GBV Sub Cluster strategy (2024-2025)

GBV Sub-Cluster
Myanmar

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Introduction

The new and intensified conflict across Myanmar since the military takeover in February 2021 has been characterized by alleged and verified violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL), including targeted attacks on civilians and civilian infrastructure, the use of heavy weapons and aerial bombardment of civilian areas, forced recruitment of children and young people, physical and sexual assault, and the use of civilians as porters among other credible allegations.

The 2024 Multi-Sector Needs Assessment (MSNA) preliminary findings show that nearly 50% of women and girls felt unsafe walking in their community. About 35% of respondents reported child marriage against girls and boys as a concern in their community. About 37% of the respondents identified violence and harassment including physical, verbal and sexual violence as one of the major safety and security concerns.

For women, the top fear is to be injured/killed by an explosive hazard, followed by suffering from sexual harassment and violence, concern about the future and being threatened with violence.

Situation of GBV in Myanmar

The existing gender norms and inequalities, which are deeply rooted in Myanmar society, combined with the current security situation limiting people's movement and driving high unemployment and job losses, increased substance abuse, poverty and food insecurity, create conditions that aggravate tensions at home and are likely to result in an increase in GBV, and in particular intimate partner violence (IPV).

Subnational level consultations, conducted in Rakhine, Northwest, Northeast, and Southeast, indicated that the most common type of GBV in their community is physical violence and is mainly perpetrated in the context of Intimate Partner relationships. Consultation participants also identified sexual violence (rape), early marriage, trafficking, conflict-related sexual violence, and psychological distress as common GBV concerns affecting women and girls in Myanmar. The main contributing factors identified were the financial situation of families that is causing stress and tension in the household, drug and substance abuse, continued conflict-related displacement, and overcrowded and unsafe shelters. Various reports and assessments indicate an increase in substance abuse, with drugs being readily available and cheap, and negative coping mechanisms such as gambling and transactional sex. Data on IPV and domestic violence against women is scarce due to survivors fearing social isolation, retaliation, judgment by others and further maltreatment from the abuser. Post-takeover conflict dynamics have further complicated efforts to document GBV, including conflict-related sexual violence (CRSV), inhibiting prospects for justice and accountability.

Adolescent girls are uniquely at risk of GBV in humanitarian settings because of an intersection of factors related to their age and gender. As noted above, suffering from sexual violence, harassment and early marriage are the key safety concerns for girls in Myanmar according to the MSNA 2024. Research suggests that early marriage, domestic violence, and sexual violence are the most prevalent forms of GBV against adolescent girls.

When it comes to service provision and support for GBV survivors, the overall availability of multi-sectoral GBV response services including case management and safe house is still not sufficient. The provision of GBV response services under the low-profile approach is also making it difficult for survivors to access services timely. Women lack access to legal recourse when suffering GBV due to the failing justice system. Healthcare services, including clinical management of rape and mental health and psychosocial support (MHPSS), at the community-level remain a dire need in the crisis-affected areas in Myanmar.

GBV Guiding Principles and Approaches

All humanitarian aid programming, including GBV interventions, must adhere to these core principles:

- Humanitarian principles: The humanitarian principles of humanity, impartiality, independence and neutrality are essential to maintaining access to affected populations and ensuring an effective humanitarian response.
- “Do no harm” approach: A “do no harm” approach involves taking all measures necessary to avoid exposing people to further harm as a result of the actions of humanitarian actors.
- Principle of Partnership: the principle of partnership comprises a framework for all actors in humanitarian space to follow principles of equality, transparency, a result-oriented approach, responsibility and complementarity. The principles strive to highlight the role of local and national humanitarian response capacity and enhance the effectiveness of humanitarian action based on accountability to the affected population.
- Accountability to affected populations (AAP) refers to the “commitments and mechanisms that humanitarian agencies have put in place to ensure that communities are meaningfully and continuously involved in decisions that directly impact their lives”. Humanitarian actors have a duty to make sure that assistance generates the best possible outcomes for all groups who are affected by a crisis, including those who may be less visible.

