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ANNEX III

to the Commission Implementing Decision on the financing of the special measure in favour of the people of Myanmar for 2023

Action Document for Gender-based violence response, mitigation and prevention in Myanmar

SPECIAL MEASURE

This document constitutes the annual work programme within the meaning of Article 110(2) of the Financial Regulation, within the meaning of Article 23 of the NDICI-Global Europe Regulation.

1 SYNOPSIS

1.1 Action Summary Table

1. Title CRIS/OPSYS business reference Basic Act	Gender-based violence response, mitigation and prevention in Myanmar OPSYS number: ACT-62208 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
2. Team Europe Initiative	No
3. Zone benefiting from the action	The action shall be carried out in Myanmar
4. Programming document	N/A
5. Link with relevant MIP(s) objectives / expected results	N/A
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	Priority Area 1: Governance & Peace
7. Sustainable Development Goals (SDGs)	Main SDG: SDG 5 - Gender equality Other significant SDGs and where appropriate, targets: <ul style="list-style-type: none"> • SDG 3 - Good health and well-being • SDG 8 - Decent work and economic growth • SDG 16 - Promote peaceful and inclusive societies for sustainable development • SDG 17 - Partnerships for the goals
8 a) DAC code(s)	15180 - Ending violence against women and girls. (80%) 15170 - Women's rights organisations and movements (15%) 11330 - Vocational training (5%)
8 b) Main Delivery Channel	United Nations – 41000

9. Targets	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input type="checkbox"/> Education <input type="checkbox"/> Human Rights, Democracy and Governance			
10. Markers (from DAC form)	General policy objective @	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aid to environment @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Disaster Risk Reduction @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Nutrition @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Internal markers and Tags	Policy objectives	Not targeted	Significant objective
Digitalisation @		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div> digital connectivity digital governance digital entrepreneurship digital skills/literacy digital services </div>		<div> YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div></div>
Connectivity @		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div> digital connectivity energy transport </div>		<div> YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div></div>

	health education and research	<input type="checkbox"/>	<input type="checkbox"/>	
	Migration @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUDGET INFORMATION				
12. Amounts concerned	Budget line(s) (article, item): 14.020131 Total estimated cost: EUR 10 000 000 Total amount of EU budget contribution: EUR 10 000 000 The contribution is for an amount of EUR EUR 10 000 000 from the general budget of the European Union for 2024, subject to the availability of appropriations for the respective financial year following the adoption of the relevant annual budget, or as provided for in the system of provisional twelfths.			
MANAGEMENT AND IMPLEMENTATION				
13. Type of financing	Indirect management with the entity(ies) to be selected in accordance with the criteria set out in section 4.4.1			

1.2 Summary of the Action

Following the double crisis of the COVID-19 pandemic and the military coup of February 2021, there has been a significant increase in the rates of gender-based violence (GBV) in Myanmar. The normalisation of violence, pervasive harmful social norms and high level of gender inequality in the Myanmar society¹ are contributing to these high rates, while the lack of meaningful participation of women in decision making processes, including in local peace-building processes and in development and humanitarian response planning, is an aggravating factor, which prevents from addressing the root causes of violence. Cases of GBV are underreported, and very few survivors are accessing services, both due to the scarcity of these services and to the low demand for them². This action aims at addressing both root causes of GBV and specific barriers to access of services for women, girls and individual at-risk of GBV. By also integrating sexual and reproductive health and rights (SRHR), mental health and psychosocial support (MHPSS) and a multisectoral approach to services integrating health, legal support and livelihoods aspects, the action intends to adopt a holistic and survivor centred approach.

The Overall Objective of this action is to contribute to the elimination of gender-based violence in conflict and crisis-affected communities in Myanmar.³

The Specific Objectives (Outcomes) of this action are:

¹ As per the 2022 Gender Inequality Index (GII), Myanmar has been placed 149th out of 191 countries, while the 202120232021 Social Institutions and Gender Index identified Myanmar as the most discriminatory country out of nine Southeast Asian nations for the index component “Restricted Physical Integrity”, which compounds data on attitudes towards violence against women, prevalence of domestic violence, legal framework addressing domestic violence, rape and sexual harassment, and reproductive autonomy. .

² “Service Provision for Gender-Based Violence Survivors in Myanmar”, Gender Equality Network, April 2018, (available at : https://www.genmyanmar.org/system/research_and_publications/rap_file_engs/000/000/028/original/Service_Provision_for_Gender-Based_Violence_Survivors_in_Myanmar-English_Version.pdf) and - “Preventing Gender-Based Violence in Myanmar”, Constitution Brief, March 2022, IDEA (available at: <https://www.idea.int/sites/default/files/publications/preventing-gender-based-violence-in-myanmar-CAWE3.pdf>)

³ Specific States/Regions covered by the action will be determined at contracting stage. Crisis and conflict-affected areas will be the main target areas.

1. Increased effectiveness of women's rights organisations in addressing root causes of GBV and in decision-making and leadership in GBV response, mitigation and prevention;
2. Improved quality, accessibility and comprehensiveness of multi-sectoral services for survivors and populations at risk of GBV
3. Improved economic inclusion of survivors and women at-risk of GBV.

The action will ensure a do-no-harm and conflict sensitive methodology, while aiming at transforming harmful social norms through its awareness raising and prevention component. Focusing on the rights of women and girls is the most effective way of tackling gender based violence, as evidence confirms that gender inequality increases the risk of GBV and that building women and girls' resources, assets and agency is critical to transforming unequal power relations and preventing violence against women and girls⁴. For this reason, the action will consider women empowerment as both the means and the aim of the activities. Strong emphasis will also be given to building local women rights organisations and community-based protection mechanisms' capacity, who will be both beneficiaries and implementers of the action.

While women and girls will statistically make up the majority of direct beneficiaries of services supported through this action, men, boys and gender non-conforming survivors or at-risk of GBV, including persons identifying as LGBTIQ, are also part of the main target of this action. This is in line with the pillar 'leading the call for LGBTIQ equality around the world' of the European Commission LGBTIQ Equality Strategy 2020-2025⁵.

The action will mainly contribute to SDG 5 "Gender equality", but also to SDG 3 "Good health and well-being", SDG 8 "Decent work and economic growth", SDG 16 "Promote peaceful and inclusive societies for sustainable development" and SDG 17 "Partnerships for the goals". It has a gender marker G2 and will strongly contribute to the implementation of the Gender Action Plan (GAP III)⁶ in the country, and in particular to the thematic area of engagement 1 "Ensuring freedom from all forms of gender-based violence", thematic area 2 "Promoting sexual and reproductive health and rights", thematic area 3 "Promoting economic and social rights and empowering girls and women" and thematic area 5 "Integrating the women, peace and security agenda", while also mainstreaming the thematic area 4 "Promoting equal participation and leadership". The action will contribute to all three specific priorities of the Myanmar Country Level Implementation Plan (CLIP): i) to increase resilience of women by supporting access to livelihoods and decent jobs; ii) to support access to sexual and reproductive health and prevent and respond to GBV, and; iii) to support women human rights defenders, women's organisations and other CSOs working on gender and women rights as key actors to promote peace, human and civil rights, and democracy.

2 RATIONALE

2.1 Context

More than 2 years after the 2021 military coup, Myanmar continues to grapple with unprecedented humanitarian challenges. The country is facing a protracted internal conflict and a crippling economic crisis that is being compounded by inflation. While the military regime is consolidating its grip on power in some areas, notably urban centres, other parts of the country, mostly ethnic and rural areas are experiencing various levels of conflict intensity and control by ethnic resistance organisations (EROs). The number of Internally Displaced Persons (IDPs) across the country has surged to 1.7 million persons, including 1.4 million newly displaced since the coup⁷. With increased trends in conflict and displacement and the ongoing economic crisis, the majority of those displaced, including a majority of women and children, rely on humanitarian support. Assessments indicate that the vulnerability of young women, in particular, to sexual exploitation, sex work and child marriage is increasing.⁸

⁴ World Health Organisation (2009) Violence Prevention: The evidence. Promoting gender equality to prevent violence against women, Geneva: World Health Organisation. https://apps.who.int/iris/bitstream/handle/10665/44098/9789241597883_eng.pdf

⁵ European Commission LGBTIQ Equality Strategy 2020-2025 https://commission.europa.eu/system/files/2020-11/lgbtiq_strategy_2020-2025_en.pdf

⁶ https://capacity4dev.europa.eu/library/clip-myanmar_en?refpage=search

⁷ UNHCR, Myanmar Emergency Update, 6 March 2023, available here: <https://reliefweb.int/report/myanmar/myanmar-emergency-update-6-march-2023>

⁸ UNFPA commissioned report "Youth Humanitarian Consultation", forthcoming

General situation of women's rights

The women's rights agenda has suffered a severe setback in the aftermath of the coup. Promising collaborations and agreements between government institutions and civil society organisations aimed at advancing women's rights have been abruptly disrupted. In the aftermath of the coup, women have emerged as symbols of defiance and as key leaders of resistance efforts, assuming prominent roles on the frontlines of protests, the Civil Disobedience Movement (CDM) and in the armed resistance. Since the coup, the junta has arrested more than 1200 women, many of whom have been held in interrogation camps in unknown locations and subjected to severe abuse. Domestic violence and violence against women by armed actors and security forces has increased significantly. Post-coup conflict dynamics have complicated efforts to document sexual and gender-based violence (GBV), further inhibiting prospects for justice and accountability. Organisations working on GBV are unable to publicize their services for fear of surveillance and tracking, and they are unable to reach their target audiences because people are on the move, displaced, in exile or in hiding.

