

# HUMANITARIAN **NEEDS** **AND RESPONSE PLAN** MYANMAR

HUMANITARIAN  
PROGRAMME CYCLE  
2024  
ISSUED DECEMBER 2023



# Table of Contents

---

<b>03</b>	<b>Foreword</b>
<b>04</b>	<b>Executive Summary</b>
<b>07</b>	<b>At a Glance</b>
<b>08</b>	<b>Part 1: Humanitarian Needs</b>
12	1.1 Crisis Overview
20	1.2 Analysis of Humanitarian Needs and Risks
26	1.3 People in Need
<b>28</b>	<b>Part 2: Humanitarian Response Plan</b>
29	2.1 Strategic Objectives
30	2.2 Humanitarian Response Strategy
31	2.3 Planning and Operational Capacity
39	2.4 Inclusive and Quality Programming
44	2.5 Costing Methodology
45	2.6 Cash Modalities
47	2.7 Monitoring Approach
<b>48</b>	<b>Part 3: Cluster Needs and Response</b>
49	3.1 Education
52	3.2 Food Security
55	3.3 Health
58	3.4 Nutrition
61	3.5 Protection
67	3.6 Shelter/NFI/CCCM
70	3.7 Water, Sanitation and Hygiene (WASH)
73	3.8 Coordination and Common Services
<b>76</b>	<b>Part 4: Annexes</b>
77	4.1 Methodology
80	4.2 Information Gaps and Limitations
83	4.3 What If We Fail to Mobilize Sufficient Humanitarian Funds?
87	4.4 Humanitarian Consequences If Development Actors Fail to Raise Enough Funds
91	How to Contribute
92	Acronyms
94	End Notes

# Foreword

---

As we publish this 2024 Humanitarian Needs and Response Plan (HNRP), escalating fighting, surging displacement and extreme protection threats are now impacting vast swathes of the country, compounding the devastating impacts of Cyclone Mocha in May, and placing the people of Myanmar in increasing peril.

Three years on from the military takeover, the humanitarian landscape for 2024 is grim with a third of the population – 18.6 million people – now estimated to be in humanitarian need. Children are bearing the brunt of the crisis with 6 million children in need as a result of displacement, interrupted health-care and education, food insecurity and malnutrition, and protection risks including forced recruitment and mental distress. The economic situation is placing families in increasing financial distress and coping capacities are stretched to the limit. Interruptions to agriculture and rapid inflation are making it increasingly difficult for people to access and afford adequate food, raising the spectre of climbing malnutrition. The health system is in crisis and millions are without safe shelter or drinking water. Women, girls, persons with disabilities and stateless Rohingya people are among those impacted the most by this dangerous environment. Development gains are concurrently under extreme threat with poverty now back at levels not seen for 15 years.

This Plan paints a deeply disturbing picture that demands global attention and a dramatic increase in funding. Humanitarians require almost a billion dollars to reach 5.3 million people who have been prioritized for urgent assistance. We cannot afford a repeat of the gross underfunding seen in 2023 with only 29 per cent of requirements received. This lack of funding and severe access constraints meant that an estimated 1.9 million people who had been prioritized for support missed out on assistance altogether, while most of the 3.1 million people who were reached with some

support did not receive the intended multi-sectoral assistance required to fully meet their needs. Brave aid workers – the majority of them local organizations on the front line of the response – remain committed to staying and delivering and have scaled-up wherever they can over the past three years. However, de-politicization of aid, as well as significantly expanded access and greatly increased funding will be critical to preventing the suffering of everyone prioritized for support in this Plan.

Complementary funding is also needed across the nexus to address the persistent growth in humanitarian needs. The absence of large-scale preventative and resilience-building interventions by the broader development community is placing unprecedented pressure on humanitarian caseloads. To reverse current humanitarian trends, greater funding is simultaneously needed in 2024 for broader community development.

We thank our generous donors for their ongoing solidarity with the people of Myanmar as needs continue to spiral. But in 2024, we need donors to dig deeper and speak louder to amplify the voices of affected people on the world stage. Millions of lives are at stake and we all must do everything we can to prevent Myanmar becoming a forgotten emergency.

Marcoluigi Corsi  
Myanmar Humanitarian Coordinator a.i

# Executive Summary

---

Myanmar stands at the precipice in 2024 with a deepening humanitarian crisis that has spiralled since the military takeover in February 2021 with the civilian population that is now living in fear for their lives and whose coping capacities are stretched to the limit. The situation is now marked by surging displacement, a fragile security environment, profound protection threats, and escalating unmet needs. The humanitarian outlook remains grim, with 18.6 million people, including 6 million children, in humanitarian need – a million more than the previous year. This alarming growth is largely fuelled by protection risks and conflict, compounded by a myriad of challenges, including food insecurity, a health system in crisis, disrupted education, huge numbers of people on the move amid fears for their safety, and the aftermath of Cyclone Mocha which struck Myanmar in May 2023. The final quarter of 2023 witnessed a significant escalation in fighting resulting in a further increase in needs; elevated protection threats including death and injury from aerial bombardment, extortion, and forced labour; and new access blockages.

Conflicts and violence are expected to worsen in 2024, with increased clashes between Ethnic Armed Organizations (EAOs), People's Defence Forces (PDFs), and the Myanmar Armed Forces (MAF). A rising tide of conflict with simultaneous fighting spreading across large swathes of the country, aggravated by targeting and harassment of civilians, restrictions on freedom of movement and a state of emergency in place since February 2021, will continue to exacerbate the existing humanitarian and protection crises.

Myanmar's crisis demands immediate attention and increased international support to address the multi-faceted survival challenges faced by the civilian population. Urgent funding for complementary development action is also required to reverse the

growth in humanitarian need and build the resilience of communities in the face of persistent shocks.

## Surging humanitarian needs

Systematic military violence against civilians, resulting in more than 4,000 deaths and tens of thousands of arbitrary arrests, underscores the urgent decision to prioritize protection in the 2024 response. Protection concerns are pervasive, as conflict-induced violence, institutionalized discrimination, human rights violations, and fear permeate daily life for the civilian population in Myanmar. Denial of access to personal legal documents further marginalizes vulnerable populations, particularly Rohingya people who have already been rendered stateless, limiting access to services, and perpetuating a cycle of discrimination.

Mass displacement continues at an alarming rate, with almost 2.6 million people displaced as of 11 December 2023 – a year-on-year increase of 1.1 million people. This displacement includes more than 660,000 people displaced by escalating conflict since 26 October 2023. People who have fled their homes and remain displaced often endure squalid conditions and inadequate shelter in formal sites or in jungles and forests. State Administration Council (SAC) actions and policies aimed at camp closures, premature returns, and relocations are amplifying protection challenges for affected internally displaced persons (IDPs), while a heightened risk of smuggling, human trafficking, and an exodus of young people seeking safety and opportunities abroad looms large.

The confluence of a non-functional health system and increasing health vulnerabilities among large sections of the population has led to deteriorating maternal and child health outcomes, a lagging emergency care response, and dangerously low routine immunizations with potential regional implications. Children are bearing the brunt of the crisis with

interruptions to their health care and schooling, as well as exposure to a range of protection and mental health risks. Approximately a third of school-age children are not enrolled in any form of learning, and conflict, displacement, and economic hardships have severely disrupted education over the past three years with life-long impacts on the children of Myanmar. Malnutrition is feared to be spreading as large swaths of the population continue to experience high levels of food insecurity and treatment supplies are increasingly difficult for humanitarians to import into the country.

Myanmar is highly exposed to natural hazards including cyclones and flooding and globally ranks as the country that is second-most affected by extreme climate events, exposing the population to additional dangers. At least 28 million people (or half the population) are living in districts at high flood exposure risk. Extremely Severe Cyclone Mocha in May 2023 affected more than 3 million people. Lack of timely humanitarian access to those affected exacerbated pre-existing vulnerabilities and increased people's dependency on aid, with flow-on impacts for needs in 2024.

The crisis in Myanmar is disproportionately affecting women, perpetuating gender disparities in employment and increasing vulnerability to trafficking, gender-based violence (GBV), including sexual exploitation and harassment (SEA). Widespread discrimination on ethnic and religious grounds play a significant role. Persons with disabilities are especially vulnerable in the conflict and violence affecting the country, as well as natural disasters.

## 2024 Response Plan

The 2024 Humanitarian Needs and Response Plan (HNRP) for Myanmar is launched against a backdrop of escalating conflict, political and economic instability, and a population exposed to continuous violence, displacement induced by both conflict and natural disasters, and pervasive protection risks. The HNRP outlines three strategic objectives for action in the face of these extreme needs and threats. First, to ensure the protection of three million people by identifying, monitoring, and mitigating risks while upholding human rights. Second, to prevent suffering, morbidity,

and mortality among 3.7 million displaced individuals facing food insecurity, malnutrition, and health threats. Finally, to provide essential services and support to 2.5 million crisis-affected people, ensuring their survival and preventing further deterioration of their humanitarian needs.

The HNRP maintains a national scope for 2024, focusing on support to displaced populations and hard-to-reach areas with severe needs. The plan requires US\$994 million dollars to reach 5.3 million people prioritized for assistance this year. This prioritization was guided by both the severity of needs and vulnerabilities of affected people. Aligned with the UN Transitional Cooperation Framework (TCF) 2024-2025, the HNRP emphasizes the primary humanitarian responsibility to save and protect lives, while complementary development and peace work focuses on sustaining social services, empowering and building the resilience of communities, as well as strengthening peace drivers.

The operating context for humanitarian workers remains volatile heading into 2024, with recurring violations of international law, including attacks directed against aid workers, and chronic underfunding that have resulted in substantial response gaps over recent years. Collective advocacy on the removal of access constraints, bureaucratic impediments, and an end to the repressive environment for aid workers is increasingly critical to an effective response in 2024. The heavy politicization of aid by all sides is making humanitarian work more dangerous and requires consistent system-wide advocacy. With new regional dynamics now at play, there is an increasingly important role to be played by neighbouring states in advocating for a de-escalation of conflict in Myanmar and expanded humanitarian space to meet growing needs.

The planning assumptions underpinning the HNRP anticipate a dynamic and fast changing environment, necessitating flexible approaches to humanitarian response. Humanitarian organizations are adapting to deliver life-saving aid through diverse modalities, recognizing varying access challenges. While facing bureaucratic obstructions, attacks, and underfunding,

the response aims to provide complementary, multifaceted assistance. Local responders will continue to play a crucial role in reaching vulnerable people, and the humanitarian community is committed to the localization agenda, including better harnessing the strengths of local organizations and building more equitable partnerships with local actors who are taking many risks on the front line of the response. The mosaic of approaches also requires enhanced, de-centralized and inclusive coordination structures. The revised coordination architecture, operational since September 2023, aims for greater efficiency, consistency, and accessibility across all impacted areas in the country but remains grossly underfunded. The humanitarian community also emphasizes the

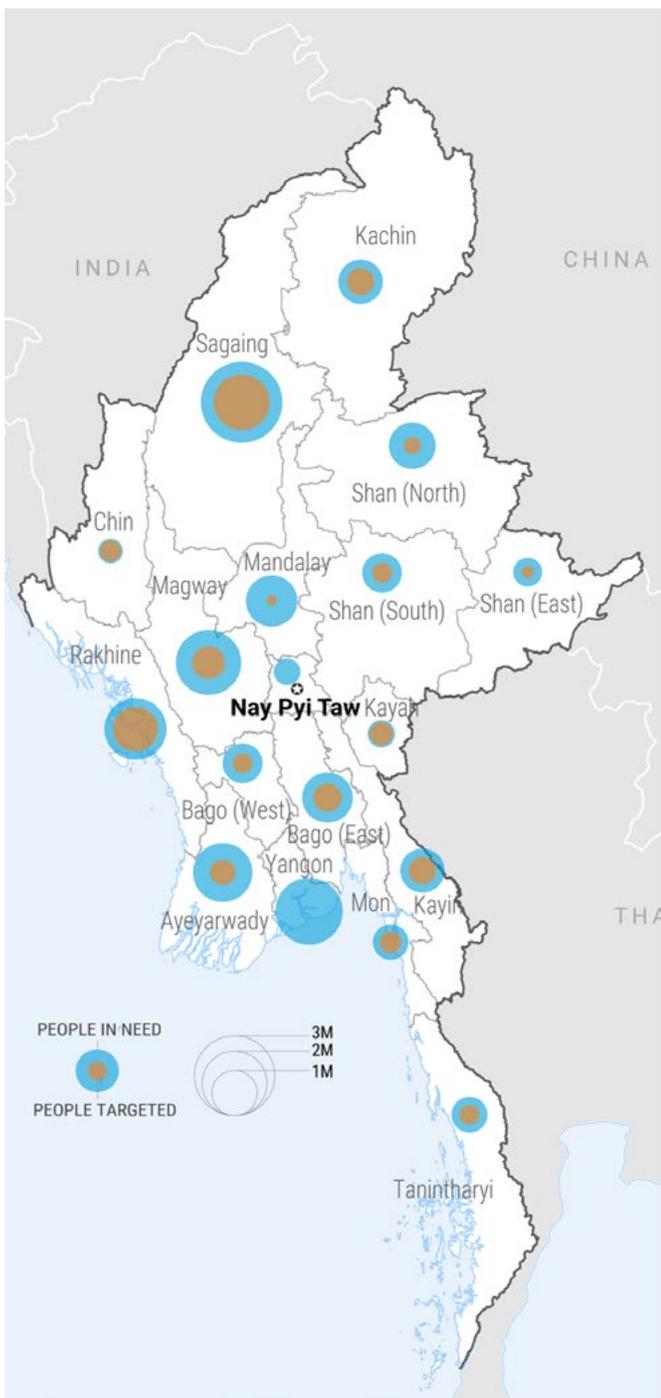
importance of engaging with border-based actors to ensure a more holistic and complementary response.

This HNRP for Myanmar in 2024 presents a comprehensive strategy to address the complex and evolving needs of an increasingly desperate population. Despite persistent challenges, the humanitarian community remains committed to staying and delivering, while providing hope through essential support to the most vulnerable and displaced. A collective effort, backed by adequate funding and expanded access, is essential to realizing the objectives of this Plan and alleviating the suffering of those affected by the protracted crisis in Myanmar.

# At a Glance

People in need and people targeted for humanitarian assistance by sex, age and disability

		WOMEN AND GIRLS	CHILDREN	ELDERLY	WITH DISABILITIES	REQUIREMENTS (US\$)
PEOPLE IN NEED	<b>18.6M</b>	<b>52%</b>	<b>32%</b>	<b>11%</b>	<b>13%</b>	<b>994M</b>
PEOPLE TARGETED	<b>5.3M</b>	<b>52%</b>	<b>34%</b>	<b>11%</b>	<b>13%</b>	

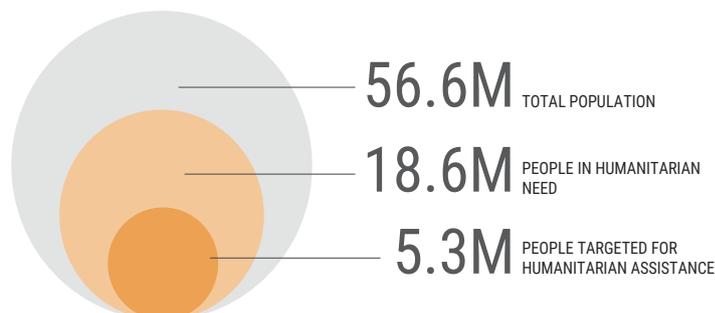


People in need and people targeted for humanitarian assistance by cluster

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED
Education	4.5M	1.4M
Food Security	12.9M	2.3M
Health	12.1M	2.7M
Nutrition	2.2M	0.6M
Protection	12.2M	3.0M
Shelter/NFI/CCCM	4.3M	1.3M
WASH	5.6M	1.7M

Requirement by cluster

CLUSTER	REQUIREMENT (US\$)	NO. OF PARTNERS
Education	94M	84
Food Security	289M	73
Health	130M	72
Nutrition	58M	36
Protection	161M	111
Shelter/NFI/CCCM	149M	38
WASH	106M	58
Coordination	7M	242



M: Million

# Part 1: Humanitarian Needs

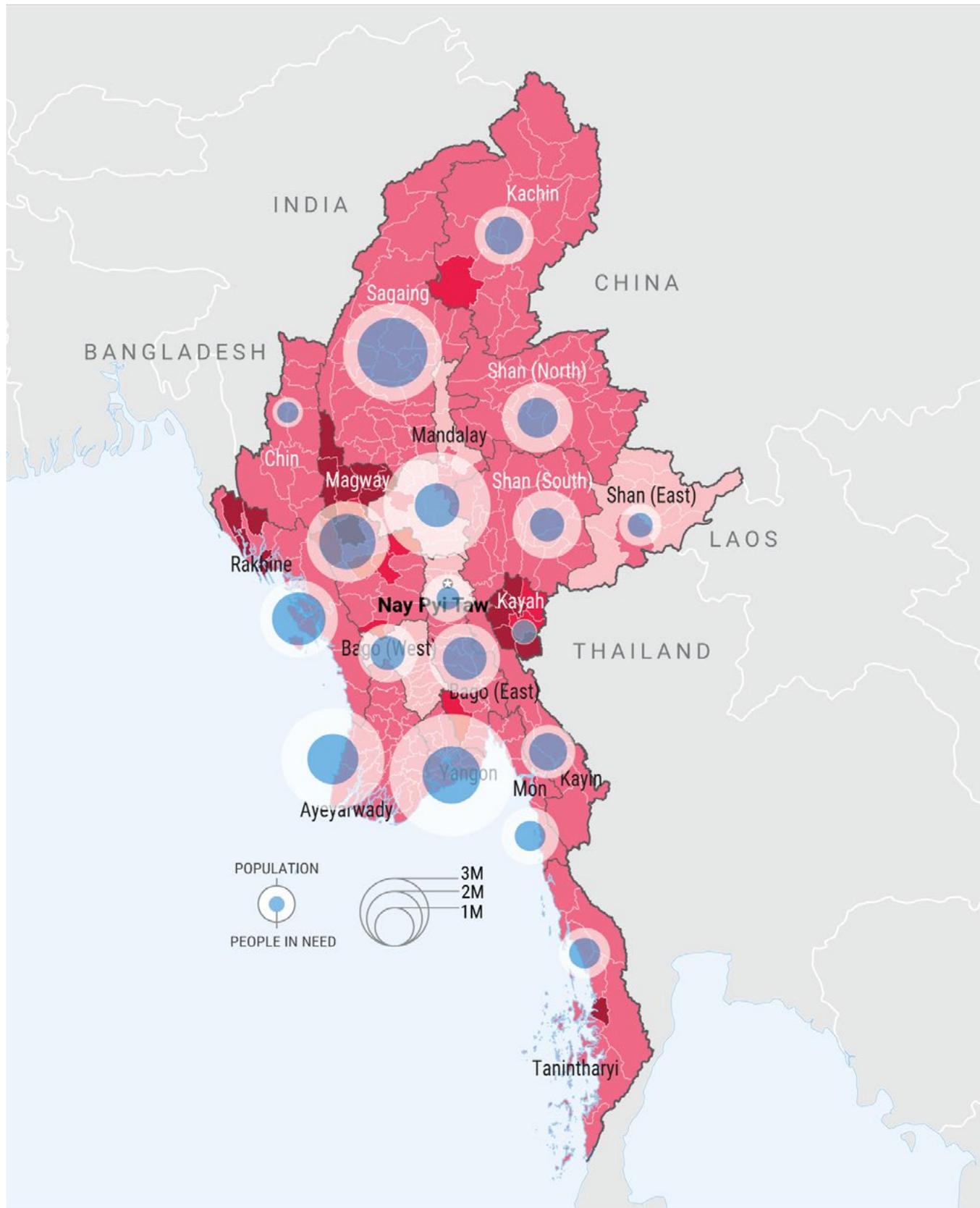
---

## RAKHINE

A family moving to safety in the aftermath of Cyclone Mocha in Rakhine, 2023.  
Photo: Plan International



### Inter-sectoral severity of needs and distribution of people in need

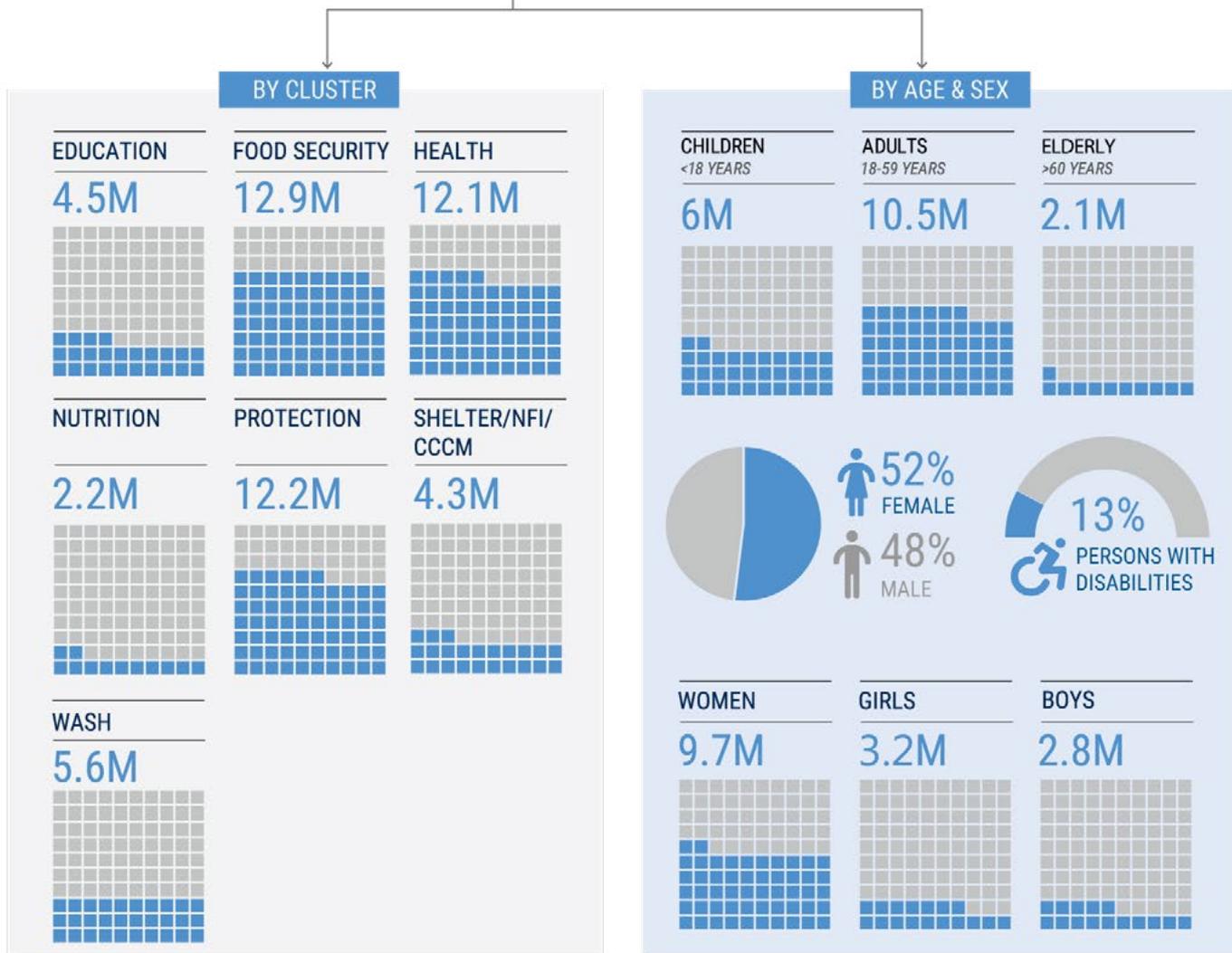
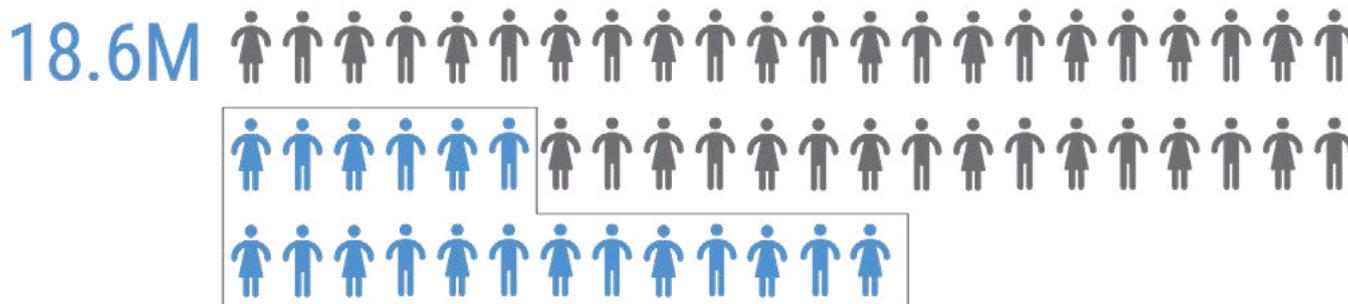


## Estimated number of people in need

### TOTAL POPULATION



### PEOPLE IN NEED



### IDPS (Projection)

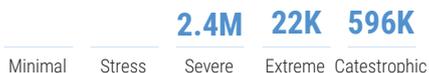
### RETURNED, RESETTLED AND LOCALLY INTEGRATED IDPS (Projection)

People in need

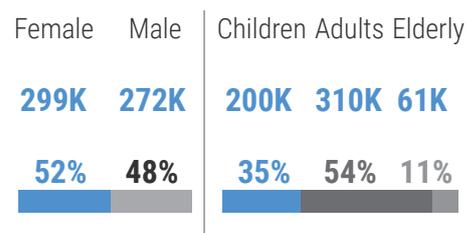
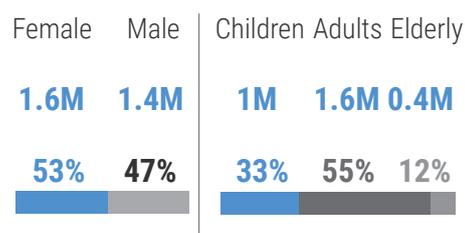
3.0M

0.6M

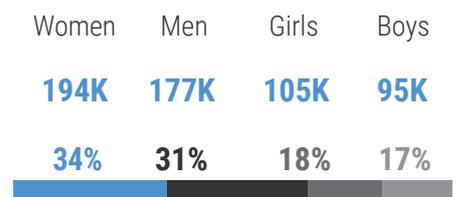
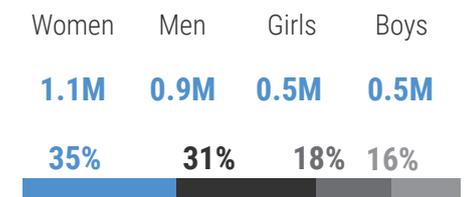
Severity of needs



People in need by sex & age



People in need by sex



### NON-DISPLACED STATELESS PEOPLE

### OTHER CRISIS-AFFECTED PEOPLE WITH HUMANITARIAN NEEDS

People in need

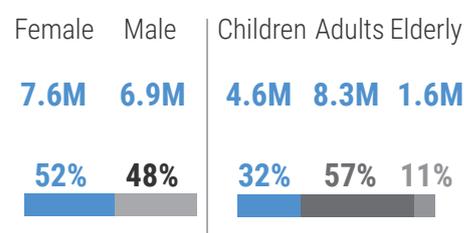
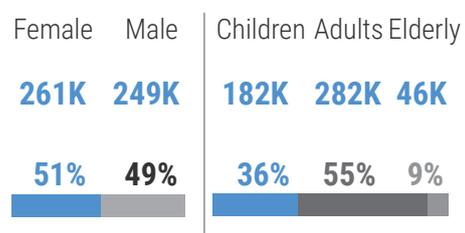
510K

14.5M

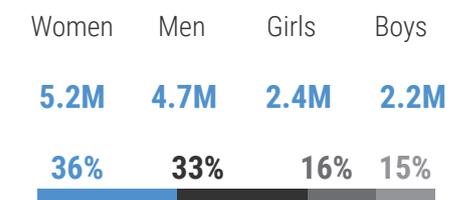
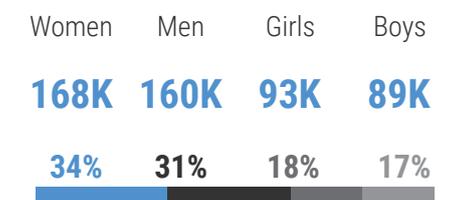
Severity of needs



People in need by sex & age



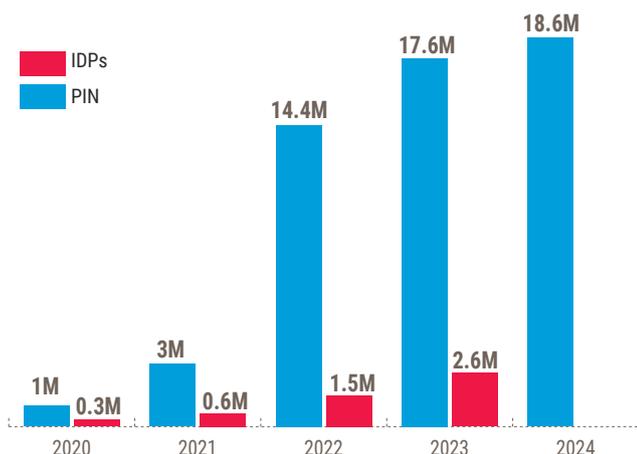
People in need by sex#



# 1.1 Crisis Overview

The humanitarian outlook for Myanmar in 2024 is precarious, driven by widespread and systematic human rights violations, a continuously deteriorating security environment, grave protection threats, unmet humanitarian and development needs, and a population whose coping capacity has been steadily worn down over the last three years. Some 18.6 million people are estimated to require humanitarian assistance in 2024 – 1 million more than the same time last year – with the number of displaced people expected to continue steadily rising during the year from the record 2.6 million at the end of 2023.

## People in need and displacement trends 2020 - 2024



Food insecurity, interrupted health and education, and soaring protection risks remain key areas of concern going into 2024. Conflict, economic decline, and natural disasters are key factors behind the 12.9 million people who are estimated to be moderately or severely food insecure nationwide with food availability, accessibility, and affordability all undermined by the crisis. Humanitarian impacts are most pronounced for vulnerable groups such as children, women, the elderly, pregnant women, stateless people, persons with disabilities, persons with diverse sexual orientation, gender identity, gender expression and sex characteristics and other minorities.

The health sector is grappling with significant challenges as a result of a confluence of negative factors related to a severely disrupted health system and the increasing vulnerability of the population. Maternal and child health is deteriorating, missed routine immunizations are being observed for large groups and emergency care response capacity continues to lag behind needs, even with ethnic health organizations (EHOs) and alternative private services striving to cover gaps. Meanwhile, over 30 per cent of school-age children are not enrolled in any form of learning, and learning has been disrupted for half the school-aged population over the past 3 years due to COVID-19, the military takeover, conflict, displacement, economic hardships, and natural disasters.

Reliance on negative coping strategies is rising, and more than 12.2 million people are considered to have protection needs. As 2023 draws to a close, there is escalating fighting in many parts of the country with heavy impacts on civilian safety and surging displacement. In many cases people are subjected to repeated displacement and are being exposed to increased risks of extortion and forced labour. Amidst this, humanitarian access remains limited in many conflict-affected parts of the country, especially the Northwest, and the SAC continues to control and limit both access and the transportation of rice, medicines, fuel and other aid to people in need.