The guiding principles and approaches outlined in the following section apply to all GBV programming:

- Survivor-centered approach: A survivor-centered approach creates a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A survivor-centered approach is based on the following guiding principles:
- Safety: The safety and security of survivors and their children are the primary considerations.
- Confidentiality: Survivors have the right to choose to whom they will or will not tell their story and any information about them should only be shared with their informed consent.
- Respect: All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- Non-discrimination: Survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation or any other characteristic.
- Rights-based approach: A rights-based approach seeks to analyse and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.
- Community-based approach: A community-based approach ensures that affected populations are engaged actively as partners in developing strategies related to their protection and the provision of humanitarian assistance. This approach involves direct involvement of women, girls and other at-risk groups at all stages in the humanitarian response to identify protection risks and solutions and build on existing community-based protection mechanisms.
- Age, gender, diversity (AGD): Age, gender and diversity factors influence how forced displacement and statelessness impact people; understanding and analyzing how these factors impact people's experience is necessary for an effective response.
- Best interests of the child: child and adolescent girl and boy survivors of GBV have the right to have their best interests assessed and determined and taken as primary consideration in all decisions that affect them.

Primary GBV Issues and Risks

A range of gender-based violence and other protection concerns for women and girls exist throughout Myanmar. Given limited resources and the need for targeted, quality approaches, the GBV Sub-Cluster will focus its response, mitigation, prevention, advocacy and coordination efforts on the following priority GBV issues, as identified through the subnational consultations:

Intimate Partner Violence:
According to Myanmar Demographic and Health Survey (MDHS 2015-2016), 20% of ever-partnered women aged 15–49 years have experienced physical, sexual or emotional violence by their intimate partners in their lifetime. GBV actors across Myanmar identified intimate partner violence (IPV) as the number one priority GBV issue. Subnational consultation participants across the four regions also identified that the most common form of GBV in their community is IPV and noted that key contributing factors are the financial situation of families that is causing stress and tension in the household, as well as drug and substance abuse.

Sexual Violence including Conflict-Related Sexual Violence (CRSV):
Sexual violence (including CRSV) remains a major concern facing women, girls, men, boys and LGBTQIA+ persons across Myanmar. However, it is highly underreported due to several factors, including risks and threats of potential reprisals and retaliation faced by those who come forward; significant gaps in available services; restrictions on movement; shame, fear, stigma and discrimination towards survivors; risks of retraumatisation and revictimisation when reporting; impunity for perpetrators; and the need for travel permits to access advanced clinical services in some instances.

Multiple United Nations reports on CRSV indicate continued and deepening patterns of rape and other forms of sexual violence perpetrated against women, men, girls, boys and LGBTQIA+ persons, both employed systematically as a tactic of war and political oppression across Myanmar by armed actors, and as a result of a heavily armed presence and conflict-related displacement. Sexual violence is being perpetrated in detention settings, including during interrogations, with LGBTQIA+ individuals receiving targeted harrassment and violence due to their sexual orientation or gender identity. Sexual violence is also being perpetrated in military ground operations, where in some cases, victims were killed before or after experiencing sexual violence.

Women and girls also continue to face high risks of sexual violence while travelling through checkpoints, including survivors of GBV that are travelling to access essential support services, that face risk of revictimisation.

Displacement caused by conflict also increases risk of GBV, including sexual violence, to women and girls on their journey to safety and within their new community. Reports also indicate heightened risks of sexual violence, including in displacement sites, perpetrated by camp leaders, religious leaders and teachers. These issues require both prevention and response.

Forced Marriage, including Child Marriage
The conflict has increased the level of threat, both real and perceived, to women and girls while simultaneously reinforcing men's social role as 'protector.' This combination has

contributed to marriage being seen as a means to protect young girls and women, increasing rates of forced and child marriage. Child marriage is likewise being used to cope with diminishing resources, especially in prolonged displacement, through reducing the household size and gaining monetary compensation from the groom.

According to MSNA 2024, households reported that it was common for younger children in their communities to get married. Families often have their girls married early due to insufficient livelihoods and resources within the home, in many cases, a caregiver may desire their girl to get married to protect her against sexual violence. Moreover, with the enforcement of the conscription law, partners have reported an increase in child marriage cases as it is an exemption under the law and many children and young adults are being married early. Furthermore, reports of children seeking to travel abroad for marriage is a concern with it being seen as both a driver for irregular migration as well as a method through which traffickers can exploit children.