During the COVID-19 pandemic, women's domestic caring responsibilities have increased by 60%, and women are likely to experience long-term setbacks in work force participation and income.⁹ Single women headed households have also become a widespread phenomenon as a result of drugs, addictions, and forced recruitment. Women, men, girls and boys are often victims of trafficking, forced labour and unsafe and irregular migration. Conflict, increasing poverty, high unemployment rates, inflation, loss of livelihoods, and reduction in employment opportunities are major causes of vulnerability to trafficking.

Increase in Gender-Based Violence

While GBV was widespread already prior to the COVID-19 pandemic and the military coup, both these events have had a serious impact on the escalation of GBV in Myanmar. According to the last Myanmar Demographics and Health Survey (MDHS)¹⁰, 15% of women age 15-49 reported experiencing physical violence since age 15 and 9% reported having experienced physical violence in the past 12 months. The MDHS also highlighted a high degree of acceptance of intimate partner violence¹¹. While the MDHS data is indicative of the high level of GBV across Myanmar, it is important to note that GBV is chronically underreported in all contexts due to a range of factors, including fear of reprisals and lack of access to services. At the same time, high level of GBV is also a manifestation of women's lack of economic empowerment, low standing in the society and lack of decision-making power. As per the baseline assessment that was conducted under the previous EU-funded programme Women and Girls First Phase II (WGF II)¹², only 51% women and girls were able to decide for their own health, major household purchase and visiting relatives.

The availability of protection and support services, including safe shelter/houses, for GBV survivors varies across states/regions, but is generally limited. There are also barriers limiting accessibility, including transportation/service costs, language barriers, movement restrictions, and/or lack of trust in or concern over the quality of services. In addition to these barriers, persons with disabilities are further marginalized because of additional challenges that they experience, such as inaccessible infrastructures, inaccessible information and communication materials, and the stigma associated with their disabilities that results in negative attitudes towards them. The availability of and access to GBV support services declined during the COVID-19 pandemic and was reduced further following the military takeover, leading to a decrease in service utilisation by women and girls.¹³ Women's Rights Organisations (WROs) and Ethnic Health organisations (EHOs) have come to play a central role in providing sexual and reproductive health (SRH) care and support for GBV survivors. Similarly, longstanding challenges in access to justice for survivors have been further exacerbated by the military takeover, as the rule of law has deteriorated and the functionality of the justice sector is reduced. Hence, survivors are, to an even greater

⁹ UN Women. Regressing Gender Equality in Myanmar. Women living under the pandemic and military rule (2022): <https://asiapacific.unwomen.org/sites/default/files/2022-03/mn-Myanmar-Women%20Report-NEW-06032022.pdf>

¹⁰ 2015-2016 Myanmar Demographics and Health Survey: <https://dhsprogram.com/pubs/pdf/FR324/FR324.pdf>

¹¹ The MDHS finds that 49% of men and 51% of women agree a husband is justified to hit or beat his wife for at least one of the specified reasons (burns the food ; argues with him ; goes out without telling him ; neglects the children ; refuse to have sexual intercourse ; involved in too much social activity).

¹² ACA/2019/408-224 - Women and Girls First - Phase II

¹³ UNFPA/UNDP GBV Essential Services Package Rapid Assessment (2021)

extent than before, turning to informal justice mechanisms for help, particularly in areas where ethnic resistance organisations operate.¹⁴

Limited access to Sexual and Reproductive Health and Rights (SRHR) and Mental Health and Psychosocial Support (MHPSS)

Similar challenges are impeding women and girls' access to sexual and reproductive health and rights (SRHR). Since February 2021, the situation has rapidly deteriorated with disruptions in the functionality of the public systems, further reducing the availability and accessibility of SRHR services at public health facilities at all levels in Myanmar. Barriers impacting availability and accessibility to SRHR services/interventions include far distances, poor infrastructure, risks associated with travelling to access services, poor quality of services, shortage of health personnel especially midwives, continued stock out of commodities in health facilities resulting from the challenges of shipments, customs clearance and distribution of commodities. Low demand for SRHR services is closely linked with the limited access to accurate information about SRHR, which is greatly limited for adolescents and especially girls due to cultural taboos, which in turn inhibits their ability to make informed choices regarding their body and health.

The importance of meeting the Mental Health and Psychosocial Support (MHPSS) needs of the population is also intensified under the current context. There is a strong association between conflict, forced migration and higher rates of mental disorders, and women are known to be at increased vulnerability in such circumstances. The collective impact of traumatic events such as war on communities has been found to change the way in which families and social groups function, create higher levels of mistrust between individuals and erode societal norms, ethics and social capital.

2.2 Problem Analysis

This action aims to address several factors increasing the risks of GBV in Myanmar, as well as barriers that impede survivors from accessing support when violence occurs. These risks and barriers can be analysed and divided into the following levels. Each component of this action will address a specific level.

- **Factors increasing GBV risks at the societal level**

Embedded harmful social norms contribute to increase gender-based violence in several ways:

- The normalisation of violence: Harmful social norms perpetuate the belief that violence against women and girls is acceptable. These norms reinforce power imbalances, where men are seen as dominant and entitled to exert control over women and girls. This is particularly pervasive in the current environment in Myanmar characterised by high level of violence, creating a permissive environment for GBV to occur ;
- Unequal Gender power relations: Harmful social norms reinforce stereotypes where women and girls are assigned subordinated roles and limited agency ;
- Silence and social pressure: in Myanmar, taboo about GBV discourage open discussions about violence and create pressure to maintain silence, resulting in negative coping mechanisms and underreporting ;
- Intergenerational transmission: harmful social norms are often passed down through generations, shaping future generations' attitudes and behaviours and contributing to further cycles of GBV.

The lack of meaningful participation of women in decision making processes, including in peace-building processes and local development planning, is an aggravating factor preventing from addressing the root causes of violence. Exclusion from these spaces limit the access to women's perspectives, which result in their specific needs being overlooked or not adequately represented.

The action will address this level through its first component, focusing on empowering women rights to increasingly engage in addressing root causes of GBV and in decision-making and leadership in GBV response, mitigation and prevention.

- **Barriers impeding access to services at the local level**

At local level, several practical barriers are impeding survivors to access adequate services:

¹⁴ UNFPA/UNDP GBV Essential Services Package Rapid Assessment (2021)

- Lack of availability of services: especially in conflict-affected and remote areas, services might be inexistent or only partially available; equally medical services have broken down in the cities due to strikes and protests, arrests of medical personnel, etc.. Decades of authoritarian rule in Myanmar has been associated with minimal state expenditure on health, justice and social services, creating deep service provision gaps ;
- Lack of accessibility: this encompass physical, financial and social accessibility, as well as information;
- Lack of acceptability: This issue is particularly relevant in Myanmar at the moment, where state services (when they exist) are boycotted due to the conflict dynamics and lack of trust in the public providers. Lack of acceptability is also an issue in its reversed dimension: services available might not be inclusive of specific marginalised populations (LGBTQI, ethnic/religious minorities) trying to access them ;

Lack of quality: in Myanmar, the quality of services available varies across locations, with remote areas being particularly affected by both the lack of supplies, training and skills of service providers.

These barriers are partially the result of a lack of funding and investment in the long-term. The action will address this level through its second component, focusing on improving the access to quality and comprehensive multi-sectoral services for survivors of GBV and at-risk populations.