### Security context

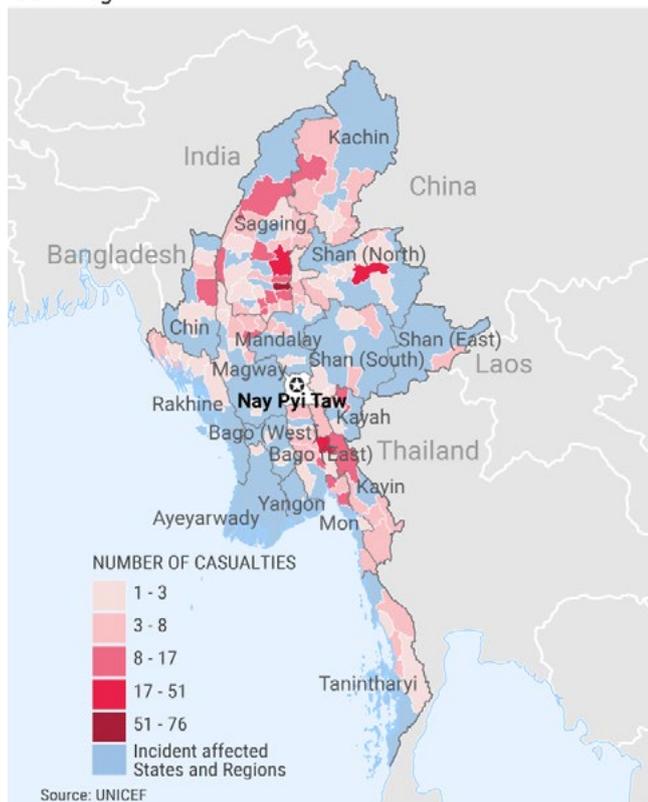
The State of Emergency imposed on Myanmar by the military since 1 February 2021 remains in place, following another six-month extension on 1 August 2023. Restrictions on freedom of assembly under Penal Code 144 remain in force in 127 townships across the country.<sup>1</sup> Martial law is now imposed on 59 out of 330 townships across the country.

Conflict and violence are expected to deteriorate in 2024, in particular in light of the increased coordination of EAOs and PDFs resulting in a higher incidence and

magnitude of clashes with the MAF across the country. In an attempt to suppress opposition and consolidate power the military has used systematic violence against the civilian population resulting in over 4,000 deaths, tens of thousands of arbitrary arrests and other human rights violations, including the use of sexual and gender-based violence.<sup>2</sup> Conflict and violence is perpetuating continued (and repeated) displacement, destruction of property, explosive ordnance (EO) contamination and movement restrictions, as well as increasing attacks against civilians, arbitrary arrests and detention, and other human rights violations – creating dire protection threats and underscoring the need for the centrality of protection to be implemented and funded across the response.

### Mine and ERW Casualties in 2023

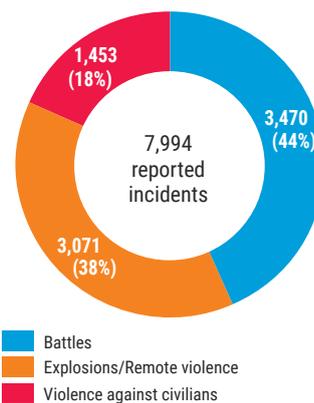
Jan - Aug



The end of October 2023 marked the start of the most extensive conflict escalation since the military takeover almost three years ago, with military operations by EAOs being carried out simultaneously on multiple fronts. Clashes between the MAF and a coalition of armed groups including EAOs and PDFs are significantly impacting vast swathes of the Northeast, Northwest, Southeast and Rakhine where the year-

### Security incidents in 2023

Jan - Nov



Data source: ACLED

long ceasefire between the Arakan Army and the MAF broke in November 2023. While there have been some significant and strategic gains for EAOs who have been operating with increased coordination, the conflict is ongoing with no obvious end in sight. Urban areas have been more heavily affected by the escalated fighting, with shelling and aerial bombardment in more densely populated cities and towns, presenting grave dangers to civilians who are fleeing in significant numbers.

An estimated 660,000 people have fled affected areas in less than a month, adding to the 2 million people who were already displaced before the intensification began, taking total displacement to a record of almost 2.6 million people by 11 December 2023. Displacement near borders is also generating new regional dynamics with significant interruption to trade and availability of imported items. Communications have been shut down in previously unaffected regions and key commercial and humanitarian transport routes are blocked or now involve multiple checkpoints in many areas, restricting movement and people’s access to aid and markets. Shortages of key survival items are being reported in communities across the most seriously affected areas. At the time of writing many heavily aid dependent people who were already displaced prior to the recent escalation in fighting – particularly in Rohingya camps in Rakhine – had been cut off from regular assistance for weeks. Aid is reaching some affected communities through local organizations, with a majority of displaced people reached in northern Shan by mid-December but assistance it is not deep or wide enough and is exposing those delivering the

assistance to elevated risk. The situation is particularly acute in the country's west which is still reeling from the aftermath of Cyclone Mocha in May 2023, and now has renewed conflict to contend with across many of the same locations.

Across conflict areas, humanitarian partners note increased extortion and recruitment of civilians by armed actors, with weapons and explosives becoming increasingly accessible, including to children and young people. Contamination with EO including landmines and explosive remnants of war (ERW) is expanding with a commensurate increase in casualties. In 2023, incidents involving landmines and ERW have reached

World Health Organization and the non-governmental organization (NGO) Insecurity Insight. Across all tracking efforts, reported attacks on Myanmar's health-care system continue to be among the highest globally in 2023, varying between at least 66 to 330 depending on the different definitions and levels of verification used. Even considering likely underreporting, indicative records shows that at least 14 health workers were killed and 21 wounded in 2023, with local aid workers most at risk.<sup>4 5</sup>

In December 2022, the UN Security Council adopted the first ever resolution on Myanmar calling for an immediate cessation of violence and unhindered humanitarian access.<sup>6</sup> With no action seen towards its implementation by the military in Myanmar, on 23 August 2023 the UN Security Council, with the abstention of China and Russia, issued a statement

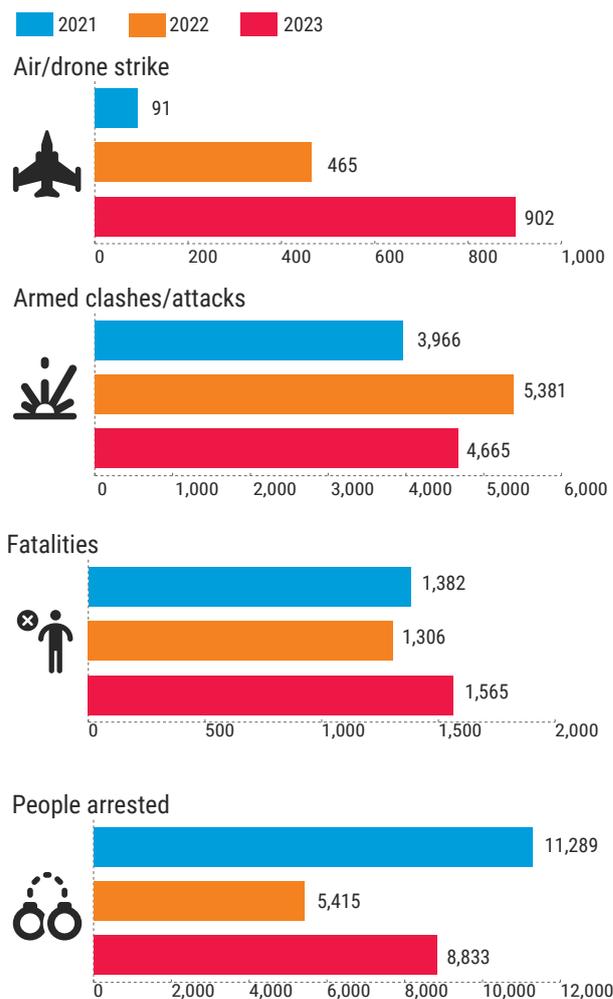


a frightening new level, with the highest figures recorded since the sector began tracking incident data in 2015. More than half of all townships in Myanmar are now thought to be affected by landmines or ERW. In 2023, for the first time, casualties due to landmines occurred in every Region and State of Myanmar, except Nay Pyi Taw.

Outside of Ukraine and Syria, Myanmar recorded the highest number of conflict-related incidents (more than 8,000) for the year as of 12 December 2023.<sup>3</sup> The use of heavy weapons, including airstrikes by the military and artillery fire, continues to claim lives and pose extreme risks to the safety and security of civilians and aid workers, while raids, random searches and arrests are of deep concern. Attacks on health care are monitored by a number of organizations, notably

**Incident details since Feb 2021**

Feb 2021- Dec 2023



Data source: ACLED and AAPP

reaffirming the need for international law to be respected; for UN Security Council Resolution 2669 to be implemented; and reiterating the UN's commitment to supporting the Association of Southeast Asian Nations to find a peaceful solution to the crisis.<sup>7</sup>

## Natural hazards

As of 2021 – the latest update to the Global Climate Risk Index – Myanmar was already the country second-most affected by extreme climate events during the preceding two decades.<sup>8</sup> The country's susceptibility to heatwaves, floods, cyclones, and earthquakes makes it one of the most disaster-prone countries globally, with climate change increasingly affecting the frequency, severity, and patterns of natural hazards, especially cyclone and monsoon flooding.

In May 2023, western Myanmar was impacted by Cyclone Mocha, which brought wind gusts of up to 305 km/h, storm surge and heavy rains, impacting more than 3 million people in an area already experiencing high needs. During the 2023 monsoon, hundreds of thousands of people were affected or displaced by flooding. Nationwide, some 28 million people are estimated to live in districts with a high flood exposure risk, mainly along Myanmar's coasts, the Ayeyarwady river and in Kayin.

In other parts of the country, climate change increases the likelihood of below-average rainfall and even drought in the critical Ayeyarwady Delta, Central Dry Zone, and eastern and northern hill areas. This would risk serious consequences for agricultural output and communities' ability to feed themselves, as well as compounding humanitarian needs from conflict and undermining coping capacity.

## Economic context

Instability continues to characterize the economy of Myanmar, with global factors and domestic trends post-COVID-19 and post-takeover – such as job losses, declining business and investor confidence, rising inflation and devaluation of the Myanmar Kyat – continuing to undermine the ability of households to regain financial and economic self-sufficiency, especially given the limited income generation

opportunities. Little economic growth is expected in Myanmar in the near term, as rising conflict, trade and logistics disruptions, kyat volatility and high inflation combine to negatively impact businesses and households. The latest available Worldbank update reveals inflation of 28.6 percent over the year to June 2023, but the subsequent Myanmar Kyat depreciation and rise in conflict has led to a further increase in prices in the period since. In surveys conducted by IFPRI in mid-2023, 40 per cent of households reported earning less than in the previous year, with median real incomes declining by around 10 per cent.

In a context where basic services, such as health care and increasingly education, are now delivered by the private sector, economic deterioration commonly places market access out of reach of the public, driving elevated reliance on humanitarian assistance to meet basic needs in the absence of public or development support. This is exacerbated by disruptions to traditional agricultural and livestock-based activities, which are reducing outputs for market as both an income source for producers and supply for the public, as well as shifting subsistence households to reliance on markets and aid.

Concurrently, the ability of humanitarian partners to meet rising needs is negatively impacted by rising operating costs due, inter alia, to inflationary effects, especially in a climate of reduced funding.

## People on the move

People are fleeing their homes in record numbers amid conflict and often in fear of persecution by the MAF/SAC. Nearly 1.3 million Myanmar people are seeking refuge in neighbouring countries and beyond.<sup>9</sup> Inside the country, the number of IDPs surpassed 2 million people at the end of October 2023 and hit 2.6 million by mid-December as a result of the escalation in conflict in the final quarter of the year. Living conditions for displaced people remain mostly undignified and unsafe, with many surviving without proper shelter and in informal sites in the jungle, without easy access to basic services such as clean water.

## The Rohingya – a crisis within a crisis

Rohingya people are among the most vulnerable populations in Myanmar, having endured decades of violence, systemic discrimination, and persecution. Many (153,000) remain internally displaced in historical camps set up following repeated cycles of violence in 2012, 2016, and 2017, and more recent armed clashes. These camps suffered widespread damage during Cyclone Mocha in May 2023. Even those Rohingya who remain in their own villages (447,000) are affected by movement restrictions, no progress on pathways to citizenship, and reduced access to basic services. There have been no cases of accountability for gross human rights violations and other breaches of international law perpetrated against members of the Rohingya community.

More than 1 million Rohingya have also fled Myanmar since the 1990s, of whom more than 960,000 are sheltering in Bangladesh, mostly around the Kutupalong and Nayapara refugee camps in the Cox's Bazar region near the border with Myanmar – some of the largest and most densely populated camps in the world. More than half are children, and more than half are women and girls. The widespread vulnerability of the Rohingya population there is compounded by the worsening security in the camps and by impacts of the monsoon each June to October, including floods, landslides, and disease. Rohingya refugees in Bangladesh were heavily affected by Cyclone Mocha in May 2023.

Many Rohingya people have also sought refuge in other neighbouring countries such as Malaysia (106,000), and India (22,000), with smaller numbers also in Indonesia, and elsewhere.<sup>10</sup>

While there have been recent bilateral discussions between the Myanmar military and Bangladesh on a repatriation pilot, the humanitarian community does not consider conditions in Myanmar are conducive to the voluntary, safe, dignified, and sustainable return of refugees from Bangladesh or other countries.

Almost 1.4 million displaced people are hosted in the hard-to-reach Northwest alone, where low-level cross-border movement into India is expected to continue. The displacement and economic situation bring a heightened risk of smuggling and human trafficking as well as a rising exodus of young people choosing to leave across Myanmar's borders and by sea in search of safety and better opportunities.

Camp closures are a key concern in the Northeast, Southeast and Rakhine, with pressure for premature returns or relocations from established sites. For example, six months after the SAC declared the Kyauk Ta Lone camp in Rakhine closed on 31 May, it has failed to fulfil its commitments to build a promised road, provide electricity or the required infrastructure work in the relocation site where IDPs had to relocate, leaving them in a precarious situation. Owing to the movement restrictions in Kyaukpyu township following the resumption of clashes in November 2023, the resettled IDPs are now only allowed to leave the relocation site in Kyauk Ta Lone for medical emergencies with a

recommendation letter from the site leader. Previously, they were allowed to move around the town freely although they had to be back at the relocation site by 6 pm. In the Northeast and Southeast, renewed fighting in the last quarter of 2023 has already caused new displacement into southern Shan where many sites had already been considered "closed" and where there has been pressure not to accept newly arrive IDPs.

The hardships endured by displaced populations are exacerbated by natural hazards such as cyclones and monsoon flooding, as well as the prevalence of EO including landmines, ERW and improvised explosive devices (IED), which hamper both returns and onward movements. Violations related to housing, land, and property (HLP) rights also remain significant challenges for displaced people, as well as fuelling resource competition and conflict between displaced populations and host communities whose own coping capacity has become depleted by the situation and repeated new arrivals.

People living in protracted displacement who have high levels of dependency on humanitarian aid, including Rohingya IDPs in Rakhine have been subjected to severe interruptions of assistance over the past year as a result of conflict, disaster, and bureaucratic obstacles from the SAC.

Increasingly, Myanmar and foreign nationals are being trafficked into 'scam compounds' operating in the border areas of Kayin and Shan particularly, where an estimated 120,000 men, women and children have been subject to forced criminality, forced labour, sexual exploitation, and organ harvesting. While the majority of reported cases have related to foreign nationals, there have also been numerous reports of Myanmar people, including children, being trafficked internally within Myanmar into these compounds. This is an unprecedented trend facilitated by the current crisis which – without concerted and coordinated action – is highly likely to continue and evolve, putting increasing numbers of people (both Myanmar and foreign nationals) at risks of severe human rights abuses and protection risks. While victims of trafficking, exploitation and abuse may be subject to multiple protection concerns and thus part of broader protection caseloads, it is also important to recognize the specific risks and needs associated with their status of being people on the move, such as the need for safe shelter and protection from traffickers, safe and voluntary return, specific forms of legal assistance and mental health and psychosocial support (MHPSS), while also ensuring a continuum of assistance across places of destination, transit and origin. In the context of increasing and often unsafe mobility in Myanmar, efforts to ensure that victims of trafficking and related forms of exploitation and abuse are included in protection responses. Targeting should be scaled up, while also strengthening capacities to provide specialized services to the extent possible.

## Social context

The economic impacts of the ongoing crisis are disproportionately affecting women, due to social norms around work, disempowerment in the workplace and their traditional role as carers and homemakers in their households and communities. Traditional norms

about what women can and should do obstruct their access to certain professions and industries as well as to positions of leadership, generally relegating them to lower-paid forms of employment and perpetuating a significant gender wage gap.<sup>11</sup>

Since the pandemic and the military takeover, women have been disproportionately impacted by job losses. At nearly 11 per cent, the drop in the employment-to-population ratio of women in Myanmar between 2017 and 2022 was double that of men. With job losses in both the public and private sectors, female unemployment rate increased five-fold from 2 per cent in 2017 to 10.2 per cent in 2022.<sup>12</sup> With limited employment options, this increases their vulnerability to trafficking, as well as to negative coping strategies such as reliance on unsafe or informal work. Concurrently, high unemployment rates among men also place women at greater risk of GBV and heighten their overall exposure to SEA.

Ethnicity and religion are important social factors in Myanmar, with 135 distinct ethnic groups recognized as originally being from Myanmar and others being excluded, including the Rohingya. Ethnicity remains the legal basis of the 1982 citizenship law, and only members of the ethnic groups considered to have been present in Myanmar before 1823 are eligible for full citizenship by birth.<sup>13</sup> Many people whose families have lived in Myanmar for generations, including Rohingya people, continue to be deprived of citizenship rights or are given other categories of citizenships with lesser rights.<sup>14</sup> The current conflict has introduced new and severe dimensions to the longstanding ethnic conflicts in Myanmar, with many majority Buddhist Bamar areas also affected by conflict and economic and political volatility, in addition to historical areas of tension such as in Rakhine, the Northeast and the Southeast. The increased coordination between EAOs and recent gains by these combined forces in the Northeast, Southeast and Rakhine bring new ethnic dimensions to the crisis.

Persons with disabilities face a variety of barriers to accessing humanitarian services in Myanmar. These include physical obstacles, lack of information or understanding, financial challenges, safety concerns and discrimination. The combination of physical

impairments and poor communications infrastructure have created additional barriers for persons with disabilities to access information on the evolution of conflict, risks, humanitarian aid, including shelter, protection services, food and non-food items (NFIs), medical assistance, and family tracing.

Furthermore, women and men with disabilities are often left behind during emergency responses, despite being amongst those with the greatest needs. Cyclone Mocha caused significant injuries and increased the number of people needing immediate aid, as well the number needing longer-term support for permanent disabilities. EO contamination is now an ever-present threat to civilians in conflict areas, raising the risk of acquired disability.

### Operating context

The shrinking operating environment for humanitarian workers continues to be highly volatile and politicized, with recurring violations of International Human Rights Law (IHRL) and International Humanitarian Law (IHL) by the military and other parties to conflict amid heavy politicization of aid. The efficacy of the response is further undermined by challenges including severe underfunding and access constraints, with people in hard-to-reach conflict areas, in particular, bearing the brunt of aid shortfalls. Even where aid is available, movement restrictions and security risks often hinder the ability of affected people to access these services and assistance.

Physical access constraints such as blocked or damaged roads and bridges compound bureaucratic impediments, including requirements for memoranda of understanding and letters of agreement and travel authorizations. These are consequently preventing the access of humanitarian organizations to people in need entirely or are increasing security risks and operational costs even where access is possible. The SAC’s implementation of the organization registration law on 28 October 2022 curtails civic space and humanitarian response capacity through the mandating of registration for all associations in Myanmar, except for religious entities, under penalty of criminal sanctions. Related banking and liquidity issues are impacting financing, procurement, and distribution

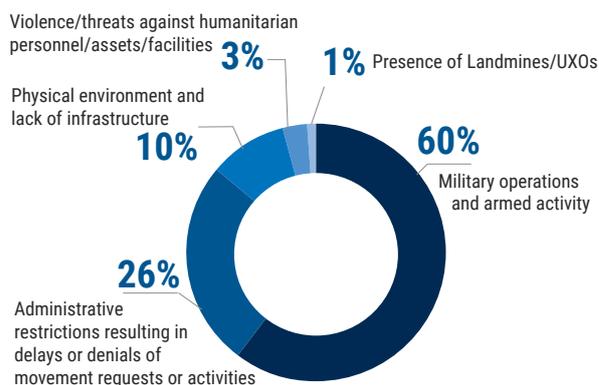
processes, while market volatility and withdrawal limits and fees are hampering the ability to respond.

Restrictions are also curtailing communications in the digital realm, with strict controls that have been tightened since the 2021 takeover. The military has imposed widespread and longstanding internet shutdowns across the country preventing access to life-saving information to people to escape from violence and cutting off access to fundamental services, including those related to protection. This has also affected the ability of humanitarians to assess needs and share the results. In 2023, Myanmar was deemed the world’s second most repressive environment for internet freedom.<sup>15</sup>

**Comparison of reported access incidents in 2023**  
Jan - Sep



### Overview of reported incidents



Source: AMRF

## Timeline of events

Jan - Dec 2023



**JANUARY 2023**

HRP launched prioritizing 4.5 million people for assistance.



**FEBRUARY 2023**

Martial law declared in 40 townships across multiple states and regions.



**MARCH 2023**

Concerns grow over premature IDP returns due to SAC camp closure policy.



**APRIL 2023**

Displacement in the Northwest alone hits 1 million.



**MAY 2023**

Extremely severe cyclone Mocha devastates western Myanmar.

Cyclone Mocha Flash Appeal targets 1.6 million people.



**JUNE 2023**

HRP (+Flash Appeal) only 20 per cent funded as of 30 June.

At least 1.9 million people reached nationwide by mid-year.



**JULY 2023**

SAC continues to restrict access and response to cyclone survivors.



**AUGUST 2023**

Flooding in Rakhine and Southeast affects 80,000

Emergency Relief Coordinator Martin Griffiths visits Myanmar.



**SEPTEMBER 2023**

Confirmation of landmine casualties being recorded in every state and region except Nay Pyi Taw.

New coordination structure begins operation.



**OCTOBER 2023**

Conflict intensifies between MAF and EAOs/PDFs in the Northeast.

Displacement in Myanmar surpasses 2 million.

HCT Localization Strategy adopted.



**NOVEMBER 2023**

Escalation of hostilities spreads to the Northeast, Northwest and Southeast.

Informal AA-MAF ceasefire breaks down and hostilities resume.

Martial law in place in 59 townships.



**DECEMBER 2023**

Key transport routes and humanitarian access remain blocked in active conflict zones; airports closed.

Displacement hits 2.6 million.

HRP (+Flash Appeal) just 29 per cent funded as of 14 Dec, projection of 3.1 million people reached.

## 1.2 Analysis of Humanitarian Needs and Risks

### SUMMARY OF NEEDS

Food insecurity remains of high concern with some households reporting large food consumption gaps, particularly IDP and non-displaced stateless households

People are resorting to have **negative coping mechanisms**, especially IDPs and stateless people.

High need for education support, especially for IDPs, due to interruptions by conflict and disaster

Health system is in turmoil and support is needed for vulnerable people with medical needs.

WASH needs are highest among stateless people and IDPs. Both **water quantity and quality are insufficient**.

Shelter needs are high in Rakhine, Kachin, Northwest, and Southeast with **more than half of all IDPs lacking proper shelter**.

Protection threats are severe as a result of conflict, violence, harassment, detention, explosive hazards, extortion, forced labour, discrimination and persecution.

Non-displaced stateless people have **elevated needs** due to movement restrictions, discrimination and lack of proper documentation, livelihoods, healthcare, and markets.

### Summary of needs

The 2024 HNRP focuses on meeting the needs of the same four population groups as the 2023 Humanitarian Response Plan (HRP):

1. IDPs
2. Returned, resettled, and locally integrated IDPs
3. Non-displaced stateless (Rohingya) people<sup>16</sup>
4. Other crisis-affected people with humanitarian needs

More details on these population groups are available in the methodology section in Annex 4.1.

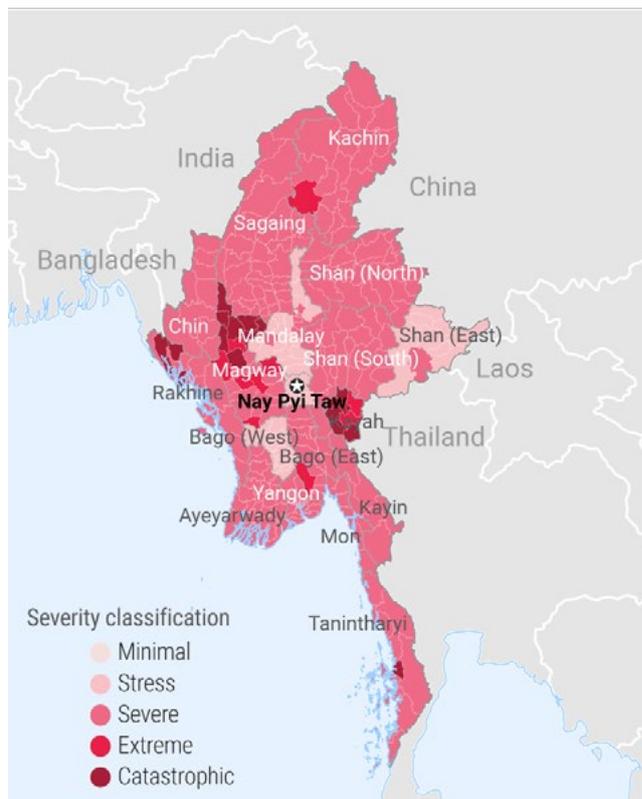
### Needs overview

Around a third of the population of Myanmar or 18.6 million people are in humanitarian need in 2024, including 6 million children. This is a nearly 19-fold increase in needs since the military takeover. An estimated 2.6 million people were displaced as of publication, more than 660,000 of whom fled conflict and violence since the escalation of fighting at the end of October 2023. Most IDPs are surviving in terrible conditions, lacking adequate shelter often in informal sites and are in desperate need of access to basic services such as clean water. People on the move continue to be exposed to escalating EO risks, and

those in situations of protracted displacement face intensification of their vulnerabilities over time.

Widespread interruptions to agriculture and soaring poverty are making it increasingly difficult for people to access and afford adequate food. With coping

### Inter-sectoral severity of needs

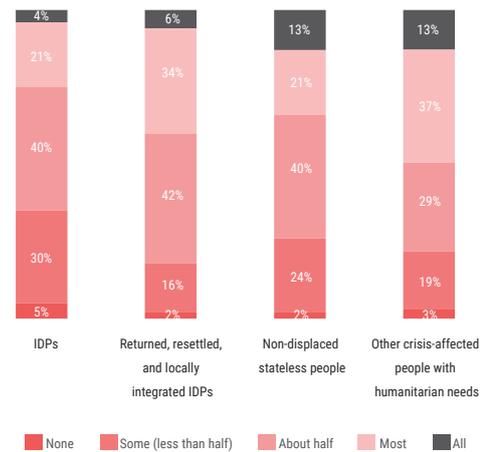


capacities stretched to the limit, adoption of negative coping strategies is increasing, as is the number of people with protection needs in communities where there is deep fear of persecution, attacks, and air strikes. The SAC continues to control and limit the transportation of rice, medicines, and fuel, further undermining the population’s access to these staples, while also restricting the humanitarian access needed for aid actors to address these deficits, especially in the Northwest. Conflict-related fears and food insecurity are among the highest and most prevalent stressors affecting people’s mental health and psychosocial well-being.

Chronic underfunding of the humanitarian response, inflation, access restrictions and service interruptions are converging to deepen the desperate situation. Over 30 per cent of school-age children are not enrolled in any form of learning, while half of all children have had their learning severely disrupted in the three years since the takeover. Alternative education solutions are unable to meet the high needs, placing children at heightened risk of child labour, trafficking, and early marriage, with every additional day of missed school increasing the likelihood of a child permanently disengaging from education.

A similar crisis is gripping the health sector, contributing to worsening maternal and child health outcomes, missed routine immunizations, and poor emergency care for pregnant women. Efforts by ethnic and community health organizations and the private sector to close these gaps are critical but are unable to fully keep pace with the immense needs, particularly with private sector solutions often being increasingly unaffordable for the crisis-affected population.

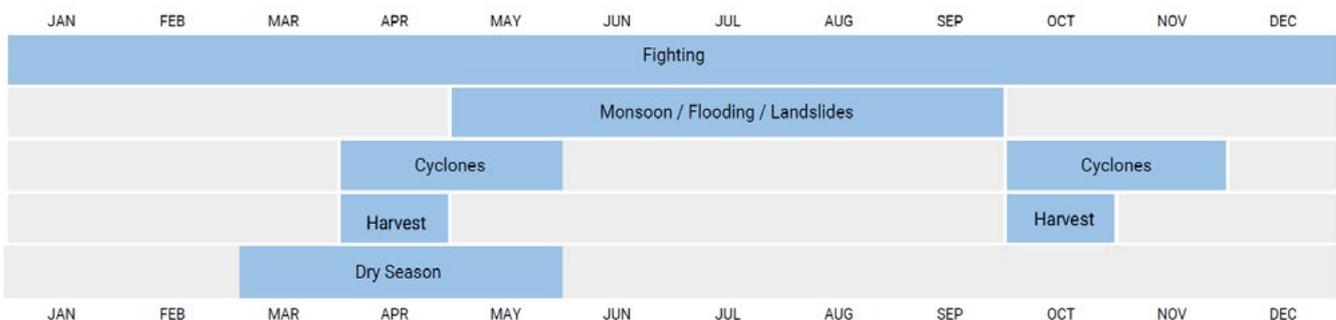
Households able to meet their basic needs financially



Source: MSNA

Findings from the 2023 Multi-Sector Needs Analysis (MSNA) and other data collection efforts indicate that humanitarian needs continue to persist nationwide with nowhere immune from some level of need. During 2024, nearly two million people are expected to fall into the highest category of needs severity (catastrophic), whereas over the past two years only a small number fell into this category (151,000 in 2022 and none in 2023). Some of these needs are common across all locations and/or population groups, while the presence or severity of others varies across areas and demographics. Nearly all non-displaced stateless Rohingya people, as well as around 60 per cent of IDPs and 40 per cent of IDP returnees reported receiving aid in the 12 months preceding the MSNA, with greatest reliance reported in Rakhine, southern Shan, Kayah, and Kachin. Lack of stable employment and income is a significant contributor to the growing reliance on humanitarian aid, with all population groups reporting casual or daily labour as their primary source of

### Seasonal events



income. This type of earning remains insufficient to meet basic needs.

### Food insecurity and malnutrition

Food insecurity is affecting some 12.9 million people – nearly 25 per cent of all people in Myanmar – with 19 per cent of the population in severity phase 3 (Crisis) and 4 per cent in phase 4 (Emergency). Large food consumption gaps are especially prevalent among displaced people and non-displaced stateless Rohingya households, as well as among women and female-headed households whose circumstances are aggravated by protection issues.