Households with a Medium or High Reduced Coping Strategies Index (rCSI) were slightly more likely to reportedly live in a community with cases of child marriage when compared to households with no coping to low rCSI[1]. The pre-existing social and gender norms, including restrictive gender roles and limited autonomy for girls, lack of education, and poverty contribute to child/early marriage.

Efforts to address child marriage have brought together GBV and CP AoRs to increase awareness of the consequences of child marriage and rights of girls and how to address this. The GBV-CP Working Group, under both the GBV sub-cluster and the CP AoR has developed key messages for communities, caregivers and children on child marriage and will continue to support both AoRs with appropriate responses.

Objectives & Approaches

The current situation in Myanmar is highly complex, with many drivers and dynamics contributing to an alarming increase in protection concerns, including GBV. Addressing GBV, in particular sexual violence, in the current context is a lifesaving priority. Yet the humanitarian response is chronically underfunded, and the GBV Sub-Cluster is working to support strengthening of the capacity of its members while preventing and responding to GBV. For these reasons, the GBV Sub-Cluster must focus efforts on a few key areas of intervention that will produce the largest impact. Coordinated response according to an agreed plan (i.e., the GBV Sub-Cluster Strategy) will enable sub-cluster members to use resources as efficiently as possible.

[1] Myanmar food security and protection brief 2024

The GBV Sub-Cluster Strategy consists of three objectives to address the priority issues:

Objective 1: GBV Response:
- Survivors of GBV are provided with quality survivor-centered, age-sensitive, multi-sectoral response services in line with the global minimum standards
- Capacity of frontline workers is enhanced on GBV response and referrals with focus on safe and timely access to provision of quality case management & psychosocial support services

Objective 2: GBV Prevention and Risk Mitigation
- GBV risk mitigation and prevention are strengthened through mainstreaming across all humanitarian response focusing on safety of women and girls, promoting their dignity and protecting their rights

Objective: GBV Coordination and Advocacy
- Subnational level coordination is strengthened where it can have the biggest impact prioritizing local and national organizations, including women-led organizations, to facilitate their meaningful participation in GBV coordination structures
- Evidence-based advocacy is conducted on the need for sustained interventions to prevent and respond to GBV

Implementation Strategy: to enable delivery of the strategy, the GBV Sub-Cluster will:
- Provide technical support where possible to local and national GBV service provision partners
- Support and promote the coordinated implementation of the strategy and associated work plans at the field level through GBV working groups in all priority locations
- Adapt or develop relevant tools and guidelines to establish and communicate the minimum standards for GBV prevention and response services
- Promote adherence to the GBV guiding principles - with utmost attention to the safety of survivors and service providers
- Advocate to donors for financial resources for GBV risk mitigation, prevention and response interventions, especially for local partners, including for GBV mainstreaming across sectors

Objective 1: RESPONSE

The foundation of the GBV Strategy lies in service provision for GBV survivors across Myanmar. The GBV Sub-Cluster aims to ensure services are accessible, prompt, confidential and appropriate to survivor needs, wishes and decisions, and available and accessible in locations where there is need. Caring for survivors of GBV means comprehensively and systematically addressing the various needs of a survivor, which

may span different sectors of assistance. Thus, a multi-sectoral model should be used to ensure holistic interventions that involve inter-agency collaboration and coordination across key sectors, including (but not limited to) psychosocial, health, legal/justice and safety/security.

Case Management & Psychosocial Support (PSS)

Case management forms the core of GBV service provision. This aims to systematically assess the needs of a survivor and arrange, coordinate, monitor, evaluate, and advocate for a package of multiple services to meet the survivor's specific needs. GBV actors will provide cash assistance as part of the case management to facilitate access to service and support the protection needs of survivors. Despite the access challenges, GBV actors are working hard to avail case management services in Myanmar. However, greater attention should be placed on expanding geographic coverage of services and improving the quality of case management services. Case workers should be well trained and continuously and systematically supervised and mentored by qualified personnel. They should be able to provide ongoing emotional support (if properly trained) and PSS to beneficiaries, and to refer survivors to specializedpsychological/mental care if and only when appropriate. Agencies and donors should also recognize the importance of staff wellbeing and promote and institutionalize staff care initiatives for GBV service providers, as burn out and the risk of secondary/vicarious trauma for case/social workers is high.