- **Barriers impeding access to services at the individual/family level**

At the individual and family levels, several underlying factors can contribute further to the drivers of GBV and the barriers in accessing support and services

- Gender inequitable distribution of resources: Economic stressors, such as unemployment, poverty, and financial instability, can exacerbate tensions within families and increase the risk of violence. Additionally, without viable economic alternatives, survivors may face limited options for financial independence and self-sufficiency. In situations where survivors are unable to meet their basic needs or support themselves and their children, they may be forced to remain in abusive relationships to survive ;
- Lack of education and awareness: Limited awareness about healthy relationships, consent, and alternatives to violence can perpetuate harmful behaviours. Insufficient knowledge about rights, gender equality, and non-violent conflict resolution may further contribute to the occurrence and normalization of GBV ;
- Substance abuse, such as alcohol or drug addiction, can lead to an increased risk of violence within intimate relationships or families and contribute to the occurrence of GBV.

The action will address this level both through the third component, focusing on economic inclusion of survivors and women at-risk and on the provision of livelihood opportunities, and through the first component for aspects related to awareness raising and promoting positive social norms and non-violent conflict resolution.

The main stakeholders of this action are:

Survivors of gender-based violence and at-risk individuals are the main stakeholders and beneficiaries of this action. They encompass a diverse group of individuals of diverse gender, age, disabilities, ethnicities and backgrounds, who may have experienced various forms of violence. It is however expected that the majority of survivors are women and girls and that intimate partner violence is the main form of violence experienced. Given the current context in Myanmar and the increasing rates of conflict related sexual violence (CRSV), specific attention will also be given to these trends in order to adapt activities to the specific needs of survivors from CRSV.

Local communities will be the main target group for the awareness raising activities aiming at transforming harmful social norms, and the level of their engagement will be critical for the success of the action. Particular attention should be given to the mobilisation of **boys and men** in the activities. **Local and religious leaders** also have a strong influence on attitudes and will be key stakeholders to promote positive behavioural changes, mobilise community resources, and ensure local ownership and cultural appropriateness. Finally, **youth** have a strong potential for driving fast and lasting change. Youth-led peer education in particular has strong potential to promote healthy relationships and respectful behaviour.

Local civil society organisations and in particular Women Rights Organisations (WRO), feminist and women-led organisations and networks play a crucial role in advocating for the rights of women and girls as well as key part as service providers for SRHR and services to survivors. Given the vacuum left by the State, they have historically stepped into the service gap to lead local GBV response and prevention efforts. They have the mandate and expertise to provide survivor-centred support services, raise awareness about gender-based violence and

challenge harmful social norms, but have limited access to formal decision-making when it comes to the humanitarian and development agenda planning. They usually have strong connections within the community and have the cultural sensitivity and contextual knowledge to address specific needs of survivors, although often face funding constraints to do so. They will be both beneficiaries and implementers of the action, which will build their capacities while at the same time relying on them to localise and implement activities identified under this action.

International non-governmental organisations (NGOs) who have long-term expertise in the geographic areas of implementation are potential additional implementing partners. They have the capacity to provide technical expertise, support capacity strengthening of local actors and coordinate support at the regional/township level. Their involvement can contribute to the effective delivery of the action and complement the efforts of local stakeholders.

Ethnic health organisations (EHOs) will also be central in the implementation of the action. In the absence of public hospitals, clinics and health facilities and/or considering the unwillingness of survivors to access services provided by the State when they exist, EHOs play a pivotal role in providing health service in ethnic areas. With their history of advocacy within their ethnic communities and often operate clinics, mobile health teams and community-based initiatives providing essential care to most vulnerable groups. This capacity can be leveraged to integrate GBV response services within their existing service delivery structures to ensure comprehensive support for survivors. As for local CSOs and WROs, EHOs will be both beneficiaries and implementers of this action.

Faith based organisations (FBOs) and religious leaders have potential to change behaviour that relate to GBV and gender equality through dialogue with community members. Under the new Association Registration law, FBOs are less likely to be affected from regulations and may serve as key service providers.

Harm-reduction, HIV and migration partners: with the intersection between drug use, intimate partner violence and migration and trafficking, especially in some areas that might be targeted by the action (Kachin), there is a need to explore opportunities for stronger coordination and collaboration with partners dedicated to harm-reduction, HIV and migration. In case the action would be implemented in IDP camp areas, engagement with camp management structures (often dominated by men) will be essential.

International community, UN organisations and donors involved in the sector. Coordination with other donors involved in the sector is essential to avoid duplication of efforts, as well as with UN organisations leading the implementation of programmes (UNFPA, UN Women, UNICEF). Strong collaboration and coordination platforms exist both within the development and humanitarian sectors, such as the GBV Sub-Cluster and the MHPSS Working Group, and will be mobilised when relevant. Sweden, Finland, Germany and Italy were previously involved in the sector along the EU, Switzerland and Australia through the joint programme Women and Girls First Phase II, implemented by UNFPA until mid-2023. While none of the EU Member States previously involved have committed new funds in support of this sector, Switzerland and Australia have signed new agreements with UNFPA. This action will seek to join efforts and/or ensure complementarity with the ongoing multi-donors programme, while encouraging EU Member States to stay active in the sector and possibly commit to joint interventions.

Government institutions: Although State actors are normally the main duty bearers and have the mandate to enforce the law, develop the policy framework and provide essential services, the Myanmar de facto authorities will not be active stakeholders of this action given the current context and the approach of non-engagement adopted by the EU¹⁵.

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The Overall Objective of this action is to contribute to the elimination of gender-based violence in conflict and crisis-affected communities in Myanmar.

The Specific Objectives (Outcomes) of this action are to:

¹⁵ <https://data.consilium.europa.eu/doc/document/ST-6287-2021-INIT/en/pdf>

Outcome 1: Increase effectiveness of women's rights organisations in addressing root causes of GBV and in decision-making and leadership in GBV response, mitigation and prevention

Outcome 2: Improve quality, accessibility and comprehensiveness of multi-sectoral services for survivors and populations at risk of GBV

Outcome 3: Improve economic inclusion of survivors and women at-risk of GBV

The Outputs to be delivered by this action contributing to Outcome 1 are:

- 1.1 Enhanced capacity of WROs and CSOs to implement GBV prevention strategies and engage in decision making and leadership in GBV response, mitigation and prevention
- 1.2 Improved knowledge and capacities of community members (women, men, girls and boys) of key issues related to GBV prevention, positive coping strategies and non-violent behaviour

The Outputs to be delivered by this action contributing to Outcome 2 are:

- 2.1 Increased coordination between non-state service providers including on integration of case management systems
- 2.2 Increased availability of integrated quality SRHR, GBV and MHPSS services delivered by (non-governmental) service providers
- 2.3 Increased demand for and usage of SRHR, GBV and MHPSS information and services through awareness raising

The Outputs to be delivered by this action contributing to Outcome 3 are:

- 3.1 Enhanced access to information on livelihood opportunities for survivors based on local contexts
- 3.2 Increased access to trainings and other forms of livelihood support for GBV survivors and at-risk populations, including short-term vocational training aligned with market assessment's results.

3.2 Indicative Activities

Activities under Output 1.1 may include:

- provision of technical capacity building, workshops and networking opportunities to local WROs, CSOs and youth groups;
- technical support to the participation of WROs, CSOs and non-state service providers to local and national (non-governmental) decision and coordination structures on SRHR, GBV, and MHPSS service planning and provision;
- direct grants to implement monitoring mechanisms and mentoring support.

Activities under Output 1.2 may include:

- community-based assessments to understand local perceptions, attitudes, and behaviors related to GBV;
- informed awareness raising activities among community members implemented by local WROs and CSOs supported under output 1.2, including targeted programmes to engage men and boys and GBV/SRHR/MHPSS education session for young people in school and out of school;
- family session on non-violent approaches to conflict resolution inside the home.

Activities under Output 2.1 may include:

- development and roll out of standardized tools, protocols, guidelines and materials for non-state service providers;
- system strengthening to improve integration/complementarity of SRHR, GBV and MHPSS services; technical support to improve effective information collection and coordination mechanisms and safe referral pathways including health, legal and justice actors.

Activities under Output 2.2 may include:

- trainings and technical support to local non-governmental service providers implementing comprehensive SRHR, GBV and MHPSS services;
- service provision, including grants to non-governmental service providers ;
- conducting accessibility audits of services facilities and IEC materials and technical support to improve disability inclusion in service provision.

Activities under Output 2.3 may include:

- information sharing and campaigns on safe referral pathways and available multi-sectoral services ;
- education outreach sessions in health clinics, relevant centres and youth corners, IDP camps, villages/host communities.