The food crisis is being driven in part by a reduction in production. Twenty-four per cent of conflict-affected farmers and 14 per cent of farmers unaffected by conflict have decreased their planting areas, while 71 per cent of farmers affected by Cyclone Mocha and 54 per cent of unaffected farmers report production difficulties. Economic drivers, including higher food prices amid rising poverty, are pushing growing numbers of people to reduce the quantity and quality of their food intake as a coping strategy, especially in Chin and Kayah with serious implications for nutrition rates in the worst affected areas. Food insecurity, along with sub-optimal health and WASH service provision, combine to affect food intake, particularly among the most vulnerable and are contributing to an

increase in the rate of malnutrition according to the available anecdotal evidence in the absence of formal malnutrition prevalence surveys.

### Health care collapse

Essential health services have partially resumed in some urban centres, but overall access to health care in Myanmar continues to be critically disrupted and heavily reliant on private facilities, local civil-society organizations (CSOs) and community-based organizations (CBOs) especially in hard-to-reach and conflict-affected areas.

Health-care access is impeded for 70 per cent of non-displaced stateless households, 40 per cent of IDPs, 34 per cent of IDP returnees and 25 per cent of other crisis-affected people, especially in Rakhine, Kayah, and Kachin. The unaffordability of treatment is by far the main barrier to health care cited across all population groups. Private clinics and pharmacies are the most accessed health facilities across all groups since the military takeover and the start of the Civil Disobedience Movement (CDM) making this a central factor in the accessibility of health services.

Consultations or medicines to treat acute illnesses were the most sought-after health services in the three months preceding the MSNA, needed by nearly three-quarters of all individuals requiring health care.

#### KEY DRIVERS OF FOOD INSECURITY

##### CONFLICT, DISPLACEMENT, RISING FOOD AND FUEL PRICES, WORSENING MARKET ACCESS, ASSET DEPLETION & NATURAL HAZARDS

12.9 million people or 23 per cent of the population are food insecure (phase 3 and above) – 19 per cent in phase 3 (crisis) and 4 per cent in phase 4 (emergency).

Higher food prices are a major driver of people engaging in livelihood coping strategies and having insufficient food consumption. Food-based coping strategies were found to be highest in Chin and Kayah.

The proportion of food insecure IDPs is roughly double that of host communities across all affected areas.

The quality of diets has worsened with less protein-rich food being consumed.

Protection constraints are translating into and aggravating the food insecurity of women and those living in female-headed households.

Economic drivers (poverty, debt, inflation), cyclone Mocha and conflict are associated with food insecurity.

24 per cent of farmers affected by conflict have reduced the planted area.

71 per cent of farmers affected by cyclone Mocha reported production difficulties.

### Unsuitable shelter

The compounding impacts of protracted insecurity and recurrent natural disasters continue to drive high demand for safe emergency shelter that is supported by adequate services. Recurring displacement and forced returns are undermining the already limited possibilities for more stable and cohesive shelter solutions for people in longer-term displacement, with significant knock-on effects for well-being and livelihood opportunities.

Living conditions of people in camps are worsening and becoming increasingly precarious, raising serious safety concerns due to the lack of sustained access and reliable basic support and services including food, shelter, WASH, NFIs, education and health, as well as

key protection responses. The situation is particularly deteriorating in formal camps where people are denied basic rights, while overcrowding is exacerbating competition for resources and increasing tension that risks conflict within the IDP community, undermining social cohesion, and increasing cases of abuse and violence. Overcrowding in displacement sites triggers and aggravates GBV risks. Kaman and Rohingya IDPs remain in protracted camps without freedom of movement and access to livelihoods due to an institutionalized system of discrimination. Access to Rohingya populations in Rakhine remains limited while shelter and NFI needs remain high due to the structural issues facing them.

Nationwide, around a third of IDP households are living in unplanned settlements, and almost half are living in non-improved shelter types, with the highest proportions in Kachin, Kayah, and eastern Bago. Shelter damage and related issues were reported by some two-thirds of non-displaced households and half of IDP households, as well as two-fifths of IDP returnee households and a quarter of other crisis-affected people, mostly related to damaged shelter roofs, leaks, and inadequate insulation.

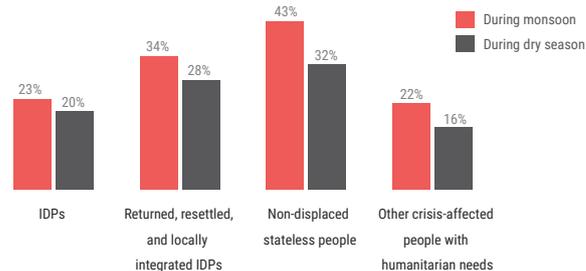
Nearly a fifth of all non-displaced stateless people and around a tenth of IDPs lack a place to cook in their place of shelter, are unable to adequately store food and water, and are experiencing challenges with sleeping. The lack of appropriate NFIs to enable these daily activities and functions is a primary reason reported across the board, in addition to physical constraints.

Electricity is unavailable to 70 per cent of non-displaced stateless people, 27 per cent of IDPs, 12 per cent of IDP returnees, and 10 per cent of other crisis-affected people. Of those facing issues, most non-displaced stateless people (almost two-thirds) reported having no electricity or solar lamps, compared to a third of other crisis-affected people and just under half of IDPs and IDP returnees.

### Inadequate water and sanitation

Even before the military takeover, over half the population of Myanmar lacked access to safely

### Households reporting use of non-improved drinking water sources



Source: MSNA

managed drinking water services, rising as high as two-thirds of the population in rural areas. This challenge persists, impacted by diverse factors including additional movement constraints, lack of land ownership in areas of displacement, and insufficient capacity to maintain and manage water infrastructure, as well as water scarcity in the dry season.

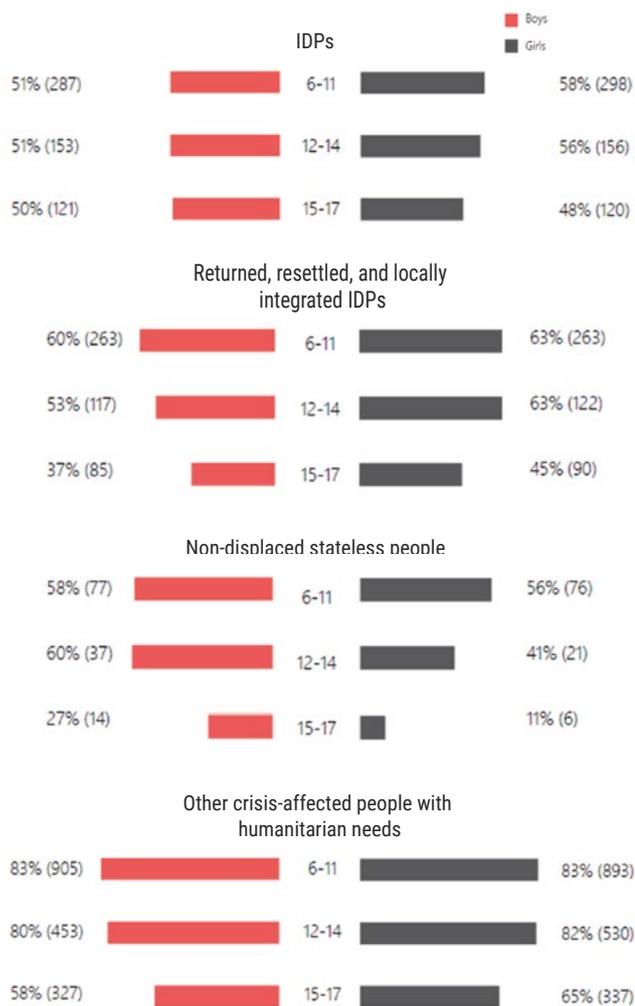
While nearly all households reported having sufficient access to drinking water, unimproved drinking water sources are used by all population groups during both monsoon and dry seasons, especially in Rakhine, Chin, and Kayah, exposing people to the threat of disease and malnutrition. This unsafe water is particularly relied upon by non-displaced stateless people and IDP returnees, and is mainly drawn from boreholes, tube wells and protected wells.

More than half of IDPs and nearly a fifth of non-displaced stateless people are sharing sanitation facilities with other households reducing their safety and privacy.<sup>17</sup> IDP sanitation facilities are shared between an average of nearly 12 households. Additionally, half of non-displaced stateless households and around a quarter of IDPs and IDP returnees have nowhere to wash their hands at home, further adding to the risk of sickness and often resulting malnutrition.

### Lack of access to learning

Education has been severely affected by the ongoing crisis in numerous ways, including through physical damage and destruction of schools during violence, the use or occupation of schools by the military and other armed groups or IDPs, and movement

*Formal school enrolment of children aged 6-17*



Source: MSNA

restrictions. Education is still affected by the impacts of school closures driven by the COVID-19 pandemic, when 13 million children were without access to organized learning between March 2020 and at least June 2021. With many teachers joining the CDM since the military takeover, the politicization of education has further weakened access to learning beyond the pre-existing shortage of qualified teachers. Caregivers cite fear for the safety of their children and concerns around attitudes to military/SAC-provided services as the main reasons for withholding their children from public schools.

Rates of enrolment in formal state-run schools by IDP returnee and crisis-affected children and youth aged 6-17 remain relatively steady from ages 6-14, before dropping sharply from age 15 for boy and girls. Among IDPs, enrolment rates hold steady for boys from ages 6-17, with only girls experiencing a drop in enrolment

at age 15. Non-displaced stateless girls already encounter sharply decreased enrolment from age 12 on, with a further disproportionate drop compared to boys at age 15.

Enrolment in formal schools is particularly low in the Northwest and Southeast. Most school-age children in Myanmar that have not been enrolled in formal education, have instead been participating in non-formal alternative education, mainly through community, ethnic- and faith-based schools.

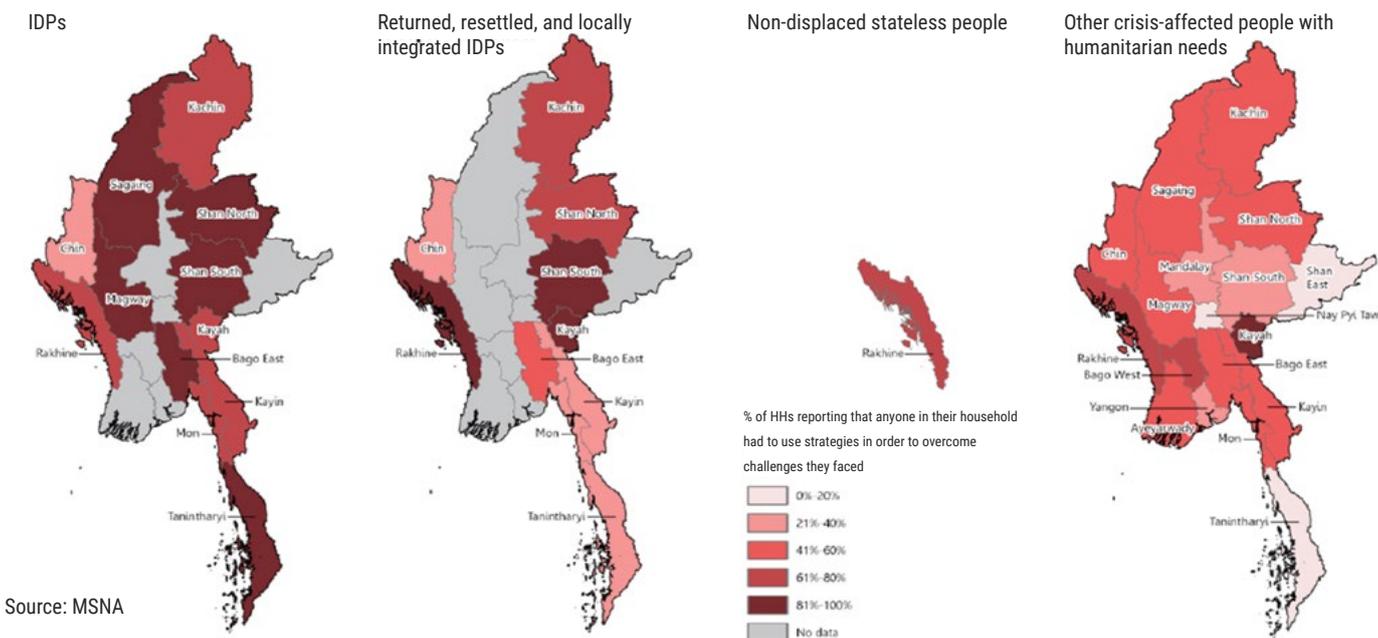
Households with children not in formal education mainly attributed this to school closures – for non-displaced stateless households it was associated with access to schools, reportedly due to natural hazards, and for the other population groups, due to conflict.

**Protection crisis**

The main protection concerns are also the major drivers of the ongoing humanitarian crisis – protracted conflict, human rights violations, localized inter-communal tensions, widespread fear, and institutionalized discrimination. This includes killings and maiming, extortion, arbitrary arrests and detentions, forced labour and recruitment (including of children), property destruction, looting, loss of livelihoods, increased vulnerability to GBV, including conflict-related sexual violence (CRSV), heightened risks for children, and the risks associated with EO.

Safety and security concerns restricting movement were reportedly encountered by over a third of IDP returnee households and nearly a quarter of IDP households, primarily in the Northwest and Southeast, and mainly take the form of checkpoints and proximity to conflict. These factors substantially reduce people’s access to services and assistance. Additionally, half of IDP returnee households and a quarter of IDP households reported having a member affected by EO within the preceding 12 months, with around a third of affected IDP returnee households reporting fears of EO and noting that this has affected their freedom of movement. A quarter of IDP returnee households and nearly a fifth of IDP households report EO impacts on their livelihood opportunities.

Percentage of households using negative coping strategies



Lack of legal documentation continues to undermine safety and access to services for vast swathes of the affected population, with three-quarters of non-displaced stateless households and 10-20 per cent of the other population groups reporting that at least one person in their home lacked valid identification. More than 66 per cent of non-displaced stateless households have members without birth certificates, as do 38 per cent of IDP households, 27 per cent of IDP returnee households, and 40 per cent of other crisis-affected households. Loss and damage as well as not knowing how to apply for documentation were the most frequently cited reasons for all groups, except for

non-displaced stateless people whose main challenge is the denial of applications.

Between half and three-quarters of all population groups nationwide report adopting negative coping strategies to address their challenges, with most resorting to spending savings, borrowing money or food, and taking on debt to make ends meet. Around a fifth of households report that it is common in their village for children aged 12-17 to work to supplement household income. Child marriage also remains prevalent across the country, with up to a third of households reporting awareness of girls or boys in their community getting married before age 18.

## 1.3 People in Need

Some 18.6 million people in Myanmar are estimated to be in need of humanitarian assistance in 2024, up from 17.6 million people in 2023. The humanitarian situation continues to deteriorate with persistent conflict and a related surge in displacement. Similar to 2023, a projection model has been used to calculate the planning figure for IDPs in 2024. The number of displaced people in Myanmar is projected to rise from to 3.6 million people during the course of 2024 with almost 600,000 of those IDPs returning home before the end of the year. Those who return, resettle, or integrate into host communities, either voluntarily or under duress, will mostly remain at risk and the majority of them will continue to require humanitarian assistance in 2024. The continued

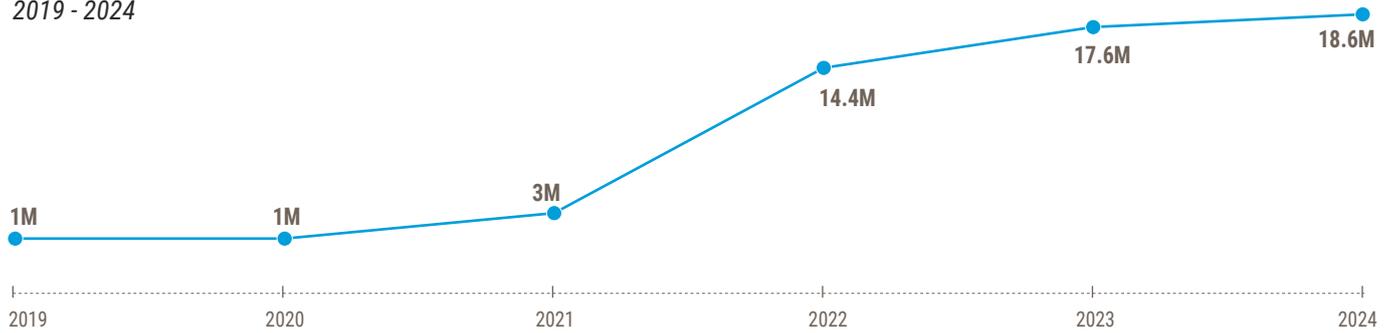
conflict and violence, further exacerbated by denial of humanitarian access, are rapidly depleting the coping capacity of a country that is still recovering from severe impacts during the pandemic, ongoing political instability, sharp economic decline, and the additional devastation wrought by Cyclone Mocha in May 2023 affecting 3 million people. Reliance on humanitarian aid is compounded by successive years of unmet humanitarian and development needs, linked to persistent underfunding as well as the inability of development actors to sufficiently implement disaster risk reduction (DRR) and community resilience work since the introduction of the State of Emergency in February 2021.

### People in need by population group and severity level

PEOPLE IN NEED	TOTAL CASELOAD	SEVERITY LEVEL					ASSOCIATED FACTORS	MOST AFFECTED LOCATIONS
		MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC		
IDPs	3.0M (Year-end projection)	-	-	2.4M	22K	596K	Armed conflict, Inter-communal violence, EO, Natural hazards	Eastern Bago, Chin Kachin, Kayah, Kayin, Magway, Mon, Rakhine, Sagaing, northern and southern Shan, Tanintharyi
Returned, resettled and locally integrated IDPs	571K (Year-end projection)	-	-	437K	7K	127K	Armed conflict, EO, Natural hazards	Eastern Bago, Kachin, Kayah, Kayin, Mon, Rakhine, northern and southern Shan
Non-displaced stateless people	510K	-	-	255K	-	255K	Inter-communal violence, Armed conflict, EO, Natural hazards	Rakhine
Other crisis-affected people with humanitarian needs	14.5M	-	2.1M	10.8M	671K	945K	Armed conflict, Inter-communal violence, EO, Natural hazards	Countrywide

## People in need by year

2019 - 2024



## People in need breakdown

STATE/REGION	PIN (2024)	PIN VARIATION TO 2023	BY GENDER		BY AGE Children   Adults   Elderly	BY DISABILITY
			Women and girls	Children   Adults   Elderly		
Ayeyarwady	1.5M	8%▲	52%	32%   55%   13%	17%	
Bago (East)	1.1M	27%▲	53%	34%   55%   11%	13%	
Bago (West)	691K	22%▲	53%	26%   59%   15%	13%	
Chin	264K	24%▼	53%	46%   45%   9%	21%	
Kachin	860K	28%▲	48%	33%   59%   8%	9%	
Kayah	322K	22%▲	51%	39%   53%   8%	11%	
Kayin	851K	33%▲	51%	38%   52%   10%	17%	
Magway	1.9M	30%▲	55%	29%   57%   14%	17%	
Mandalay	1.2M	10%▼	53%	28%   60%   12%	10%	
Mon	549K	4%▼	53%	33%   54%   13%	15%	
Nay Pyi Taw	306K	9%▲	52%	31%   59%   10%	11%	
Rakhine	1.7M	1%▲	52%	34%   55%   11%	17%	
Sagaing	2.9M	12%▲	54%	31%   57%   12%	10%	
Shan (East)	360K	40%▲	48%	35%   56%   9%	9%	
Shan (North)	947K	18%▲	50%	37%   54%   9%	9%	
Shan (South)	681K	19%▼	51%	35%   56%   9%	9%	
Tanintharyi	560K	27%▲	51%	36%   53%   11%	12%	
Yangon	2.0M	26%▼	53%	26%   63%   11%	12%	



For more information about the people in need breakdown, please visit: [bit.ly/MMR2024HNRPPiN](https://bit.ly/MMR2024HNRPPiN)

# Part 2: Humanitarian Response Plan

---

## MAGWAY

Flooded houses in Magway, 2023.

Photo: Partner



## 2.1 Strategic Objectives

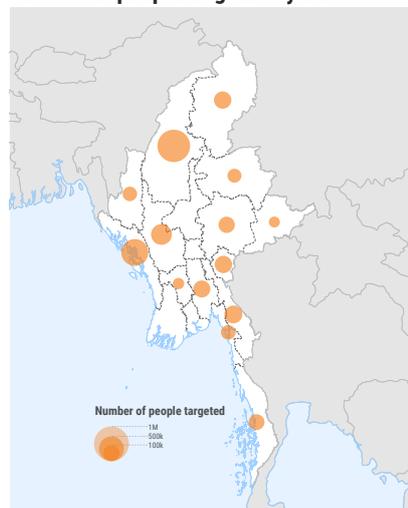
### Strategic objective 1

Protection risks and needs are identified, monitored, mitigated, and met for 3 million people, while the centrality of protection is upheld across the humanitarian response including through promotion of respect for human rights, international humanitarian law and humanitarian principles

 **3M**  
people targeted

 1.6M     329K     392K

Number of people targeted by SO1



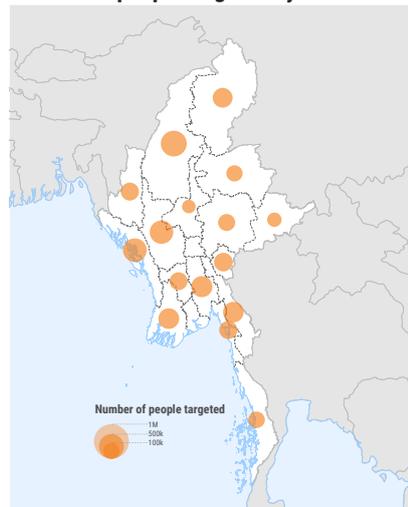
### Strategic objective 2

Suffering, morbidity, and mortality is prevented or reduced among 3.7 million displaced, returned, stateless and other crisis-affected people experiencing or at risk of food insecurity, malnutrition, and health threats.

 **3.7M**  
people targeted

 1.9M     418K     322K

Number of people targeted by SO2



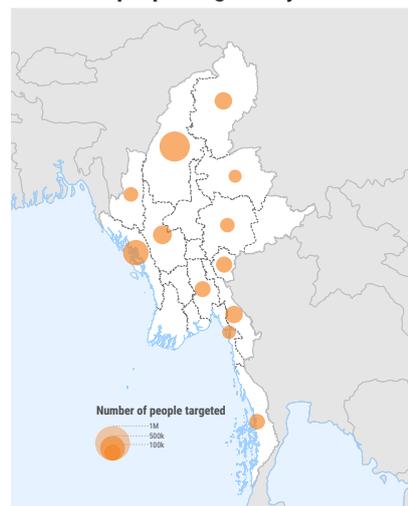
### Strategic objective 3

At least 2.5 million, returned, stateless and other crisis-affected people have safe, tailored, timely and dignified access to the essential services and support to ensure their survival and prevent deterioration of their humanitarian needs.

 **2.5M**  
people targeted

 1.3M     273K     322K

Number of people targeted by SO3



## 2.2 Humanitarian Response Strategy

 **US\$994M**  
Required to support **5.3M people**

The three strategic priorities of this HNRP are embedded within Strategic Priority 1 (SP1: ‘Save and Protect Lives’) of the soon to be completed UNTCF for Myanmar which aims to join up humanitarian action with complementary community resilience, basic services activities by development actors to prevent more people sliding into humanitarian need.

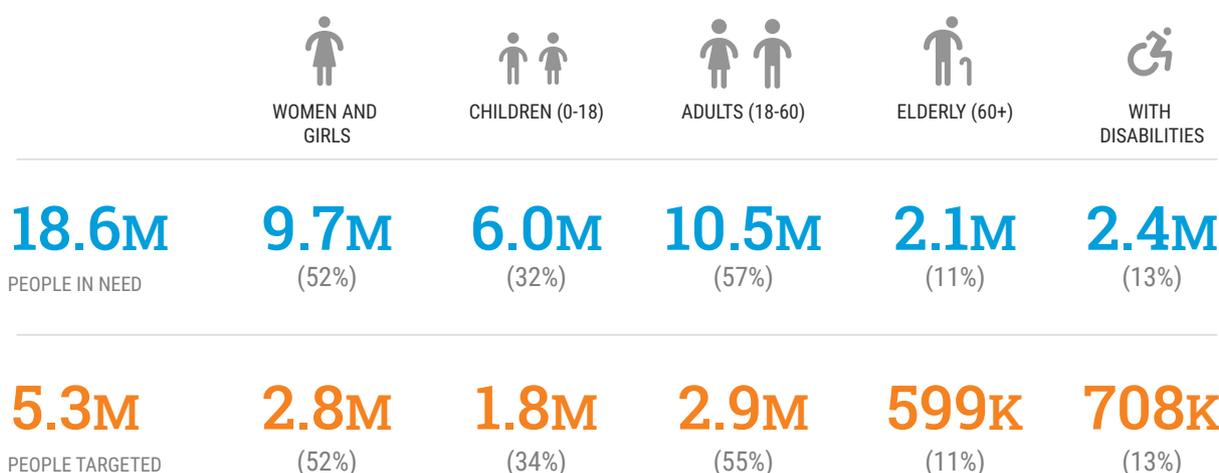
SP1 is complemented by three other TCF strategic priorities that are focused on sustaining essential social services and improving system resilience (SP2); empowering people and strengthening community resilience (SP3); and strengthening the drivers of peace (SP4). See for more details Annex 4.4.

The humanitarian response in this 2024 HNRP maintains a national scope and will target a modestly increased target (up by more than 800,000 on the same time last year) in reflection of new partnerships and access pathways that have been forged. However, the humanitarian response remains realistically prioritized in light of the planned development scale-up and the

humanitarian access, capacity, and funding outlook. This aims to ensure that available humanitarian aid is targeted to the people in the most dire need, cognisant of projected access, capacity, and funding, and using evidence-based calculations aligned with global guidance and the findings of the Joint Intersectoral Analysis Framework (JIAF).

Prioritization has been conducted with severity of need as a primary driver, as well as the application of a vulnerability lens. Consequently, the 2024 HNRP increases focus on displaced people, including IDPs who have returned, resettled, or been integrated, and on hard-to-reach conflict areas and locations with the most severe needs. At the same time, the plan sets clear boundaries with wider, longer-term activities such as resilience building, DRR work, and the provision of basic social services shifted to fit under the other strategic priorities of the TCF, outside the scope of this HNRP.

### Sex and age breakdown of people in need and people targeted for humanitarian assistance



## 2.3 Planning Assumptions and Operational Capacity

This section outlines some of the common assumptions that underpin the response planning for 2024. They are the product of extensive consultation with more than 300 colleagues around the country and thematic experts on topics including disability and gender. Events may evolve differently with unanticipated implications for needs but these agreed common parameters have been used across all clusters to ensure consistency in the planning outlook and boundaries. Regular quarterly trend monitoring will continue throughout the year to validate the ongoing relevance of these planning assumptions or the need for course correction.

### Overview

While advocacy continues for an end to conflict and violence, for planning purposes, the 2024 HNRP assumes a continuation of the prevailing situation throughout the next year, with the population remaining exposed to political instability, armed conflict, EO including ERW, land mines and IEDs, repeated displacement and natural disasters, in addition to weak economic conditions, poor access to markets and services, and limited livelihoods or income-generating opportunities.

Key planning assumptions include that:

- The operational environment will remain dynamic and changeable, negatively impacting on humanitarian needs, access, displacement and returns, and requiring flexible humanitarian response approaches with a heavy emphasis on local partners.
- Internal displacement (short- and long-term, as well as repeated displacement) will continue to increase, further exacerbating the humanitarian situation in Myanmar.
- Access will remain restricted in many parts of Myanmar, with challenges compounded by multiple

bureaucratic requirements in different areas of control, as well as high intensity conflict.

- Protection risks will remain pervasive, including exposure to EO, aerial bombardment, shelling, invasive searches and arbitrary detention, forced recruitment and labour, extortion, human trafficking, GBV and other human rights violations, especially in hard-to-reach conflict areas. Vulnerable groups, including stateless Rohingya people and persons with disabilities, face elevated threats. Fear of persecution and attacks by the military will remain pervasive and a key driver on ongoing displacement.
- People will have increasingly reduced coping capacity due to the multiple shocks and cumulative impacts of current and past crises. The economic situation, including soaring poverty, will continue to impact on people's ability to meet their survival needs, including for food.
- Greater effort will be needed to sustain international attention and draw adequate financial support to the protracted crisis in Myanmar, as new conflicts and crises continue to emerge around the world.

### Conflict and violence

It is anticipated that conflict and violence continue to be intense across the country with almost all states and regions now directly or indirectly affected. At the time of writing, fighting had escalated in many border areas increasing the concerns for civilian protection. This planning process has assumed that widespread conflict and violence will continue in 2024, possibly resulting in more forced recruitment on all sides, increasingly violent armed clashes, further travel and security restrictions, increased rates of repeated displacement, blockage/destruction of transport routes, and more air strikes and indiscriminate attacks.

Intensified conflict will likely lead to an increase in GBV and other protection risks, deepening vulnerabilities and needs especially in hard-to-reach conflict areas. Increased violence, including greater use of

landmines, will likely result in more persons with acquired disabilities, especially children and the elderly. The provision of timely and sufficient humanitarian assistance will also be further impeded.

## **Displacement and returns**

With conflict continuing to surge and expanding along new and old fronts simultaneously, repeated/multiple displacement is becoming increasingly common and is likely to remain a feature of the response in 2024 with implications for the nature of people's needs. The more times people are displaced, the faster their already limited resources are depleted, increasing their reliance on negative coping mechanisms to survive. People who are repeatedly on the move require a flexible package of assistance that is tailored to their differentiated needs and is delivered through appropriate response modalities, more mobility-friendly support. In particular cash and voucher assistance is a clear priority expressed by communities in areas facing frequent, repeated displacement.

According to UN information, since the military takeover in February 2021, IDPs have been displaced on average eight times across states/regions where detailed information is available. In the Northwest, the average number of displacements is 7 in Magway and 9 in Sagaing, while this figure reaches as high as 15 in Kayah and even higher in specific townships more severely affected by sustained conflict. The needs and risks faced by people in areas with the highest levels of repeated/multiple displacement are different in locations with relatively less frequent displacement but for longer durations. Displacement in Kayah is especially high with a majority of the population expected to have been displaced at least once by the end of 2024, often into neighbouring Shan, demonstrating high needs and vulnerabilities here.

With the number of IDPs expected to continue increasing in 2024, vulnerable groups such as elderly persons, pregnant women and persons with disabilities are likely to be placed in particularly difficult living situations without access to necessary support services. The number of children unable to continue their education due to multiple/repeated displacement

will rise, especially in Kayah and Sagaing. This is highly likely to have long-term educational repercussions.

While advocacy continues for IDPs to make voluntary and informed choices about their movements, the so called "zero IDP" policy articulated by the SAC is placing vulnerable people under pressure to return to unsafe areas of origin; to move to new informal sites; or to integrate into local communities where they have inadequate access to services and support. Displacement patterns have also changed, with IDPs increasingly avoiding communal, formal sites due to concerns of forced return.

Continued high rates of new displacement are expected in 2024, including more people seeking informal places to shelter out of sight due to the SAC sensitivity towards the presence IDPs and potential targeting. The opportunities for voluntary, dignified, informed and durable returns remain modest, geographically limited, and hampered by ongoing violence, explosive ordnance contamination (both landmines and ERW), property destruction in places of origin, lack of access to fundamental services, and a wide range of human rights violations.

Cross-border movements and boat departures, in particular of Rohingya people from Rakhine, are also expected to continue in 2024, posing protection risks and placing additional strain on relations with neighbouring countries. Irregular and unsafe migration routes expose people to greater risks of smuggling and human trafficking, especially as more young people leave the country seeking safety or better livelihood opportunities.

