

Flygtningenævnets baggrundsmateriale

Bilagsnr.:	484
Land:	Myanmar
Kilde:	UN OCHA Myanmar
Titel:	Humanitarian Needs Overview Myanmar
Udgivet:	Januar 2023
Optaget på baggrundsmaterialet:	20. juni 2023

HUMANITARIAN NEEDS OVERVIEW

MYANMAR

HUMANITARIAN
PROGRAMME CYCLE

2023

ISSUED JANUARY 2023



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 newly displaced family recently arrives to relative safety after a five-day walk in a forested area in Kayah, 2022. Credit: UN/S. Modola

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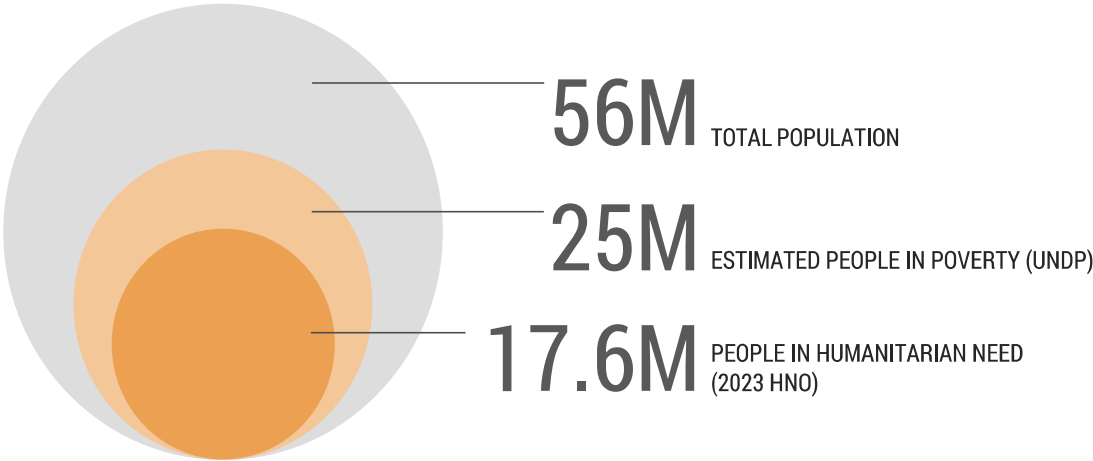
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Summary of Humanitarian Needs and Key Findings

Key figures

PEOPLE IN NEED	TREND (2015-2023)	WOMEN AND GIRLS	CHILDREN (AGE <18)	WITH DISABILITIES
17.6M		52%	32%	13%
WOMEN	MEN	GIRLS	BOYS	ELDERLY (AGE 60+)
35%	33%	17%	15%	11%
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
2%	67%	23%	8%	-

People in need



People in need by population group

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POPULATION GROUP	PEOPLE IN NEED			
IDPs (Projection)	Q1	Q2	Q3	Q4
	1.7M	2.1M	2.4M	2.7M
Returned, resettled and locally integrated IDPs (Projection)	Q1	Q2	Q3	Q4
	0.3M	0.4M	0.5M	0.5M
Non-displaced stateless people	0.4M			
Other crisis-affected people with humanitarian needs	14M			

People in need by location

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STATE/REGION	PEOPLE IN NEED	
Ayeyarwady	1.4M	
Bago (eastern)	0.9M	
Bago (western)	0.6M	
Chin	0.3M	
Kachin	0.7M	
Kayah	0.3M	
Kayin	0.6M	
Magway	1.4M	
Mandalay	1.3M	
Mon	0.6M	
Nay Pyi Taw	0.3M	
Rakhine	1.7M	
Sagaing	2.6M	
Shan (eastern)	0.3M	
Shan (northern)	0.8M	
Shan (southern)	0.8M	
Tanintharyi	0.4M	
Yangon	2.7M	

People in need by sex and age

More on pages 81 - 84

	PEOPLE IN NEED	% OF PIN
Women	6.3M	35%
Men	5.7M	33%
Girls	2.9M	17%
Boys	2.7M	15%

People in need by age group

More on page 81 - 84

	PEOPLE IN NEED	% OF PIN
Children (0 - 18)	5.6M	32%
Adults (18 - 59)	10.1M	57%
Elderly (60+)	1.9M	11%

People in need with disabilities

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	PEOPLE IN NEED	% OF PIN
Persons with disabilities	2.3M	13%

People in need by cluster

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	PEOPLE IN NEED
Education	3.8M
Food Security	15.2M
Health	10.0M
Nutrition	2.2M
Protection	11.5M
Shelter/NFI/CCCM	3.0M
WASH	5.2M

Context, crisis, impacts and needs

The people of Myanmar continue to pay a high price for two years of political instability, sparked by the 1 February 2021 military takeover of the democratically elected National League For Democracy (NLD) Government. The takeover unleashed an unprecedented political, socioeconomic, and humanitarian crisis on top of the continuing impact of the COVID-19 pandemic, sending the country into a dangerous spiral of conflict and poverty. The political situation has prompted an escalation in fighting across the country, characterized by violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL), including aerial bombardment, burning of homes, and other indiscriminate attacks in civilian areas by the military, as well as use of land mines and other explosive ordnance (EO), and recruitment of minors by multiple armed actors. This has resulted in significant displacement, human suffering, asset depletion, rising food insecurity and reversal of many of the development gains made in recent years. Almost half the country is estimated to be living in poverty as a result of both the political situation and legacy impacts from the pandemic.

The spate of violence, including attacks and clashes, across Myanmar throughout 2022 had a severe impact on the physical and mental well-being of millions of people. Displacement surged to record levels in 2022. Nearly 1.2 million people have fled their homes since 1 February 2021, bringing the total number of Internally Displaced Persons (IDPs) in Myanmar to a staggering 1.5 million as of 26 December 2022, with no signs that displacement is slowing down heading into 2023. On top of this, the rapid depreciation of the Myanmar Kyat, inflation, movement restrictions and active fighting are causing a reduction in food production and are pushing the price of food beyond the reach of many families.

Despite the immense needs and commitment of international and national organizations, humanitarian assistance and access to affected people remained heavily restricted in 2022, essentially increasing reliance on local networks of responders in conflict areas. Administrative barriers for travel

authorizations (TAs), incidents of detention and arrest of humanitarian actors, intimidation and harassment, and frequent security checkpoints all constrained humanitarian access to people in need in 2022. Restrictions on telecommunications and internet networks further hindered timely and safe humanitarian access and assistance to people in need.

Evolution of needs 2022-2023

With no respite from conflict or political and economic turbulence in sight, 2023 will be another year of dire struggle for the people of Myanmar. A total of 17.6 million people are expected to be in need of humanitarian assistance in 2023, up from 14.4 million last year and 1 million people before the military takeover. A third of those in need are children.

2023 is expected to witness continued political instability, ongoing or escalating armed conflict, persistent displacement, slow or stagnant economic growth, as well as continued interruptions and poor access to basic services. Continued or increased intensity and frequency of armed conflict will result in more communities being displaced: an additional 1.4 million people are projected to flee their homes in 2023, taking the total displaced population to 2.7 million. Protection risks, especially in hard-to-reach conflict areas, are expected to continue, including increased EO threats, forced recruitment, human trafficking, and human rights violations. Agricultural disruptions due to conflict and displacement, EO-contaminated land, and high input prices will have a serious impact on the national economy and food availability in the country. The number of people experiencing food insecurity will rise to 15.2 million people in 2023, up from 13.2 million in 2022.