Activities under Output 3.1 may include:

- context-specific and culturally appropriate market assessments for livelihood opportunities for survivors.

Activities under Output 3.2 may include:

- provision of basic life skills sessions, including financial, digital and management training for survivors;
- provision of short-term vocational training in line with the results of the market assessments

If relevant and based on the assessment, the action may include grants to conflict and crisis affected women and women's groups for collective micro-livelihood activities; the establishment of market place for women products and support to women-centered agricultural activities; provision of flexible employment pathways, including internships and entrepreneurship trainings.

3.3 Mainstreaming

Environmental Protection & Climate Change

Control over abundant natural resources and weak governance are among the root causes of the conflict and, most likely, of the military coup. While the anticipated activities are not expected to have significant environmental consequences, a case-by-case assessment will be conducted to ensure environmental considerations are addressed appropriately. Protection of natural resources will be mainstreamed into all activities. Sustainable livelihood activities will be identified during the market assessment and promoted throughout the implementation of the third component of the action.

Outcomes of the SEA screening (relevant for budget support and strategic-level interventions)

The Strategic Environmental Assessment (SEA) screening concluded that no further action was required.

Outcomes of the EIA (Environmental Impact Assessment) screening (relevant for projects and/or specific interventions within a project)

The EIA (Environment Impact Assessment) screening classified the action as Category C (no need for further assessment).

Outcome of the CRA (Climate Risk Assessment) screening (relevant for projects and/or specific interventions within a project)

The Climate Risk Assessment (CRA) screening concluded that this action is no or low risk (no need for further assessment).

Gender equality and empowerment of women and girls

As per OECD Gender DAC codes identified in section 1.1, this action is labelled as G2. This implies that the main objective of the action is to improve gender equality and women empowerment. The main target group of the action are all individuals survivors or at risk of sexual and gender-based violence. While boys and men survivors will also benefit as direct beneficiaries, the majority of beneficiaries will statistically be women and girls. The programme will adopt a gender-responsive approach, ensuring that all components are designed to address the specific needs and priorities of survivors while considering an intersectional approach to take into account the potential compounded experiences of discrimination of certain vulnerable groups. This gender-responsive

approach will include taking into consideration in the design of the action their safety, level of access to services and participation in decision-making processes.

Furthermore, this action is designed to have a transformational approach by challenging unequal gender relations and transforming discriminatory and harmful gender norms and roles. Although access to services for survivors is the focus on the second component of the action, this programme aims to go beyond addressing only immediate needs and seeks to transform the underlying social norms and structures that perpetuate gender inequality and violence against women and girls. A component of the action will be dedicated to engaging communities, including men, boys and local leaders in dialogues, with the aim of shifting constraining gender norms.

Finally, through its third component, the programme will put a strong emphasis on promoting women's agency and on strengthening local women's organisations. This will include capacity-building support, support to build platforms and ensuring at least 30% of grant funding is implemented by local women rights organisations.

Human Rights

The action will contribute to ensure that all individuals who are particularly at risk of GBV have access to comprehensive support and services. It will adopt a Human Rights-Based Approach and will be centred on non-discrimination and inclusivity, with special emphasis on vulnerable groups (persons with disabilities, IDPs, LGBTQI+, ethnic and religious minorities, etc.).

CSOs, and in particular women's rights groups, will be involved in the planning, implementation, and monitoring of the project, ensuring that diverse perspectives and voices are represented. Through the first component of the programme, these organisations will also be supported to develop their capacity and better be able to advocate for the promotion of a large spectrum of rights beyond gender equality. The action also feature a strong focus on awareness raising and advocacy for change among communities. Through the public awareness activities, the action will challenge harmful norms and promote a culture of respect and non-discrimination.

Finally, it is also expected that the data gathered by the entrusted entities implementing this action will contribute to the international monitoring of human rights in Myanmar, for example by feeding information to UNCT reports which in turn can inform international reporting mechanisms, such as the Universal Periodic Review, the CEDAW reporting mechanism or the Secretary General's Report on Conflict Related Sexual Violence. In particular, it is expected that the action will inform GBV Information Management Systems developed by implementing partners, which will support the collation of GBV data and reporting on trends and patterns, enabling better tailoring of future programs to address these issues effectively.

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. This implies that disability inclusion will be thoroughly mainstreamed throughout the action. Although there is no specific objective focusing solely on the inclusion of survivors of GBV with disabilities, the action will ensure several key steps are incorporated in the design of the programme to ensure equal access and better incorporate disability inclusion. The action builds on the results and lessons learn from a previous EU co-funded programme, Women and Girls First phase 2 (WGFII, implemented by UNFPA), which is considered a best-practice case in disability inclusion. See more under 3.4 Lessons Learnt. Under this previous action, an assessment of the availability, accessibility, acceptability and quality of SRHR, GBV and MHPSS for persons with disabilities in Myanmar was finalised in March 2023 and the updated data and recommendations gathered will be used to develop a disability integrated result framework for the present action. Special attention will be given to IDP women and girls with disabilities who are particularly vulnerable to GBV and sexual exploitation. Support services will be tailored to meet the specific needs identified in the assessment and disaggregated data on disability will be regularly collected to measure the programme's impact on individuals with disabilities and inform adaptations of the activities, if required.

Finally, as the assessment mentioned above mainly covers the analysis of services supported through specific objective 2 of this action, a rapid disability inclusion needs assessment covering the livelihood component will be developed to complement it and fill any gap in the analysis, which will allow to ensure all components of this action are fully responsive to the needs of women and girls with disabilities.

Reduction of inequalities

Myanmar has long been characterized by significant levels of inequality across various dimensions, including access to resources, education, and basic services. Disparities are observed between urban and rural areas, with urban centres generally experiencing higher levels of development and greater access to resources. Insufficient social protection mechanisms strongly contribute to the challenges faced.

Inequality in Myanmar is largely gendered and has worsened since the COVID-19 pandemic and the military coup. Harmful social norms contribute to women holding subordinate roles in social, economic and political spheres. Gender inequality remains a pervasive issue, with women facing numerous barriers to empowerment and economic participation. These challenges are compounded by disparities in access to livelihoods - as women often bear the burden of unpaid household work, limiting their access to paid employment opportunities -, access to education, particularly for marginalised communities and in remote areas, and access to healthcare.

While the primary objective of this action is to improve access to services for gender-based violence survivors across all socio-economic backgrounds, it is expected to particularly benefit some of the most vulnerable groups, who are disproportionately represented in the bottom 40 percent of the population (women, IDPs, persons with disabilities, ethnic and religious minorities, LGBTQI+ persons). The action will contribute to reducing identified drivers of inequality, specifically in terms of access to health and mental health and psychosocial support services (through the provision of services under Objective 2), access to livelihood opportunities (through enhanced economic empowerment under Objective 3), and the challenging of harmful gendered social norms (through community awareness activities under Objective 1).

Democracy

The democratic transition in Myanmar started in 2012 and has dramatically been halted by the 2021 military coup. While the current context and the nature of this action prevent the integration of a democracy support component at state level, it remains committed to promoting women's participation as a fundamental principle of democracy and good governance. The action will incorporate democratic approaches throughout its activities. Outcome 1 of the action will play an enabling role in strengthening the capacity of local women's organizations, empowering them to engage actively and enhance women's involvement in decision-making at the local level. Women's representation in decision-making remains significantly low across all levels of society, including at the household level. Outcome 1 of the action will engage local communities in rethinking harmful social norm and promote a more equal vision of society. Additionally, it will equip survivors with skills, including life and leadership skills, that will encourage them to take greater part in decision-making at the household and community level. Activities under this action will strive to create safe and inclusive spaces that promote meaningful and peaceful participation and exchange, fostering an environment conducive to a positive and democratic future in the country.

Conflict sensitivity, peace and resilience

A conflict analysis screening was completed at the end of 2021, building upon previous assessments conducted in 2019 before the military coup. This screening represents a continuous process of integrating conflict sensitivity considerations, which have become essential in the current context. Given the highly complex and volatile environment in which this action will operate, ongoing conflict environment scanning and analysis are imperative to ensure that the program does not inadvertently contribute to harm or exacerbate conflict.

To ensure this, demonstrated experience in conflict-sensitive and human rights-based programming will be among the selection criteria for the entrusted entity managing this action, and implementing partners will be supported throughout the action to establish localised context and conflict sensitivity analysis.