## **Economy and social services**

High inflation, economic instability and resource scarcity are expected to continue as persistent features of the economic environment in 2024. When combined with the crumbling of public services, and severely eroded coping capacity of communities, negative coping strategies are expected to be an ongoing threat to community safety. The likely resulting increase in competition for income, livelihoods and basic goods and services in 2024 risks exacerbating

tensions between host communities and IDPs, as well as between groups of IDPs or within population groups.

### Food insecurity

The overall food-security outlook for the year is negative, with agricultural production diminished due to conflict, displacement, EO, and natural disasters. Landmine contamination across farming areas will remain a major concern in 2024, with severe impacts on activities such as farming and animal husbandry.

Climate change, natural disasters, and extreme weather events pose further risk to crop yields and agriculture, potentially exacerbated in 2024 by lower-than-average rainfall in an El Niño year. Increasing food and fuel prices are further driving food insecurity. Staple food items are becoming increasingly unaffordable (particularly since the escalation in fighting in late October 2023 cut many domestic and cross-border transport routes), while markets and nutritious food are likely to become more inaccessible, heightening the risk of widespread undernutrition.

### Operational capacity

Humanitarian actors in Myanmar continue to face a range of challenges to their operational capacity across all clusters, primarily pertaining to access, logistics, resources, and security. To stay and deliver in the difficult operating environment in 2024, the humanitarian community is employing approaches to sustain an effective presence, prioritize critical programming, enhance advocacy, and expand partnerships particularly with local actors.

The response landscape in 2024 will continue to require a mosaic of approaches by different partners in different areas. The humanitarian response in remote and conflict-affected areas continues to rely heavily on local responders. These local efforts will

continue to be expanded in 2024 through various capacity strengthening activities at both national and sub-national levels. While many local organizations are still not fully engaging with the cluster system, trust is slowly building, and the benefits of broader coordination are being felt. More partners participated in cluster coordination efforts over the course of 2023 than ever before (242 in 2023 compared to 160 in 2021) - a trend that is expected to continue into 2024 with persistent outreach planned by coordinators, expanded engagement with border-based actors and the further rollout of sub-national coordination forums with available interpretation services.

Clusters will continue to invest in efforts to ensure that activities are conducted in a coordinated, transparent, timely, impartial, safe, and accountable manner in line with humanitarian principles. Networks of key local interlocutors are further boosting operational capacity in areas with limited access, such as community- and camp-based staff, focal points in displacement sites, as well as faith-based and other community networks.

Additionally, operational logistics will continue to be challenged by limited infrastructure and equipment, and pipeline arrangements, frequently resulting in shortages and stock-outs at the sub-national level. SAC administrative obstacles to importing specialist humanitarian supplies from outside the country are affecting many clusters. For those supplies that can be imported or are being procured locally, challenges include physical roadblocks, confiscation of aid supplies, damage to key infrastructure, and flooding. Frequent power cuts pose a threat to the shelf life of medicines and medical supplies requiring uninterrupted cold-chain management. This will be compounded by ongoing economic instability, which has raised the risk of contracts being invalidated due to dramatic inflation and associated currency devaluation during the course of agreements.

### Operational partners

In 2024



## Lack of security

Security obstacles associated with the active conflict will continue to impact the capacity of humanitarian partners to function safely and effectively. This is likely to be further compounded by scrutiny of or attacks on humanitarians, civilians, commercial and humanitarian transportation, and critical infrastructure such as health facilities. Local actors will continue to face the highest risk of such security incidents, and the international humanitarian community continues to be firmly committed to supporting its partners to protect their staff through enhanced advocacy with conflict parties, particularly as localization is embraced through the Humanitarian Country Team's (HCT's) Localization Strategy. Costings in this HNRP also include a dedicated 5 per cent loading across all activities to support normalization of duty of care costs being included in project proposals submitted to donors, particularly by local actors.

## Lack of resources

Funding levels remain a central determinant of operational capacity, directly affecting partners' ability to secure adequate human resources, procure and stockpile emergency supplies and implement planned activities. The humanitarian response in Myanmar has suffered from chronic underfunding in recent years, with the 2023 HRP receiving less than 30 per cent of its requirement at the time of this HNRP publication. With virtually no carryover of funds into quarter one of 2024, the outlook is grim. Funds mobilization is projected to remain similarly challenging throughout 2024 given the crowded global landscape, even as needs continue to grow in Myanmar. High inflation will impact on operational costs, while market volatility and disruptions to banking and cashflows are expected to continue reducing the capacity of organizations to deliver assistance to people in need.

Despite underfunding, partners were able to reach half (2.5 million) of the people target for the year (5 million) by the end of Q3 2023, but this has not been with the planned quality, depth, or frequency of assistance leaving enormous needs deficits across the country. This has undermined the impact of the 2023 HRP and increased the risk of intensifying vulnerabilities. It has

also meant that humanitarians have had to deprioritize more durable approaches in favour of emergency, life-saving interventions, prolonging people's dependence on aid. Without a dramatic escalation in funding in 2024, these patterns and gaps will be repeated.

The HCT remains confident that partners can meet the realistic targets set out in this HNRP if the elements described above are suitably addressed, including the provision of funding that is commensurate with needs and the removal of bureaucratic and access hurdles. The clusters have demonstrated their capacity to scale up their response even under the challenging circumstances of the last three years, as well as to respond to sudden-onset disasters. Advocacy to expand humanitarian access will continue to be prioritized at all levels in 2024.

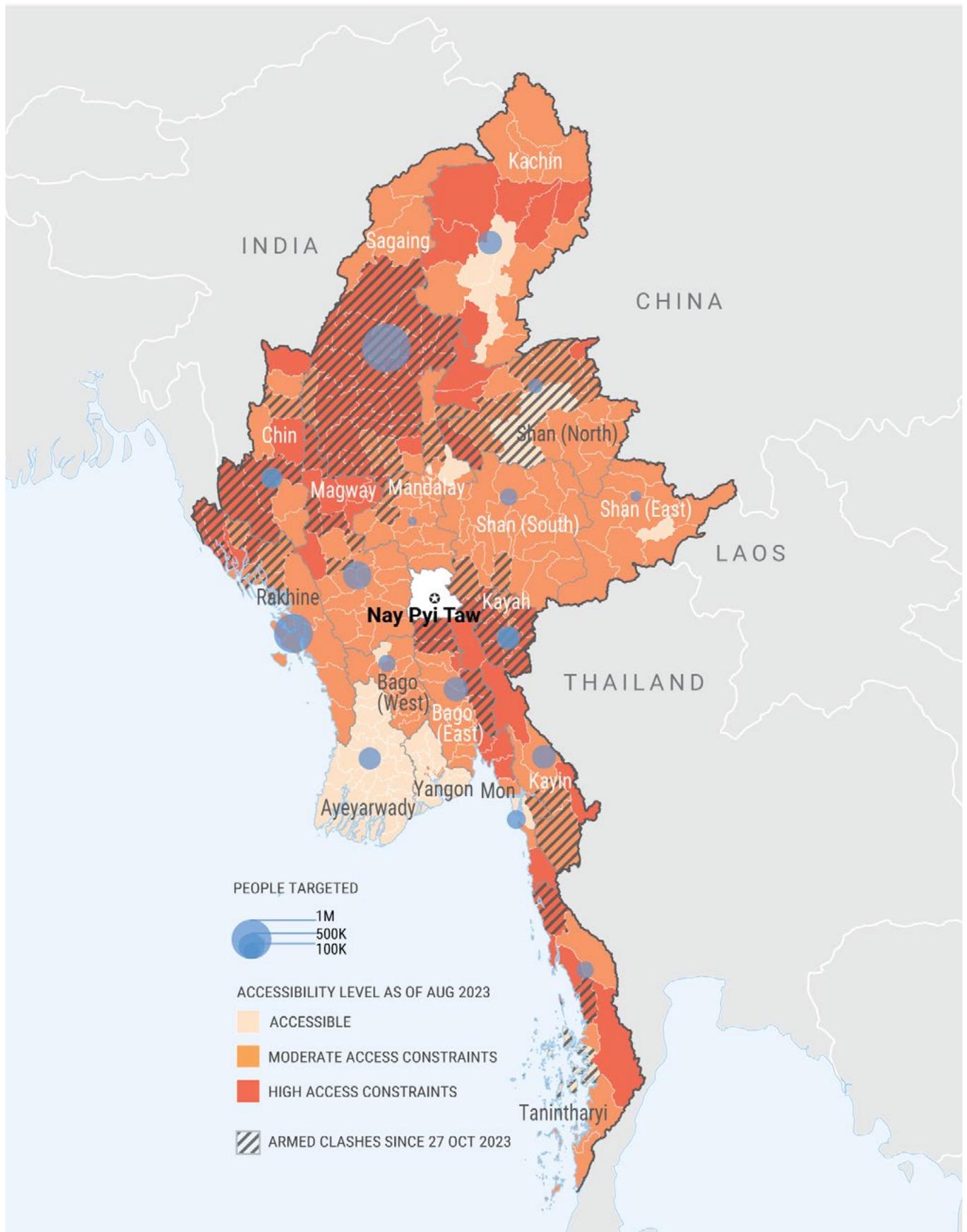
## Access

The primary driver of access impediments in Myanmar is an encompassing system of measures put in place by the SAC/military, including delays or denial of travel authorizations, checkpoints, violence against humanitarian workers and related assets, that is affecting all aspects of humanitarian responses. Surging conflict and violence, particularly in the Northwest, and Southeast, but also more recently in the Northeast and Rakhine, represent other key limitations.

The situation has worsened with the escalation of armed confrontations since the end of October 2023. In quarter four of 2023, the obstruction of critical transportation routes in townships experiencing active combat has further limited the movement of civilians to safer areas, while constraining the access of humanitarian actors and the transportation of critical life-saving supplies. Commercial transport has also been heavily affected by domestic and international trade disruptions exposing a broader cross-section of affected communities to shortages of survival items, food, and fuel.

More than 1,150 access-related incidents were reported in the first 10 months of 2023. More than 138 aid worker arrests and detentions by the MAF and EAOs/PDFs were self-reported by humanitarian organizations to the Access Monitoring and Reporting

### Humanitarian access and distribution of people targeted for assistance



Framework from January 2022 until October 2023, underscoring the risks faced by humanitarian workers, with actual numbers likely to be higher than reported.

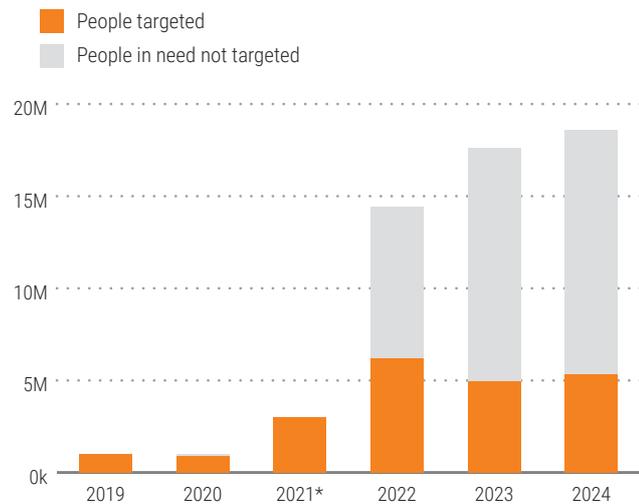
Access severity monitoring in August 2023 showed that 28 per cent of 278 assessed townships faced extreme access challenges, primarily in the Northwest and Southeast. As part of this exercise, around half of the townships were identified as facing moderate access difficulties, with only a quarter considered relatively accessible. Events since 27 October 2023 have further eroded access, making the response even more challenging with active conflict now in areas where access had previously been possible or at least moderately challenging.

The 2024 HNRP aims to assist some 1.8 million people in the most severely restricted areas that are considered to have “extreme” constraints in the August exercise. Another 2.1 million people in need are in

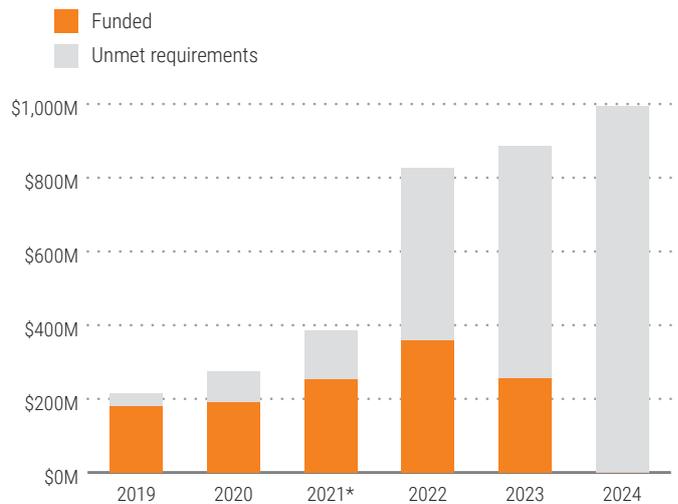
areas with moderate access restrictions. With the escalation of conflict and the deterioration of access in the final weeks of 2023, a higher proportion of those targeted are now residing in areas with likely “extreme” constraints but this is yet to be quantified due to the fluidity of the situation. See map below.

For 2024, enhancing access to people in need within these hard-to-reach, conflict-affected regions is a key priority for the humanitarian community. Clusters are formulating strategies to safely expand their operational reach, especially in areas with large-scale displacement, while advocating for more comprehensive, regular, and predictable access. The pressing need for multi-sectoral assistance in these hard-to-reach areas calls for innovative and practical solutions to empower local partners to reach those who are most vulnerable with a full package of assistance wherever possible.

**Number of people in need vs targeted for assistance**



**Financial requirements (US\$)**



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED (US\$)	% FUNDED
2019	1M	1M	214M	181M	84%
2020	986K	915K	275M	191M	70%
2021	3M	3M	386M	253M	66%
2022	14.4M	6.2M	826M	358M	43%
2023	17.6M	5M	887M	257M	29%
2024	18.6M	5.3M	994M	994M	

\* For 2021, these figures represent the combined totals of the HRP and IERP.

## Response trends

Humanitarians are working to deliver a complementary, life-saving humanitarian operation via a range of modalities, addressing needs through diverse and flexible access approaches in partnership with local actors. Humanitarians are trying all viable avenues to deliver assistance and alleviate the suffering of affected people, recognizing that there are some areas of need that are easier for certain actors to reach than others – especially at-scale. Those who are in-country are working to keep an internal window of access to affected people open – often by supporting local partners working heroically in the deep field – while simultaneously working closely with those who are delivering assistance through remote modalities. All organizations cannot reach all locations in need, but through coordinated efforts, there is a complementary mosaic of assistance being delivered by different actors, in different places, using different approaches. Heavy access constraints, bureaucratic obstructions, attacks, and underfunding continue to undermine these efforts and as a result, the response is not as deep or as sustained in conflict areas as intended. Despite a major cyclone and worsening needs, Myanmar has received less funding in 2023 (\$257 million) than in 2022 (\$358 million), leaving enormous gaps. Politicization of humanitarian assistance by all sides is making this work much harder and is risking the safety of aid workers bravely assisting people in need. Humanitarian workers in Myanmar must be allowed to do their jobs free from restrictions and harassment, in line with all the protections afforded to them under IHL. In line with global practice, the humanitarian community continues to talk with all conflict parties to facilitate access for the delivery of assistance to vulnerable people in need and to advocate for their protection.

## Coordination

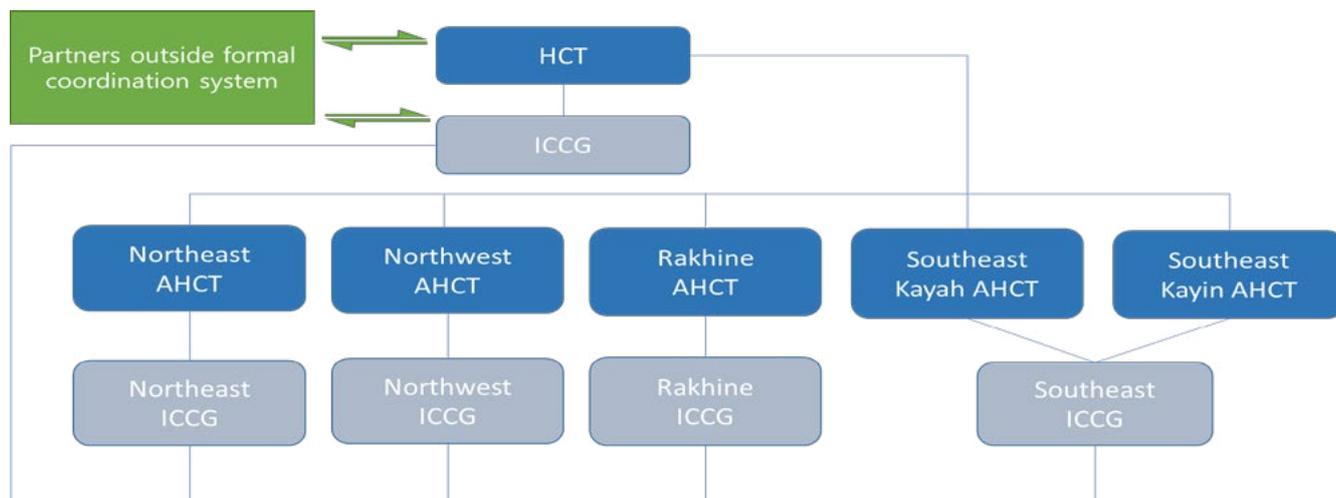
In light of the intensifying conflict and increasing humanitarian needs across the country, all clusters (except Logistics) remain activated countrywide. This was first approved in August 2021 with endorsement from the HCT, Inter-Agency Standing Committee (IASC) Principals and the Emergency Relief Coordinator

(ERC) to increase response capacity. With the rollout of clusters, the Inter-Cluster Coordination Group (ICCG) took on the task of strengthening both existing and new coordination structures at national and sub-national level. At the national level, all clusters will further enhance their efforts towards putting in place NGO co-leadership, following best practices of the Education and Food Security Clusters. Clusters have fully costed the expenses related to the decentralization of the coordination system in their individual sectoral costings in 2024. Contributions towards these costs should be recorded by donors in the Financial Tracking Service (FTS) against the relevant cluster, not coordination and common services as has often occurred in the past. Coordination and Common Services costings in this HNRP are specifically related to inter-sectoral services including coordination work by the UN Office for the Coordination of Humanitarian Affairs (OCHA), analysis and assessment work, and security support.

### Humanitarian coordination zones and hubs



*Myanmar Humanitarian Coordination Organogram*



**Revised coordination architecture**

In 2022, the HCT established that the existing humanitarian coordination architecture was no longer fit-for-purpose in the rapidly evolving operating context. Following a Peer-2-Peer review and consultation with all relevant stakeholders, the HCT endorsed recommendations for a more efficient and decentralized coordination structure in February 2023. The main change to the overall architecture was to align the coordination structures of (area) HCTs and (area) ICCGs across the country to ensure a consistent information flow across the various constituencies in the humanitarian ecosystem. The newly formed structures are the same in each of the four geographical zones (see map) and have the same approach in terms of composition, membership, leadership, agenda setting, and other arrangements. Through concerted efforts in the first half of 2023, all humanitarian constituencies at both national and sub-national level were sensitized to the changes through a series of roadshow sessions. As of 1 September 2023, the revised humanitarian coordination architecture became fully operational and

is now being used to provide operational and strategic guidance to the humanitarian response operation. A key feature of this new decentralized structure is an expanded leadership role for local and national actors in the various coordination forums.

The humanitarian community similarly recognized the importance of having more regular and structured exchanges with partners outside of the formal humanitarian coordination system, particularly border-based actors, who play a substantial role in the response. Meetings and exchanges are being held to close the feedback loop with these important stakeholders and ensure their role in the mosaic of assistance is fully factored into planning and response decisions.

In 2024, significant effort will be made to fully realize the added value of the new coordination entities to the overall operation to address the needs of the most vulnerable people of Myanmar. However underfunding of the necessary coordination positions to support the new structure remains a critical concern.

## 2.4 Inclusive and Quality Programming

### Protection mainstreaming

Given the pervasive protection threats facing affected people, protection approaches have been placed front and centre of the humanitarian response. The first of the three Strategic Objectives for this plan is fully dedicated to identifying, mitigating, and meeting protection risks and needs, upholding the centrality of protection as a guiding principle of the operation and promoting respect for human rights, IHL and humanitarian principles.

Humanitarian efforts, even by non-protection actors, need to meaningfully address the intensified difficulties and dangers faced by vulnerable populations and contribute to their protection. Discrimination and inadequate inclusivity perpetuate harm, reduce the appropriateness of activities, result in inadequate data collection, and often mean local capacities are under-utilized. Efforts will continue to substantively include women, children, the elderly, persons with disabilities and other vulnerable groups in shaping the humanitarian response. Where direct engagement is not feasible, this will be done through local responders who are closer to affected communities and can

serve as intermediaries in hard-to-reach and conflict-affected areas.

All stakeholders share responsibility for promoting gender equality, diversity, and protection mainstreaming in humanitarian action. The HNRP applies an inter-sectional lens, aiming to reach an integrated understanding of the multiple distinct characteristics, as well as the environmental and societal factors that converge to shape the specific and overall vulnerabilities of individuals, groups, and communities. This approach acknowledges that vulnerabilities can be compounding as well as manifest differently for different groups and issues.

Critical to enabling this work is appropriate resourcing for mainstreaming protection across all humanitarian response activities. As in 2023, each cluster has again added a dedicated 5 per cent loading for protection mainstreaming across their respective activity costings. This is aimed at normalizing and promoting protection mainstreaming as an activity that must be both planned and funded across the response. Additionally, the ICCG has agreed to mainstream Explosive Ordnance Risk Education (EORE)

### Satisfaction with assistance received

by households



9,230

households assessed

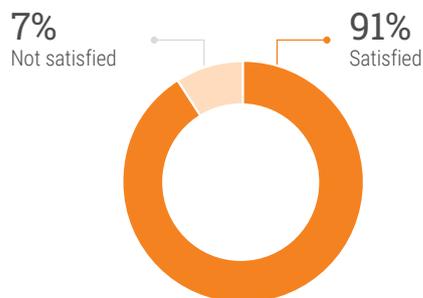
Of which

12%

reported they had received at least one type of assistance

Source: MSNA

#### Satisfaction with assistance



#### % of households who knew how to provide feedback on assistance received

42%  
IDPs

35%  
Returned, resettled and locally integrated IDP

52%  
Non-displaced stateless people

49%  
Other crisis-affected people

across all responses in light of the pervasive threat being posed to civilians by contamination and the inability to conduct mapping and clearance activities. This is reinforced through Myanmar Humanitarian Fund allocations.

### **Accountability to affected people (AAP)**

The extent to which AAP is implemented in Myanmar varies greatly across the humanitarian community. While some organizations have strong AAP policies and procedures supported by established in-house complaint and feedback mechanisms, others still require support to enable the meaningful integration of AAP, including additional training and resources. In some cases, AAP components are present within programmes and projects, but are not explicitly defined or reported more broadly, while other organizations remain in the early stages of understanding, implementing, and monitoring AAP activities.

While there remains a long way to go, findings from the 2023 MSNA encouragingly indicate that of the households that received aid in the preceding 12 months, nearly all found it suitable for their needs, with all population groups recording above 90 per cent satisfaction, except for other crisis-affected people (83 per cent satisfied). However, fewer households reported knowing that they could provide feedback and how to do this. Survey results show that 52 per cent of non-displaced stateless people know how to provide feedback, while the three other groups recorded an average of only 42 per cent. In addition, only 5-13 per cent of households actually provided feedback to humanitarian organizations about the information or the aid they received, or the behaviour of an aid worker. This indicates that more work needs to be done on collaborating with affected people to ensure that they understand how to channel feedback to providers and feel comfortable doing so.

The operating environment continues to challenge efforts to ensure AAP amid ongoing conflict, limited access, and high staff turnover affecting data collection, reporting, and implementation, as well as knowledge retention. The lack of sufficient dedicated AAP focal points across agencies and at the sub-national level to act as champions is a

further challenge, impeding the ability of the AAP and Community Engagement (AAP/CE) Working Group to deliver much needed trainings, information, and resources at the required scale. In 2023, five in-person training sessions were planned with a total of 150 participants however each of these opportunities was heavily over-subscribed with more than 900 applications, indicating a thirst for more knowledge in this field of work.

In 2024, the AAP/CE Working Group will continue activities laid out under its workplan, including the development of a Community Voices Platform, which aims to centre affected people in humanitarian decision-making by empowering them to share their views and comment on the performance of aid agencies. The Community Voices Platform is designed to facilitate informed decision-making by humanitarian responders, adapt programming, and contribute to collective improvement of policies and practices – enabling principled and effective humanitarian action by providing insights into the needs and challenges of affected people. While desperately needed, this project has been slow to develop partly due to capacity constraints and knowledge gaps, but mostly due to the absence of dedicated funding to date.

For further information and resources on AAP, visit <https://themimu.info/sector/accountability-affected-people-aap>

### **Protection from sexual exploitation and abuse (PSEA) and conflict-related sexual violence (CRSV)**

The ongoing humanitarian crisis, with large numbers of vulnerable people in close proximity to armed actors and desperate for aid is increasing vulnerability to GBV, SEA, and CRSV more broadly. The SEA risk is compounded by the swift rise in the number of new humanitarian partners, rapid recruitments due to urgent and expanded needs, and high staff turnover, which heighten exposure to SEA.

Seven SEA allegations against humanitarian organizations were reported in the first three quarters of 2023, compared to five allegations throughout 2022, and one in 2021.

Some 85 per cent of activities under the 2023 [PSEA Network Action Plan](#) have been completed, including trainings, leadership dialogue, awareness raising, and partner engagement. This is being implemented by the PSEA Network and other partners at national level as well as sub-nationally in Kachin; Shan; Rakhine, and the Southeast. Lack of funding has limited the coverage of these activities, with additional resources required to enable greater reach and ensure the ongoing services of a full-time inter-agency PSEA coordinator for 2024. In 2024, the PSEA Network will continuously review and upload relevant information onto the Myanmar Information Management Unit (MIMU) website.<sup>18</sup>

The worsening security situation, coupled with increasing numbers of armed actors interacting with the civilian population, elevates the risk of sexual violence by conflict parties. Weak rule of law, lack of trust in judicial and law enforcement mechanisms, the lack of an impartial, effective civilian protection structures, and the absence of support systems for survivors of all forms of GBV, including CRSV, foster an environment where perpetrators of GBV and CRSV can operate without fear of repercussions, and where survivors do not seek help due to stigma, fear or lack of trust. The Monitoring, Analysis and Reporting Arrangements (MARA) Working Group will continue to closely work with protection actors, especially the GBV and Child Protection Areas of Responsibility (AoRs), to ensure accessibility to required services for survivors of CRSV. Such collaboration and referral support are critical to ensure survivor-centred reporting and support system.

## Gender, age, disability, and other diversities

Diversity considerations are integrated across the humanitarian programme cycle (HPC) and in specific cluster programming, including through the use of sex, age, and disability disaggregated data and gendered analysis supported by the Gender in Humanitarian Action (GiHA) Community of Practice (CoP). The GiHA CoP continues to provide targeted trainings on the use of tools, strategies, and approaches to support gender mainstreaming, especially gender analysis in needs assessments. Updated cluster gender tip sheets are available to guide programming in 2024, alongside the continued use of the Gender with Age Marker in projects. A GiHA curriculum is available to enhance the technical expertise of local humanitarian actors, especially women-led CSOs. The GiHA CoP further supports the 'Leaving No One Behind' principle through contextualized Rapid Gender Analysis, with the tool expected to be ready for scale-up in Myanmar by 2024.

Under the guidance of the Technical Advisory Group (TAG) on Disability Inclusion, significant steps were made towards improved disability sensitive, responsive, and inclusive programming in 2023, including a consultation with 23 representatives from 10 Organizations of Persons with Disabilities (OPDs), encompassing a diverse range of disabilities and conducted in Myanmar language, with sign language interpreters. This allowed participants to share their experiences and highlight enablers and barriers to include and better support persons with disabilities in humanitarian and emergency contexts.

### Triple-strategy for PSEA in 2024:

1. Engage with the UN Country Team and the HCT to promote accountability for SEA amongst senior leaders, to ensure SEA protection, prevention, and mitigation are priorities in programming.
2. Continuous collaboration with clusters and thematic groups around service provision and case management for incident, complaint and feedback mechanisms.
3. Continuous engagement with sub-national PSEA Network coordinators<sup>19</sup> to generate buy-in from local organizations to effectively implement policies to ensure PSEA in the scale-up of the local response.

In 2024, the TAG on Disability Inclusion will collaborate with the ICCG to work on four crucial areas:

1. Consultation: Support and empower local OPDs to reach those most in need. Provide a platform for OPDs to input into the wider humanitarian response.
2. Data: Collaborate with mainstream actors and technical experts to bridge knowledge gaps and develop tools that effectively capture and disaggregate disability, age, and gender-specific data.
3. Advocacy: Provide key messaging and recommendations to be woven into materials targeting stakeholders, including donors, UN agencies, and humanitarian organizations.
4. Initiatives: Technical support to the Myanmar Humanitarian Fund (MHF), Education, Health, and Protection Clusters, AAP Working Group, Child Protection AoR, GBV AoR and others, to integrate disability into mainstream response.

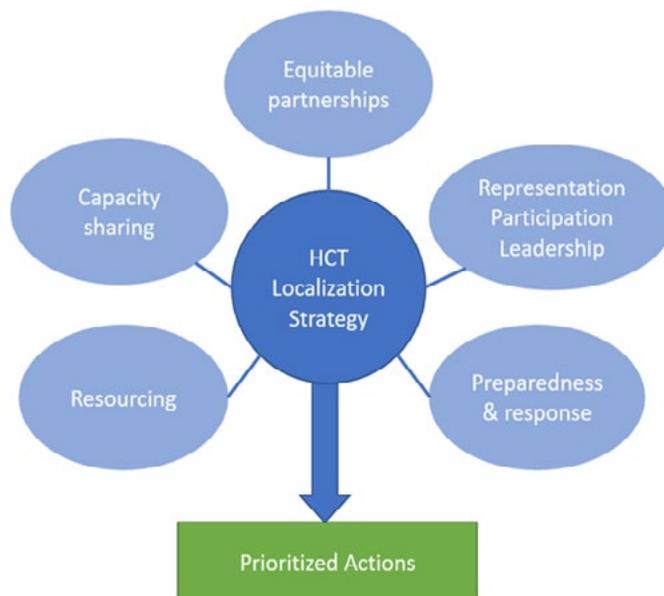
Strengthened collaboration and coordination across the thematic working groups and the systemic application of gender, age, disability, and diversity approaches in humanitarian action are critical to enabling all vulnerable and marginalized groups to enjoy protections and exercise their rights in an equitable manner.

### Localization

Empowering local organizations remains a key priority across the operation in 2024, in recognition of the unique contributions they bring in terms of locally

grown response solutions, improved connections with local communities, superior access and local networks, cost-efficient approaches and sustainability. Guided by the new HCT Localization Strategy, in 2024 the humanitarian community will work towards ensuring inclusive and risk-sensitive coordination arrangements are available to local actors and advocating for increased funding and flexible requirements to enable their life-saving work. Successful efforts in 2023 included negotiation of more flexible funding agreements, local funding targets, provision of translation and interpretation services, expanded local membership of key coordination platforms at national and sub-national levels, and more inclusive consultations as part of the HPC.