Case management and PSS are now primarily offered through static or mobile safe spaces for women and girls. Safe spaces ensure that women and girls feel comfortable and safe to disclose and receive care after a GBV incident and receive information about available services and assistance. They also create an environment in which women and girls can share their common challenges and stresses and engage in PSS, social and recreational activities, which prevent isolation and promote healing. For those who have experienced violence, trust-building social and recreational activities serve as an entry point to specialized services such as case management or PSS.

Given the increasing trends of GBV involving children, the GBV Sub-Cluster, in collaboration with the CP AoR and Case Management Task Force (CMTF), in 2025 will focus on building capacity on caring for child survivors of sexual abuse and developing/adapting specific PSS programming for adolescent girls.

Properly designed and disseminated referral pathways both assist in providing survivors with timely services and ensure that the risk of re-traumatization is reduced. Led by the sub-national GBV working groups, referral networks will be strengthened, and all service providers should be aware of appropriate services for GBV survivors. Referral pathways should be created in a participatory and inclusive process with all relevant sectors.

Mental health and psychosocial support (MHPSS) actors form a key component of the referral system for survivors to access higher-level psychological care. Links between GBV case management agencies and MHPSS providers will be improved, and the follow-up of cases will be ensured for continuation of care. Most survivors do not require higher-level MH services and can receive necessary care by well-trained and supervised case workers and social workers. GBV agencies should clearly understand if/when to refer survivors to higher-level mental health care. MHPSS actors will also be better engaged in GBV contingency planning and emergency response efforts as per their essential role in first-line GBV response, ensuring qualified personnel to handle severe cases of GBV.

Health

Immediate access to medical care for survivors of GBV, particularly physical and sexual violence, is a lifesaving first-line response for the GBV sector. In many settings, the health sector is the entry point into GBV service provision for survivors. As a first contact and/or providers of lifesaving services, health care providers bear a responsibility of identifying a GBV survivor's needs with sensitivity and compassion and provide appropriate services and referrals. However, in Myanmar, this is not the case due to the shame, stigma and fear associated with reporting, particularly to health providers.

Additionally, there is a lack of adequately trained medical personnel on GBV concepts, survivor-centered approach and clinical management of rape (CMR). Survivors are not able to access the few existing CMR services due to fear, shame, stigma, and movement restrictions. In addition, medical personnel are not trained on immediate psychosocial support and confidentiality, and most medical facilities lack adapted and private spaces to receive survivors.

The GBV Sub-Cluster will work closely with the health cluster, specifically with Sexual and Reproductive Health Rights (SRHR) task force, to strengthen clinical management of rape services. The GBVSC is also committed to supporting the health partners, especially in ensuring quality psychosocial care in line with survivors' best interests. The GBV Sub-Cluster will also promote training/mentoring of female health staff and GBV focal points within facilities, encourage self-care for health workers, disseminate treatment protocols for sexual violence and GBV referral pathways in facilities, advocate for availability of post-rape kits, and conduct outreach and awareness raising on the importance of seeking clinical care in a timely manner, especially for sexual violence.

The GBV Sub-Cluster will advocate to ensure the Minimum Initial Service Package for Reproductive Health in Crisis Situations is available in all health responses, including CMR.

Safety & Security

Survivors of GBV, especially domestic and sexual violence, have limited options to ensure their safety and security. Temporary safe houses/shelters are unavailable in most locations, and when they are available, they insufficiently meet the needs of survivors and their children. The GBVSC will map out and assist in creating an inter-agency guidance for managing existing and creating new safe shelters and improving the services as well as critical infrastructure. Additionally, training and ongoing support to agencies operating safe shelters is essential, as well as the inclusion of specialized GBV services within shelters.

Access to Justice

Essential in meeting the various needs of survivors, as well as vulnerable groups of women and girls (e.g., female-headed households), is the provision of free or low-cost legal counseling, representation and general court support, where GBV can be challenged.