The action will actively contribute to strengthening peace and resilience through a dual focus. Firstly, by promoting social cohesion and community resilience (in particular through objective 1), and secondly, by strengthening systems (through objectives 1 and 2). This includes engagement with non-government service providers (and in particular ethnic health organisations) to ensure a coordinated and harmonised approach for service delivery to survivors, which is the main focus of the action. It is expected that the majority of survivors accessing services

will do so for cases of intimate partner violence¹⁶, however, reports are increasingly confirming cases of conflict related sexual violence and use of sexual violence against activists and women linked to the resistance¹⁷. The action will ensure the specific needs of survivors of CRSV will be taken into account in the design of activities and services, putting a strong emphasis on secure and confidential referral systems for such cases, still mostly unreported. In addition, activities aimed at promoting cohesion and community resilience will emphasize the cultivation of positive coping strategies, the adoption of social norms that support equality and non-violent behavior, as well as enhancing the capacity of civil society organizations, women's groups and networks, and communities to advocate and participate in decision-making processes.

Finally, and in line with GAP III priorities, this action will strongly support the Women, Peace and Security (WPS) agenda¹⁸, in particular through the direct promotion of the provision of medical, psycho-social, legal and safety support to all survivors of conflict-related sexual gender-based violence.

Disaster Risk Reduction

With the escalating effects of climate change, Myanmar is increasingly susceptible to hazards of greater frequency and intensity, resulting in the potential displacement of populations. The country ranks 2nd out of 180 countries in the Global Climate Risk Index (2021, data for 2000 to 2019) and 18th out of 191 in the Index of Risk Management (INFORM, Mid-2022). The UNDRR Disaster framework SENDAI recognizes that the State bears primary responsibility for disaster risk reduction, but that this responsibility should be shared with other stakeholders. However, given the current political situation in Myanmar, the development of a comprehensive DRR strategy at the state level is not feasible.

While this action does not directly focus on supporting DRR, it will strengthen resilience within civil society, including WROs and ethnic health organisations.

Attention will also be given throughout the action to early warning systems and to the level of exposure to natural hazards such as cyclones, storm surges, floods and tsunamis that target communities are facing. This will facilitate adaptive implementation of the action in response to evolving levels of risks.

Other considerations if relevant

3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
1-to the external environment	Increasing armed conflicts and persistent inter-communal tensions lead to more limitation of access in affected areas,	High	Medium	Due diligence protocols will be put in place, including contingency plans in the event of security challenges. The action will constantly monitor the political climate, local tensions and conflict.

¹⁶ Which statistically make up the vast majority of reported cases (UN Women. Regressing Gender Equality in Myanmar. Women living under the pandemic and military rule (2022): <https://asiapacific.unwomen.org/sites/default/files/2022-03/mn-Myanmar-Women%20Report-NEW-06032022.pdf>)

¹⁷ “Unheard Voices – Qualitative Research on Conflict-Related Sexual Violence in Myanmar”, June 2022

¹⁸ <https://www.womenpeacesecurity.org/issue/wps-agenda/>

	limiting both implementation and monitoring			<p>A large part of the action will be implemented through local organisations that usually have more access to affected areas than international organisations. While it is likely that access restrictions will persist, engagement of a range of actors including CSOs and ethnic organisations will help to mitigate the impact of this risk. Local partners will also benefit from tailored capacity strengthening on monitoring.</p> <p>Remote monitoring systems and strategies will be developed by the entrusted entity to ensure ongoing monitoring during temporary situations of reduced access. Specific attention will be given to past experience using remote monitoring approaches when selecting the entrusted entity.</p>
4-to legality and regularity aspects and 1-to the external environment	The new Association Law is enforced in the most restrictive way, limiting the number of possible local partners	High	Medium	<p>The EU will closely monitor the situation regarding the application of the new Association Law, including through the technical assistance under the EU-CSO Partnership.</p> <p>Close communication will be established with local partners to understand their stance and strategies regarding registration under the current context.</p> <p>Should the implementation of the action be restricted by the application of the new law, alternate modalities will be sought, such as direct implementation by the entrusted entity and community led activities with the entity's technical support.</p>
1-to the external environment	The banking crisis continues and makes payment to implementing partners in line with current EU procedures increasingly difficult or impossible	Medium	Medium	<p>Experience working under the current context will be a selection criteria for the entrusted entity implementing this action. It is expected that the entity have experience identifying appropriate channels to transfer payments and support local implementing partners.</p>
1-to the external environment	Cultural gender norms and values and deeply rooted social and legal	Low	Medium	<p>The action is built using a gender transformative approach aiming at transforming harmful social norms. The programme will work closely with</p>

	discrimination hinder effective implementation of interventions			<p>communities on tackling deep rooted discrimination, engaging men, boys, and religious and community leaders.</p> <p>The action will adopt culturally sensitive approaches. Consultations and listening to the voices of communities to raise awareness and adapt the activities to each context will be conducted to ensure buy-in at local level. The action will also provide capacity building for CSOs to equip and strengthen their ability to target gender equality and women's rights in their activities.</p> <p>Additional protection measures of various kinds will be provided in relation to GBV in domestic settings as well as GBV linked to political and social activism.</p>
1-to the external environment	Escalating economic hardships impact community engagement activities	Medium	Medium	Local partners will use their existing relationships at the community level to reinforce the importance of such activities and enhance ownership and lead of community members. If relevant, incentivisation of participation might be considered after careful assessment.
1-to the external environment	Increase access to livelihood for women could in certain case increase violence 1) if violence is used as an extractive mechanism, especially by male family/community members; 2) if there is backlash from male family/community member in response to changing intra-household gender roles.	Low	Medium	The action will actively engage and recognize the role of boys and men in achieving the programme's objectives to reduce the risk of backlash to changing gender roles.
3-to people and the organisation	Weak capacity of local actors, including local civil society organisations and	Low	Medium	This action will have a strong component of capacity-building for implementing partners and local organisations involved in implementation. It will combine technical support and tailored trainings

	ethnic health organisations impacts the quality and effectiveness of the action			based on a needs assessment during the inception period of the action. Additionally, implementing partners at local level will be carefully selected, based on capacity and past experience working on similar activities.
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Lessons Learnt:

This action will build in particular upon the lessons learnt from the previous EU-funded programme focusing on providing GBV, SRHR and MHPSS services, “Women and Girls First Phase II” (WGF II), implemented from 2019 to 2022, as well as the Spotlight Initiative regional programme “Safe and Fair”, implemented from 2018 to 2023. WGF was designed as a nexus programme straddling humanitarian, development and peace building contexts and offering flexibility to respond to acute humanitarian needs while investing in long term development activities to realise the rights of women, girls and vulnerable populations. The second phase of WGF was dominated by the unprecedented crisis caused by the pandemic and a worsening humanitarian situation following the military coup. It required the programme to adapt and show flexibility in its delivery. This new action should build on the past achievements and on the trust build at the local level with communities, local CSOs and ethnic health organisations. It takes into account the following lessons learnt, both from WGF II, Safe and Fair and from previous engagement in the sector in Myanmar and in other EU-funded programmes on GBV such as the global Spotlight Initiative:

- **Importance of adopting a gender transformative, holistic and survivor-centred approach for GBV programming and of working with WROs.** Effective programmes should take a holistic approach that addresses the multiple dimensions of gender-based violence, including prevention, response, and support services. It is particularly important to address the root causes and underlying social norms that perpetuate violence while also providing comprehensive support to survivors. While WGF II already adopted such an approach and integrated activities aiming at shifting harmful social norms, this new action should build upon the results while going one step further in the implementation of the GAP III¹⁹ priorities. This will be done in particular by building a greater focus in the design of the action on the roles and capacities of local women rights’ organisations, who will pilot on the ground awareness raising activities and contribute to building greater resilience and social cohesion at community level.
- **Increasing partnerships with local non-government actors and service providers.** Similarly, this action should invest in capacity building to strengthen the skills and knowledge of local, non-government service providers, which includes local women CSOs but also ethnic health organisations. This is necessary in a context where survivors are currently not willing to use government managed hospitals and health facilities, further reducing the availability of services. The current context in Myanmar is characterised by high levels of mistrust, which requires careful consideration in the design of the programme. Survivors are more likely to access services if offered by local, trusted non-governmental organisations. Additionally, lack of access to conflict-affected areas has made it difficult for international actors to implement programmes. Through localization and by providing support to civil society actors already established at the local level, the action has a greater chance to reach the beneficiaries.
- **Need for flexibility in a high-risk and volatile environment.** One of the added value elements of WGF was to work under a Contribution Agreement with UNFPA, allowing the use of UNFPA procedures, which represents a higher level of flexibility compared to what a programme in direct management could have done. UNFPA was able to keep working with local organisations despite the promulgation of the new Registration of Association Law imposing additional requirements on non-governmental organisations, and was able, through UN channels, to keep disbursing programme funds to the local implementing partners despite the restrictions on the banking system.
- **Importance of adding a livelihood component to the intervention.** Providing survivor-centered services and support that are sensitive to their preferences is crucial for survivors’ empowerment and recovery. While the previous EU support in the sector focused mainly on access to health services (through WGF II) and legal