*HCT Localization Strategy*



### HCT Localization Strategy

- Developed in 2023 through the collective efforts of local and national actors, international NGOs, the Red Cross/Red Crescent Movement and the UN.
- Recognizes local and national actors as critical drivers of emergency response preparedness planning and as key stakeholders in early warning communication and information sharing systems.
- Promotes equitable engagement through longer-term strategic partnerships and shared risk management.
- Commits to ensuring that local and national organizations and umbrella networks are equitably represented, resourced, and empowered to participate meaningfully in coordination structures and relevant decision-making mechanisms at national and sub-national levels, including in leadership positions.
- Recognizes that capacity sharing implies two-way learning between partners to foster quality, locally appropriate humanitarian responses, and mutual growth as a result of partnerships.

In 2024, efforts to meaningfully engage with local actors as equal partners in the humanitarian community will continue to be based on the HCT Localization Strategy. The HCT will advocate for more funding flexibility; for donors to permit fair recovery of core costs by national actors; and for increased direct funding to local and national actors, including to consortiums of such actors with adequate technical expertise and management capacities to serve as intermediaries. Equitable resourcing will be ensured through aligning indirect cost recovery with the IASC Guidance on the Provision of Overheads to Local and National Partners.<sup>20</sup>

**CHIN**

Children heading back home from school with their new learning kits provided by an education partner in Chin, 2023.  
Photo: Partner



## 2.5 Costing Methodology

As in past years, unit- or activity-based costing has been used for the 2024 Myanmar HNRP, with each cluster determining an average per-person cost for each of its activities to be factored against the number of people targeted for humanitarian assistance.

As in the 2023 HRP, each cluster added 5 to 7 per cent on top of its activity costs as a dedicated component for enabling the adequate resourcing of protection mainstreaming. However, this year an additional loading was also added to enable the efforts of the humanitarian community in Myanmar to meet its commitments under the HCT Localization Strategy. For 2024, the HNRP cluster activity costs also integrate for the first time another 5 per cent to support risk sharing and duty of care for local partners.

A further \$7 million has also been incorporated in the cluster costings to equitably cover the core operating costs of the revised Myanmar coordination architecture, including expanded local presence through, inter alia, sub-national coordinators and information management staff. These coordination requirements appear in the individual cluster costs, not coordination and common services.

A key consideration in the costing of the HNRP is the continuing deterioration of the economic situation in Myanmar, particularly the sharp inflation in the prices of basic goods and fuel and the devaluation of the Myanmar Kyat. While inflation is affecting the availability and costs of transport and

procuring goods and services in local markets, the weakening of the local currency is applying similar cost pressures to international procurement. In both cases, the unpredictability introduced undermines the ability of clusters to precisely forecast the budgets required to meet the cost of the response. To accommodate this, each cluster applied inflation projections to their costings based on their specific operating, procurement and logistics processes and requirements, with rates ranging up to 30 per cent.

Cluster-specific costing methodologies can be found in the cluster pages in Part 3.

### Average cost-per-person assisted (US\$)

CLUSTER	2022	2023	2024
Education	63	65	69
Food Security	70	91	128
Health	56	46	48
Nutrition	60	81	94
Protection	58	59	54
Shelter/NFI/CCCM	80	92	111
WASH	64	69	63
<b>OVERALL</b>	<b>133</b>	<b>170</b>	<b>186</b>

## 2.6 Cash Modalities

Cash and Voucher Assistance (CVA) is becoming increasingly pivotal in the Myanmar humanitarian response, although its suitability and practicality varies across the country. With cash assistance remaining viable in many locations where markets are functioning, including in the most challenging and remote locations with greatest needs, CVA is emerging as a critical method for delivering assistance in many locations. Notably, as of the third quarter of 2023, some 53 per cent of all humanitarian food-security activities were delivered through CVA. Cash responses in other clusters are growing but remain much lower proportionally.

Only 4 per cent of IDPs are currently able to fully meet their basic needs (either independently or through aid), <sup>21</sup>demonstrating the lack of depth and regularity in humanitarian assistance due to underfunding

and the unpredictability of access. Median monthly expenditure of IDP households is just MMK 170,000 (around \$81). To bridge the gaps and support households in meeting their requirements, the Cash Working Group (CWG) is supporting the expanded use of Multi-Purpose Cash Assistance (MPCA), which empowers affected people to address their specific household needs with choice and dignity, and which is widely accepted as one of the most effective ways to meet the diverse needs of affected populations across various sectors.

Some humanitarian partners have already begun implementing MPCA, and efforts in 2024 will focus on formalizing the incorporation of this in a more coordinated and measurable manner. To this end, the CWG aims to introduce a cohesive, scalable MPCA model for Myanmar, to be positioned as a formal

### The MPCA strategy and guidance in 2024

The CWG aims to transition the MPCA approach in Myanmar from simple sectoral or unrestricted cash provision to an approach that offers more comprehensive and responsive solutions to the evolving needs of people across different time frames. This shift is anchored in four key pillars:

1. CVA minimum standards
2. MPCA technical tools and resources
3. Strategic coordination
4. Measuring impact

The translated guidance establishes a cohesive approach to coordination and reporting, targeting, transfer values, the frequency and duration of transfers, a monitoring and evaluation framework, and an exit and referral strategy.

Endorsement of the MPCA strategy and guidance by the CWG, HCT, and ICCG is targeted for the start of 2024. Ongoing efforts in 2024 will include reinforcing the model established in the guidance and building partner capacity on MPCA, as distinct from sectoral cash, as well as establishing a cohort of interested humanitarian organizations.

As humanitarian partners implement the model throughout 2024, learnings will be documented, and the guidance and strategy will be adapted and improved accordingly. This data will also enable the CWG to project realistic targets, programme indicators and costings more accurately around a common approach for the 2025 HNRP and beyond.

part of the next HNRP in 2025. The cornerstone of this model is the development of an MPCA strategy and guidance that is tailored to the context in Myanmar, with the process for this already underway. Encompassed are the development of people in need targets, costing parameters, and key indicators, providing a comprehensive framework for effective

implementation. The goal is to provide the skills and tools to support wider take-up of MPCA across the response, ensuring greater empowerment of and accountability towards the people being served.

**MON**

Food distribution to flood-affected people in Mon, 2023.  
Photo: Partner



## 2.7 Monitoring Approach

The overall monitoring of the humanitarian response in 2024 will be based on the nationwide targets, objectives and indicators set by clusters and agreed to by the HCT in this HNRP. The ICCG will take primary responsibility for ensuring that monitoring activities are completed, including regular reporting on the implementation of cluster response plans, progress on cross-cutting issues and analysis of challenges being faced. For the 2024 HNRP, the quarterly reporting cycle, started in 2022, will be maintained following positive feedback from donors and clusters. A concise dashboard on interim progress will be published for each quarter. Additionally, clusters will develop or continue producing a range of reports on the activities of their partners throughout the year, with several clusters moving to monthly instead of quarterly reporting cycles. In 2024, all clusters will adopt the online inter-cluster reporting tool ActivityInfo to facilitate simplified, secure, and fully aligned reporting, reducing the administrative burden on operational partners and encouraging increased reporting across the operation. In addition to reach, IDP projections will also be monitored throughout the year with the possibility of HNRP revisions should the numbers significantly diverge from the planning assumptions.

OCHA will continue producing its monthly humanitarian updates with inputs from clusters highlighting nationwide needs, response, gaps, and constraints,

with flash updates utilized to highlight sudden changes in humanitarian need and context as required. Public websites, including ReliefWeb and the MIMU website, will be utilized to disseminate various information products to a wider audience.

The 2024 HNRP monitoring framework has been designed to track and monitor cluster response activities delivered both to those directly impacted by the effects of conflict and disaster, and activities benefiting other crisis-affected people who have humanitarian needs due to the wide deterioration in the situation. The simplified 2023 HRP Strategic Objectives have been maintained in 2024 to facilitate simpler reporting processes with greater clarity on where cluster activities should be inputted. Additionally, there are indicators monitoring the incidence of and response to the increased protection concerns of civilians resulting from conflict, including through the promotion of IHL and IHRL. The ICCG plans to conduct a third annual MSNA in 2024, in parallel with the recently launched Humanitarian Situation Monitoring, which will allow clusters to track trends and the impact of their interventions with a national lens over time.

The HNRP 2024 Monitoring Framework can be accessed at: [bit.ly/MMR2024HNRPlogframe](https://bit.ly/MMR2024HNRPlogframe)



### Humanitarian programme cycle timeline

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Humanitarian Needs and Response Plan												●
Monitoring Plan												●
Dashboard		●			●			●			●	
Humanitarian Action		●			●			●			●	
Humanitarian Update	●	●	●	●	●	●	●	●	●	●	●	●

# Part 3: Cluster Needs and Response

---

## RAKHINE

Displaced people in a camp in Rakhine, 2023.

Photo: Plan International

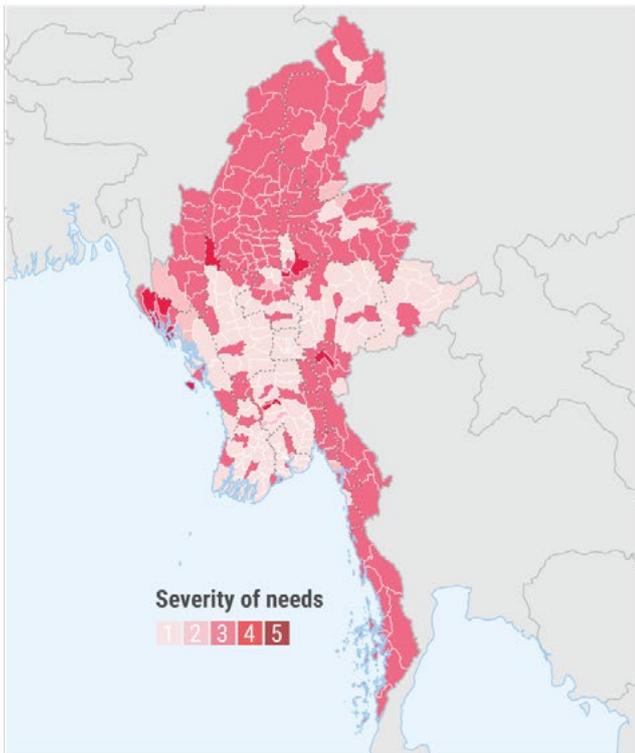




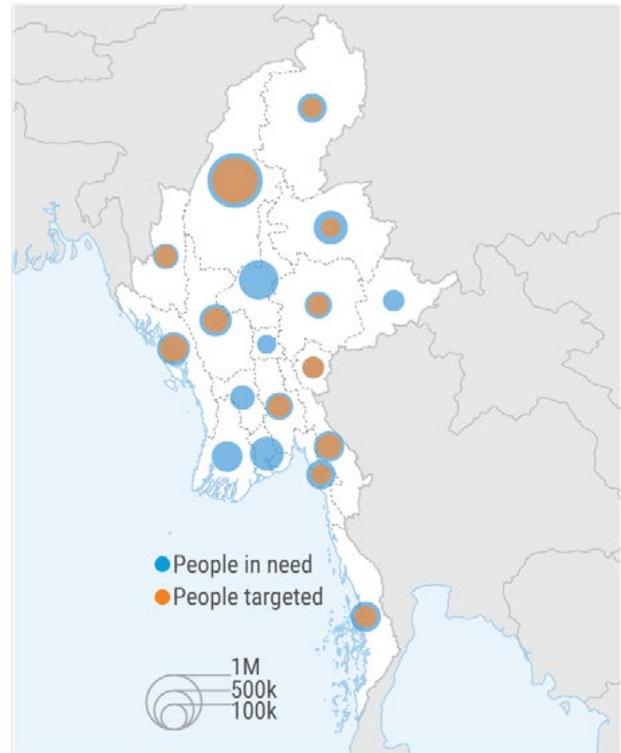
# 3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	WOMEN AND GIRLS	CHILDREN (0-18)	WITH DISABILITIES
4.5M	1.4M	94M	723K	1.3M	164K

**Sectoral severity of needs by township (in 2024)**



**Sectoral people in need and people targeted by state/region (in 2024)**



## Cluster objective C01

Crisis-affected and other vulnerable children and youth with humanitarian needs have continued access to safe, inclusive, quality learning opportunities that incorporate child protection principles to promote their well-being.

## Cluster objective C02

Crisis-affected and other vulnerable children and youth with humanitarian needs receive integrated education that combines quality learning with child protection measures, ensuring attention to their mental health and psychosocial needs.

## Cluster objective C03

Capacity of communities and local/national education partners is strengthened to support safer, coordinated education that monitors and responds to identified needs, and mitigates impacts of shocks and crises.

## Cluster Objective C04

Cluster coordination and information management are strengthened at all levels.

## Summary of needs

Access to education is constrained for boys, girls, and adolescents across Myanmar, including those living with disabilities, from early childhood education through basic education. The four most reported reasons for school closures and/or children not accessing education in assessed townships are linked to armed conflict and the military takeover: security concerns (55 per cent), schools closed under instruction of authorities (45 per cent), exposure to conflict (36 per cent), and teacher shortages (36 per cent).

School enrolment generally reduces as children approach high school (from age 15), particularly for girls. This is most prominent among non-displaced stateless people, for whom there is a four-fold greater reduction in enrolment compared to their peers from other population groups. The Northwest and Southeast report the lowest enrolments (only 19-39 per cent of school-age children in formal education).

Even where education can be accessed (formal and alternative), quality is often undermined by the lack of sufficient and qualified teaching staff, as well as uncondusive learning environments. The WASH situation in schools is a serious concern, with 66 per cent of schools reporting that there are no separate toilets for children and adults, 45 per cent reporting no gender-segregated toilets, 27 per cent reporting toilets that cannot be locked from within, and only 16 per cent reporting at least one toilet accessible for persons with limited mobility or vision. In such conditions, safe and dignified access to sanitation cannot be assured, especially for girls creating a major barrier to learning.

Some 4.5 million people across Myanmar (98 per cent of them children) need education in emergencies support, mainly in the Northwest (Chin, Magway, and Sagaing) followed by the Southeast. Protracted and renewed conflict, as well as natural disasters have increased the vulnerability of children in these two regions, which together account for more than 70 per cent of those in need of education assistance nationwide.

Among school-age children affected by the crisis, children with disabilities, girls, ethnic and linguistic groups, indigenous groups, children living in rural or remote areas, children from low-income families, and other vulnerable groups have been most severely impacted. Children with disabilities have lost access to education due to the destruction of school infrastructure (as temporary learning centres rarely have accessibility features) and ongoing stigmatization. There is also a lack of sufficient teachers to support inclusive learning, especially in the non-formal education stream.

## Response strategy

The Education Cluster is prioritizing robust localization as the driver of its response, leveraging the greater access, local knowledge, and potential of local partners. This will be done through empowering local partners and CSOs to lead the response at the field level, supporting their technical and operational capacity, and facilitating their access to resources, including funding.

Building upon progress made in 2023, operational resources and platforms, including guides, documents, and meetings, will continue to have a Myanmar language option. The Cluster will also continue its engagement with the MHF for sustained provision of specific envelopes for local partners in all allocations, which averaged between 30-38 per cent of MHF allocations in 2023.

Aid modalities will be both in kind and cash, based on operational and market realities across the country. Cash will be largely used for the payment of educators' incentives to keep learning centres open and functional. Collaboration with other clusters and AoRs such as Protection will continue to be prioritized to ensure the safety of children, including through effective referral mechanisms, Explosive Ordnance Risk Education (EORE) and GBV/PSEA trainings to educators.

## Targeting and prioritization

The Education Cluster is targeting some 1.4 million people – 30 per cent of the total people in need of EiE – with assistance, 98 per cent of whom are children and 2 per cent of whom are adults in relevant functions such as educators and school administrators.

This targeting is mainly based on the vulnerability of population groups, accessibility of locations, and operational capacity. For the three most vulnerable groups (IDPs, IDP returnees and non-displaced stateless persons), 100 per cent of all people in need are targeted, representing 51 per cent of the total cluster target. Other crisis-affected people (mostly host communities) are targeted in varying proportions based on displacement trends, although some urban locations (e.g., Ayeyarwady, Mandalay, western Bago, Nay Pyi Taw, eastern Shan and Yangon) and all townships across regions/states without the three most vulnerable population groups among their people in need are outside the boundary of the humanitarian education response for 2024.

## Promoting quality and inclusive programming

The cluster response strategy is informed by the 2022 Joint Education Needs Assessment (JENA), which included consultations with children, while priorities were identified in consultation with members of the Cluster's Strategic Advisory Group (SAG). The Education Cluster regularly consults with local partners to ensure that the response is people-centred and responsive to actual needs seen on the ground, in addition to continually offering a Myanmar language options in materials and meetings for inclusivity.

Risk mitigation for GBV, EORE, and PSEA are a priority focus in the educator/teacher training interventions, in collaboration with the Protection Cluster and its AoRs, in addition to the dissemination of protection-focused life-saving messaging to children through education spaces and Education Cluster platforms. Gender-specific interventions such as menstrual hygiene and health management information sessions and supply provisions for teenage girls are also an integral part of the Education Cluster response, to support and incentivize girls to stay in school. Educators/teachers will be specifically targeted for capacity-building in child protection awareness raising and provision/referral for MHPSS support to children experiencing distress due to conflict and displacement. Child-friendly feedback channels and processes are integrated where possible.

The Cluster further encourages use of inclusive designs of education infrastructure through the development of quality standards that guide their construction, including gender- and age-segregated disability-accessible WASH facilities. The promoted designs are context-specific and climate responsive, such as the use of concrete bases in cyclone- and flood-prone areas, and the use of bamboo walls to manage higher temperatures.

## Cost of the response

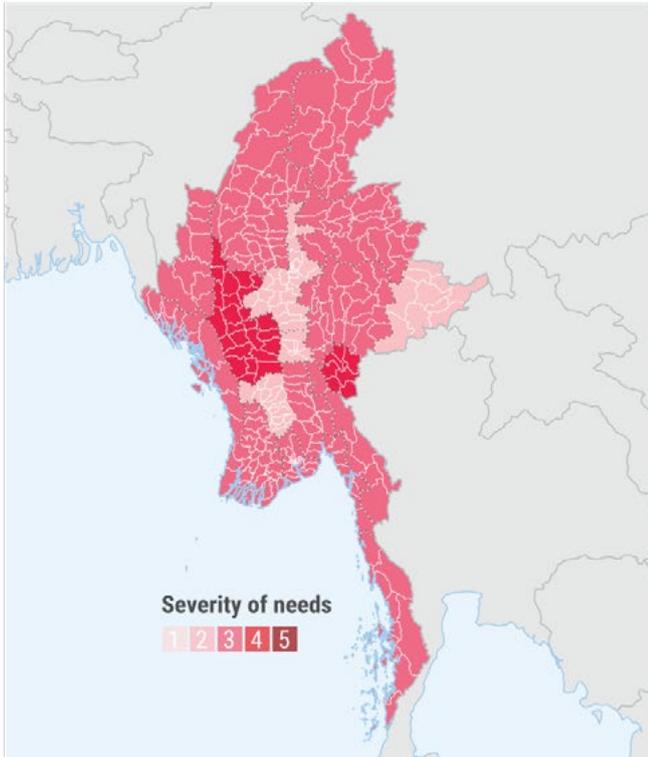
The costing for the Education Cluster response was guided by a recently developed quality standards framework and takes into account a 3 per cent overhead for inflation, 5 per cent loading for protection mainstreaming, and a further 5 per cent loading for duty of care.

# 3.2 Food Security

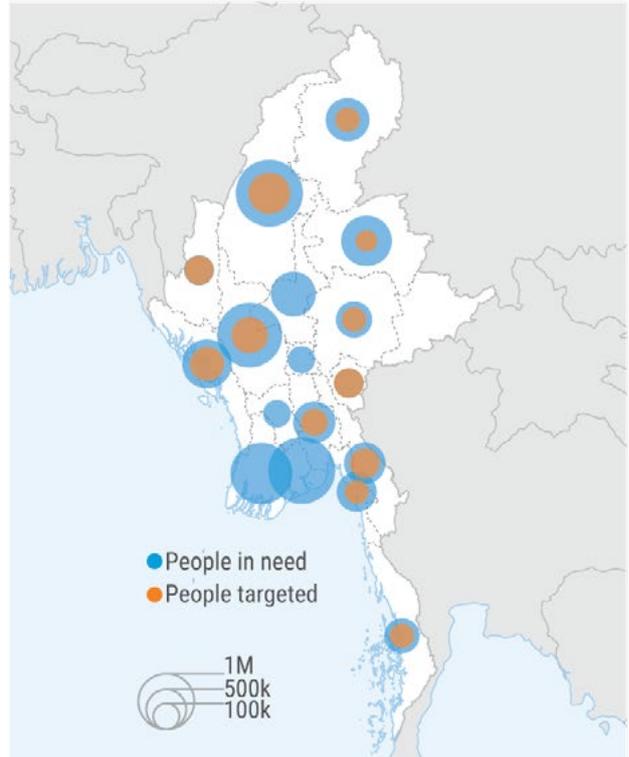


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	WOMEN AND GIRLS	CHILDREN (0-18)	WITH DISABILITIES
12.9M	2.3M	289M	1.2M	791K	361K

**Sectoral severity of needs by township (in 2024)**



**Sectoral people in need and people targeted by state/region (in 2024)**



**Cluster objective C01**

Emergency life-saving food assistance is provided to IDPs, IDP returnees and stateless people.

**Cluster objective C02**

Emergency life-saving food assistance is provided to host communities.

**Cluster objective C03**

Life-saving emergency agriculture and livelihoods assistance is provided to IDPs, IDP returnees, stateless people, and host communities.

**Cluster objective C04**

Cluster coordination and information management are strengthened at all levels.

## Summary of needs

An estimated 12.9 million people in Myanmar are in urgent need of humanitarian food assistance due to soaring poverty; food accessibility, affordability, and availability issues; and interruptions to livelihoods, especially agricultural production. Circumstances are particularly concerning in Kayah, northern Magway, and Sagaing, especially among IDPs. IDPs and stateless people in Rakhine also remain a high priority due to their near total dependence on humanitarian assistance.

An increased proportion of people are expected to resort to emergency coping strategies, given the prospect of a significant decrease in agriculture production, especially among smallholder farmers, due to events in 2023 including escalating fighting, Cyclone Mocha, flooding, and pest infestations of crops. Access to inputs remains beyond reach for many farmers due to the dramatic distortion of agricultural input markets, in a context where an estimated 70 per cent of people rely on agriculture.

Analysis from July-August 2023 indicates that a quarter of farmers reported difficulty accessing fertilizer in areas affected by violence or conflict, leading to reduced planted areas, especially among smallholder farmers. This ongoing deterioration of rural conditions since the introduction of the State of Emergency in 2021 has significantly diminished household resources and productive assets and driven accumulated debt.

## Response strategy

In 2024, the Food Security Cluster aims to improve vulnerable, conflict-affected households' physical and economic access to food, while enhancing capacity to produce and utilize diversified foods year-round. This will be done through a combination of in-kind input distributions and cash, depending on market functionality, beneficiary preference and feasibility to deliver. The Cluster recommends cash for hard-to-reach areas to limit risks, and where possible to coordinate food-security cash assistance with assistance from other clusters to create synergies and

reduce both operational costs as well as safety and security risks.

Sub-national coordination will be strengthened to support field data analysis, in cooperation with the Humanitarian Access Working Group (HAWG) and other stakeholders to maintain partners' access. Additional sub-national (co-)coordinators will be added to the Food Security Cluster structure, prioritizing those from national organizations as part of localization efforts. Increased collaboration with the Nutrition Cluster will contribute to the harmonization of programming for more impactful food-security and nutrition assistance, and protection mainstreaming will be enhanced, inter alia, via orientations, trainings and distribution of a Food Security and Protection Tip-Sheet.

## Targeting and prioritization

Some 2.3 million people will be targeted for food and/or emergency agriculture and livelihoods assistance, including around 290,000 people targeted with both types of assistance. IDPs, IDP returnees and stateless people are the primary targets for this aid, with IDPs being proportionally twice as food insecure as non-displaced communities. A smaller proportion of extremely vulnerable non-displaced communities will also be included.

The Food Security Cluster will maintain the minimum three-month assistance strategy for all population groups, except for IDPs on-the-move. Priority areas are those affected by conflict and/or displacement, and efforts will be made to reach IDPs, IDP returnees, and stateless people with emergency agriculture and livelihoods support to strengthen impact and decrease use of emergency coping strategies.

## Promoting quality and inclusive programming

To ensure a people-centred approach, the Cluster will promote partners integrating AAP protocols, including a feedback mechanism that incorporates reporting systems for PSEA, gender, age, disability, and other vulnerable group data. Reporting will be promoted to monitor inclusion and will be reviewed during regular partner orientation sessions in Cluster

coordination meetings and in collaboration with the Protection Cluster and the AAP/CE Working Group. The Food Security and Protection Tip-Sheet co-developed by the two respective clusters will also continue to be promoted.

Trainings on good agriculture practices will be encouraged for environmentally friendly programming, as well as for partners to use organic fertilizers, composting, and integrated pest management and soil fertility practices. Partners will also be urged to use local seeds and drought-resistant crops to conserve water in an El Niño year.

### Cost of the response

The financial requirements of the Cluster are calculated based on the main activities proposed by partners, with 10 per cent added to the total to be equally divided for protection mainstreaming and duty of care for local partners.

For food assistance, costs integrate a regular caseload of IDPs and stateless people who benefit from 12 months of food rations per year, a significant caseload of new IDPs projected to be supported with six months of food rations, and a small caseload of IDPs, IDP returnees and host community members expected to receive three months of food assistance. The cost of emergency agriculture and livelihoods interventions includes input packages to increase food production and a one-time unconditional cash transfer (asset protection).

Inflation was anticipated at 30 per cent in consideration of (i) the most recent projections on general inflation in Myanmar being between 15-20 per cent; (ii) on average, a 46 per cent increase in the cost of agricultural inputs from 2022 to 2023; and (iii) the 57 per cent year-on-year increase in the cost of the basic food basket (November 2023). Some 95 per cent of food-security items (food and related NFIs) are purchased locally to contribute to the local economy with strong analysis to guard against distortion of markets.

#### KACHIN

A woman with disability feeds her elderly mother at an IDP camp in Kachin, 2023.  
Photo: WFP/Naing Linn Shwe

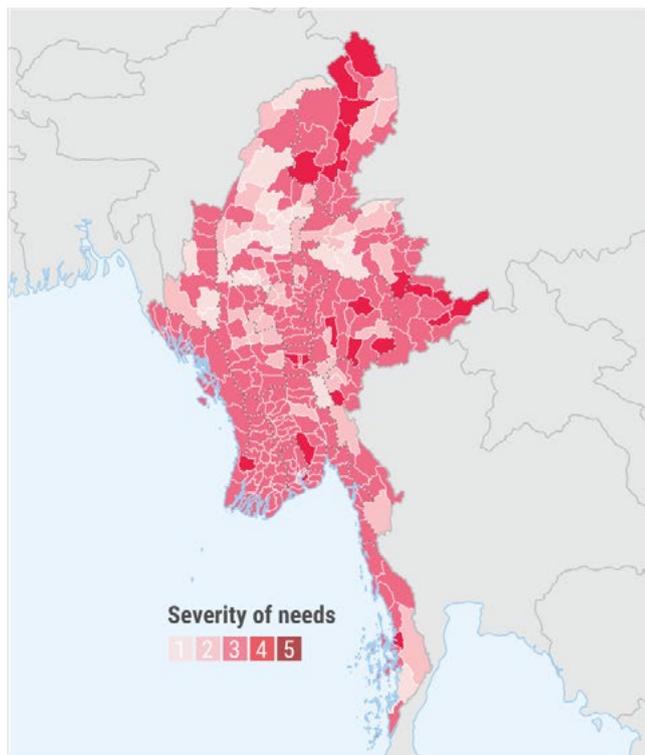




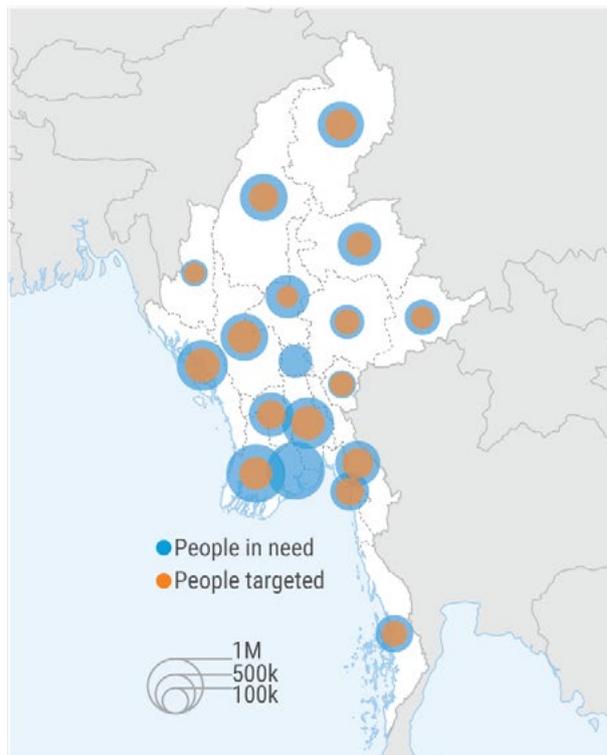
### 3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	WOMEN AND GIRLS	CHILDREN (0-18)	WITH DISABILITIES
12.1M	2.7M	130M	1.4M	909K	372K

**Sectoral severity of needs by township (in 2024)**



**Sectoral people in need and people targeted by state/region (in 2024)**



**Cluster objective C01**

Outbreaks and other health emergencies are addressed through timely and effective detection and coordinated response.

**Cluster objective C02**

Quality and inclusive priority life-saving health services are more accessible for 2.7 million displaced, returned, stateless and other crisis-affected people.

**Cluster objective C03**

Operational health partner capacities are strengthened through the provision of guidelines, tools, trainings, supervision, and more localized coordination, to nurture quality people-centred care, better reporting, and accountability towards populations.

**Cluster objective C04**

Cluster coordination and information management are strengthened at all levels.

## Summary of needs

The Health Cluster estimates that 12 million people will need humanitarian health assistance in 2024. While provision of public essential health services has partly resumed in large urban centres such as Nay Pyi Taw and Yangon, overall access to health care, including to essential medicines and medical supplies, continues to be fragile, fragmented, and uneven, exacerbating long-term inequities. The health system remains deeply politicized, affecting the return of the workforce, and further hindering access to health care, especially for girls, women, persons with disabilities and other vulnerable groups.

This contributes to the growing need for humanitarian health assistance, with heavy reliance on private facilities, local CBOs and CSOs in hard-to-reach and conflict-related areas. Kayin (46 per cent), Kayah (41 per cent) and Kachin (37 per cent) present the highest proportion of people in need of health assistance among the total respective region/state population in 2024.<sup>22</sup>

An estimated 372 medical teams are required to meet humanitarian health needs nationwide, with a current gap of 202 teams.<sup>23</sup> Sagaing, Magway and Kachin are most in need of medical teams for priority life-saving health services. Amid the continuation and escalation of armed conflict, limited funding and legal, administrative and security barriers persist in undermining the effective provision of adequate health assistance to an increasingly vulnerable population.