Scope of analysis

Given the dramatic deterioration in the situation over the course of 2021 and 2022, the anticipated depth of needs in new areas, and the overall deterioration of the food security and livelihoods situation country-wide, the Humanitarian Country Team (HCT) has continued using the broader, national analysis of the humanitarian situation and needs in Myanmar in

2023. The 2023 numbers reflect the unprecedented scale and humanitarian consequences of the current crisis, especially for women and children and other vulnerable groups. The methodology and scope of analysis frame the situation in Myanmar as a whole-of-country, complex and multi-dimensional crisis, where there are grave protection concerns and risks, and food insecurity is deepening, requiring scaled-up humanitarian, nexus and development interventions to stop people slipping into more severe need, including acute malnutrition.

Population groups

The HCT will continue to deploy a vulnerability-sensitive approach in 2023 covering displaced, returned, stateless and crisis-affected people where they have humanitarian needs. The approach covers those who are more directly “shock-affected,” such as displaced populations, returned, resettled, or integrated IDPs, and non-displaced stateless people. A broader group of “other crisis-affected people with humanitarian needs” includes those affected by natural disasters; IDP host communities; people living in high conflict areas with restricted access to basic services to support their own survival; people with severe protection needs (employing negative coping mechanisms; victims of trafficking, exploitation and the most vulnerable migrants with humanitarian needs; EO victims; people with multiple vulnerabilities); non-displaced people in moderate or severe food insecurity or those who are facing malnutrition, people affected by other severe shocks who are unable to support their own survival.

In a bid to more accurately reflect and plan for the scale of displacement and IDP needs, the HCT has projected likely displacement through until the end of 2023. While actual displacement as of 26 December 2022 stands at 1.5 million, the Humanitarian Needs Overview (HNO) has anticipated that displacement will continue to grow at a similar rate as 2022 during 2023, meaning there would be 2.7 million people displaced and in need by year’s end. The Needs Monitoring and Analysis Working Group (NMA WG) used a combination of data to develop this common displacement planning figure including looking at movement trends, 2023 scenarios and assumptions,

expert opinion, and a severity scale analysis on displacement drivers, trends, and the presence of armed groups. A similar planning figure has been projected for returns (512,000 people) and for those likely to need humanitarian assistance as a result of natural disasters in 2023 (50,000 people). This disaster impact figure was developed based on an analysis of historical trends which vary significantly from year-to-year, despite Myanmar being one of the most disaster-prone countries in the world.

This HNO applies protection, gender, age, disability, mental health, and accountability lenses to its analysis with sex and age disaggregated data used throughout, where it is available.

Humanitarian conditions, severity, and people in need

The number of people estimated to have humanitarian needs was calculated using the globally-endorsed Joint Intersectoral Analysis Framework (JIAF) approach, which looks holistically at the needs facing people in Myanmar and measures the severity of these needs. This severity analysis shows that the spread of the crisis is such that the entire population of 56 million people is now facing some level of need. Two thirds (67 per cent) are in stress, a quarter (23 per cent) are in severe need and almost one tenth (8 per cent) are facing extreme needs. In 2023, a much higher proportion of the population has been identified as being in these more serious needs categories compared to 2022, which is the result of the cumulative impact of expanding conflict, economic instability, negative coping strategies and unmet needs since the military takeover.

Two nationwide datasets were available and heavily relied on to inform this evidence-based analysis, providing a higher level of confidence in results than 2022 due to improved ability to verify and triangulate data. The first was a Multi-Sector Needs Analysis (MSNA) conducted across Myanmar for the first time using a hybrid approach with in person and remote data collection. The second was the latest round for the joint Food Security and Livelihood Assessment by the Food and Agriculture Organization (FAO) and the

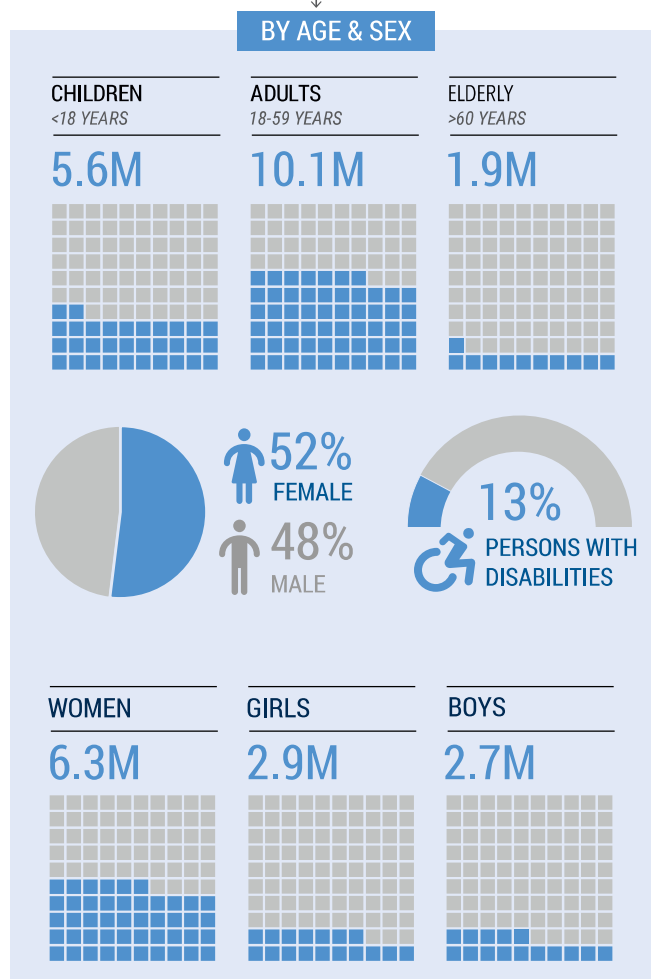
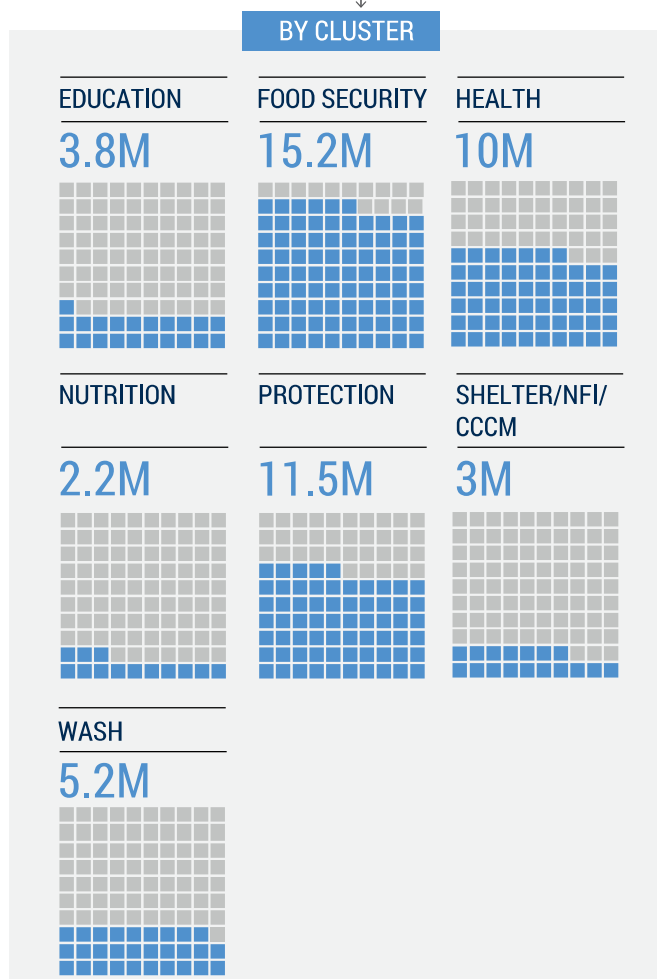
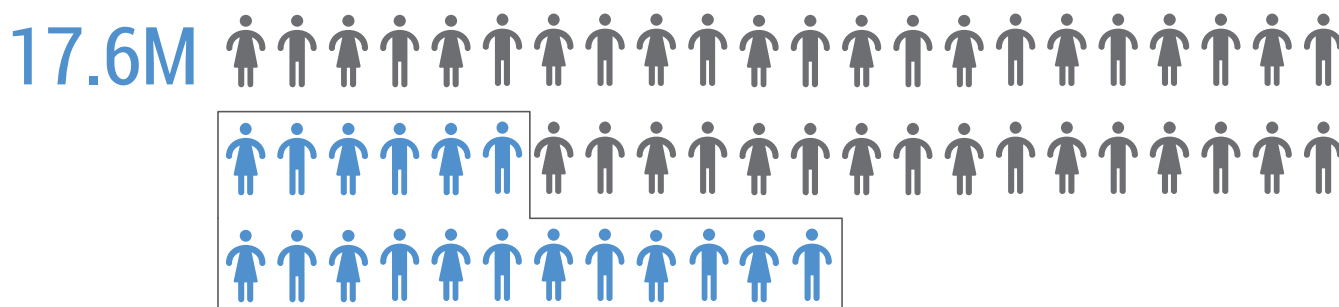
World Food Programme (WFP), conducted between August and September 2022 in 14 regions and states. Together, these nationwide datasets were used to determine the severity of need and intersectoral vulnerability calculations, as well as forming the basis for much of the sectoral needs analyses. The Food Security and Livelihood Assessment, conducted in 2021 and also in April 2022, allows for comparisons of the food security situation over time, while the MSNA allows for a multi-sectoral understanding of needs across population groups.