¹⁹ https://capacity4dev.europa.eu/library/clip-myanmar_en?refpage=search

support (through another EU-funded programme, My Justice II), it did not integrate a component on access to livelihoods for survivors. Recent assessments show, however, that access to livelihood and economic security is one of the top need expressed by survivors. Economic empowerment plays a significant role in the recovery and long-term well-being of survivors. Many survivors face financial challenges as a result of their experiences, including loss of employment, economic dependence on the perpetrator, or disruption of their livelihoods. By addressing their economic needs, such as providing skills training, income-generating opportunities, or access to microfinance, survivors can gain financial independence, rebuild their lives, and reduce the risk of re-victimization. Addressing the economic needs of survivors contributes to long-term sustainable solutions. By equipping survivors with skills, resources, and opportunities, they are better positioned to secure stable employment, support their families, and actively participate in their communities. Economic empowerment can break the cycle of poverty, reduce vulnerabilities, and promote lasting positive change.

- **Design the intervention as a nexus programme.** The strength of WGF II lied in its design as a nexus programme, supporting communities during normal times through development, social cohesion and resilience oriented activities and in crisis through preparedness and emergency response. This approach allowed for flexibility and agility to swiftly adapt through the evolution of both the pandemic and the conflict between 2019 and 2022, and to successfully address the needs of survivors through a shift in delivery modalities and significant increase in sub-grantees. Given the persisting volatility of the Myanmar context, a similar approach should be applied to this action. In particular, peacebuilding and social cohesion activities should be integrated into the programme to address the underlying drivers of GBV and foster peaceful and inclusive societies.

Building on the results, synergies and successes of the Spotlight Initiative (SI) regional and country programmes implemented during its phase I, the possibility to integrate this action in the next phase of Spotlight Initiative will be assessed. It will build on the added-value elements of Spotlight Initiative that contributed to the effectiveness and impact of the first phase, including its comprehensive and holistic approach, amplification of marginalised voices and central role of grassroots WROs, and leverage of partnerships and collaborative efforts among different stakeholders.

3.5 The Intervention Logic

The underlying intervention logic for this action is that IF local women rights organisations, CSOs and community-based mechanisms are supported with technical and material resources to increasingly engage in decision-making and in the implementation of GBV response and prevention; and GBV and SHRH service providers increase availability, accessibility and quality of their services; and the range of support proposed to survivors also include increased access to livelihoods;

THEN the GBV services and response, including prevention mechanisms, will be better localised and adapted to both the specific needs of survivors and the local context; and survivors will have access to a comprehensive rights-base package of integrated GBV and SHRH services including MHPSS; and their social and economic inclusion will also improve;

IN TURN survivors and at-risks individuals will fulfil their potential and adopt positive coping mechanisms, and social norms and non-violent behaviours will be reinforced at the community level, increasing social cohesion and community resilience.

This approach takes into consideration the assumption that, under the current circumstances, community-based mechanisms and capacities of local and non-governmental actors have to be supported in order to ensure survivors can access services. In remote and contested areas, governmental service providers are either non-existent or lack acceptability and trust from the local population, leading individuals to forgo treatment or renounce to seek services. It also takes into consideration lessons learnt on GBV programming worldwide and in Myanmar, emphasizing the need for more holistic, multisectoral and integrated approach to service delivery. In practical terms, interventions in this sector need to be coordinated and operate at multiple levels, across sectors and over multiple timeframes to address the various aspects of violence. For this reason, fostering better coordination among the different stakeholders and service providers involved in the referral pathway is central in the strategy of this action, as well as supporting

local WROs and CSOs to increase their participation in decision-making around the GBV response, mitigation and prevention.

This action will tentatively be implemented in States covered by the previous EU-funded programme Women and Girls First Phase II in order to build on previous results, structures and networks, while addition areas might be selected based on needs. Therefore, Rakhine and Kachin States will be priority geographic areas while the action will also explore extending support to Northern and Southern Shan, Kayin, Mon, Kayah, and Chin. Magway and Sagaing will also be considered, although potential extension of support to these regions will have to be carefully assessed based on feasibility, given the current access constraints in these areas and the limited pre-existing partnerships and networks of local implementers.

Civil society organisations will be both beneficiaries and implementers of this action and the localisation agenda will be central to the strategy this programme. A significant part of the activities shall be delivered by NGOs and CSOs, including grassroots organisations. Indirect management will be used to allow a higher level of flexibility, which is required by the difficult current operational environment. It is however expected that a minimum of 35% of the programme funding will be implemented directly through civil society organisations.

3.6 Logical Framework Matrix

This indicative logframe constitutes the basis for the monitoring, reporting and evaluation of the intervention.

On the basis of this logframe matrix, a more detailed logframe (or several) may be developed at contracting stage. In case baselines and targets are not available for the action, they should be informed for each indicator at signature of the contract(s) linked to this AD, or in the first progress report at the latest. New columns may be added to set intermediary targets (milestones) for the Output and Outcome indicators whenever it is relevant.

- At inception, the first progress report should include the complete logframe (e.g. including baselines/targets).
- Progress reports should provide an updated logframe with current values for each indicator.
- The final report should enclose the logframe with baseline and final values for each indicator.

The indicative logical framework matrix may evolve during the lifetime of the action depending on the different implementation modalities of this action.

The activities, the expected Outputs and related indicators, targets and baselines included in the logframe matrix may be updated during the implementation of the action, no amendment being required to the Financing Decision.

PROJECT MODALITY (3 levels of results / indicators / Source of Data / Assumptions - no activities)

Results	Results chain (e): Main expected results (maximum 10)	Indicators (e): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	To contribute to the elimination of gender-based violence in conflict and crisis-affected communities in Myanmar.	1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months (SDG 5.2.1) 2. Proportion of women and girls aged 15 and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months (SDG 5.2.2) 3. % of women and girls who report feeling or/and experiencing increased safety in private and	1. 11% (DHSM 2015-16) ²⁰ 2. 1,5% (DHSM 2015-16) 3. TBD	1. TBD 2. TBD 3. TBD	1. Baseline and endline surveys conducted and budgeted by the EU-funded intervention 2. Baseline and endline surveys conducted and budgeted by the EU-funded intervention 3. Baseline and endline surveys conducted and budgeted by the EU-funded intervention	<i>Not applicable</i>

²⁰ Given the date of the last Myanmar Demographic and Health Survey (MDHS), baseline data should be updated at contracting stage through a baseline survey

		public spheres (including mobility) (GAP III indicator)				
Outcome 1	Increased effectiveness of women's rights organisations in addressing root causes of GBV and in decision-making and leadership in GBV response, mitigation and prevention	<p>1.2. Extent to which women civil society organisations working on violence against women and girls have been engaged on policy development and / or implementation of the action (GAP III indicator)</p> <p>1.1. % of GBV coordination groups and mechanisms led/co-led by CSOs/CBOs/WROs</p> <p>1.2 % of men and boys who acknowledge that GBV is not acceptable</p> <p>1.3 % of people who think it is justifiable for a person to subject an intimate partner to violence, by gender and age of respondent</p> <p>1.4 Number of community leaders in targeted villages who publicly condemn GBV, disaggregated by sex</p>	<p>1.1 TBD</p> <p>1.2 TBD</p> <p>1.3 49% (men), 51,2% (women) – MDHS 2015-2016</p> <p>1.4 TBD</p>	<p>1.1 TBD</p> <p>1.2 TBD</p> <p>1.3 TBD</p> <p>1.4 TBD</p>	<p>1.1 Baseline and endline surveys conducted and budgeted by the EU-funded intervention</p> <p>1.2 Baseline and endline surveys conducted and budgeted by the EU-funded intervention</p> <p>1.3 Baseline and endline surveys conducted and budgeted by the EU-funded intervention</p> <p>1.4 Progress reports for the EU-funded intervention</p>	<p>Organisations are able to operate and there is space for implementing partners to work without endangering their lives/freedom. They have the resources to implement response, mitigation and prevention measures.</p> <p>The conflict and humanitarian situation in Myanmar does not deteriorate further, shifting perceived priorities of local communities, CSOs and international actors toward other sectors and increasing levels of violence. No unwarranted interference by authorities.</p>
Outcome 2	Improved quality, accessibility and comprehensiveness of multi-sectoral services for survivors and populations at risk of GBV	2.2 Number of CSOs/WROs/EHOs offering GBV / SRHR / MHPSS services to survivors with EU-support	<p>2.1 TBD</p> <p>2.2 TBD</p> <p>2.3 TBD</p>	<p>2.1 TBD</p> <p>2.2 TBD</p> <p>2.3 TBD</p>	<p>2.1 Surveys of beneficiaries/participants</p> <p>2.2 Progress reports for the EU-funded intervention</p>	Multi-sectoral services are accessible, adapted and inclusive, considering the diverse needs and circumstances of survivors and populations at risk