## Response strategy

Under its humanitarian umbrella, the Cluster is engaged in providing priority life-saving care for displaced, returned, stateless and other crisis-affected people nationwide, while continuing to advocate for effective, safe, and people-centred health care within the public sector.

Coordination capacity will continue to be enhanced, with expanded staffing in the Northwest and Southeast since 2022 leading to more meaningful engagement in the field and greater participation of local partners. This is a pivotal step in the ongoing transition

towards a more localized model of humanitarian response in Myanmar.

Medical teams will continue delivering priority life-saving health services, providing direct services through mobile clinics, static clinics, and the use of telemedicine across diverse settings, including community-based or outpatient facilities as well as in private hospitals. Primary health care will also be secured through service purchase agreements with NGOs and private sector. With the current escalating conflict, the need for Trauma Stabilization Points in urban areas is becoming more pressing.

The Cluster remains committed to financially facilitating referrals for specialized services for a seamless continuum of care, and will continue supporting the donation of medicines, medical supplies, and equipment to all operational partners, including local CBOs, CSOs, and EHOs.

Educational activities to capacitate self-management of risks in communities are further prioritized, more so in hard-to-reach and conflict-affected areas where access remains fragile, including for symptom detection and monitoring, and for lifestyle change. The Cluster uses a cascading approach in training partners to strengthen communities' ability to respond to health emergencies. The Cluster will furthermore continue advocating for all parties to cease all types of attacks on health-care facilities, workers, patients, and health transport.

## Targeting and prioritization

Twenty-three per cent of the 12 million people in need of humanitarian health assistance are being targeted by the Health Cluster, covering all distinct population groups. This is based on a two-fold targeting criterium: Unmet health needs and barriers identified in the MSNA, in conjunction with prioritization of hard-to-reach and conflict-affected areas where people's capacity to access alternative private services is most limited. People in need in Nay Pyi Taw and Yangon are not included among the target, based on observations of relative resumption in the provision of essential public-health services in these specific urban centres.

## Promoting quality and inclusive programming

Enhancing AAP and a people-centred response, PSEA and gender sensitivity to and empowerment of people according to age, disability and other diversities are all a key focus for the health cluster in 2024. Utilizing a participative approach, the Cluster will develop guidelines and toolkits for AAP in 2024, documenting best practices among health partners and adapting the global guidance from the IASC and Global Health Cluster to the specific context of Myanmar.

The cluster will continue organizing yearly trainings on PSEA principles, policies, and standards for health partners and is strongly encouraging the designation of a PSEA focal point per organization who is responsible for ensuring adherence to the principles, policies, and standards throughout all stages of health activities. Diversity considerations will be integrated across health programming, using sex, age, and disability disaggregated data and gendered analysis and

trainings, to create and maintain safe and protective environments for all.

Finally, the Health Cluster will explore how its objectives, activities and indicators can best align with green and sustainable principles, acknowledging the critical importance of incorporating environmental and climate change considerations into the response.

## Cost of the response

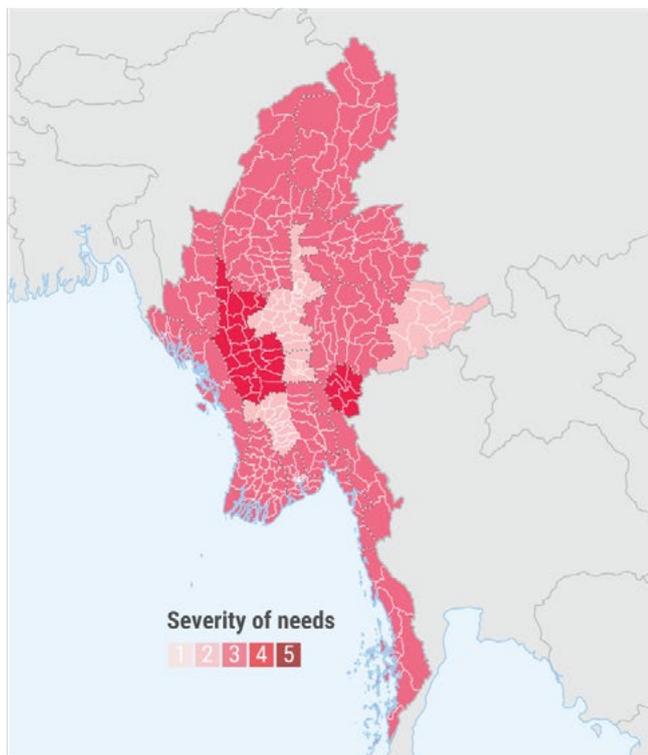
An activity-based method was used to calculate the cost of the Health Cluster response, involving more evidence-based historical and comparative analysis from projects and field experience from partners. Projected inflation rates of 4-8 per cent, a 5 per cent protection mainstreaming loading and a 5 per cent duty of care loading for local partners have all been incorporated into the average unit cost.

# 3.4 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	WOMEN AND GIRLS	CHILDREN (0-18)	WITH DISABILITIES
2.2M	0.6M	58M	378K	474K	79K

**Sectoral severity of needs**  
by township (in 2024)



**Sectoral people in need and people targeted**  
by state/region (in 2024)



### Cluster objective C01

Some 71,000 vulnerable children and 34,000 pregnant and lactating women (PLW) with acute malnutrition are supported to access equitable and inclusive life-saving treatment and management services.

### Cluster objective C02

Preventative nutrition support is provided to 1.9 million children under 5 years and 302,000 PLW through micronutrient supplementation, blanket supplementary feeding programmes and infant and young child feeding (IYCF).

### Cluster objective C03

Life-saving and preventative nutrition interventions are provided, while protection risks are monitored and addressed for those targeted for support; centrality of protection is upheld and respect for human rights and humanitarian principles is promoted.

### Cluster objective C04

Cluster coordination and information management is strengthened at all levels.

## Summary of needs

Overall, 2.2 million people, comprised of 1.3 million children below the age of five and 960,000 PLW need humanitarian assistance in 2024 - an increase that is being underpinned by the protracted and deteriorating crisis. Among these, 71,000 children under 5 years require life-saving treatment for severe acute malnutrition (SAM) and 33,000 PLW for moderate acute malnutrition (MAM), 357,000 children need targeted supplementary feeding. Around 303,000 PLW need micronutrient supplementation, Infant and Young Child Feeding (IYCF) in Emergency counselling, and blanket supplementary feeding. Some 1.9 million children need micronutrient powder supplementation and blanket supplementary feeding as well as screening and referral to services.

The highest needs are in the Northwest (Chin, Magway, and Sagaing), where a majority of IDPs are located, followed by Rakhine (11 per cent) and then the Southeast, Northeast and central zones.

## Response strategy

Public-health and community-based delivery mechanisms will simultaneously be pursued as response modalities. For example, treatment of SAM with complications will be health-facility-based, while community-based mechanisms will be used for mid-upper arm circumference (MUAC) tape screening to identify malnutrition, referrals for SAM without medical complications, and MAM management.

The Cluster has also adopted CVA to access more people in hard-to-reach areas, utilizing preventative approaches like improvement of treatment outcomes for SAM, MAM management, and access to other health services through cash-supported modalities. Complementary social behaviour change activities should be implemented to maximize the use of cash and impacts of these interventions. Safe spaces for breastfeeding, as well as IYCF messaging for caregivers will be used to integrate other programmes, e.g., EORE through co-locating interventions and strengthening inter-sectoral collaboration.

## Targeting and prioritization

Prioritization was based on 80 per cent coverage of IDPs, IDP returnees, and non-displaced stateless persons in need, with the highest priority accorded to SAM and MAM affected children. Coverage of other crisis-affected persons with humanitarian needs ranges from 5 to 20 per cent. Rakhine and the Northwest host nearly 40 per cent of the people in need of nutrition assistance and are the geographic priorities of the nationwide Cluster response.

Prioritized interventions include life-saving treatment of SAM, management of MAM, micronutrient supplementation including folate for PLW, and Vitamin A supplementation for children, with beneficiary selection based on severity classification from the food-security and nutrition analysis.

## Promoting quality and inclusive programming

All Nutrition Cluster partners have integrated AAP within their programming, and the Cluster has appointed a focal point to regularly participate in AAP/CE Working Group meetings, to ensure regular two-way updates on relevant developments.

Orientations have been provided to Cluster members on PSEA, gender, age, disability, and other diversities, using a conflict-sensitive and empowerment-focused approach. In Rakhine, the Cluster integrates disability programming through a development milestone assessment tool to identify children with special needs and disabilities. Volunteers are trained on PSEA, and feedback response mechanism posters, a hotline number and a helpdesk for face-to-face reporting and feedback are available, as well as a code of conduct for staff. Monthly feedback dashboards are shared with members for awareness and action and will be linked to the countrywide AAP mechanism once established.

Environmental and climate change considerations are mainstreamed into the response in collaboration with other clusters. As part of this, trainings have been provided to transform empty sachets into reusable shopping bags, and proper incineration practices are implemented to avoid the dumping of pollutant materials.

## Cost of the response

The financial requirement of the Nutrition Cluster includes some \$900,000 to account for the impact of projected inflation, \$3 million each for protection mainstreaming and duty of care (5 per cent each), and \$1 million for coordination costs. The overall costings were determined using the standard unit-based costing per person targeted approach at the activity level. Inflation costing is limited to changes to in-country operational costs, given that most Nutrition Cluster commodities are imported and thus insulated from domestic inflationary pressures.

### SHAN

Mid-upper arm circumference screening of a child in northern Shan, 2023  
Photo: Partner

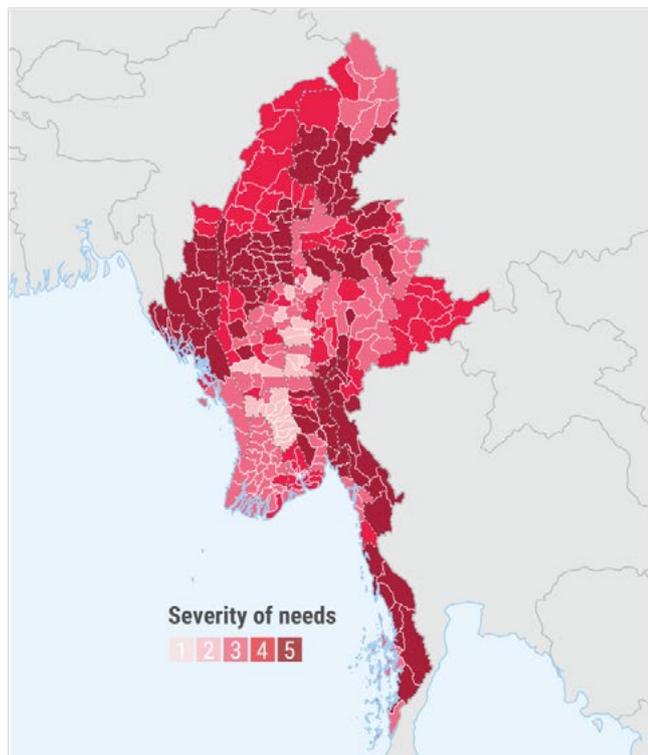




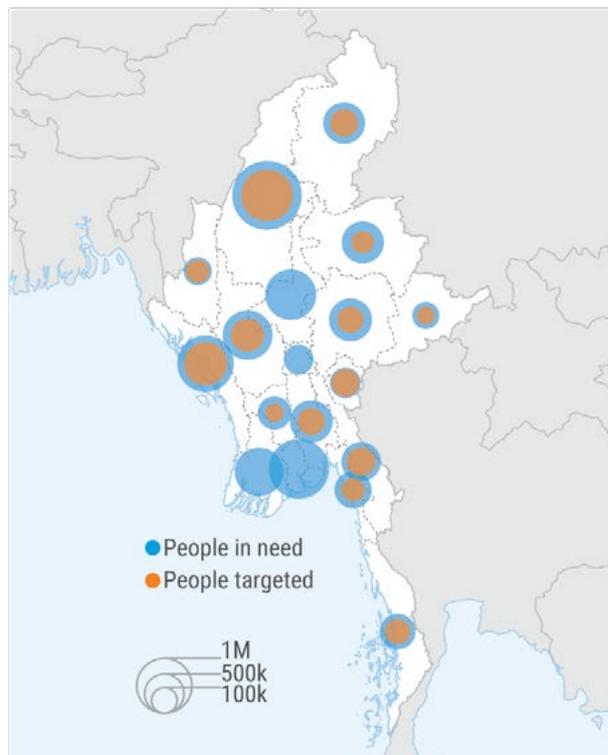
## 3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	WOMEN AND GIRLS	CHILDREN (0-18)	WITH DISABILITIES
12.2M	3.0M	161M	1.6M	1M	382K

**Sectoral severity of needs by State/Region (in 2024)**



**Sectoral people in need and people targeted by State/Region (in 2024)**



### Cluster objective C01

Protection assistance is provided to nearly 3 million people (including Child Protection, GBV and Mine Action), including mitigation of harm and risks and improved access to quality and inclusive protection services.

### Cluster objective C02

Respect for human rights, humanitarian principles, and IHL is promoted and supported, including through training and dialogue with duty bearers and responders to mitigate the effects of armed conflict on civilians.

### Cluster objective C03

Cluster coordination and information management are strengthened at all levels, including for all Protection AoRs.

## Summary of needs

Military violence, security risks, increased checkpoints, damage to infrastructure, roadblocks, and temporary travel restrictions by conflict parties continue to limit freedom of movement, access to services, and delivery of humanitarian assistance, exposing vulnerable people to elevated protection risks. Deteriorating socio-economic living conditions are exacerbating the already poor protection environment and are triggering negative coping practices and measures, including use of credit/borrowing cash, crime, trafficking, substance use, child labour, and unsafe migration, and EO risks.

As the protection landscape continues to deteriorate, the risk of irregular movement, forced labour and recruitment, extortion, arbitrary detention/arrest, and trafficking increases significantly. Violence, localized inter-communal tensions, widespread fear, and institutionalized discrimination remain the major drivers of the protection crisis as well as the causes of human rights violations. The Protection Incident Monitoring System (PIMS) indicates that the most prevalent violation now being reported is extortion, followed by forced labor/slavery, forced displacement and indiscriminate attacks on civilians.

Extortion in Rakhine remains a widespread protection concern and is increasingly aggravated by the ongoing conflict. Restrictions on access to protection and other services continued in 2023 and are expected to be a persistent feature of the response environment in 2024. Movement restrictions are a concern across all regions, most prominently in Rakhine among IDPs (35%) and non-displaced stateless people (29%).<sup>24</sup> Lack of safety and security persist, especially for women and children, due to conflict intensification, including risks in shelters, in communities, and while accessing services. Closure of camps is expected to continue in 2024 and will negatively impact the safety of IDPs and their access to basic services, as well as prematurely returning some people to unsafe places of origin.

The absence of legal identity documentation (ID) continues to hinder access to services, with three-quarters of non-displaced stateless households reporting they do not have valid ID. The most cited reason was denial of requests for ID. The lack of

ID in Myanmar prevents people from exercising many fundamental human rights such as freedom of movement, access to services, and protection of HLP assets.

## Response strategy

The Protection Cluster response is focused on the provision of targeted and specialized support to persons with specific protection needs/risks, including via cash-based interventions. Remote service provision will be expanded where mobility and access are limited, and alternative service delivery approaches will be employed. Community-based protection structures and community-led initiatives are central to the Cluster's strategy to prevent and respond to protection risks and will be scaled-up in 2024, as will EORE.

Localization is a core component of the Cluster strategy. In 2024, the Cluster will continue to identify and strengthen capacity of local partners and will continue to support protection mainstreaming and integration with other clusters, in line with the HCT Protection Strategy. This includes integrating MHPSS interventions within broader protection strategies to mitigate the psychological impact of conflict and violence, especially on children and women. Where possible, other sectors will be leveraged to provide protection services. Within the Cluster, the AoRs further complement and support a holistic approach to ensure that essential protection services are available to the affected population.

## Targeting and prioritization

The Cluster plans to reach 2.4 million people in 2024, utilizing a prioritized approach based on a thorough review of data that is firmly grounded in sectoral assessments, field reports, and collaboration with local partners. A key cluster priority is to ensure that IDPs, non-displaced stateless people, IDP returnees, locally integrated and resettled people, and other crisis-affected people with humanitarian needs have inclusive, equitable, and unhindered access to emergency, essential, and life-saving protection services tailored to their needs.

Priority is given to areas where the protection environment continues to deteriorate due to armed conflict, persecution, and violence; townships hosting the highest numbers of IDPs; and townships hosting non-displaced stateless people. In terms of severity, the prioritization strategy concentrates on areas facing acute displacement, including multiple displacement, and exacerbated protection risks.

### **Promoting quality and inclusive programming**

The Cluster will continue partnering with thematic working groups and experts to ensure a response that is informed by an inclusive and integrated analysis for a holistic, coordinated, and collaborative approach to service provision and access to basic social services.

AAP will be integral to protection coordination in 2024, by enhancing overall feedback mechanisms, including through closing the feedback loop, and dedicated actions on localization to facilitate better contextualized delivery of protection services. The focus will be on advancing a more people-centred protection response with corresponding advocacy on AAP to ensure the centrality of protection. The Cluster will also continue coordinating with the PSEA Network to ensure access to safe functioning PSEA mechanisms for all people, including children, as well as to avail required support services for SEA survivors.

People of varying age, gender, disability, and other diversities will continue to be included, alongside mainstreaming and integration of protection and gender in all responses. Wherever possible, the Cluster will use and contribute to the response's gender analysis. For example, the Child Protection AoR has established a dedicated Gender Steering Committee, and the Protection Cluster is a member of the GiHA CoP and TAG on Disability Inclusion. The Cluster will work with the thematic working groups on gender and disability inclusion to support persons with disabilities and persons with diverse sexual orientation, gender identity, gender expression and sex characteristics who tend to face compounded protection risks.

To address the impact of climate change and increased natural hazards risks, the Cluster has developed tools and guidelines for preparedness

and response to intensifying natural disaster impacts. Environmental protection is also central to commodity-based programming, ensuring the use of environmentally friendly materials where possible. Information, education, and communication materials are increasingly digitalized to minimize paper and production waste.

### **Cost of the response**

The Cluster consulted with the main Protection partners, including CSOs, to determine the unit cost per planned activity including the human resources required to deliver them. As human resources are the main component of protection interventions, this requires qualified, experienced, and dedicated staff to deliver different types of activities and services. A 5 per cent duty of care loading was added to each activity to support local actors in their front-line work.

## **Child Protection Area of Responsibility**

---

### **Needs**

Children are exceptionally affected by the current crisis and continuing hostilities, emphasized by the 2023 UN Security Council Report on Children and Armed Conflict, which called for increased action to protect children in Myanmar. Some 8 million people are in need of child protection interventions (adults, youths and children). In the first two quarters of 2023, findings on grave violations against children show a 6 per cent year-on-year increase; killing and maiming, as well as cases of abduction, remain high. With increasingly prolonged, as well as multiple displacements, families are increasingly resorting to alternative, life-threatening negative coping mechanisms, the brunt of which often fall on children.

High rates of child marriage are being recorded in all affected population groups, both within Myanmar and abroad, with trafficking and unsafe migration being a significant concern. Child labour has also emerged as a key issue for children aged 12-17, including the worst

forms of child labour. Recruitment into armed groups of unaccompanied and separated children continues to be a concern as people flee from unsafe areas, requiring special services for such children through family tracing and reunification, support for alternative home-based care, and case management.

Violence in the home – including sexual, physical, and emotional violence – remains underreported, considering clear global evidence about the prevalence of this in such circumstances, especially given the financial pressure now facing many families. The prolonged nature of the crisis is also having severe mental health and psychosocial impacts on children and caregivers, as well as driving actions such as begging, and alcohol and drug use. There is an urgent need to provide children with protection concerns with quality case management and MHPSS. Awareness raising amongst children, caregivers and communities is also essential to curb the prevalence of child labour and child marriage. Basic life-saving child protection kits and safe spaces for children can also mitigate some of these risks.

### Targeting and prioritization

Some 1.9 million people (adults, youths and children) are targeted for humanitarian aid by the Child Protection AoR – nearly double the number from a year earlier. This derives from sectoral assessments, field reports, and collaborative efforts with local partners, aligning with globally interoperable standards. The AoR has revised the prioritized activities, population groups, and locations through a contextual analysis of severity, strategically aligning with acute needs and ensuring the uninterrupted provision of essential services.

The targeting criteria incorporates expert judgement and validation from local partners, with deliberate exclusions guided by factors such as enhanced local capacities, reduced vulnerability, or the presence of alternative support structures. This adaptive strategy refines the focus on areas facing acute displacement and exacerbated protection risks for children. Severity 3, 4, and 5 by township were considered, resulting in specific proportions for different population categories. Rakhine and Sagaing are major areas of focus for

2024, while acknowledging that the context remains dynamic, and needs will likely evolve.

A significant change from 2023 is the inclusion of adults as both people in need, and targets of, child protection interventions. The rationale for this is the socioecological model, which recognizes the importance of caregivers and community members as being essential in providing a protective environment for children. Activities such as community-level child protection and positive parenting are essential for the sustainability of child protection actions in communities. Adults in urban areas are excluded, relying on development actors to scale up protection of children in these areas in line with the UNCTF.

## Gender-based Violence Area of Responsibility

---

### Needs

Harmful gender norms and inequalities, which are deeply rooted in Myanmar society, are compounding the impacts of the ongoing humanitarian crisis, including with regard to security, food, and the economy – creating conditions that aggravate GBV risks both inside and outside the home.

Intimate partner violence is the most common way in which GBV manifests across the country, with key contributing factors including increased stress and tensions at home, the strained financial situation of families and substance abuse. Trends from the GBV Information Management System and consultation findings further indicate an increase in GBV risks outside the home, including CRSV, due to insecurity, presence of armed actors and unsafe camp conditions.

Other common types of GBV affecting women and girls include sexual violence and early marriage. Various reports and assessments indicate an increase in substance abuse, with drugs being readily available and cheap, and negative coping mechanisms such as transactional sex, particularly in light of soaring

poverty. Adolescent girls are uniquely at risk of GBV in humanitarian settings because of an intersection of factors related to their age and gender.

Overall availability of multi-sectoral GBV response services, including case management and safe houses, remain insufficient to support GBV survivors and require scale-up. The absence of a properly functioning justice system inhibits access to legal recourse for survivors of GBV. Health-care services at the community-level, including clinical management of rape and MHPSS, remain a dire need in crisis-affected areas.

### Targeting and prioritization

In 2024, the GBV AoR aims to reach some 1.6 million people nationwide with GBV prevention, mitigation, and response interventions – 600,000 people more than in 2023. The AoR aims to reach its target through a localized, varied approach alongside remote and other adapted forms of programming. Women and girls are the primary target group for the GBV AoR, given their greater GBV risk exposure. Men and boys will also be targeted for GBV prevention, risk mitigation and response activities, as they have a critical role to play in prevention and mitigation, and they are also not precluded from GBV and face an increased risk of sexual violence against them during conflict. People of diverse gender identities will also be targeted to mitigate and respond to the compounded protection risks experienced by this demographic.

The GBV AoR targeting is based on location-specific severity of needs, as well as analysis of partner presence, access, and operational capacities. The GBV AoR considered severity 3, 4 and 5 by township, based on the GBV AoR people in need data. Accordingly, in 2024, the GBV AoR will focus on hotspots and severely affected townships across Rakhine as well as the Northeast, Northwest, and Southeast. Eighty per cent of women and girls and 20 per cent of men and boys in need across all four population groups are targeted, of whom some 12 per cent are estimated to be persons with disabilities, in line with global averages.

## Mine Action Area of Responsibility

### Needs

EO contamination, including by landmines and ERWs, is pervasive throughout Myanmar, with all 15 regions and states now believed to have areas that are contaminated to varying degrees. Indiscriminate deployment of landmines, unexploded ordnance, and the use of IEDs pose a grave threat to affected communities, inhibiting movements and returns, and leading to a rise in incidents, casualties, and injuries, predominantly caused by landmines to date.

The situation is alarming, with data from January to August 2023 depicting the highest recorded number of incidents affecting civilians in Myanmar's history. The presence of landmines also limits access to agricultural land, directly affecting livelihoods of affected communities and food production nationwide. Nearly half of IDP returnee households report having members affected by EO in the 12 months preceding the collection of MSNA data. Being injured or killed by explosive hazards was also the main security concern faced by boys, men, girls, and women from IDP returnee households, and EO was the main HLP problem reported by IDP and IDP returnee households.

Implementation of the full spectrum of mine action activities – such as non-technical surveys, marking hazardous areas, and demining – is hindered by the ongoing active conflict and operational constraints, including lack of agreement by armed actors to allow humanitarian clearance work. This leaves EORE as the primary feasible means of saving lives in the current situation.

### Targeting and prioritization

The Mine Action AoR response targeting and prioritization is based on triangulation of a range of indicators, focusing at the village level on communities reporting the highest number of incidents; conflict and incident datasets from the Armed Conflict Location and Event Data Project (ACLED); and population

movement data, particularly of IDPs. This was done in collaboration with local partners, with deliberate exclusions based on factors such as enhanced local capacities, reduced vulnerability, or availability to utilize alternative support structures.

As active conflict, lack of approvals and operational constraints continue to impede the full-scale implementation of mine action activities, the AoR is focusing on tailored interventions in areas most

affected by explosive hazards. The methodology focused on townships categorized as facing either elevated or extreme sectoral deprivations or sectoral collapse, with the proportion of people in need and allocated resources linked to the severity of their circumstances. This aims to mitigate landmine and other EO threats to facilitate safer movement and returns for all population groups.

#### KACHIN

Rehabilitated roofs of temporary IDP shelters in Kachin, 2023.

Photo: UNOCHA

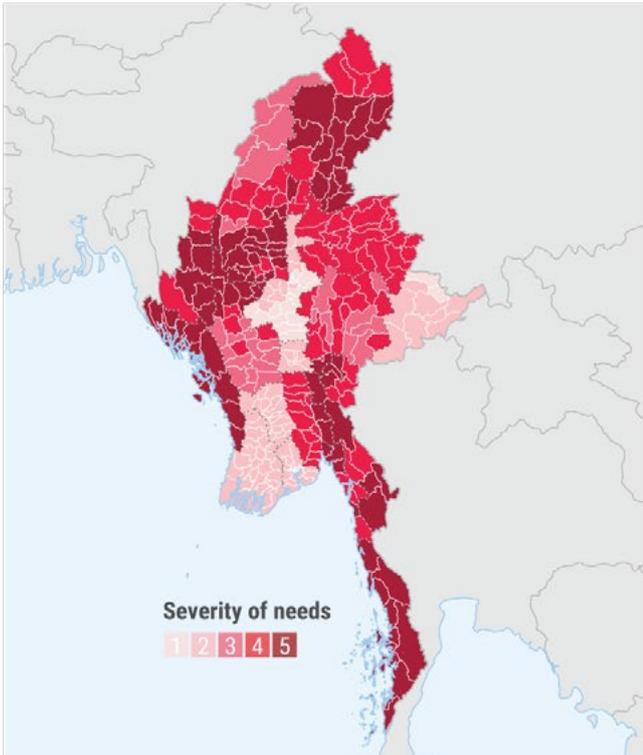


# 3.6 Shelter/NFI/CCCM

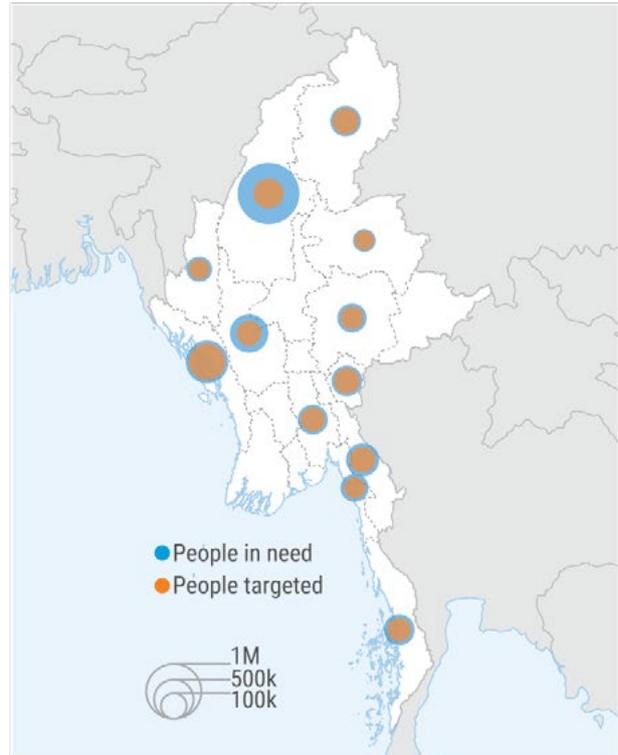


PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	WOMEN AND GIRLS	CHILDREN (0-18)	WITH DISABILITIES
4.3M	1.3M	149M	696K	468K	182K

**Sectoral severity of needs**  
by State/Region (in 2024)



**Sectoral people in need and people targeted**  
by State/Region (in 2024)



### Cluster objective C01

Affected people are assisted with emergency temporary shelter; and emergency NFIs that enhance protection, saving lives, dignity, and privacy while ensuring environmentally friendly solutions, as well as increase the capacity to mitigate potential disasters.

### Cluster objective C02

Affected people are assisted with transitional, semi-permanent shelter support, and replenishment of NFIs that enhance protection, saving lives, dignity, and privacy while ensuring environmentally friendly solutions, as well as increase the capacity to mitigate potential disasters.

### Cluster objective C03

Settlement monitoring, service coordination and maintenance of camp infrastructure are strengthened in line with life-saving humanitarian support.

### Cluster objective C04

Camp management and coordination capacity of camp management actors, communities, and service providers at camp level are strengthened, and protection is mainstreamed.

### Cluster objective C05

Community participation activities are reinforced at settlement level.

### Cluster objective C06

Cluster coordination and information management are strengthened at all levels.

## Summary of needs

An estimated 4.2 million people are in dire need of Shelter, NFIs and Camp Coordination and Camp Management (CCCM) assistance in 2024. The protracted displacement scenario, involving around 306,000 people who in some cases fled their homes more than a decade ago, and forced camp closures compound the challenges across the Cluster's prioritized zones of the Northeast, Northwest, and Southeast. Additionally, in Rakhine, the Kaman and Rohingya populations continue to face heavy structural discrimination, requiring consistent humanitarian aid while durable solutions are sought.

The demand for Shelter/NFI and CCCM support continues to escalate, driven by the intersection of protracted insecurity, persecution, and recurrent natural disasters. Emergency shelter assistance remains insufficient, living conditions unsafe, and essential NFIs are lacking especially for those who are repeatedly going on the move – a reality that directly infringes on people's fundamental rights, undermining access to suitable shelter and posing risks to their privacy, safety, dignity, physical and mental health, and overall well-being.

Challenges stemming from inadequate coordination and camp/site management, including due to funding shortages, further exacerbate the vulnerabilities of affected populations. Proper monitoring, reporting, infrastructure maintenance, and coordination of services are pivotal for ensuring effective assistance and protection.

## Response strategy

Considering the humanitarian access constraints, the Cluster's response strategy will incorporate a mixed modality approach, including both in-kind and cash responses. In-kind assistance will be utilized when IDPs encounter difficulties accessing markets, have specific needs, or when cash is not a feasible option.

The use of in-kind assistance is dependent on market conditions and market access. For example, conflict and natural disaster affected people residing outside urban areas lack sufficient market access making cash

less viable. The Cluster acknowledges the sensitivity of different aid delivery modalities, which can be influenced by political and conflict dynamics. In cases where cash programming is appropriate, especially during emergencies, Cluster partners are making efforts to reach these areas and deliver the necessary assistance in cash.