Estimated number of people in need

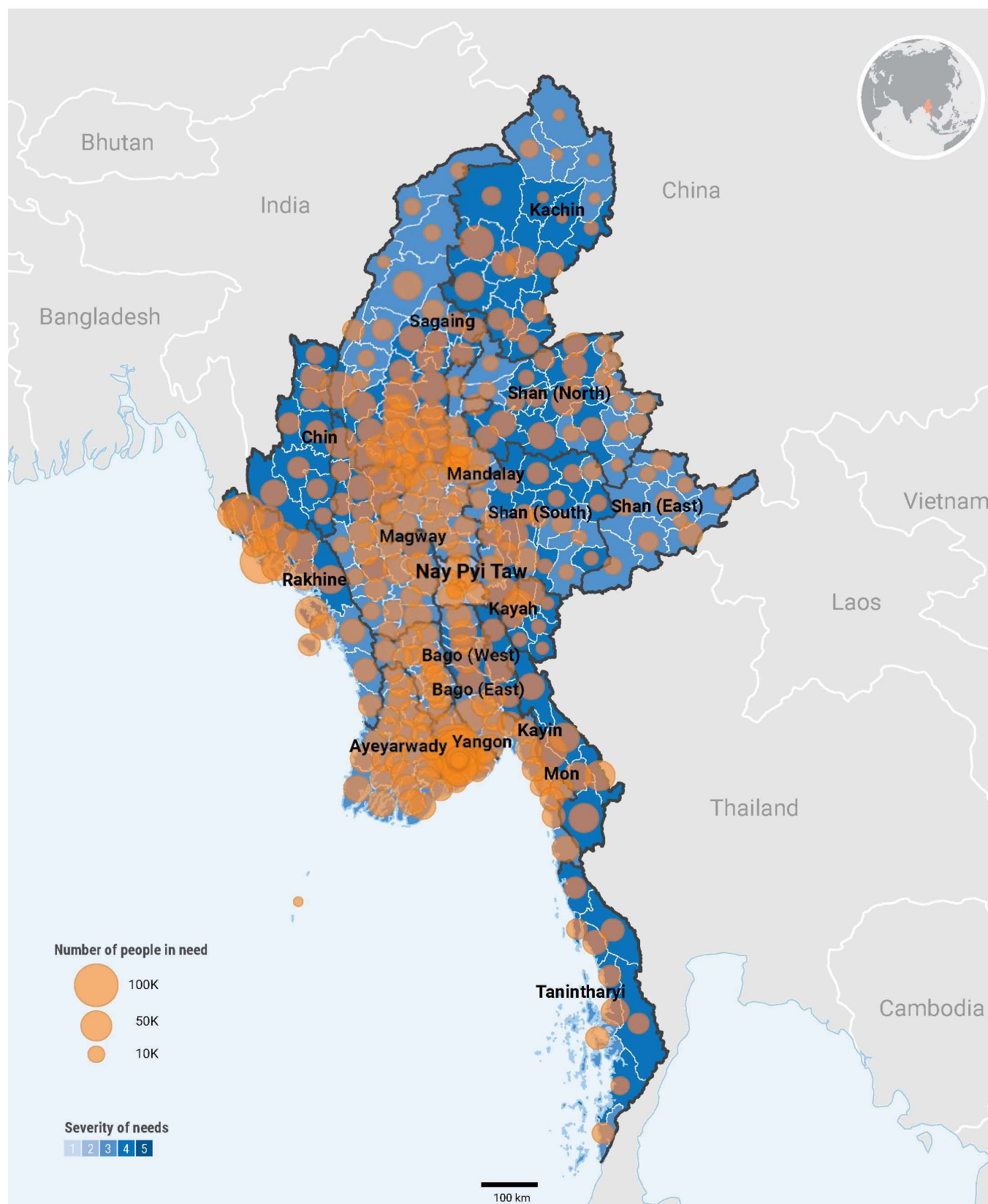
TOTAL POPULATION



PEOPLE IN NEED

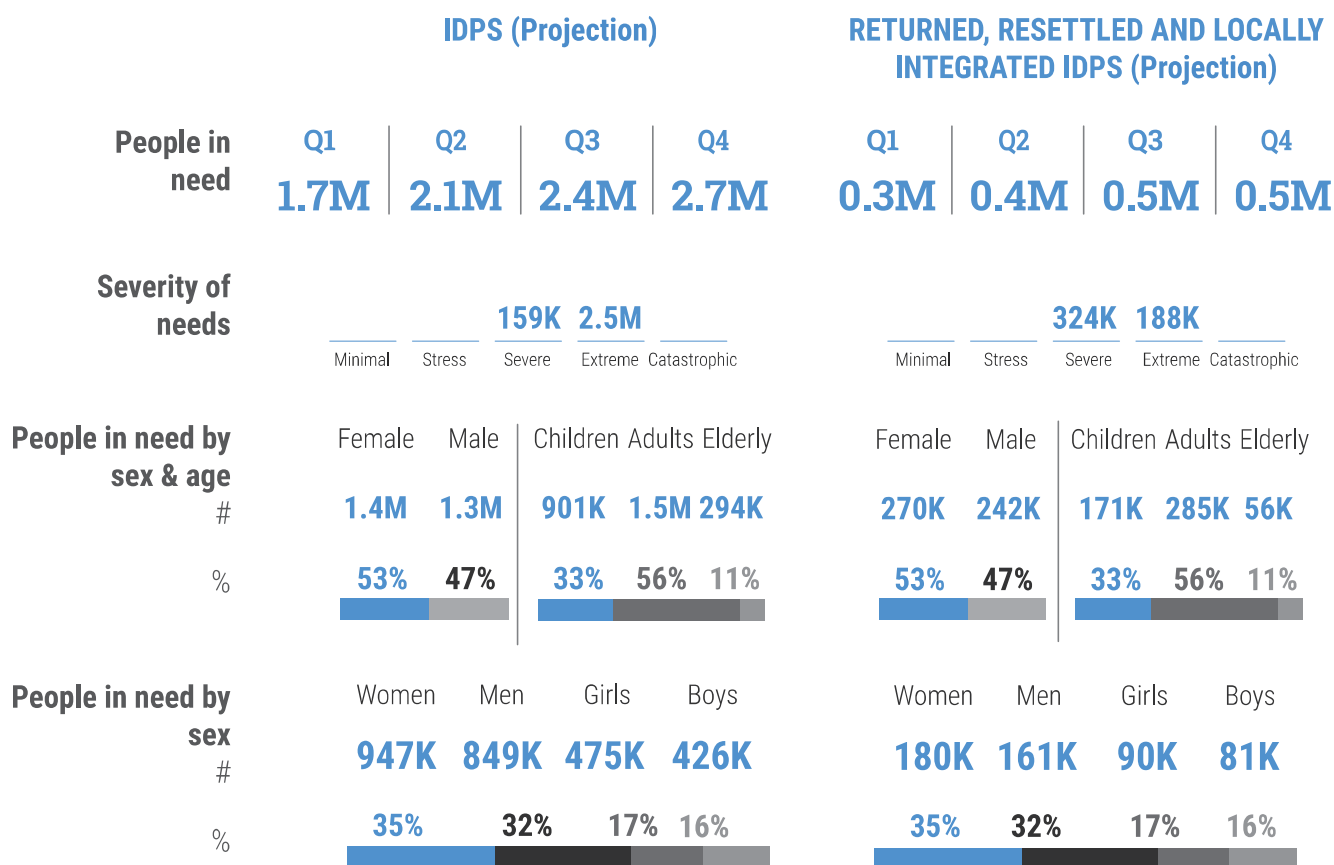


Severity of humanitarian conditions and number of people in need



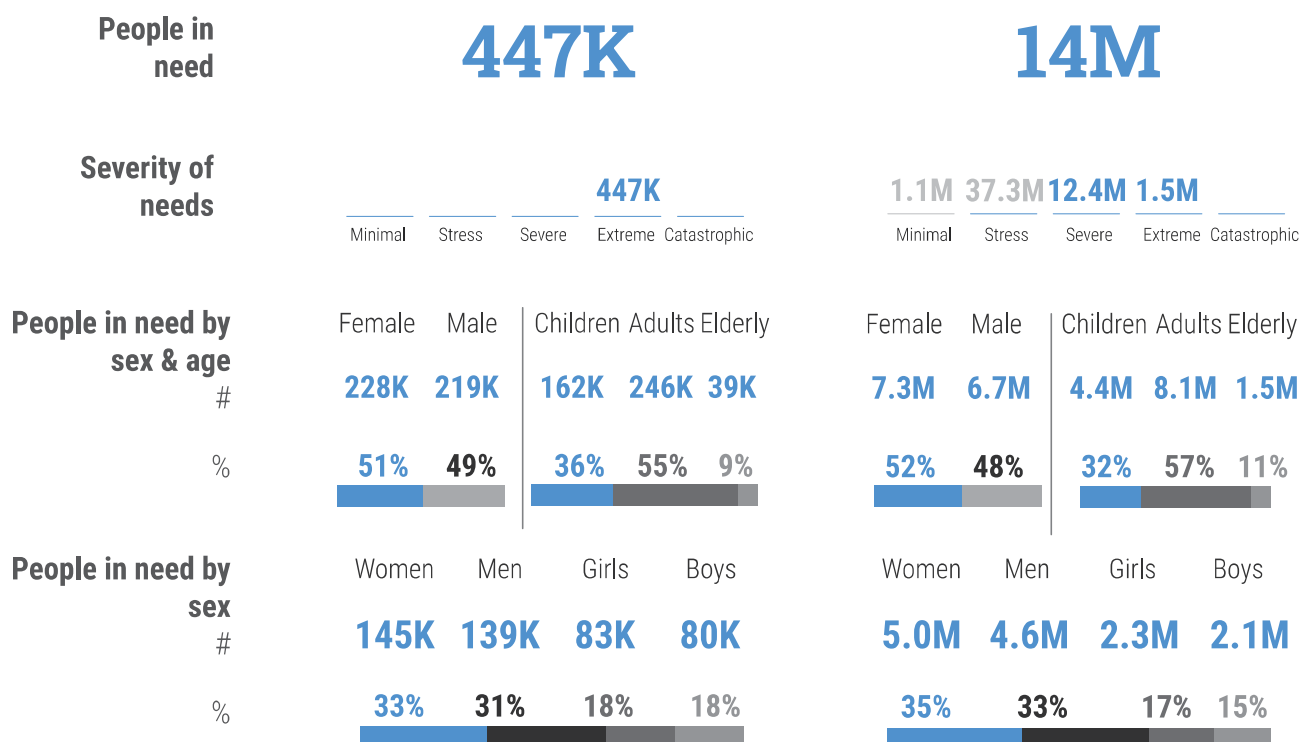
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Severity of humanitarian conditions and number of people in need



NON-DISPLACED STATELESS PEOPLE

OTHER CRISIS-AFFECTED PEOPLE WITH HUMANITARIAN NEEDS



Part 1:

Impact of the Crisis and Humanitarian Conditions

KACHIN

A man sits next to his shelter at an IDP camp in Kachin, 2022. Credit: UNHCR/Hkun Ring



1.1

Context of the Crisis

Political and security context

Myanmar's transition from military dictatorship to democracy made modest progress under the NLD, which came to government after the 2015 election. However during this time, under the constitution, the military still retained significant power with 25 per cent of seats reserved in the parliament and guaranteed control over key security ministries. Deeply-rooted and complex challenges around social cohesion across ethnic divides, human rights, democratic institutions, peace, and security continued to threaten the country's political and social development and excluded key groups from exercising their rights. Most notable was the 2017 crisis in Rakhine that saw more than 700,000 stateless Rohingya people flee to Bangladesh where they continue to stay in overcrowded camps.¹

The NLD's landslide victory in the November 2020 general election was heavily challenged by the military. The situation came to a head on 1 February 2021 when the military took over power, dramatically changing the political, sociocultural, and socioeconomic landscape of Myanmar. Following a violent crackdown on peaceful protests, a resistance movement emerged. An alliance of NLD politicians and a broader group of influential people formed an