		<p>2.1. % of women and girls indicating satisfaction with services accessed</p> <p>2.2. % of non state-run health facilities assessed meeting minimum standard (essential service package, GBV minimum standards, MHPSS guidelines, accessibility inclusive guidelines)</p> <p>2.3. Extent to which measures supported by the EU to prevent and combat sexual and gender-based violence in situations of fragility and conflict are effective in preventing SGBV and providing services to survivors (GAP III indicator)</p>			<p>2.3 Progress reports for the EU-funded intervention</p>	<p>of GBV. Barriers related to geography, language, disability, age, and cultural sensitivity are effectively addressed and improvements in quality, accessibility and demand of services effectively translate into a higher usage of such services. Services provided are relevant to the demand and adequate.</p> <p>Cultural sensitivities are addressed and there is no community backlash against service providers or the persons accessing the services.</p> <p>Broader peace and security conditions do not drastically deteriorate and/or lead to significant increase in GBV.</p>
Outcome 3	Improved economic inclusion of survivors and women at-risk of GBV	3. 1 Number of beneficiaries with increased earnings after benefitting from the EU-funded intervention	3.1 0	3.1 TBD	3.1 Surveys of beneficiaries/participants	There is social acceptance and positive attitude towards survivors undertaking economic activities.

						Improved economic inclusion increases the economic resources directly available to survivors and reduces gender inequalities and power imbalance in their relationships. Economic opportunities have positive ripple effect including on the next generation.
Output 1 relating to Outcome 1	Enhanced capacity of WROs and CSOs to implement GBV prevention strategies and engage in decision making and leadership in GBV response, mitigation and prevention	<p>1.1.1 Number of coordinated actions by women's rights organisations, autonomous social movements and relevant civil society organisations in partner country to advocate jointly on ending violence against women and girls supported by the EU-funded intervention</p> <p>1.1.2 Number of CSOs/ WROs/ WLOs/ EHOs representatives trained by the EU-funded intervention with increased knowledge and/or skills on GBV/SRHR, MHPSS rights, disaggregated by sex</p>	<p>1.1.1 0</p> <p>1.1.2 0</p>	<p>1.1.1 TBD</p> <p>1.1.2 TBD</p>	<p>1.1.1 Progress reports for the EU-funded intervention</p> <p>1.1.2 Pre- and post-training test reports</p>	<p>Organisations are able to operate and there is space for implementing partners to work without endangering their lives/freedom.</p> <p>Trained staff of organisations is retained and stays available to deliver the services after the intervention's capacity-building activities.</p> <p>There is willingness from international actors involved in the sector to increase participation and leadership from local organisations in the coordination</p>

						and provision of services.
Output 2 relating to Outcome 1	Improved knowledge and awareness of community members (women, men, girls and boys) of key issues related to GBV prevention. positive coping strategies and non-violent behaviour	<p>1.2.1 Number of communities with community dialogue on GBV/SRHR/MHPSS organised with men and boys with support of the EU-funded intervention</p> <p>1.2.2 % of women, men, girls and boys engaged in community engagement activities with support of the EU-funded intervention who demonstrate improved knowledge on GBV and SRHR related issues</p>	<p>1.2.1 0</p> <p>1.2.2 0</p>	<p>1.2.1 TBD</p> <p>1.2.2 TBD</p>	<p>1.2.1 Progress reports for the EU-funded intervention</p> <p>1.2.2 Pre- and post-activity test reports</p>	<p>The information shared with community members is accurate and address issues of sensitivity.</p> <p>There is local ownership of the activities and the local communities are open to participate and implement the activities. Cultural barriers are addressed. Community members are involved in the planning, implementation, and monitoring of the awareness-raising initiatives, their voices, perspectives, and feedback are incorporated into the intervention's strategies.</p>
Output 1 Relating to Outcome 2	Increased coordination between non-state service providers including on integration of case management systems	<p>2.1.1 # of GBV, SHRHR and MHPSS coordination mechanisms at national and subnational level set up with support of the EU-funded intervention</p> <p>2.1.2 % Township Health Plans which include</p>	<p>2.1.1 0</p> <p>2.2.2 0</p>	<p>2.1.1 TBD</p> <p>2.2.2 TBD</p>	<p>2.1.1 Progress reports for the EU-funded intervention</p> <p>2.2.2 Progress reports for the EU-funded intervention</p>	Local organisations, community-based protection mechanisms and non-state service providers are willing to collaborate and

		GBV/SRHR/MHPSS developed with support of the EU-funded intervention				<p>work together and trust each other.</p> <p>Communication mechanisms are established. Communication and exchange of information is technically possible. Internet shutdowns does not prevent organisations from coordinating themselves.</p> <p>Data and exchange of information can be managed in a safe and secure way. Partners commit to confidentiality and data protection. No unwarranted interference by authorities.</p>
Output 2 Relating to Outcome 2	Increased availability of integrated quality SRHR, GBV and MHPSS services delivered by (non-governmental) service providers	<p>2.2.1 # people accessing GBV, SRHR and MHPSS services with support of the EU-funded intervention, disaggregated by sex and age</p> <p>2.2.2 # of township in programme areas where GBV, SRHR and MHPSS services are delivered with support of the EU-funded intervention</p> <p>2.2.3 % of partners conducting assessments in terms of inclusiveness of service delivery</p>	<p>2.2.1 0</p> <p>2.2.2 0</p> <p>2.2.3 0</p> <p>2.2.4 TBD</p>	<p>2.2.1 TBD</p> <p>2.2.2 TBD</p> <p>2.2.3 TBD</p> <p>2.2.4 TBD</p>	<p>2.2.1 Progress reports for the EU-funded intervention</p> <p>2.2.2 Progress reports for the EU-funded intervention</p> <p>2.2.3 Progress reports for the EU-funded intervention</p>	<p>Trained staff is retained and stays available to deliver the services after the intervention's capacity-building activities.</p> <p>There is space for implementing partners to work without endangering their lives/freedom.</p>

		<p>with support of the EU-funded intervention</p> <p>1.2.2 Number of individuals benefitting from EU-funded interventions to counter sexual and gender-based violence disaggregated by sex and age [GERF 2.37]</p>			2.2.4 Progress reports for the EU-funded intervention	<p>Facilities stay accessible, equipped and stocked. Sustainable funding is available through the duration of the action and after.</p> <p>The quality of the service provided is monitored and quality insurance mechanisms ensure that quality levels do not decrease over time.</p>
<p>Output 3</p> <p>Relating to Outcome 2</p>	Increased demand for and usage of SRHR, GBV and MHPSS information and services through awareness raising	<p>2.3.1 # of survivors who access support services for PSS with support of the EU-funded intervention, disaggregated by sex and age</p> <p>2.3.3 # people participating in information and awareness raising programmes</p> <p>2.3.2 % of women and girls in targeted locations expressing trust in local protection mechanisms after receiving information from the EU-funded intervention</p> <p>2.3.3 % of women willing to seek or provide support if they or someone they know experience or is at risk of violence after receiving information from the EU-funded intervention, disaggregated by age</p>	<p>2.3.1 0</p> <p>2.3.2 0</p> <p>2.3.3 0</p>	<p>2.3.1 TBD</p> <p>2.3.2 TBD</p> <p>2.3.3 TBD</p>	<p>2.3.1 Progress reports for the EU-funded intervention</p> <p>2.3.2 Pre- and post-activity surveys</p> <p>2.3.3 Pre- and post-activity surveys</p>	<p>Information delivered to survivors and populations at risk is relevant and accurate.</p> <p>Services are available and accessible and survivors can act on their willingness to access them.</p> <p>Movement restrictions does not impede individuals from accessing services.</p>
Output 1	Enhanced access to information on livelihood	3.1.1 # of context-specific sectors/options for livelihood opportunities identified with	3.1.1 0	3.1.1 TBD	3.1.1 Progress reports for the EU-funded intervention	Market assessments are possible and localised