At national and sub-national levels, the Cluster will foster coordination and collaboration with other clusters and working groups, particularly in its service monitoring role, specifically CCCM. This coordination extends to referring and highlighting major service gaps identified by IDPs and site/camp management agencies. Remote assistance modalities, including mobile cash transfers and community-based distributions, will be implemented in areas with multiple checkpoints controlled by various armed groups, ensuring aid reaches those in need.

In 2024, the Cluster will intensify its engagement with local organizations and community leaders as part of its localization strategy.

## Targeting and prioritization

The Cluster aims to assist some 1.3 million people, including IDPs; returned, resettled, and locally integrated IDPs; stateless persons; and other crisis-affected people with humanitarian needs. Special focus is given to vulnerable groups such as women, children, the elderly, and persons with disabilities. The response extends across regions including eastern Bago, Chin, Kachin, Kayah, Kayin, Magway, Mandalay, Mon, Rakhine, Sagaing, northern and southern Shan and Tanintharyi.

Priority response activities encompass provision of shelter materials and NFIs, as well as considerations to mitigate natural disaster impacts at the household and community levels. A further focus is on strengthening settlement monitoring, service coordination, and camp infrastructure maintenance through camp management. Community participation activities will be reinforced at site level to ensure continuity of services even when external access is interrupted. This requires enhanced response capacity among camp management actors, including service providers

and camp committees, with a focus on protection mainstreaming.

### Promoting quality and inclusive programming

The Cluster and its partners utilize a community participation approach that integrates an AAP framework, involving key activities such as regular information updates, community mobilization, and empowering the affected population to make informed decisions for themselves.

This is reflected in a harmonized and accessible feedback system, including for confidential issues, benefitting from all-gender camp management committees; and direct phone lines in smaller camps for ongoing communication. The Cluster actively involves IDPs in designing shelter programming, and specific features are incorporated into shelters to accommodate persons with unique requirements, including for improved accessibility.

In 2024, the Cluster will continue to closely collaborate with the AAP/CE Working Group, as well as with Protection actors and PSEA focal points at field and sub-office levels, to ensure that camp/site management personnel are equipped to properly address PSEA issues. Training and community engagement approaches will be key to enhancing a technical response emphasizing AAP and PSEA.

The Shelter/NFI/CCCM Cluster further strives to promote environmental awareness and minimize its environmental impact. This includes establishing clear guidance to measure the percentage of indicators meeting environmental criteria, as well as promoting actions to increase efficiency of shelter designs and use of environmentally friendly and locally sourced materials, and to reduce NFI packaging.

### Cost of the response

An activity-based approach was used to calculate the cost of the planned response, in conjunction with the real market prices of materials as well as inflation trends. To account for inflation, 30 per cent inflation cost was added for Shelter/NFI and 26 per cent for CCCM. Additionally, a 6 per cent loading was added to support protection mainstreaming, and 5 per cent for duty of care for local partners.

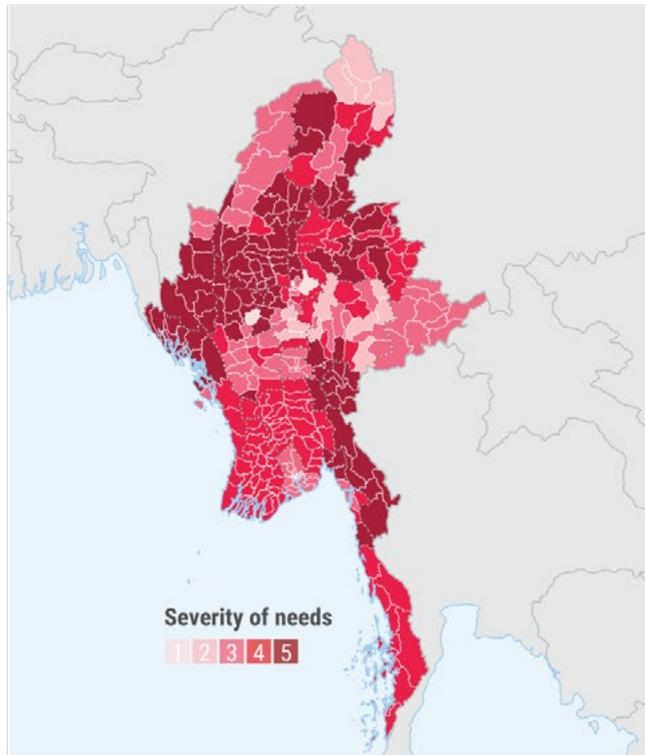
REGION	PRIORITIZED RESPONSE
Rakhine	Focus on hard-to-reach areas: - Shelter/NFIs for village and camp residents - CCCM activities for IDPs in camps/sites - Service monitoring and community participation
Northwest	Focus on hard-to-reach areas: - Shelter/NFI emergency responses targeting conflict-affected IDPs - Service monitoring and community participation
Northeast	- Emergency Shelter/NFI and CCCM activities aimed especially at areas facing forced camp closures
Southeast	- Targeting people affected by armed conflict and natural hazards - Particular focus on townships near active conflict zones or prone to natural disasters



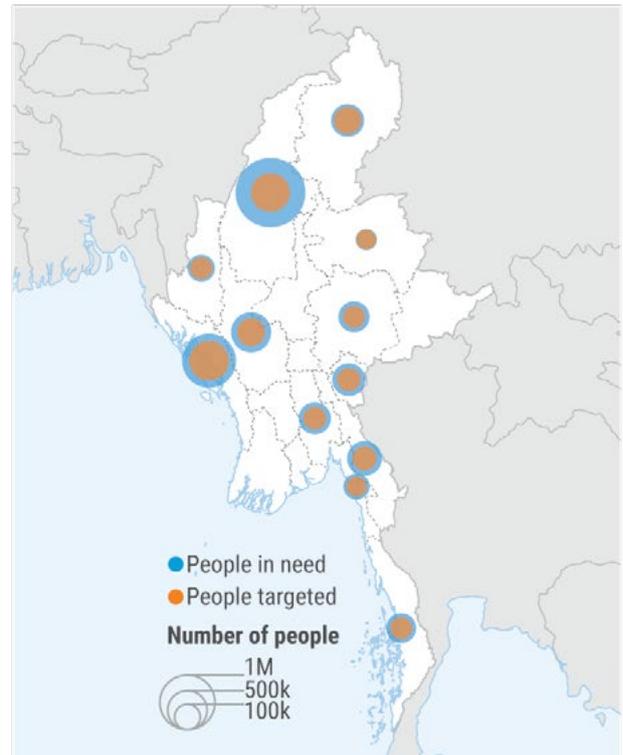
# 3.7 WASH

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	WOMEN AND GIRLS	CHILDREN (0-18)	WITH DISABILITIES
5.6M	1.7M	106M	878K	566K	225K

**Sectoral severity of needs**  
by State/Region (in 2024)



**Sectoral people in need and people targeted**  
by State/Region (in 2024)



## Cluster objective C01

Quality and standards of water and sanitation services and good hygiene practices are sustained for the health, dignity, and protection of the affected population, on the basis of risk-sensitive programming and consultation with communities for integrated WASH services.

## Cluster objective C02

Cluster coordination and information management are strengthened at all levels.

## Summary of needs

Some 5.6 million people across all 4 population groups require humanitarian WASH services. The most critical WASH needs are in Chin and Rakhine, both rated Severity 5, with conditions worsened by the impact of Cyclone Mocha in May 2023. Northern Shan, the Northwest and Southeast are categorized Severity 4, with some basic WASH services available for vulnerable people in host communities, but with limited access and partner interventions. Use of non-improved drinking water sources is widespread, relied upon by up to 71 per cent of households in Chin, up to 64 per cent in Rakhine, up to 16 per cent in Kachin and up to 12 per cent in northern Shan.

As protracted and renewed displacement continues, most WASH facilities in camps and displacement sites are in need of significant maintenance to accommodate the growing needs. IDPs are increasingly driven to coping practices that negatively impact on their health, well-being, and the environment, such as drinking water from contaminated sources and open defecation.

Access to essential WASH items remains a challenge for affected people, undermined by price increases in local markets, including due to supply chain issues and inflation. Border areas are particularly vulnerable to this, with both IDPs and host communities relying heavily on imported commodities. This is exacerbated by physical access limitations, especially in remote and hard-to-reach areas, as well as by water scarcity in the dry season.

In these conditions, provision of items such as purification sachets and tablets for drinking water, as well as emergency water supply solutions like water trucking/boating, are increasingly critical to meeting basic WASH standards.

## Response strategy

The WASH Cluster response will focus on ensuring safe and improved access to water, sanitation services and hygiene practices, including through use of adaptable designs. This aims to meet the evolving needs of current IDPs, as well as IDP

returnees, resettled and locally integrated people. The Cluster is prioritizing the construction, operation, and maintenance of facilities, adhering to minimum cluster and international standards for sustainable and effective service delivery. Collaborations with development actors are also underway, towards durable solutions in protracted camps and neighbouring host communities.

The response approach further addresses hygiene support through the provision of tailored items or cash alternatives, coupled with comprehensive needs-based hygiene promotion efforts. Contingency measures include maintaining a stock of WASH supplies to enable swift responses, especially during disease outbreaks. To address access constraints, solutions are identified at the township level, leveraging collaboration with Cluster members, and exploring local market and alternative supply options.

WASH interventions will continue to be done in an integrated manner and mainstreamed across clusters, including to prevent and mitigate protection risks, and to ensure safe access to WASH in schools and medical facilities. The overall strategy places a strong emphasis on accountability, learning from past experiences, and fostering capacity-building for local NGOs in market-based programming. Further details are available in the WASH Cluster Strategy.

## Targeting and prioritization

Close to 1.7 million people across all 4 population groups are targeted under the WASH response, of whom 52 per cent are female, 32 per cent are children, and 12 per cent have disabilities.

IDPs remain a key focus, particularly those who are newly arrived. Given difficulties in accessing safe water and dignified sanitation and hygiene items in informal settlements, as well as camps and displacement sites, maintenance and enhancement of existing WASH facilities and establishment of temporary facilities in these locations are a priority.

The WASH Cluster will also emphasize mitigating challenges to market access, including physical impediments, unavailability of WASH supplies, and

lower purchasing power due to inflation. Approaches include exploring partnerships with local CSOs, alternative sourcing through locally available suppliers and markets, and market-enhancing initiatives to build the capacity of beneficiaries to construct latrines and sanitation facilities from existing local market materials.

Activities will be complemented by targeted awareness campaigns, including promotion of practical solutions for healthier alternatives. The aim of the WASH Cluster strategy is to address immediate challenges, discourage unsanitary practices, and provide tailored solutions for vulnerable groups, fostering a more dignified and sustainable living environment.

### **Promoting quality and inclusive programming**

The Cluster prioritizes AAP and a people-centred response through its data collection practices, as well as a robust AAP feedback and response mechanism aligned with the core functions of the Cluster. Outcomes of corrective actions are fed back to the affected communities.

Protection mainstreaming and gender-sensitive programming are also central to the Cluster's approach, which considers the specific needs of women, children, and persons with disabilities to safely access hygiene

resources – including for menstrual hygiene – and WASH facilities, including adapted toilet facilities. Protection will be mainstreamed through partner assistance and capacity-building in GBV and PSEA, including promoting safeguarding measures and providing sensitization on PSEA Network resources.

Partnerships with relevant experts will be proactively fostered, including with disability service providers and OPDs. Through its collaboration with other clusters and the CWG, the Cluster will ensure a comprehensive approach to addressing the needs of crisis-affected communities, including in hard-to-reach locations.

### **Cost of the response**

The WASH Cluster conducted a costing exercise in consultation with its members, using unit-based activity costing to estimate the financial requirements for its planned response. Inflation was factored in as a 15 per cent increase across unit costs, based on an analysis of price trends and the broader economic context. An additional 7 per cent and 5 per cent were added to the overall requirement to respectively resource the mainstreaming of protection and duty of care in the WASH Cluster response.

## 3.8 Coordination and Common Services



### REQUIREMENTS (US\$)

# 7M

### UN Office for the Coordination of Humanitarian Affairs

OCHA will continue to provide dedicated support to the Humanitarian Coordinator, HCT and ICCG with a focus on the following activities:

- Maintaining and strengthening inclusive coordination mechanisms at national and sub-national levels to ensure principled, timely and effective humanitarian response.
- Facilitating joint situational awareness, analysis and advocacy on humanitarian needs, gaps, and response to support decision-making and coherent planning.
- Facilitating joint strategic planning for humanitarian response, as well as joint monitoring and reporting.
- Mobilizing flexible and predictable humanitarian funding for the response and effectively managing use of the Central Emergency Response Fund (CERF) and the MHF.
- Advocating for the protection of civilians and sustained humanitarian access to all women, men, girls, and boys in need.
- Strengthening preparedness for and capacity to respond to natural disasters and other emergencies.
- OCHA will facilitate updating the HNRP at least annually and driving the implementation of the HPC throughout the year.
- OCHA will coordinate the HCT contingency planning processes, including updating the Emergency Response Preparedness Plan.
- OCHA will support efforts on the workstreams and prioritized recommendations from the Peer-2-Peer report in collaboration with other HCT partners.
- OCHA will support response-wide information management and provide regular updates and

analyses to inform partners and the international community on critical humanitarian developments. OCHA also chairs the humanitarian Information Management (IM) Working Group in support of cluster data activities.

- OCHA leads on access through its chairing of the HAWG and its network of offices at the sub-national level.
- OCHA will also support the HCT and the ICCG in integrating key cross-cutting issues into relevant planning processes and response.
- OCHA will lead on cash coordination in the humanitarian response in line with new global frameworks and will provide support to inter-agency AAP efforts.

Cluster Lead Agencies will scale up cluster coordination in an integrated and inclusive manner. To this end, at national level, all clusters aim to secure NGO co-leadership for which dedicated resources are required.

### Evidence-based response

The HNRP also requires funding to cover common data collection, management, and analysis services to support an evidence-based response, building on and coordinating with the diverse existing data collection tools being used by partners. In 2024, the response will aspire to achieve increasingly more accurate and informed planning by improving the evidence base for humanitarian needs and response, including through multi-sectoral vulnerability analysis.

Coordination on data collection will be enhanced to ensure complementarity and comparability between the data collected by a range of humanitarian actors.

A comprehensive analysis of multi-sectoral needs will be conducted again in 2024 to understand the shifting humanitarian landscape, following an expansion of the dataset in 2023. Such a rigorous analysis is a critical step in ensuring that the most vulnerable are supported with the assistance they require most urgently. To this end, the REACH Initiative is requesting funding to undertake a third round of its nationwide and cross-sectoral analysis of the current and projected severity of needs of the crisis-affected population. Depending on availability of funding, this exercise will inform the new 2025 HNRP.

### **Accountability to affected people**

Revitalized in 2021 and further strengthened throughout 2022 and 2023, the AAP/CE Working Group has set out to support a humanitarian response that considers the voices of affected people, their communication and assistance preferences and the feedback they provide through collective mechanisms.

AAP mechanisms and enhanced information gathering play a vital role in helping humanitarians better understand and analyse the needs of affected people. For 2024, AAP has been further prioritized, with planning underway to develop a collective feedback mechanism, as well as other efforts to ensure effective community engagement. Collective accountability systems allow for simpler and more streamlined referral processes among humanitarian actors and create more straightforward pathways for affected people to provide feedback on their situation and preferences, ensuring their needs are integrated into the overall analysis framework. Funding has been secured for a second year of the AAP Specialist post for dedicated inter-agency support to the AAP/CE Working Group and the rollout of its workplan. Recent AAP CERF funding will also be used to build AAP capacity at the sub-national level. If additional funding is secured, AAP partners will undertake a perception analysis to understand the needs of affected people better and then tailor the response accordingly. Perception surveys are essential in tracking the humanitarian community's collective accountability and engagement with affected people.

### **Staff safety and security**

The United Nations Department of Safety and Security (UNDSS) will continue to focus on enabling humanitarian activities while ensuring the safety and security of humanitarian workers as a high priority. While UNDSS is only costed through the HNRP with one position, it does play a critical support role for the response. This will be achieved through improved information gathering and analysis for evidence-based assessments and decision-making. Common inter-agency missions to areas with challenging security situations will continue to enhance access and operational impact. Security-related incidents that impact staff safety, continuity of activities, or affect access, will be tracked to determine trends and appropriate courses of action. Safety and security-related information, assessments and reports will continue to be shared with implementing and operational humanitarian partners to ensure situational awareness. On behalf of the United Nations Security Management System, UNDSS will continue to function as the focal point for regular security cooperation with implementing and operational humanitarian partners in line with the Saving Lives Together framework.

### **Additional support services not costed through the HNRP**

#### **Information management**

MIMU is a service offered through the Office of the UN Resident Coordinator, which provides a range of information management support to organizations and donors engaged in emergency preparedness, humanitarian, development, and peace-focused activities across Myanmar. While not costed and funded through the HNRP, MIMU will continue to focus on the following activities:

- Safeguarding a common data and information repository and operational data sets countrywide.

- Producing relevant information products to strengthen preparedness, response, and recovery, including updated base and hazard maps, as well as vulnerability analyses.
  - Maintaining updated 3W information (who is doing what, where), contact lists, and assessment tracking to support inter-agency coordination.
  - Providing nationwide data coding standards as well as technical support to the development of national protocols and systems for more efficient analysis, planning and targeting.
  - Leading the Information Management Network bringing together information management focal points from across agencies, clusters, and sectors to promote coordinated and standardized approaches to information management across all emergency preparedness, humanitarian, development, and peace-focused actors
- in Myanmar. This is complemented by the humanitarian-focused Information Management Working Group.
- Providing technical support and training to agencies and partners to strengthen information management capacity.
  - MIMU makes its information and analytical products (as well as those of UN agencies and other partners) accessible to a wider group of stakeholders through the MIMU website. MIMU works in coordination with clusters, UN agencies and other partners providing information management capacity in support of humanitarian action in Myanmar.

### National-level cluster coordinators

CLUSTER	NAME	EMAIL
Education	Catherine Mercy	cc.edcluster-mm@humanitarianresponse.info
Food Security	Laurent Gimenez	laurent.gimenez@wfp.org
Health	Ann Fortin	afortin@who.int
Nutrition	Mabasa Farawo	mfarawo@unicef.org
Protection	Toloe Masori	masori@unhcr.org
Shelter/NFI/CCCM	Jacqueline Julca	julca@unhcr.org
WASH	Eyad Aldubai	ealdubai@unicef.org
Coordination and Common Services	Marcel Vaessen	vaessen@un.org

# Part 4: Annexes

---

## KAYIN

Pregnant and lactating women and caregivers for children participating in a nutrition activity in Kayin, 2023.

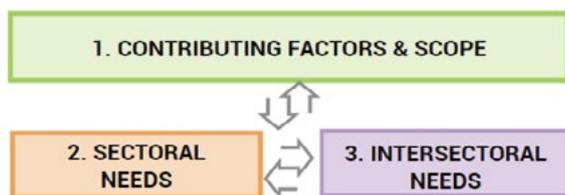
Photo: Partner



## 4.1 Methodology

The whole country is included in the geographic scope of the humanitarian situation analysis for Myanmar in 2024. As in previous years and in adherence to global guidance, the severity and number of people in need of humanitarian assistance in 2024 was calculated using the JIAF. This approach ensures that inter-sectoral linkages and compounding effects are acknowledged and reflected alongside sector-specific needs and severities. The analysis was undertaken at the township level, which was at times challenging given the lack of availability of granular data at this admin level. The analysis and presentation of needs in this HNRP aims to reflect the mainstreaming of inclusive and quality programming in the response, with AAP, disability, GBV, human rights, protection, PSEA, and other cross-cutting considerations woven in.

### JIAF 2.0 modules



The JIAF process was conducted through the Needs Monitoring and Analysis Working Group under the ICCG and included technical and information management focal points from each cluster, as well the REACH Initiative and MIMU. Analysed data sources include both nationwide assessments and cluster-specific surveys and data collection, primary among which were the 2023 MSNA – with an expanded sample and majority in-person surveys for the first time – and a new Food-Security and Nutrition Analysis, which allows for comparisons of the food-security situation since 2021 and is more aligned with global best practice.

More granular data on displacement trends was also analysed, especially regarding recurring displacement. Akin to 2023, a projection approach was taken to estimate the number of IDPs in 2024, instead of

relying upon the static number of IDPs at the point of HNRP publication. This was achieved through analysis of movement trends (stock/flow) in the Population Movement Tracker and the United Nations High Commissioner for Refugees Statistical Report, combined with the scenarios and assumptions underlying the 2024 HNRP, expert opinion, and a severity scale analysis of displacement drivers, trends, conflict data and presence of armed groups.

For the four population groups under this HNRP, calculations were based on:

- **IDPs:** Projection of new and protracted IDPs, including displaced stateless people, people living in camps, camp-like settings and informal sites, and people who are re-displaced.
- **Returned, resettled, and locally integrated IDPs:** Projection of new and past returned IDPs in need of ongoing assistance.
- **Non-displaced stateless people:** Baseline data of Rohingya people living in their own villages.
- **Other crisis-affected people with humanitarian needs:** Baseline estimated using a combination of vulnerabilities, including people affected by natural disasters, IDP host communities; people living in high conflict areas with restricted access to basic services; people with severe protection needs; non-displaced people in moderate or severe food insecurity or facing malnutrition; and people affected by other severe shocks unable to support their own survival.

Where data gaps remain, best practice proxy indicators were used.

### Sectoral PIN methodologies

#### Education

The selection of Education Cluster needs indicators in the MSNA was guided by four dimensions: (i) access to education; (ii) the learning environment; (iii) the

protective environment; and (iv) individual aggravating circumstances. The MSNA results for these critical indicators were further triangulated with the findings of the JENA conducted in 2022.

## Food security

The Food Security Cluster selected its needs indicators to measure the severity of food insecurity according to various data sources and analyses. It also looked at indicators covering living conditions, including a global best practice approach which analysed the current and projected food-security situation of displaced and non-displaced people nationwide from September 2023 to August 2024.

The methodology developed by the Global Food Security Cluster is based on publicly available information on contributory and contextual factors affecting the severity of food insecurity by state/region. The methodology uses a scale ranging from one to five (worst), with the total number of people in the upper three phases of food insecurity considered the people in need (PiN) for 2024.

## Health

The methodology developed by the Health Cluster to determine its overall PiN was informed by the Global Health Cluster Guidelines and JIAF 2.0, constituting the difference between the total affected population and those still covered by the adjusted (reduced) public health-care service capacity. Eighteen sector-specific and multi-sectoral indicators were identified to assess the health-related challenges of displaced, returned, non-displaced stateless, and other crisis-affected people. These indicators encompassed the availability of the public health system, vulnerability of people, and environmental factors including nutrition status, access to clean water and sanitation, geographic accessibility, and natural disaster exposure. In cases where empirical data was unavailable, the best consensus estimates of technical experts was used.

The Health Cluster further relied on sectoral and multi-sectoral assessments to gain a more comprehensive understanding of the health landscape for its analysis.

## Nutrition

The number of people with nutrition needs was established through a combination of the Nutrition Humanitarian Needs Analysis Calculator of the Global Nutrition Cluster, proxy food-security and nutrition analysis and severity classification estimations, triangulation with the MSNA, consideration of contributory factors, surveys, and expert judgement on the situation for children in the country.

The Nutrition Humanitarian Needs Analysis Calculator is the most suitable method for establishing the PiN in contexts such as Myanmar where neither recent and representative prevalence of acute malnutrition assessment results nor standardized monitoring and assessments of relief and transitions surveys are available. A formula is applied to the current population per region/state to automatically calculate the different activity-based PiN, further refined with the prevalence of past acute malnutrition results adjusted for the current situation based on expert judgement.

Severity classifications of different contributory factors such as the food consumption score, household hunger score and other sectoral contributory factors are further combined to calculate the activity-based PiN across the population categories of the HNRP.

## Protection

The selection of protection needs indicators was based on the relevance of the indicators to the specific needs of the affected population, the availability of data sources, and alignment with sectoral and multi-sectoral assessments. The Protection Cluster conducted a thorough review of existing assessments to identify key indicators widely recognized as critical and useful in assessing humanitarian needs in Myanmar and utilized various primary and secondary sources to determine the PiN, including the MSNA.

To ensure effective coordination and monitoring of assessments, the Protection Cluster established a robust information-sharing mechanism. The Cluster worked closely with other clusters and agencies, adopted global

guidelines and standards and cross-referenced the data from different sources to attain a comprehensive and accurate PiN figure without duplications across its AoRs.

Gender-disaggregated data and protection analyses were conducted to ensure that the specific vulnerabilities and protection concerns of different groups within the affected population are reflected, capturing the unique needs and challenges faced by women, children, and other vulnerable groups.

### **Shelter/NFI/CCCM**

A comprehensive approach was taken to determine the Shelter/NFI and CCCM Cluster indicators and PiN. The number of household and individuals was collected in a collaborative effort with camp management agencies, site focal points, and household-level censuses. This data collection process was further triangulated through engagement with key informants.

Particularly in areas affected by natural disaster, the Cluster methodology also placed strong emphasis on

damage assessments and disaster impact reports. These assessments are essential in guiding Shelter/NFI activities and needs monitoring while ensuring the dignity of IDPs. The PiN was subsequently calculated in conjunction with consideration of displacement figures and the severity of displacement in affected areas, as well as selected MSNA indicators and access to assistance. All results were analysed using the Shelter Severity Classification system developed by the Global Shelter Cluster.

### **WASH**

The WASH Cluster determined its PiN based on the severity scale classification, prioritizing the population groups under severity levels 3, 4 and 5, which indicate the degree of vulnerability or urgency of needs of these populations. This prioritization is informed by data from various sources, including the MSNA, WASH partner assessments, and relevant findings from assessments by other clusters.

## 4.2 Information Gaps and Limitations

Humanitarian actors in Myanmar continue to face challenges as a result of gaps and limitations in available data, often exacerbated by the limited presence of humanitarian actors in many parts of the country. Some improvements were observed in 2023 for both multi-sectoral and some sector-specific information, notably that it was possible for the majority of MSNA surveys to be conducted in-person, significantly improving the reliability and comprehensiveness of this data set.

Nonetheless, ongoing insecurity compounded by natural disasters, access and bureaucratic constraints, and inadequate 'official' data, persist in impeding the collection of information, particularly disaggregated data that enables greater nuance with regard to sex, age, disability, and other vulnerability categories. These challenges are particularly acute in remote, hard-to-reach, and conflict-affected locations and have affected the ability to engage directly with affected people in detail on their needs and preferences. The surge in fighting from 27 October 2023, also came after data collection and analysis was complete for the HPC and clusters will closely monitor trends in the first half of 2024 to see if any adjustments are required, although it should be noted that the escalation and related displacement are fully aligned with the HNRP 2024 planning assumptions so have already been factored into the strategy.

With the still uncertain and dynamically evolving context, the quality of access to people and information in 2024 remains difficult to predict.

### Education

Data gaps in the Education Cluster needs analysis for the 2024 HPC process have reduced compared to preceding years. This was facilitated by the JENA conducted in 2022, which provided a more comprehensive view of the education situation and included consultations with children, validated by the 2023 MSNA. A significant data gap remains with

regards to the situation of out-of-school children. Efforts to close this gap are ongoing, with resources acquired and plans for a study on this issue in the near future.

### Food security

While the new global Food Security Cluster methodology used in Myanmar for the 2024 HPC process is an improvement from 2023, information gaps remain for the most conflict-affected areas. Specific disaggregation of data continues to be inadequate, consequently returnees and stateless people were not differentiated as specific groups within the Cluster analysis.

The new methodology estimates needs within a specific period of time and takes into consideration the mitigation effect of humanitarian food-security assistance. Thus, there is an important caveat to the results. If a person who already receives aid is classified as food secure, it does not mean that they are not in continued and urgent need of humanitarian food-security assistance, but rather that the assistance is meeting their needs and they remain at risk of slipping into more severe food insecurity if existing food assistance is not maintained.

### Health

Significant data gaps are adversely affecting both the health analysis and the broader assessment of needs in Myanmar. Uneven access to the National Surveillance and Laboratory System for people in hard-to-reach and conflict-affected townships, is hindering timely and accurate disease outbreak surveillance. At the same time, the collapse of the Health Management Information System (HMIS) in the public sector, the absence of a new census and with already crumbling Civil Registration and Vital Statistics activities are adversely affecting data related to deaths, births and overall mortality and severely limiting health-related information. Of the same order, health programmes

addressing malaria, tuberculosis and HIV/AIDS have sustained serious reverses in the data collection and analysis necessary for routine monitoring of infectious diseases and their prevention and control. The lack of reliable supply chain data and systems for essential medicine and medical supplies further aggravate these challenges.

Foremost, the continued restrictions on humanitarian access and ongoing insecurity have impeded humanitarian partners from carrying out regular comprehensive needs assessments. The obstacles are particularly pronounced in locations outside SAC control, hard-to-reach, and conflict-affected areas.

## **Nutrition**

The Nutrition Cluster continues to experience significant information gaps. No recent acute malnutrition prevalence assessments with regional/ state or national representativeness have been undertaken since the Myanmar Micronutrient and Food Consumption Survey was conducted in 2019. Efforts to plug these gaps include using proxy assessments and findings from other sources such as the Food Security Cluster, MSNA, and available MUAC assessments but these remain sub-optimal for accurately establishing the status of acute malnutrition in the country. This is further triangulated through anecdotal evidence and expert judgement, and to project the trajectory of the nutrition situation. This approach remains less than ideal as it inhibits progress monitoring and is less reliable than dedicated empirical data.

Plans are in place to address these data gaps through standardized monitoring and assessments of relief and transitions surveys, and advocacy for approval and resource mobilization for nutrition assessments in 2024 is ongoing.

## **Protection**

The Protection Cluster encountered significant data gaps with potential impact on the accuracy and comprehensiveness of the protection needs analysis. Factors include remote, hard-to-reach and conflict-affected locations, where needs are thought to be highest but where data collection can be challenging due to security concerns and limited access, and the ongoing political and social dynamics that have

made protection data collection more complex and sensitive. To mitigate this, the Cluster employed a multi-pronged approach, incorporating proxy indicators and drawing from available secondary sources such as ACLED and burden of displacement data, to fill gaps in primary data.

In 2024, the Protection Cluster will extrapolate from existing data to make reasonable assumptions about the evolving needs of the affected population. Collaborative efforts will also be undertaken with local partners, NGOs, and other relevant stakeholders to enhance data collection and analysis in hard-to-reach areas, to further improve the accuracy and relevance of protection needs assessments. Although still with some limitations, these approaches will be key in refining the methodologies and data collection strategies for a more precise understanding of protection needs in Myanmar.

## **Shelter/NFI/CCCM**

Information gaps continue to challenge the Shelter/ NFI/CCCM Cluster, including due to access and bureaucratic limitations and telecommunications disruptions. To address this, the Cluster trains local CSOs, community leaders and other stakeholders to empower them to collect relevant information including in hard-to-reach areas. The Cluster benefits from its strong networks of key informants, including site and camp-based staff and volunteers, utilizing expert judgement alongside extrapolation of data from secondary sources.

In 2024, the Cluster will continue to expand its network and build the data collection capacity of local stakeholders.