alternative National Unity Government (NUG) in exile, which has since been declared a terrorist organization by the de facto authorities. People have resorted to both non-violent and violent means to counter the military through the Civil Disobedience Movement (CDM), the declaration of a "people's defensive war" by the NUG in September 2021, the establishment of People's Defence Forces (PDFs) across the country, and the creation of informal coalitions with Ethnic Armed Organizations (EOs). On the other hand, the military has increasingly relied upon pro-military networks of armed civilians commonly known as Pyu Saw Htee to support their efforts and

expand reach where they do not have their own forces or have insufficient presence.²

A state of emergency that was declared after the takeover delivered control to the de facto authorities under a newly named State Administration Council (SAC). This has been extended on a rolling basis (currently until 1 February 2023). The 9 February 2021 order against freedom of assembly under Penal Code 144 has not officially been lifted in 127 townships.³ With limited avenues for political dialogue, the international community has partially looked to the Association of Southeast Asian Nations (ASEAN) as a way of facilitating engagement and humanitarian access. However, the ASEAN process aimed at resolving the political crisis in Myanmar and providing humanitarian assistance through an agreed five-point consensus, has faced challenges. A prisoner release in November of 2022 which, among many others, saw four high profile international detainees freed was welcomed but many thousands of other Myanmar political prisoners remain detained for their criticism of the de facto authorities. A general election is expected to be held in Myanmar in 2023, however there remains uncertainty and concern around any future election taking place in the current environment.