Mediation is commonly used as a tool to address GBV in Myanmar. This is known to be problematic and risks further harm to survivors; therefore, the use of mediation should be discouraged. Where it is used, careful steps should be put in place to ensure mediation is protective of survivors and their rights. Nevertheless, capacity building should be done for community leaders and structures involved in mediation of GBV cases to ensure rights-based and survivor-centered approaches

Objective 2: PREVENTION & MITIGATION

In Myanmar, prevailing attitudes and beliefs have been identified as contributing factors for GBV. Although a slow process, changing perceptions, attitudes and behaviors is an ongoing need and priority for long-term impact. The GBV SC emphasizes the importance of raising awareness on the legal rights and entitlements, identified GBV risks, and the importance of timely seeking assistance. With this knowledge, women and girls will be empowered to make informed decisions and have the ability to claim their rights. Community-based solutions to prevent and respond to GBV and create safer and more protected environments for women and girls are paramount for sustainability and should include men and boys. Additionally, all humanitarian personnel should assume GBV is occurring and threatening affected populations, treat it as a serious and life-threatening problem, and take actions to prevent and mitigate it within their sectors.

Awareness Raising & Outreach

GBV service providers, especially PSS and case management agencies, are responsible for conducting targeted outreach efforts in consultation with the community and that should

GBV Riks Mitigation

The GBV Sub-Cluster will support other clusters with GBV risk mitigation efforts through training and ongoing mentoring that include developing strategies to integrate GBV risk mitigation within clusters and agencies. The GBV Sub-Cluster will also continue to advocate for the involvement of women and girls in all stages of the project cycle, especially planning (e.g., site planning, WASH facility locations, NFI material selection) and assessment.

Dignity Kits

In times of crisis, women and girls often struggle to meet essential material needs. They lack items that enhance their safety, facilitate basic hygiene, enable access to humanitarian services, and promote their mobility and presence in public spaces. For this reason, GBV partners will distribute dignity kits to the vulnerable women and girls of reproductive age. The GBV SC will promote the distribution of dignity kits part of GBV programming including:

- As an entry point to begin working with women to identify the GBV risks in the community, and to advance GBV prevention and response programs,
- To raise awareness during distribution, encouraging communities to engage in discussions on important topics such as preventing and responding to GBV,
- To share information on where women can access GBV services. In particular, distribution of dignity kits can be focused on reaching women at risk; GBV survivors, pregnant and lactating women, to ensure women know where and how to access available services.

Considering the current challenges related to the procurement and transportation of dignity kits, the GBV SC will promote provision of cash assistance for dignity kits.

Objective 3: COORDINATION & ADVOCACY

Ensuring better, more targeted, responsible and responsive action for GBV prevention and response requires strong and supportive coordination and advocacy that are closely connected with the needs of beneficiaries and service providers on the ground. The GBV Sub-Cluster will focus on improving national and sub-national coordination and data management, ensuring timely and contextualized contingency plans and emergency response, and mobilizing adequate funding.

Coordination & Data Management

The GBV Sub-Cluster will work more closely with the Child Protection AoR to enhance synergies and common approaches on joint projects[1], which include case management, adolescent girls programming, caring for child survivors of sexual abuse and child marriage issues. The GBV Sub-Cluster will also improve its responsiveness to Protection Cluster needs and improve visibility and inclusivity of GBV issues. The GBV Sub-cluster will also coordinate with the Monitoring, Analysis and Reporting Arrangements (MARA) Working Group, to ensure a coordinated UN approach on CRSV prevention, response, and advocacy, including strengthening access to referral pathways for CRSV survivors, and information sharing on GBV patterns and trends relevant to the CRSV agenda.

The GBVSC will work to strengthen involvement of Women-Led organizations/ national NGOs/CSOs as leaders in GBV coordination given their advantage as service providers with firsthand knowledge on implementation issues and survivor needs. The GBVSC will also establish new working groups/ task forces focusing on specific GBV thematic issues as required, based upon agreed criteria.

The GBVSC will build GBV partners' understanding of the principles of safe and ethical data collection, as well as confidentiality and data privacy to safeguard survivors, communities and service providers. In 2025, GBVIMS will expand to additional partners and include greater dissemination of shareable data as per the Information Sharing Protocol.

Greater effort should be made to support partners in data collection and submission using the agreed and endorsed tools. Safety audits of IDP sites will be routinely conducted across states by trained personnel to identify GBV risks, trends across sites, and inform advocacy and cross-sector GBV risk mitigation. Information management will capitalize on existing data collection and reporting (eg. protection monitoring) and use various sources to produce useful materials for information sharing, visibility, advocacy and fundraising. National partners will be supported to improve data collection, project monitoring and reporting (e.g., into Activity Info and GBVIMS).