## **WASH**

The WASH Cluster continues to experience notable information gaps with potential impact on its needs analysis. Mitigation efforts include the provision of trainings at the field level to capacitate local stakeholders on, inter alia, the proper use of data collection tools, and avoidance of misleading data and beneficiary duplication. Proxy indicators, expert judgement and extrapolation from other existing data are used as appropriate, alongside the application

of global norms for malnutrition prevalence to the Myanmar context.

In 2024, the WASH Cluster plans to further address these data gaps through dedicated assessments and research initiatives. This aims to refine data collection methods, enhance accuracy, and ensure a more comprehensive understanding of WASH-specific needs.

## 4.3 What If We Fail to Mobilize Sufficient Humanitarian Funds?

The situation in Myanmar deteriorated significantly in 2023 with a population living in fear of persecution, active conflict in various parts of the country, an unprecedented surge in displacement during the final quarter of the year, economic shocks driving up inflation and loss of livelihoods, residual impacts from the COVID-19 pandemic, and general unrest resulting in the near collapse of critical public services. This situation has collectively left millions of people dependent on humanitarian assistance.

Despite the multi-dimensional vulnerabilities and consistent burden of new displacement throughout the year, humanitarian partners continued scaling up and expanding the scope of their reach in 2023 in response to new needs. They have flexibly adapted to new delivery modalities in line with the new realities of access constraints in conflict-affected areas and severe bureaucratic impediments. It is expected that humanitarians will have reach 3.1 million people with assistance at least once by the end of the year - well short of the 5 million target. However, acute funding shortages have resulted in major gaps with flow-on effects for needs in 2024. Underfunding has impeded partners' ability to deliver a meaningful package of assistance with only 29 per cent of the 2023 HRP funding requirements received as of 12 December 2023 meaning the depth, frequency and quality of assistance was not at the level that was planned.

The total HNRP financial requirement of \$994 million for 2024 will need a more decisive commitment from the donor community to allow for planned responses to

be fully implemented, even with the tighter boundaries outlined. Without the required funds, humanitarian partners will have to prioritize further, favouring lower-cost life-saving and critical activities that do not offer the required depth of relief or contribute to people's overall well-being, offer dignified living conditions, meet SPHERE standards, or provide a chance of finding durable solutions. Heavy prioritization has already been applied in the HNRP planning and ongoing funding gaps will mean that more people in more severe categories of need will miss out on support if resource requirements are not met.

Persistent unmet needs will continue having residual implications for subsequent years, with needs worsening over time and requiring more expensive and elaborate interventions in future. In the current context, with prior coping capacities all but exhausted and continued high food insecurity, that may mean people – especially the newly displaced – will face the real possibility of not being able to survive. This section outlines the consequences of underfunding and how each cluster will triage its planned response activities at different funding levels – a quarter, half, and three-quarters of requirements – to provide guidance on the most urgent cluster priorities and illustrate the consequences of underfunding for affected people. Donors are urged to carefully consider the programming realities and unaddressed suffering that results from funding gaps of the magnitude seen in 2023.

## Education

FUNDING LEVEL	ACTIVITIES/LOCATIONS/POPULATION GROUPS TO BE PRIORITIZED & WHICH TO BE DISCONTINUED
If 75 per cent of the required funding is received	The Cluster will support continuity of quality and inclusive learning for crisis-affected children and youth, including IDPs, non-displaced stateless, and other children and youth who are the most vulnerable. They will benefit from an improved learning environment through rehabilitation of learning spaces including WASH in school interventions, receive relevant learning materials, have access to trained teachers and targeted support to improve their well-being. While this would reach about 1,022,000 learners and educators, almost 341,000 of those targeted would remain unattended to – exposing them to protection risks like child trafficking, GBV, exploitation in terms of child labour, and child marriage which hinder their development and fulfilment of their full potential in future.
If 50 per cent of the requirements is received	The Cluster will support the same activities but will reach fewer people. At this funding level, the Cluster would be able to reach almost 682,000 learners and educators, nearly 682,000 would miss out – exposing them further to protection risks such as child trafficking, GBV, exploitation in terms of child labour, and child marriage which hinder their development and fulfilment of their full potential in future.
If only 25 per cent of the required funding is received	The Cluster will support the same activities but will reach only a fraction of those targeted. At this funding level, the Cluster would be able to reach about 341,000 learners and educators, however more than 1,022,000 would be missed exposing them further to grave protection risks such as child trafficking, GBV, exploitation in terms of child labour, and child marriage which hinder their development and fulfilment of their full potential in future.

## Food Security

FUNDING LEVEL	ACTIVITIES/LOCATIONS/POPULATION GROUPS TO BE PRIORITIZED & WHICH TO BE DISCONTINUED
If 75 per cent of the required funding is received	The Cluster will prioritize emergency food assistance and emergency agriculture and livelihood responses in areas of high displacement and highly conflict-affected areas to cover critical gaps and support a reduction in the use of emergency coping mechanisms. The Cluster will work to ensure that all conflict-affected areas and vulnerable groups are covered with the different forms of response programmes.
If 50 per cent of the requirements is received	The Cluster will prioritize emergency food, and emergency agriculture and livelihoods responses for all targeted areas, however the assistance will be mainly oriented towards IDPs, returnees and stateless people and host communities. The Cluster will strive to maintain agriculture and livelihood activities to ensure food remains available/affordable and to avoid massive asset depletion and reduce emergency coping strategies.
If only 25 per cent of the required funding is received	The Cluster will prioritize emergency food, emergency agriculture and livelihoods responses towards IDPs, returnees and stateless people only. The Cluster will strive to maintain agriculture and livelihood activities to ensure food remains available/affordable and avoid massive asset depletion and reduce emergency coping strategies.

## Health

FUNDING LEVEL	ACTIVITIES/LOCATIONS/POPULATION GROUPS TO BE PRIORITIZED & WHICH TO BE DISCONTINUED
If 75 per cent of the required funding is received	The Cluster will support the delivery of priority life-saving health services, including financially supporting referrals and donation of medicines and medical supplies. The Cluster will contribute to timely detection and coordinated response to outbreaks and other health emergencies. Finally, the Cluster will engage in health partner capacity-building (guidelines and tools, trainings, supervisions, and localized coordination).
If 50 per cent of the requirements is received	The Cluster will support the delivery of priority life-saving health services, including financially supporting referrals and donation of medicines and medical supplies. Emphasizing educational activities to capacitate patient self-management and utilization of telemedicine will be key focus for the humanitarian assistance. The Cluster will contribute to the timely detection and coordinated response to outbreaks and other health emergencies. Finally, the Cluster will engage in health partner capacity-building (guidelines and tools, trainings, supervisions, and localized coordination).

FUNDING LEVEL	ACTIVITIES/LOCATIONS/POPULATION GROUPS TO BE PRIORITIZED & WHICH TO BE DISCONTINUED
If only 25 per cent of the required funding is received	The Cluster will continue supporting the delivery of priority life-saving health services, focusing on life-saving primary health care, with continued financial support for referrals and donation of medicines and medical supplies. With 25% of required funding however, the Cluster will further emphasize educational activities to capacitate patient self-management and utilization of telemedicine will be key focus for the humanitarian assistance. The Cluster will contribute to the timely detection and coordinated response to outbreaks. Finally, the Cluster will engage in health partner capacity-building (guidelines and tools, trainings, supervisions, and localized coordination).

### Nutrition

FUNDING LEVEL	ACTIVITIES/LOCATIONS/POPULATION GROUPS TO BE PRIORITIZED & WHICH TO BE DISCONTINUED
If 75 per cent of the required funding is received	The Nutrition Cluster will prioritize life-saving interventions through treatment of SAM. Other preventative interventions will be continued among the most vulnerable population categories. About 154,000 people targeted for assistance would not be reached through humanitarian interventions and would instead have to seek support under development initiatives. SAM would be prioritized to prevent avoidable deaths among affected children who are nine times more likely to die than normal children.
If 50 per cent of the requirements is received	SAM treatment will continue to be prioritized among the most vulnerable with reduced coverage of other groups to protect this life-saving intervention and the detrimental effects of reducing coverage. Close to 307,626 targeted people will not be provided with other kinds of humanitarian support at this funding level. Reduced coverage of SAM cases could jeopardize the long-term survival and developmental prospects of children, communities, and the country at large.
If only 25 per cent of the required funding is received	The Nutrition Cluster will prioritize life-saving interventions by treating SAM cases only. Other preventative interventions like IYCF and micronutrient treatment will not be prioritized for the other vulnerable groups who will need to receive support from other development initiatives not included in the HNRP. Approximately 461,439 targeted people would miss out on humanitarian support at this funding level. The impact of this on the beneficiaries will be catastrophic and have a long-term negative impact on the children of Myanmar.

### Protection

FUNDING LEVEL	ACTIVITIES/LOCATIONS/POPULATION GROUPS TO BE PRIORITIZED & WHICH TO BE DISCONTINUED
If 75 per cent of the required funding is received	The Cluster will prioritize the provision of life-saving protection services, community-based protection, legal assistance and support to survivors or victims of violence. This means that other protection activities may not be implemented, increasing serious protection risks across the targeted geographical areas.
If 50 per cent of the requirements is received	Target levels within prioritized geographical areas and target population groups will be reduced. IDPs, non-displaced stateless people will be prioritized. Immediate and life-saving protection activities will be put before longer-term prevention and empowerment programming.
If only 25 per cent of the required funding is received	Interventions will target the most marginalized geographical areas and only reach IDPs, and non-displaced stateless people. People at heightened risk and facing severe vulnerabilities will be prioritized, including children, persons with disabilities, older persons, victims of landmine/ERW incidents, survivors of violence, abuse and exploitation and grave violations. Interventions will be focused on emergency, life-saving, one-off, high-reach interventions to meet immediate needs and provide critical information and awareness-raising on protection risks and available services.

## Shelter/NFI/CCCM

FUNDING LEVEL	ACTIVITIES/LOCATIONS/POPULATION GROUPS TO BE PRIORITIZED & WHICH TO BE DISCONTINUED
If 75 per cent of the required funding is received	The Shelter/NFI/CCCM Cluster will maintain essential CCCM responses, prioritize emergency shelter for newly displaced populations, and support transitional solutions. However, shelter and NFI assistance may be limited, raising concerns about dignified living conditions. The focus on transitional solutions for returnees and capacity-building for partners and communities remains crucial, along with efforts to pre-position stocks for natural disaster preparedness. Budget limitations may compromise the quality of assistance, with an emphasis on quantity over quality.
If 50 per cent of the requirements is received	The Shelter/NFI/CCCM Cluster will prioritize essential CCCM support, emphasizing camp running costs and emergency shelter provision. However, constraints will impact new construction, shelter replacement, and infrastructure maintenance. NFI assistance will be limited, focusing on critical needs only. Pre-positioning for the monsoon season will remain crucial, and efforts will continue to target social cohesion and community-led projects within budget constraints, challenging the provision of assistance for protracted displaced populations.
If only 25 per cent of the required funding is received	The Cluster will prioritize emergency shelter, NFIs, and CCCM capacity-building initiatives for new IDPs or those who have experienced multiple displacement. However, basic needs and minimum standards will not be met, and many affected people will be unsupported in terms of shelter and NFIs. Extended families will have to endure overcrowded shelters, and those in colder regions will not receive winter items.

## WASH

FUNDING LEVEL	ACTIVITIES/LOCATIONS/POPULATION GROUPS TO BE PRIORITIZED & WHICH TO BE DISCONTINUED
If 75 per cent of the required funding is received	The WASH Cluster will prioritize services and material responses in targeted geographic locations across all 15 regions/states, but reach will be reduced. Approximately 407,000 people, including newly displaced and non-displaced people in acutely vulnerable populations, will miss out on critical life-saving assistance. Services for IDPs and other vulnerable crisis-affected people, such as water trucking/boating, latrine installation, distribution of WASH NFIs, and minor rehabilitation of water and sanitation systems, may not be prioritized or would be limited to life-saving needs.
If 50 per cent of the requirements is received	The WASH Cluster will operate at a reduced scale and reach. Approximately 815,000 people will miss out on critical WASH life-saving services, affecting essential areas such as safe drinking water, sanitation, and hygiene materials to mitigate WASH-related diseases. WASH services may not meet SPHERE and WASH Cluster minimum standards, impacting dignity, gender sensitivity, protection, and AAP. Reductions would also limit the response for IDPs, stateless people in Rakhine, and other vulnerable crisis-affected populations in areas such as rehabilitation of water and sanitation systems.
If only 25 per cent of the required funding is received	The focus will be on prioritizing and ensuring the continuation of WASH interventions in protracted displacement areas. Around 1,222,000 vulnerable people across all regions will have limited/minimal WASH support at this funding level with the Cluster primarily targeting emergency life-saving interventions in extreme cases. This could result in not meeting SPHERE and WASH Cluster minimum standards, affecting dignity, gender sensitivity, protection, AAP, and other key areas. Risks of WASH-related diseases, including those transmitted through the faeco-oral route, will increase, potentially straining the health-care system. The response will be severely limited to specific, critical life-saving activities for conflict-affected populations, including water trucking/boating, water supply, latrine installation, and WASH NFI distribution for extremely high-risk groups.

## 4.4 Humanitarian Consequences If Development Actors Fail to Raise Enough Funds

<p>By 2025, people in Myanmar, particularly those most vulnerable, will have improved access, empowered community resilience and economy to both man-made and natural shocks and stressors including climate change, and strengthen the drivers of Peace.</p>			
<p><b>SP 1: Save and protect lives</b></p>	<p><b>SP 2: Sustain Essential Social Services and Improve Systems' Resilience</b></p>	<p><b>SP 3: Empower People and Strengthen Community Resilience</b></p>	<p><b>SP 4: Strengthen the Drivers of Peace</b></p>
<p><b>Outcome 1:</b> By the end of 2025, those in most severe humanitarian need have received life-saving support and protection services critical to their survival.</p>	<p><b>Outcome 2:</b> By the end of 2025, people in Myanmar, especially women and those most vulnerable, will have improved access to inclusive, resilient, gender-responsive, equitable and sustainable essential social services.</p>	<p><b>Outcome 3:</b> By the end of 2025, people in Myanmar, especially women and those most vulnerable, households, and communities, are economically empowered and resilient to both man-made and natural shocks and stressors including climate change.</p>	<p><b>Outcome 4:</b> By the end of 2025, people in Myanmar, especially women, children, youth, minority and marginalized communities are increasingly empowered to actively engage and contribute to mechanisms and local platforms for gender-responsive and inclusive dialogue, accountability and conflict management, and promotion and protection of their rights.</p>

The humanitarian needs set out in this HNRP comprise only one of four pillars of the soon to be finalized UNTCF for Myanmar, which aligns critical humanitarian actions with complementary community development and resilience building activities by development and peace actors. These complementary actions are vital to enabling Myanmar to sustainably restore conditions of peace and dignified self-sufficiency over the longer term, as well as to more immediately prevent vulnerable people from sliding into worse humanitarian conditions that are beyond the capacity of the humanitarian community to address. The current growth in humanitarian needs is unsustainable and beyond the realistic scope of humanitarian funding to manage, making the mobilization of complementary peace and development funding critical to arresting the worsening trajectory. The social cohesion and civic space initiatives are also important scaffolding that will support resilient communities that can better cope with the threats being faced. This will also contribute to alleviating factors that contribute to addressing the root causes of the crisis in the longer term.

Shortcomings in the ability of development and peace actors to deliver on the complementary strategic priorities outlined in the TCF will have the most

severe impact on already vulnerable and marginalized groups, including women, children, and persons with disabilities, leading to increased protection risks across all sectors.

### Education

The Education Cluster enjoys existing strong engagement with development partners through key platforms such as the Education Sector Representative Group (ESRG) and the Education Donor Partners Group. The focus remains on humanitarian activities, an approach that will continue in 2024 but complementary development action and funding are critical.

***If complementary TCF strategic priorities – especially SP2 – are not adequately supported in 2024***, potential impacts include significant and unsustainable increases in the number of children needing humanitarian support to access education services. This will have dire consequences for the Education Cluster, which is already struggling with reduced resources to sufficiently support the current caseload. Further increase of this caseload risks a breakdown of the education in emergencies provision with long-term consequences for children whose future prospects and

economic contribution are affected by every missed year of learning.

## Food security

Food-security development partners are already integrated within the Cluster coordination mechanisms and strategies at the national and sub-national levels, including through the Agriculture and Rural Development Group, the NGO Forum, and specific technical working groups. While the Food Security Cluster will continue to focus on addressing emergency humanitarian agricultural and livelihoods needs in 2024, collaboration with development actors is also underway to complement activities in the area of food insecurity, including enhancing access to critical agri-input markets, provision of agriculture extension services, and the strengthening of agri-food systems and supply chains.

Development interventions to improve communities' access to and capacity to use early warning information, focused on community-based DRR and anticipatory action, will reduce the impact of natural hazards faced by vulnerable households in many parts of the country every year. Bridging this gap will allow longer-term and more impactful assistance to be provided both before, and immediately following the initial relief assistance.

***If agriculture and livelihoods programmes under the TCF are not sufficiently funded***, people on the brink will slide into food insecurity, increasingly resorting to negative coping strategies and relying on humanitarian food assistance for which insufficient funding is available. With the Food Security Cluster already in a situation where they would only be able to cover 18 per cent of all food-insecure people if fully funded in 2024, the implications of further caseload increases are grave.

## Health

The Health Cluster is transitioning several activities that have been historically included in Myanmar HRPs to the TCF, including actions to strengthen national health systems, such as immunization programmes, ensuring effective, safe, and people-centred health

care. Through the TCF, health actors hope to support the improvement of infrastructure that is essential for the sustainable recovery of affected people from the current health crisis, such as damaged health-care facilities, water supply systems or agriculture and livelihoods programming.

***The impact of inadequate funding of the TCF strategic priorities in 2024 in the health sector is substantial***, particularly regarding SP2 and SP3. Failure to ensure the strengthening of health systems under SP2 may result in further weakened health-care infrastructure and compromise access to essential health services for the few people who are currently accessing it, while SP3 is crucial for preventing health crises at the root. Potential consequences of development inaction and underfunding include an increased burden of preventable diseases, worsened by the absence of sustainable interventions addressing underlying social factors. The resultant increased in people unable to access essential health care may lead to a surge in suffering, morbidity, and mortality of people experiencing health threats with regional implications for neighbour countries.

## Nutrition

The full spectrum of TCF implementation is crucial to providing preventative malnutrition activities to communities not covered by the humanitarian response, mainly among 'other crisis-affected' communities. The Nutrition Cluster will deepen existing coordination structures between humanitarian and development nutrition actors with combined efforts towards establishing durable solutions, including possible nexus work to enable the continuum of care across humanitarian and development nutrition interventions.

The TCF notably serves as an important link for generic nutrition response programmes and extension to livelihood support programmes in urban and peri-urban areas in Yangon, the Central Region, and the Southeast. Strong joint advocacy by nutrition actors will be prioritized to ensure sufficient resourcing to support increasing nutritional action in areas outside the HNRP.

***Without adequate support under the other strategic priorities of the TCF***, more children will slide into SAM – increasing their vulnerability, risking their health, and necessitating more expensive and challenging treatment from an already stretched system. Malnourished children are 11 times more at risk of death than their peers. Inadequate TCF funding and implementation risks increasing malnutrition-related morbidity and mortality among children and PLW, as well as threatening preventable but serious long-term consequences such as delayed physical and cognitive development in children, linked with poor learning capacity and school performance.

Poor investment in preventative nutrition responses for women also increases the likelihood of low-birth-weight babies who have poor immune systems, are more susceptible to childhood illness and mortality and are at higher risk of chronic diseases later in life, including diabetes, heart problems and tuberculosis. Micronutrient deficiency diseases including anaemia will rise if no micronutrient supplements or fortified foods are provided to children and PLWs in vulnerable communities, who are not targeted by the humanitarian response.

Further impacts extend to the economy, with undernutrition contributing to average losses in national productivity and economic growth of 3-16 per cent of gross domestic product in low-income settings.<sup>25</sup>

## **Protection**

The Protection Cluster engages and works with development-orientated coordination structures and partners to ensure protection is considered across the nexus, with efforts made to avoid creating parallel systems. Due to the disruption of public social services, the Protection Cluster and its partners will expand the coverage of interventions to ensure availability of, and accessibility to, life-saving complementary protection services.

Protection activities will be linked to the rights violation referral system and related advocacy when incidents are identified. Where appropriate, transition from emergency humanitarian response to early recovery,

and eventually durable solutions for IDPs will be sought with huge need for complementary development investments to make these a reality.

Lack of legal ID is a key obstacle to exercising and accessing most basic human rights and humanitarian actors work directly with communities and other stakeholders to support legal identity and HLP documentation, improve understanding of HLP rights, and seize positive openings in social cohesion. Concurrently, development actors can take on long-term approaches to support and solve systemic HLP issues faced by different communities in Myanmar.

***Protection risks and the need for protection services will increase in 2024 if TCF objectives are not met***, especially affecting persons with disabilities, children, the elderly, and minorities. This includes heightened risk of youth resorting to negative coping mechanisms such as recruitment into armed groups, early marriage, unsafe migration, and substance abuse. Crime and ethnic tensions are likely to increase, putting people at risk of further violence and/or mental health and psychosocial distress.

## **Shelter/NFI/CCCM**

The absence of development funding and action is already imposing substantial pressure on the humanitarian Shelter/NFI/CCCM Cluster. This requires a heightened focus on mainstreaming environmentally-friendly solutions and increasing capacity to mitigate potential disasters, ultimately empowering affected populations to withstand recurrent natural disasters, reduce vulnerability, and foster self-recovery.

Development actors are critical to mainstreaming DRR and resilience-building strategies, empowering affected populations to withstand recurrent natural disasters, reducing vulnerability, and fostering self-recovery. While underdeveloped in recent years, this DRR work is critical and will be fully coordinated with humanitarian Shelter/NFI/CCCM actors to ensure that activities are aligned, particularly to mainstream preparedness and durable solutions where protracted social cohesion issues exist. Livelihood support from development actors is key to facilitating resettlement, local integration, and overall self-reliance, especially

with an inclusive approach encompassing both youth and adults.

The Shelter/NFI/CCCM Cluster is already actively engaged in mainstreaming anticipatory action and increasing environmental awareness. This includes setting up early warning systems, providing community training on anticipatory action and environmentally friendly solutions, and pre-positioning resources to mitigate the impact of recurrent natural disasters. Moreover, the Cluster is committed to promoting self-recovery of affected populations by supporting also new income-generating opportunities.

***Insufficient TCF funding or failed implementation of development programmes for resilience, DRR and self-sufficiency of crisis-affected populations*** risks contributing to prolonged vulnerability. The Shelter/NFI/CCCM Cluster would need to take a greater role in bridging the gap, allocating more expertise and scarce resources to maintain essential resilience-building activities and disaster preparedness measures. The chances of displaced people being able to successfully achieve durable returns will be severely undermined without complementary development funding, relegating millions of people to undignified, protracted displacement.

## **Water, Sanitation and Hygiene**

WASH support is sought from development actors to strengthen several key areas. These include targeted infrastructure investment in WASH facilities in protracted displacement settings, with a focus on locations experiencing population growth; and livelihoods support to reintegrate IDP returnees,

especially through income-generating activities and vocational training.

Also prioritized for WASH sustainability and eventual self-sufficiency are community-based WASH initiatives, and market enhancement strategies for improved accessibility and affordability of WASH supplies. Collaboration in urban and peri-urban WASH services is a priority, specifically in areas with high urbanization rates. Specific, location-tailored efforts will contribute significantly to addressing WASH challenges and improving the well-being of affected populations.

***Insufficient funding and implementation of the complementary TCF strategic priorities*** risk worsening WASH conditions, particularly impacting vulnerable communities and exacerbating health issues with more people sliding into humanitarian need. Inadequate crisis preparedness and response and limited capacity-building opportunities may hinder the timely provision of critical supplies and sustainable, locally-driven solutions.

Additionally, missed opportunities for innovation and reduced accountability mechanisms due to underfunding of planned development responses may impede the overall effectiveness and adaptability of humanitarian interventions in addressing the evolving needs of affected populations. Full financial support to and implementation of all of the TCF strategic priorities are imperative to mitigating these potential consequences and ensure the well-being of communities in Myanmar.

# How to Contribute

## Contribute to the Humanitarian Response Plan

Myanmar's HRP provides an overview of sector-specific activities required to address the needs of affected people, and of the estimated funding requirements to address these needs. To learn more about the outstanding needs, gaps and response priorities, and to contact lead agencies, download the plan at:

[www.unocha.org/myanmar](http://www.unocha.org/myanmar)

## Contribute to the Myanmar Humanitarian Fund

The MHF is a multi-donor pooled fund that provides humanitarian organizations in Myanmar with rapid and flexible funding to address the most critical funding gaps of the humanitarian response.

[www.unocha.org/myanmar/about-myanmar-humanitarian-fund](http://www.unocha.org/myanmar/about-myanmar-humanitarian-fund)

## Donate to the Central Emergency Response Fund

The CERF provides funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF facility receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund, to be used for crises anywhere in the world.

[cerf.un.org/donate](http://cerf.un.org/donate)

# About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

### PHOTO ON COVER

A Rohingya boy standing at the door of his house, which was repaired following cyclone Mocha in Rakhine, 2023. Photo: UNHCR/Fabien Faivre

*The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.*

## Get the latest updates



OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

[www.unocha.org/myanmar](http://www.unocha.org/myanmar)

[twitter.com/ochamyanmar](https://twitter.com/ochamyanmar)

[www.facebook.com/OCHAMyanmar](https://www.facebook.com/OCHAMyanmar)

## Humanitarian Action

ANALYSING NEEDS AND RESPONSE

Humanitarian Action provides a comprehensive overview of the humanitarian landscape. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

[humanitarianaction.info](http://humanitarianaction.info)

## RW response

ReliefWeb Response is part of OCHA's commitment to the humanitarian community to ensure that relevant information in a humanitarian emergency is available to facilitate situational understanding and decision-making. It is the next generation of the Humanitarian Response platform.

[reliefweb.int/country/mmr](http://reliefweb.int/country/mmr)



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

[fts.unocha.org/](http://fts.unocha.org/)

[countries/153/summary/2024](http://countries/153/summary/2024)

# Acronyms

---

<b>AAP</b>	Accountability to affected people	<b>HPC</b>	Humanitarian Programme Cycle
<b>ACLED</b>	Armed Conflict Location and Event Data Project	<b>HRP</b>	Humanitarian Response Plan
<b>AoR</b>	Area of Responsibility	<b>IASC</b>	Inter-Agency Standing Committee
<b>CBO</b>	Community-Based Organization	<b>ICCG</b>	Inter-Cluster Coordination Group
<b>CCCM</b>	Camp Coordination and Camp Management	<b>ID</b>	Identity Documentation
<b>CE</b>	Community Engagement	<b>IDPs</b>	Internally Displaced Persons
<b>CERF</b>	Central Emergency Response Fund	<b>IED</b>	Improvised Explosive Devices
<b>CoP</b>	Community of Practice	<b>IHL</b>	International Humanitarian Law
<b>CRSV</b>	Conflict-Related Sexual Violence	<b>IHRL</b>	International Human Rights Law
<b>CSO</b>	Civil-Society Organization	<b>IYCF</b>	Infant and Young Child Feeding
<b>CVA</b>	Cash and Voucher Assistance	<b>JENA</b>	Joint Education Needs Assessment
<b>CVP</b>	Community Voices Platform	<b>JIAF</b>	Joint Intersectoral Analysis Framework
<b>CWG</b>	Cash Working Group	<b>MAF</b>	Myanmar Armed Forces
<b>DRR</b>	Disaster Risk Reduction	<b>MAM</b>	Moderate Acute Malnutrition
<b>EAOs</b>	Ethnic Armed Organizations	<b>MHF</b>	Myanmar Humanitarian Fund
<b>EO</b>	Explosive Ordnance	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>EORE</b>	Explosive Ordnance Risk Education	<b>MIMU</b>	Myanmar Information Management Unit
<b>ERW</b>	Explosive Remnants of War	<b>MMK</b>	Myanmar Kyat
<b>GBV</b>	Gender-Based Violence	<b>MPCA</b>	Multi-Purpose Cash Assistance
<b>GiHA</b>	Gender in Humanitarian Action	<b>MSNA</b>	Multi-Sector Needs Analysis
<b>HCT</b>	Humanitarian Country Team	<b>MUAC</b>	Mid-Upper Arm Circumference
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome	<b>NFIs</b>	Non-Food Items
<b>HLP</b>	Housing, Land, and Property	<b>NGO</b>	Non-Governmental Organization
<b>HNRP</b>	Humanitarian Needs and Response Plan	<b>OPD</b>	Organization of Persons with Disabilities
		<b>PDFs</b>	People's Defence Forces

<b>PLW</b>	Pregnant and Lactating Women
<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>SAC</b>	State Administration Council
<b>SAM</b>	Severe Acute Malnutrition
<b>SEA</b>	Sexual Exploitation and Abuse
<b>TAG</b>	Technical Advisory Group
<b>TCF</b>	UN Transitional Cooperation Framework
<b>UNDSS</b>	United Nations Department of Safety and Security
<b>WASH</b>	Water, Sanitation and Hygiene

# End Notes

---

1. Prohibition of assembly, speech, campaigning by using vehicle or marching, demonstration, vandalizing, and gathering of five or more people. Curfew hours from 8 p.m. to 4 a.m. However, curfew hours have changed in many locations.
2. Assistance Association for Political Prisoners (Burma); [www.aappb.org](http://www.aappb.org). Accessed 12 December 2023
3. ACLED data.
4. <https://mapaction-maps.herokuapp.com/health>
5. <https://extranet.who.int/ssa>. Accessed on 12 December 2023.
6. UNSC Resolution 2669, adopted 21 December 2022: <https://press.un.org/en/2022/sc15159.doc.htm>
7. <https://www.unmultimedia.org/avlibrary/asset/3082/3082550/>
8. <https://germanwatch.org/en/19777>
9. <https://data.unhcr.org/en/situations/myanmar>, "Myanmar refugees and asylum seekers"
10. <https://data.unhcr.org/en/situations/myanmar>
11. Weaving Gender. Challenges and - ILO, 2018
12. [https://www.ilo.org/yangon/publications/WCMS\\_888644/lang-en/index.htm](https://www.ilo.org/yangon/publications/WCMS_888644/lang-en/index.htm)
13. International Crisis Group
14. International Crisis Group
15. <https://freedomhouse.org/report/freedom-net/2023/repressive-power-artificial-intelligence#the-repressive-power-of-artificial-intelligence>
16. Rohingya make up almost all of this group of stateless people in Myanmar.
17. Excluding households using pour/flush toilets or resorting to open defecation.
18. <https://themimu.info/sector/protection-sexual-exploitation-abuse-psea>
19. Most sub-national coordinators are Myanmar nationals working in national and international organizations
20. <https://interagencystandingcommittee.org/humanitarian-financing/iasc-guidance-provision-overheads-local-and-national-partners>.
21. 2023 MSNA
22. 2023 MSNA
23. Medical teams in the context of the 2024 HNRP are groups of health professionals (doctors, nurses, auxiliaries) that provide priority life-saving health services for the humanitarian response. These services can be provided through both mobile clinics, static clinics, and the utilization of telemedicine across diverse settings including community, outpatients, and private facilities.
24. Percentage of MSNA respondents in population group indicating this.
25. <https://www.worldbank.org/en/topic/nutrition/overview#:~:text=The%20economic%20costs%20of%20undernutrition,GDP%20in%20low%20income%20settings.>

**HUMANITARIAN NEEDS**  
**AND RESPONSE PLAN**  
MYANMAR