Continuation and expansion of conflict

Throughout 2022, conflict, insecurity and displacement continued to have an impact on the lives of civilians on a much wider scale, further compounding people's already undignified living conditions. Heading into 2023, the situation remains precarious, with the security environment fragile in many parts of Myanmar, including areas that had largely been spared civil conflict in recent years, and with potential for unrest related to any election process in 2023.

Fighting between the Myanmar Armed Forces (MAF) and various EAOs and PDFs has continued unabated across multiple regions and states, particularly in the Northwest and Southeast, with no signs of slowing down. The humanitarian and security situations in the **Southeast** deteriorated throughout most of 2022, with armed clashes and heavy use of air strikes and shelling occurring in all regions and states in the area. Fighting in Kayin escalated following the arrests of pro-democracy activists, including former members of parliament, in Lay Kay Kaw Town in Myawaddy Township in December 2021, which resulted in the displacement of thousands of civilians within the state and into neighbouring Thailand. Intense armed clashes occurred in many townships in eastern Bago, Kayah, Mon, southern Shan, and Tanintharyi. The presence of military troops in residential areas, reports of indiscriminate shooting, destruction of civilian properties, including houses, schools, churches and monasteries, and reports of landmine incidents in multiple locations across the country's southeast remain a major protection concern.

The ability of people in these areas to produce and access food has been heavily affected by conflict. Such is the concern over food insecurity in Kayah that in late 2022, local sources reported that the MAF and the joint forces of Karenni Nationalities Defence Forces (KNDF) and PDFs agreed on a temporary ceasefire, brokered by religious leaders, from 28 November to 15 December, to allow safe harvesting across the state. In spite of that, the security situation remained tense as the year drew to a close in both southern Shan and Kayah. Against this conflict backdrop, torrential monsoon rains and flash flooding during the wet season further exposed crisis-affected and displaced people to life-threatening risks and loss of their sources of livelihoods.

The security situation in Chin, Magway and Sagaing in the **Northwest** has continued to deteriorate since the second half of 2021, with a dramatic increase in the number of displaced people due to armed clashes between the MAF and various PDFs, including the Chinland Defense Force (CDF). Reports of human rights violations remain a grave concern in the Northwest, particularly in Sagaing. Large-scale burning

down and destruction of civilian properties was also reported in the Northwest. More than 31,900 houses are estimated to have been destroyed or burned down in the Northwest, reportedly by military forces, since the military takeover, although these figures are not possible to verify.⁴ Local sources reported that at the time of writing, mobile data services in 33 out of 37 townships remain largely cut off in Sagaing, in some cases since late 2021. Disruption of electricity and internet services in various parts of Myanmar, particularly in conflict-affected areas in the Northwest and Southeast, is hindering information-sharing and other communications among residents and is undermining remote humanitarian assessments and engagement with affected people, at a time when this is critical due to physical access constraints.

Despite clear and growing humanitarian needs, the de facto authorities have repeatedly restricted the transportation of rice, medicine, and fuel, and shut down mobile internet services throughout the Northwest, particularly in Sagaing. Restrictions on the transportation of food, medication, and other supplies into Chin, introduced in October 2021, remain in place at the time of writing. The living conditions of affected people here are dire due to the conflict and these restrictions. As of 26 December 2022, more than 795,000 people remain displaced across the Northwest due to conflict and insecurity since the 2021 military takeover (68 per cent of all new IDPs nationwide, according to the latest UN figures). This includes 47,200 IDPs in Chin; 124,400 IDPs in Magway; and 624,000 IDPs in Sagaing. This is a significant year-on-year increase with 235,000 people displaced by armed conflict and unrest after the military takeover as of 15 November 2021. The estimated number of people who remain displaced in India from these areas in the Northwest stands at 49,800.

The situation in **Rakhine and southern Chin**, which had remained relatively calm since November 2020 following the lull in active fighting between the Arakan Army (AA) and the MAF, again turned towards active conflict in August 2022. Tensions escalated between the AA and MAF throughout the first half of 2022, reaching breaking point by June. The use of heavy weapons, air strikes, landmines, and mortar shelling

occurred in multiple townships, mainly in Buthidaung, Maungdaw, and Rathedaung in northern Rakhine and Kyauktaw, Minbya, and Mrauk-U in central Rakhine. In a new dynamic, conflict between the AA and the MAF also spread into southern Rakhine this year. Security measures across many townships limited people's movement and at the time of writing, are still partially obstructing the delivery of humanitarian assistance. On 15 September 2022, the de facto authorities prohibited international non-governmental organizations (INGOs) and the United Nations (UN) from accessing six key townships – Buthidaung, Maungdaw, Minbya, Mrauk-U, Myebon, and Rathedaung – until further notice. An additional two townships were also added in early November (Pauktaw and Sittwe). This new outbreak of conflict placed Myanmar at ACAPS's highest ranking for the risk of "rapid and marked deterioration" within an existing crisis.⁵ It has affected both Rohingya and Rakhine communities who have been caught between the two forces. Overall, close to 23,350 people remain displaced in Rakhine and Paletwa Township of Chin as a result of the resumed conflict between the AA and the MAF, bringing the total number of IDPs from past and present AA-MAF conflict to close to 97,000, as of 5 December 2022, according to UN figures. Concerns remain around the de facto authorities' efforts to push for the return of displaced people from the AA-MAF conflict to their places of origin, given that many cannot go home as their land or houses have been occupied, or due to safety concerns around EO. Efforts are being made to ensure that all returns are voluntary, safe and dignified and respect international standards.

In late November 2022, an informal ceasefire was reached between the AA and the MAF which, at the time of writing, has allowed for the relaxation of some movement restrictions and is being closely monitored in the hope it will allow for the delivery of urgently needed humanitarian assistance in affected areas. Humanitarians are advocating for broader relaxation of restrictions including the granting of humanitarian TAs to all areas where affected people have been cut-off from life-saving support, and permission for the urgent replenishment of supplies from Yangon.