Relating to Outcome 3	opportunities for survivors, based on local contexts	support of the EU-funded intervention				information is available. The socio-economic context stays stable and available information stays up-to-date through the duration of the programme.
Output 2 Relating to Outcome 3	Increased access to trainings and other forms of livelihood support for GBV survivors and at-risk populations, including short-term vocational training aligned with market assessment's results	<p>3.2.1 Number of survivors who access support services for socio-economic integration with support of the EU intervention, disaggregated by sex, age</p> <p>3.2.2 Number of beneficiaries receiving a certification having successfully completed a VET programme designed/implemented with EU support, disaggregated by sex, age, disability status and sector (green, digital, others)</p>	<p>3.2.1 0</p> <p>3.2.2 0</p>	<p>3.2.1 TBD</p> <p>3.2.2 TBD</p>	<p>3.2.1 Progress reports for the EU-funded intervention</p> <p>3.2.2 Progress reports for the EU-funded intervention</p>	<p>The survivors are willing to participate in the trainings and the training are accessible to them and do not pose prohibitive barriers (geographical constraints, financial barriers, language or literacy barriers).</p> <p>The trainings developed are adapted and aligned with the market assessment results and will result in increased employability of the survivors.</p> <p>Options for access to finance exist for the trained survivors wanting to start an economic activity. No unwarranted</p>

						interference by authorities.
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4 IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this action, it is not envisaged to conclude a financing agreement with the partner country.

4.2 Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 60 months from the date of adoption by the Commission of this Financing Decision.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3 Budget Support – NOT APPLICABLE

4.4 Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures.

4.4.1 Indirect Management with an entrusted entity

This action may be implemented in indirect management with one or more entities, which will be selected by the Commission's services using the following criteria:

- Demonstrated experience in the area of gender equality and women empowerment in Myanmar;
- Demonstrated experience in supporting access to services for survivors of gender-based violence, in partnership with CSOs in conflict and/or crisis affected areas;
- Demonstrated experience in capacity building for CSOs, and in particular WROs;
- Established operational capacity in Myanmar, including a strong presence at local level, continued ability to operate in Myanmar, including through the management of large amount of subgranting to CSOs on the ground ;
- Demonstrated experience in conflict-sensitive and human rights-based development projects/programmes and in due diligence compliance.

The implementation by this entity(ies) entails the delivery of activities described in section 3 above and the achievement of the Objectives and Expected Outputs as outlined in same section 3.

4.4.2 Changes from indirect to direct management mode (and vice versa) due to exceptional circumstances (one alternative second option)

If the preferred implementation modality for this action (indirect management with an entrusted entity(ies), as specified in section 4.4.1) cannot be implemented due to circumstances outside of the Commission's control, the modality can be replaced with direct management with award of grant(s):

(a) Purpose of the grant(s)

The objective and expected results of grant(s) will contribute to the achievement of the specific objectives of the action as defined in section 3.1 above.

(b) Type of applicants targeted

In order to be eligible for a grant, the applicant(s) must:

- be a specific type of organisation such as: non-governmental organisation, international (inter-governmental) organisation, or other types of organisations active in areas of relevance to this action.
- be established in a Member State of the European Union or one of the eligible countries under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe) as stipulated in Article 28 of Regulation (EU) No 2021/947, and
- be directly responsible for the preparation and management of the action with the co-applicant(s) and affiliated entity(ies), not acting as an intermediary.

Furthermore, the applicant(s) will be selected using the following criteria:

- Demonstrated experience in the area of gender equality and women empowerment in Myanmar;
- Demonstrated experience in supporting access to services for survivors of gender-based violence in conflict and/or crisis affected areas;
- Demonstrated experience in capacity building for grassroots CSOs, and in particular WROs;
- Established operational capacity in Myanmar, including a strong presence at local level, and continued ability to operate in Myanmar;
- Demonstrated experience in conflict-sensitive and human rights-based development projects/programmes and in due diligence compliance.

(c) Justification of a direct grant

Under the responsibility of the Commission's authorising officer responsible, the grants may be awarded without calls for proposals to an entity or entities selected using the criteria listed in 4.4.1.

Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant without a call for proposals can be justified because the country is in a crisis situation referred to in Article 2(21) of the Financial Regulation²¹ at the date of the Financing Decision, and/or because of the nature of the action with regard to Article 27(3) NDICI-Global Europe Regulation.

4.5. Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiated cases where application of the eligibility rules would make the realisation of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

4.6. Indicative Budget

Indicative Budget components	EU contribution (amount in EUR)	
Implementation modalities – cf. section 4.4		
Indirect management with one or more entrusted entities - cf. section 4.4.1	10 000 000	

²¹ In line with [art.195\(a\) FR](#)

Evaluation – cf. section 5.2	may be covered by another Decision	
Audit – cf. section 5.3		
Contingencies	N.A.	
Totals	10 000 000	

4.7 Organisational Set-up and Responsibilities

A programme steering committee will be established with the mandate to give strategic guidance on implementation and monitoring of the action, review the performance of the programme, endorse annual work plans, identify risks and opportunities, and ensure overall coherence of implementation. The Steering Committee will be comprised of Implementing Partners, key stakeholders, and other relevant actors as appropriate, and will be chaired by the EU. The Steering Committee will meet regularly (indicatively, every 6 months) with ad hoc meetings if the situation requires, in particular to discuss possible implementation constraints in conflict areas.

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action and may sign or enter into joint declarations or statements, for the purpose of enhancing the visibility of the EU and its contribution to this action and ensuring effective coordination.

4.8 Pre-conditions [Only for project modality]

Not applicable.

5 PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the logframe matrix (for project modality) and the partner's strategy, policy or reform action plan list (for budget support).

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

Roles and responsibilities for data collection, analysis and monitoring:

Baselines setting : Specific baselines and targets will be informed at contracting level. Data collection for setting/confirmation of baselines and targets will be conducted during the first six months of the action. The data collection and analysis will be under the responsibility of the implementing partner and their costs may be included in the budgets.

Data collection and reporting: Surveys will be carried out by dedicated staff of Implementing Partners, who will foresee adequate human resources and arrangements for this purpose. Specific attention will be given to disaggregated data, with a minima sex/gender, location and disability status disaggregation of the indicators. Other criteria such as ethnic background and displacement/migratory status will be integrated, if relevant and feasible. Key stakeholders will be involved in the monitoring process and the reinforcement of their capacities is planned in the activities for this purpose. An endline assessment will be carried out at the end of the action to assess the final values of the action's indicators. The data collection and analysis will be under the responsibility of the implementing partner and their costs may be included in the budget.

Monitoring and evaluation (M&E) capacities: This action foresees to provide support to and strengthen the M&E capacities of local actors/CSOs to monitor progress. All implementing partners will put adequate resources in place to ensure appropriate monitoring and evaluation.

Remote monitoring: Given the current context and its volatility, it is a risk that the ongoing conflict will limit further the possibility of direct monitoring from the entrusted entity on the ground. Mitigating measures and sound plans and procedures for remote monitoring will be established by the implementing partners from the inception period of the programme to be immediately deployed should the situation requires it.

Stakeholder participation: Community consultations will be undertaken as part of the action to ensure context specific response. Reinforcing WROs and local CSOs' capacity to participate and engage in GBV response planning and coordination mechanism is a central component of the action.

5.2 Evaluation

Having regard to the nature of the action, a mid-term and/or final evaluation(s) may be carried out for this action or its components via independent consultants.

A mid-term evaluation may be carried out for problem solving and learning purposes, in particular with respect to monitoring the level to which the action support and contribute to build the capacities of local CSOs and in particular local WROs.

A final evaluation may be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the contribution of the action to reaching the objectives set in the Gender Action Plan III (GAP III) and to the Country Level Implementation Plan in Myanmar.

The evaluation reports may be shared with the partners and other key stakeholders following the best practice of evaluation dissemination. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, apply the necessary adjustments.

The financing of the evaluation may be covered by another measure constituting a Financing Decision.

5.3 Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

The 2021-2027 programming cycle will adopt a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

In line with the 2022 "[Communicating and Raising EU Visibility: Guidance for External Actions](#)", it will remain a contractual obligation for all entities implementing EU-funded external actions to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

However, action documents for specific sector programmes are in principle no longer required to include a provision for communication and visibility actions promoting the programmes concerned. These resources will instead be consolidated in Cooperation Facilities established by support measure action documents, allowing Delegations to plan and execute multiannual strategic communication and public diplomacy actions with sufficient critical mass to be effective on a national scale.