Contingency Planning & Emergency Response

GBV SC members (including the UN, INGOs, NNGOs, CSOs, and WLOs) that have some capacity and/or presence in the response locations should be identified and adequately equipped with the knowledge and tools necessary for a rapid GBV response. They must also be sufficiently funded through emergency funding mechanisms to enable them to deploy immediately during emergencies, working alongside or integrated within key sector responses such as Health (SRHR), Food, WASH, and Protection/CP.

[2] At the national level, the GBV SC and CP AoR established a CP-GBV Working Group consisting of both GBV and CP actors. The working group is dedicated to creating resources and building capacity to ensure that child protection (CP) and gender-based violence (GBV) issues are effectively managed.

Evidence-Based Advocacy

Though there are numerous advocacy needs throughout Myanmar, the GBV Sub-Cluster will focus on a few priority advocacy topics based on identified needs, evidence base, consultations and realistic achievements. These topics will be decided upon with sub-cluster members when developing a separate advocacy strategy that identifies key issues, relevant stakeholders and an implementation plan. Various avenues will be used to advance the advocacy agenda, including working with the Protection Cluster, donors, individual agencies, regional emergency GBV advisor (REGA) and the global GBV AoR.

Sustainability & transition strategy

To increase sustainability, efforts will be made to strengthen national actors' ability to provide quality GBV services that are survivor-centered and in line with international standards and best practices, as well as initiate structured and responsible transition of service delivery from international to national actors that includes continued mentorship and support. Sustainability also involves supporting community-based solutions that educate and empower the community to support survivors, address GBV risks and prevent violence.

Coordination structure

Coordination is one of the core humanitarian standards to ensure quality of response and accountability of humanitarian action. The GBVSC Terms of Reference outlines the roles and responsibilities of the GBVSC coordination team. National level GBVSC coordination consists of one dedicated GBVSC coordinator, one part-time NGO co-coordinator and one part-time Information Management Officer. National GBVSC supports the subnational coordinators through development of tools, resources, and capacity building opportunities. The national GBVSC meets monthly and on an ad hoc basis as needed. The national level GBVSC supports GBVSC partners at national and subnational levels to ensure activities are of quality, responses to issues are timely and appropriate. GBVSC further contributes to information sharing, as well as advocacy efforts.

The Sub-national/Regional GBV coordination mechanisms are essential to the effective coordination of GBV prevention and response. They ensure a well-coordinated, appropriate, context specific and efficient response to GBV through their presence on ground and close working relationships with partners, the Area ICCG and other clusters/AoRs. The national GBV SC will continue to support and build coordination capacity at subnational level, as it is recognized that subnational coordinators are currently operating with dual functions due to funding constraints.

To avoid non-GBV staff investigating GBV disclosures or suspected GBV concerns, as well as to preserve the anonymity of some GBV actors, the subnational coordinators will continue to serve as referral focal points for their respective states and/or region.

At subnational level, the GBVSC is coordinated according to the common humanitarian architecture with four subnational regional hubs as follows:

Southeast: two part-time coordinators and six NGO co-coordinator
Northwest: one part-time coordinator and one part-time CSO co-coordinator
Northeast: two part-time coordinators and three part-time NGO co-coordinators
Rakhine: two part-time coordinators and one part-time UN co-coordinator.

GBVSC Strategic Advisory Group

The GBVSC Strategic Advisory Group (SAG) is made up of selected key GBV partners that come together regularly to provide strategic directions to the GBVSC. The purpose of the SAG is to provide strategic advice to the GBVSC recognizing that decision making resides with the members of the GBVSC. The SAG will establish a mechanism and timelines to monitor the strategy's implementation, identifying achievements, lessons learned, challenges and bottlenecks for implementation, with status updates to sub-cluster twice a year. Monitoring will align with HNRP monitoring and 5Ws tracking tools. All partners are responsible for contributing information to the GBVSC on a timely basis. The GBVSC coordination team is responsible for providing information on reporting guidelines and deadlines, as well as technical support to partner reporting.