The situation in northern **Shan** remained unstable in 2022 with continued clashes between the MAF

and EAOs and among EAOs. Moreover, PDFs have become more involved in the conflict in northern Shan. The armed clashes have led to multiple cases of new displacement. According to the latest UN figures, as of 26 December 2022, approximately 8,300 people remain displaced in temporary displacement sites and protracted camps in northern Shan, while 61,900 people (including IDPs displaced from Kayah) remain displaced in southern Shan. In addition, forced recruitment has remained a major concern in northern Shan: 598 forced recruitment incidents, including cases involving 67 children, were recorded across 10 townships in northern Shan between January and September 2022.⁶

In **Kachin**, armed conflict that resumed between the MAF and the Kachin Independence Army (KIA) following the 2021 military takeover continued in many townships in 2022. The intensification of armed clashes varied from roadside attacks to aerial bombardment and deployment of heavy weapons. The involvement of PDFs in the fighting became more frequent in 2022, as many formed allies with the KIA against the MAF. Disproportionate and indiscriminate air strikes with dozens of civilian casualties were also reported across Kachin. Overall, as of 26 December 2022, an estimated 13,600 people were internally displaced in Kachin because of fighting and insecurity since the February 2021 military takeover, according to latest UN figures. This is in addition to the 91,500 people who were already displaced prior to 2021.

In addition to the above, discrimination and marginalization continues to exacerbate and drive humanitarian needs among displaced and non-displaced stateless Rohingya people in **Rakhine**. Following inter-communal violence that caused widespread internal displacement in 2012, and the 2017 crisis that led to large-scale departures of Rohingya refugees into Bangladesh, the remaining stateless Rohingya people in Rakhine continue to face significant challenges in accessing basic identity documents and being counted in household list exercises, health care, education and livelihoods due to longstanding discrimination, marginalization, and extortion. This has resulted in ongoing restrictions on their freedom of movement, poverty, inter-communal

tensions and other factors, prolonging the need for and reliance on humanitarian assistance. Processes that were in place for the Ministry of Education (MoE) to take over responsibility for education of displaced children, including Rohingya children in the 2012 camps and sites, have also halted.

Approximately 126,000 people, mostly Rohingya IDPs, remain confined to overcrowded camps established in central Rakhine in 2012. In addition, more than 890,000 Rohingya refugees – of whom more than 700,000 fled Myanmar since 2017 – remain in Bangladesh with conditions not yet conducive for return. The severity of needs and protection threats in Rohingya camps and villages continues to drive people to embark on unsafe sea voyages seeking safety in other southeast Asian countries and beyond.

Access to services and assistance

Disregard for Human Rights and International Humanitarian Law (IHL) by parties to the conflict is becoming increasingly common, and the operating environment for humanitarian workers has remained extremely volatile, with attacks on education and health facilities and personnel, despite the special legal protections that apply. On 21 December 2022, the UN Security Council adopted resolution 2669 in which it expressed its deep concern about the situation and called for the immediate end to all forms of violence in Myanmar. The Security Council urged restraint, the de-escalation of tensions and the release of all prisoners. In reiterating the necessity for full, safe and unhindered humanitarian access, the Council underlined the need for scaled-up humanitarian assistance to all people in need in Myanmar and to ensure the full protection, safety and security of humanitarian and medical personnel.⁷

Despite the challenges, international and local humanitarian organizations have remained committed to the delivery of assistance to all people based on needs and have stayed and delivered during the recent crises, reaching at least 3.9 million people by the end of September 2022 – a four-fold increase in people being supported before the military takeover. However, this assistance has not been as deep as planned

due to severe underfunding, access constraints and attacks on humanitarian personnel, leaving considerable unmet needs, especially in hard-to-reach conflict areas. This is having a multiplier effect on needs in 2023. Humanitarian operational space continues to shrink amidst ongoing conflict, insecurity, and bureaucratic access constraints.

An ACAPS analysis in mid-2022 placed Myanmar at the highest ranking of humanitarian access constraints (“Extreme Constraints”) across three access dimensions, and listed Myanmar among three stand-out crises globally that showed a marked deterioration with regard to access of humanitarian agencies to people in need.⁸ Additionally, Myanmar recorded the second highest number of aid workers killed globally in 2022, and the fourth highest number of aid workers injured according to the Aid Worker Security Database as of 27 December 2022.⁹ ACAPS’s December 2022 analysis (looking at the preceding six months) kept Myanmar at the highest level of “Extreme Constraints”.¹⁰

Heading into 2023, aid workers are deeply concerned about new administrative requirements outlined on 28 October 2022 which establish a mandatory registration system for international and national non-government organizations (NGOs) and civil society organizations (CSOs). These new rules have the serious potential to reduce timely and effective delivery of humanitarian assistance to people in need in Myanmar and may severely impede the work of NGOs and CSOs who are the backbone of the humanitarian operation. NGOs and CSOs make up the majority humanitarian responders in Myanmar and were responsible for reaching the bulk of those we have assisted in 2022. Ensuring the programme continuity and engagement of the NGO and CSO community will continue to be critical to ensuring no one is left behind moving into 2023. The humanitarian community remains committed to staying and delivering for the people of Myanmar, but as they stand, the new requirements are likely to mean that many people in need will miss out on the support they require to survive in 2023.

Explosive ordnance contamination

Landmines, explosive remnants of war (ERWs), unexploded ordnance (UXO) and improvised explosive devices (IEDs) continue to pose severe protection risks and threats to civilians, including women and children. Even before the current crisis, Myanmar was already heavily contaminated with EO after decades of internal armed conflict between the military and EAOs. Now, with the spread of fighting, all 14 regions and states are thought to be contaminated to some degree and this will be a deadly legacy of the conflict for decades to come.

Myanmar is not a party to the 1997 Mine Ban Treaty (*The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction*, often referred to as the *Ottawa Treaty*, the *Anti-Personnel Mine Ban Convention*, or often simply the *Mine Ban Treaty*).¹¹ Myanmar is one of two countries in the world – along with Russia – where the authorities/de facto authorities made new use of landmines between mid-2021 and October 2022, and one of five countries in which non-state armed organizations also used mines.¹² According to data from the Armed Conflict Location & Event Data Project (ACLED), more than 4,250 grenade, landmine, IED and other remote explosive events have been recorded since the military takeover.¹³ This does not include missiles, mortars, or air strikes which have become commonplace since the conflict spread. These all pose a future risk to communities who may encounter UXO. For the fourth year running, Myanmar accounted for the second highest EO casualty total among member states yet to join the treaty, after Syria.¹⁴

- Monitoring by the United Nations Children's Fund (UNICEF) of landmine and ERW incidents during the first 10 months of 2022 shows that the number of casualties reported countrywide (333 casualties as a result of 196 separate incidents) already stands at 117 per cent of the total reported casualties in 2021 (284 reported from 169 incidents).¹⁵
- In terms of regional breakdown, Shan accounted for 35 per cent of the total reported casualties followed by Sagaing with 16 per cent, Rakhine with

11 per cent, Kachin with 10 per cent and Chin with 9 per cent, respectively.

- The combination of the other areas (Bago, Kayin, Kayah, Magway, Mandalay, Mon and Tanintharyi) shouldered 19 per cent of the total casualties.
- Children represented 32 per cent of casualties from landmine/ERW explosions countrywide.

Economic context

Since the military takeover in February 2021 and the severe COVID-19 waves the same year, Myanmar's economy and financial sector have been unstable with a loss of jobs, as well as business and investor confidence, currency devaluation and rampant inflation. As of November 2022, the Myanmar Kyat had depreciated on the market by more than 54 per cent against the US dollar when compared to the same time last year.¹⁶ Inflation has skyrocketed and was estimated to have hit 16 per cent in 2022 before moderating to an expected 8.5 per cent in 2023 which is the highest in the region.¹⁷ Myanmar's weakened economic activity and trade led to the country's Gross Domestic Product (GDP) contracting by an estimated 18 per cent in 2021.¹⁸ It is expected to have grown by a mere 2 per cent in 2022 and anticipated expansion of 3 per cent in 2023.¹⁹ Estimates based on the latest available data indicate that poverty has doubled compared to March 2020 levels, with about 40 per cent of the population estimated to be living below the national poverty line in 2022.²⁰ This is close to the levels of poverty a decade ago.²¹

This lack of a significant recovery underscores the supply- and demand-side constraints that continue to have an impact on economic activity, including the sharp rise in the price of imports, partly attributable to the war in Ukraine, elevated levels of conflict, electricity outages, and persistent logistics and financial sector disruptions.²² Fuel prices rose dramatically in 2022, driven largely by the Ukraine crisis which disrupted agricultural imports and fuel flows, as well as by domestic factors, leading to rising energy and food prices.

