identified before the



capacity building attempts are started. At the same time, the expected behaviour of the staff of CI-M who need to deal with that partner during and after capacity developments should also be identified. The staff of CI-M may include not only the trainers, but also the finance staff and project manager (or FOC) who have to work with the partner in that capacity area. Those staff from CI-M should also be trained in order for them to practice the expected behaviour and facilitate the partner's capacity development. Those expected behaviours of both partner and CI-M staff should then be documented and used as a facilitation guide as well as monitoring the improvement in capacity of both partner and CI-M staff. The consultant would like to suggest outcome mapping as an appropriate tool for such parallel capacity building approach.

- CI-M should adapt its M&E system when implementing projects where multiple partners of different capacity are implementing variety of activities. Some suggestions are: a system to track the vocational training participants after the training; a system to track grant's recipients on their business development; a case monitoring system on legal support case, from case registration until the verdict or mediation.



7 List of annexes

Annex 1: TOR for consultant *(separate document)*

Annex 2: Questionnaire *(separate document)*

Annex 3: Charts and tables *(separate document)*

Annex 4: Interview guides *(separate document)*

Annex 5: Select case stories *(separate document)*

Annex 6: GEWEP II Results Framework *(separate document)*