Protection cluster, Child Protection AoR, Mine Action AoR, and MHPSS Working Group

The GBVSC is an integral part of the Protection Cluster, working alongside the Child Protection (CP) AoR, Mine Action (MA) AoR, and Mental Health and Psychosocial Support (MHPSS) Working Group. Robust collaboration is maintained through joint planning and priority-setting and through the development of unified cluster strategies, mainstreaming protection efforts, conducting training and capacity building, reporting on humanitarian interventions, as well as undertaking joint advocacy initiatives. This close and strategic partnership plays a crucial role further in shaping and advancing the Humanitarian Country Team's (HCT) protection strategy, which includes identifying trends, and reporting on protection concerns, as well as advocating for the inclusion of protection priorities in funding appeals, policy discussions, and decision-making processes.

Overall, the cluster functions through close consultations between the cluster and relevant AORs, cultivating a shared sense of responsibility and commitment to achieving protection goals. This collaborative approach is crucial for attaining positive protection outcomes in Myanmar.

Inter Cluster Coordination Group (ICCG)

Both at national and subnational levels, the GBVSC actively participates in the Inter Cluster Coordination Group (ICCG) for an overall coordinated and complementary humanitarian response in Myanmar. The ICCG comprises the cluster, AoR and Working Group coordinators and OCHA. The ICCG supports clusters to work together to facilitate the delivery of the Humanitarian Needs and Response Plan's (HNRP) strategic objectives in the most efficient and effective way. This coordination among clusters also helps in the identification of core advocacy concerns emerging from the operational response and the identification of resource gaps impacting operational delivery. The ICCG meets every two weeks at the national level.

Resource mobilization and advocacy

All actors involved in the consultation sessions noted that financial resources are limited, which constrains their ability to implement. This is a problem across sectors as the 2024 HNRP was gravely underfunded.

Fundraising will prioritize meeting the unmet needs of ensuring minimum standards on basic, lifesaving GBV service provision. To improve fundraising efforts, GBV Sub-Cluster will increase its visibility efforts and material output through improved data collection as described above and identifying target audiences for advocacy.

Based on strategic objectives and programming gaps identified by the subnational level GBV coordination team, the GBV Sub-Cluster will play a larger role in consistently engaging with donors and advocating for funding for GBV prevention and response.

Monitoring

Progress towards the above-mentioned categorized activities and approaches will be monitored through the GBVSC HNRP monitoring dashboard. The dashboard is developed using the results of the 5Ws and collected on a quarterly basis. The GBVSC develops guidance for the 5Ws tool, both Myanmar and English, detailing what activities are to be monitored under each indicator. The results of the 5Ws will be complemented by stories and reports from GBVSC partners to create a full picture of the GBVSC progress towards the objectives in the strategy and the 2025 HNRP.

The GBVSC will also monitor its progress as a coordination body through the annual Cluster Coordination Performance Monitoring (CCPM) undertaken by the Global GBV AoR on an annual basis and compiled based on responses from GBVSC partners. The results of the CCPM will support the GBVSC coordination mechanism to have a regular reality-check and identify areas of improvement on cluster coordination functions.

Conclusion

The present strategy is intended to provide information and direction for GBV SC members to provide quality, multi-sectoral response across Myanmar. The strategy was developed in consultation with GBV Sub-Cluster members, subnational coordinators, GBV Strategic Advisory Group (SAG), the Protection Cluster/AoRs, UNFPA as Cluster Lead Agency, and the Regional Emergency GBV Advisor (REGA). The strategy will be updated and amended should the context or priorities dramatically change. Alternatively, the strategy will be reviewed and updated in October - Novemberof 2025.

For more information on the GBVSC in Myanmar, or the present strategy, please contact the national GBVSC coordinators in Myanmar.

Glossary

AoR	Area of Responsibility
CCPM	Cluster Coordination Performance Monitoring
CRSV	Conflict Related Sexual Violence
GBV	Gender Based Violence
GBVIMS	GBV information Management System
GBV MS	GBV Minimum Standards
HCT	Humanitarian Country Team
HNRP	Humanitarian Needs and Response Plan
ICCG	Inter Cluster Coordination Group
IDP	Internally Displaced Person
MA	Mine Action
MSNA	Multi Sectoral Needs Assessment
PSS	Psychosocial Support
SAG	Strategic Advisory Group

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