International supply chain disruptions deepened the socioeconomic stress on Myanmar households

nationwide. Inflation is causing food affordability issues. WFP's September 2022 market monitoring indicates that the average food basket cost has increased by 64 per cent since September 2021 severely impacting on poor households.²³ Farmers are producing less food because they cannot afford agricultural inputs like seeds, fertilizer and/or access to agricultural land. The cost of fertilizer is currently four times higher than in 2019.²⁴ Access to markets is also an issue with movement restrictions in place in many parts of the country. The economic deterioration over the last two years badly hit the country's burgeoning private small business sector. In response to the uncertain business climate, many foreign investors suspended or cancelled major building and infrastructure projects which would have created new jobs.²⁵ An estimated 1.6 million jobs were lost in 2021. By mid-2022, there were still 1.1 million fewer women and men employed than in 2020,²⁶ although there

are some early signs of stabilization in the garment industry as 2022 draws to a close. Policy shifts added to challenges for businesses, and at the individual level, households continue to face major constraints in accessing their own money held in banks.

Social, cultural and demographic context

Myanmar has an ethnically diverse population of approximately 56 million people in 2023.²⁷ Around 70 per cent of the population lives in rural areas.²⁸ It is the second largest country in Southeast Asia with abundant natural resources and a large working age population, although jobs are currently much more scarce than they were (see above).²⁹ While young people aged 10-24 years account for nearly 30 per cent of the population, population growth is slowing (0.7 per cent in 2021),³⁰ and the proportion of the population made up of children is declining. The maternal

Poverty projections realized

In 2021, first in April and then in October, the United Nations Development Programme (UNDP) Country Office in Myanmar made grim predictions for the poverty rate in the country due to the double shock of COVID-19 and the military takeover. More specifically, the analysis by UNDP suggested that the poverty rate would nearly double from pre-takeover levels, resulting in almost half of the population living below the national poverty line.

A year after those projections were made and almost two years since the military takeover, what is the current situation on the ground and have those pessimistic projections materialized? The simple answer is, largely, yes. Based on new data collected through the Myanmar Household Welfare Survey (MHWS) conducted by the International Food Policy Research Institute (IFPRI),⁶³ UNDP has gathered strong evidence supporting the assumptions made in its original projection exercise, laying bare the dire economic situation in the country in 2022 and beyond.

Firstly, there has been a significant reduction in the income of households. Reduced working hours and low wages (reported by 42 per cent and 21 per cent of respondents respectively) have been listed as the main reasons for reduced earnings. Importantly, more than 1 in 10 respondents to the data collection exercise said that they were unemployed. As a result of this, close to half of all surveyed households reported a large reduction in income (defined as a reduction in income of more than 20 per cent) which is comparable to the assumptions made in UNDP's original poverty report.

Secondly, the reduction in income has resulted in an almost permanent reduction in food or non-food expenditure. Specifically, 90 per cent of households have reduced either food or non-food expenditure since the military takeover, meaning that they are consuming at a new, lower equilibrium.

The interplay between these findings suggests that, indeed, the shock sustained as a result of COVID-19 and the military takeover was sizeable and resulted in a significant blow to the budget of Myanmar households with lasting consequences.

Furthermore, the original UNDP report from October 2021 also suggested that these rising poverty levels would result in reduced access to the services needed for developing the human capital of the next generation, ultimately keeping swathes of children locked in a perpetual poverty trap. Indeed, as the new IFPRI survey finds, the unmet need for health care has increased to 10 per cent, meaning that 1 in 10 people cannot use health-care services when needed. Additionally, more than 40 per cent of households with children were not able to send their children to school over the preceding four weeks before data collection, further attesting to the grim projections of UNDP's earlier work.

mortality ratio in Myanmar is globally high at 250 per 100,000 live births (in 2017),³¹ compared to the Asia-Pacific regional average of 127.³² Likewise, the infant mortality rate is also high at 44 per 1,000 live births (in 2019).³³ These ratios have likely worsened due to the collapse of the public health system since the takeover. Abortion complications are one of the leading causes of maternal deaths, particularly because of the prevalence of unsafe procedures, as abortion remains illegal, except in cases where it is necessary to save a woman's life.

Prior to the military takeover, the country had around two dozen EAOs, as well as hundreds of militias of varying sizes, mostly aligned with the Myanmar military divisions created under British colonial rule. Ongoing discrimination, and a lack of resolutions to ethnic minority grievances had resulted in lengthy armed conflicts between the MAF and more than a dozen EAOs. After decades of fighting for greater autonomy, most of these EAOs had either signed the Nationwide Ceasefire Agreement (NCA) or negotiated bilateral ceasefires with the military. However, the 1 February 2021 military takeover and subsequent crackdown on protestors has reignited many of these conflicts. These historical disputes have now transformed into an entirely new dynamic, including the creation of new armed groups, namely PDF units in parts of Myanmar that had previously seen little to no conflict for decades.

Women have been hit disproportionately hard by the political and economic crises and their subsequent economic impacts due to social norms around work, disempowerment in the workplace and their traditional role in their households and communities. In Myanmar, women's work was already concentrated in lower-paid forms of employment, largely due to discriminatory norms that restrict women to jobs that are considered "appropriate". Traditional ideas about what women can and should do in Myanmar society present barriers for women to advance into certain professions and

industries, as well as into positions of leadership within the labour force.³⁴ Considerable gender wage gaps had already been identified within several industries, with the average wages for female workers 29 per cent lower than male average wages based on an analysis from 2017.³⁵

When the military takeover and COVID-19 hit the country hard in 2020-21, an estimated 220,000 jobs (27 per cent of the total workforce) in the garment manufacturing industry alone were lost in 2021, including employment in smaller enterprises down the value chain. Women accounted for nearly 9 in 10 of these estimated employment losses. Between 2020 and 2021, an estimated 730,000 women lost or left employment.³⁶ This is a decline of 9 per cent, compared to 7 per cent for men.³⁷ During this same period, female workers experienced working-hour losses of 19 per cent, compared to 17 per cent for male workers.³⁸ In the first half of 2022, job losses remained higher among women than men: total employment was an estimated 5.4 per cent below the levels for 2020, and 6.5 per cent lower among female workers.³⁹

Women who have lost employment may face limited options for income generation, increasing the chance they will rely on unsafe or informal work, and making them potentially more susceptible to trafficking. Simultaneously, the worsening economic crisis has seen a high number of men facing unemployment. In some households, this may result in women playing a dual role in the household, both as caretakers of the house and income earners. Economic stress also exposes women and children to higher rates of gender-based violence (GBV) in the home. Furthermore, women are being disproportionately impacted by coping strategies within families who are struggling to survive this financial stress, particularly in terms of food.⁴⁰

“The genders are not always equal; women are always made to feel inferior.”

The 2022 Myanmar Gender Profile compared people's livelihoods opportunities before and after the February 2021 takeover, shedding light on gender and economic dynamics within households. Comprehensive consultations to inform this profile drew on 49 focus group discussions (FGDs) across the country involving 257 women, men, girls and boys in IDP camps and host communities. Overall, men were largely identified as breadwinners and women as housekeepers. Cooking, cleaning, and laundry remain the responsibility of women, while growing vegetables, ensuring the supply of fuel and water, and house repairs are roles given to men in the household. However, for some living in IDP camps, men are now engaged in chores like cooking and cleaning because they are unemployed.

Because of the worsening crisis, women are making more decisions in the household and are participating more in community level work and activities, as many men must seek livelihood opportunities outside of camps and areas of residence. Accordingly, there is a misleading impression of equal participation for men and women; however, this is still governed by the overriding belief that women should follow the leadership of men as the decision-makers, especially when attending community meetings. Men are still most expected to engage in community activities, usually as the head of the household. Men participate in community meetings when available, including those who are unemployed, and are expected to perform hard labour tasks. Women perform light tasks in the community, which supports a feeling that participation at the community level is equal.

Decision-making in the household is done through family consultations, with women the predominant decision makers on aspects considered to be minor, such as food, new clothes, and education. The household head – often the husband or father – makes the larger decisions in the family as per tradition. Although women and men can both access resources such as financial assets, land, physical capital, and gaining skills and knowledge, men own more land and property because of the expectation that they should preserve the property and lineage in the family. Interestingly, according to the FGDs, women are perceived as having more rights than men, especially in the realm of education decisions, even though some communities noted that boys are given priority in education.

Through the FGDs, persons with disabilities expressed that there were no changes in gender roles due to the crisis, and that gender poses similar challenges to all people. As with other FGDs, persons with disabilities believed in the pre-defined cultural norms of men and women's roles in the household and community.

A culture of both online social punishment and physical persecution is also affecting public discourse and attitudes to humanitarian assistance being delivered by aid organizations. Perceptions of complicity or affiliation with either side are frequently met with online “outing” (most often by supporters of the resistance movement) or, in the worst cases, physical harassment and attacks. Against this backdrop, humanitarian operating space is being heavily politicized by all parties who are increasingly viewing assistance through a transactional lens, rather than based on need and humanitarian principles. Humanitarian personnel must engage with all sides as a practical necessity to ensure staff can safely enter conflict areas to deliver assistance but political debate about such engagement is making humanitarian work much harder and is risking the safety of aid workers bravely assisting people in need. CSOs and INGOs remain the target of investigations by the de facto authorities,

having had their offices raided, materials confiscated and leaders arrested on allegations of assisting anti-regime elements, ultimately affecting their delivery of assistance and increasing unmet needs.⁴¹

Ethnicity and religion are also an important social factor in Myanmar life. Myanmar officially recognizes 135 distinct ethnic groups. Ethnicity remains the legal basis of the 1982 citizenship law, which introduces three categories of citizenship: citizen by birth or descent, associate citizen and naturalized citizen.⁴² Only members of ethnic groups present in Myanmar prior to 1823 are eligible for citizenship by birth.⁴³ While it is legally possible for those who do not fit into one of these categories to obtain full citizenship by descent after three generations in Myanmar, in practice and due to discrimination, many of these people – including Rohingya people and those of Indian or Chinese origin – are restricted to the other categories of citizenship or

denied citizenship altogether.⁴⁴ While ethnic conflict is not new to Myanmar – particularly in the country's northeast (Kachin, Shan) and southeast (Kayah, Kayin) where there are large Christian populations; and also in Rakhine where Rohingya people reside and where there are strong tensions with the Buddhist Rakhine population - the current conflict has added a new dimension, with many majority Buddhist Bamar areas now also affected by conflict and the current economic and political volatility.

Legal and policy frameworks and their challenges

During the period of democratic transition which ended abruptly in February 2021, the promotion of the rule of law was a high political and public priority. The former Government of Myanmar had referred to the importance of strengthening the legal system for the development of the country; however, progress had been slow. Racial discrimination, gender stereotypes and gaps in Myanmar's legal and policy framework continue to undermine safeguards and the ability of specific groups to exercise their rights, including stateless people, separated or unaccompanied children, persons with disabilities, older people, female or child-headed households and people of diverse sexual orientation and gender identity and expression. This work has now largely been derailed by the military takeover.

Prior to the military takeover, progress towards passing a Prevention of Violence Against Women (PoVAW) law, under development since 2013, stalled largely due to a changeover in Government, inconsistencies between the law and international legal standards, and a process fraught with issues and lack of consultation. The draft law was intended to better protect women from all forms of violence, including intimate partner and family violence, marital rape, sexual violence, harassment, and assault in the workplace and in public. Members of parliament, prior to the military takeover, debated crucial provisions of the draft law including the definition of rape, and women's rights organizations involved in the development process expressed concerns that the draft bill did not adequately address significant shortcomings, including for lesbian, gay, bisexual, transgender, queer,

and intersex (LGBTQI+) individuals and married women. Under the existing penal code, marital rape is not considered a crime. While the draft PoVAW law criminalized marital rape, penalties were still intended to be lighter for this offence than for rape outside of marriage. Homosexuality is also considered a crime under the existing penal code.

There has been no meaningful progress on the Advisory Commission on Rakhine's recommendations, aimed at improving the welfare of all people in Rakhine. An International Court of Justice (ICJ) action by The Gambia continues regarding allegations under the international Genocide Convention related to the treatment of Rohingya people in 2016 and 2017. Media statements by the de facto authorities on citizenship and documentation since 1 February 2022 appear to fortify existing policies, impeding access to citizenship and movement for already vulnerable and largely stateless Rohingya people. While the closure of IDP camps is regularly presented as evidence of progress towards the Advisory Commission's recommendations, the need for safe, voluntary return with freedom of movement and livelihood prospects has not been properly acknowledged in closure processes to date. The political situation, combined with COVID-19 measures at the beginning of 2022, significantly reduced access to legal services, especially for stateless people, IDPs and people in hard-to-reach areas seeking, among other things, civil documentation and/or redress for Housing, Land and Property (HLP) issues.

In its report to the Human Rights Council, the Independent International Fact-Finding Mission on Myanmar depicted the MAF as a perpetrator of conflict-related sexual violence (CRSV) for acts committed in 2017.⁴⁵ Historically, CRSV has been predominantly perpetrated by the military against women, girls, sexual and gender minorities, and men and boys from ethnic nationalities and minority groups in Kachin, Kayah, Kayin, Rakhine, and Shan and elsewhere.⁴⁶ However, following the military takeover, reports of CRSV towards people in detention and of Bamar ethnicity started to emerge.⁴⁷ A long history of documentation by women's rights organizations across many parts of Myanmar has consistently

identified the widespread nature of CRSV and lack of justice and accountability.⁴⁸

In 2018, a Joint Communiqué was signed between the UN and the former Government of Myanmar. A National Committee on CRSV was established by the then Government in March 2019, and a national action plan was drafted and shared with the UN. However, the plan falls short of international standards, in particular, the requirements under Security Council Resolution 2106 for a joint plan with the UN. Following the military takeover, the de-facto authorities reconstituted the National Committee in March 2021. In November 2021, the de facto authorities communicated via a note verbale to the Office of the Special Representative of the Secretary General for Sexual Violence in Conflict (OSRSG-SVC) to inform her office that the national action plan was finalized and shared. In January 2022, the SRSG noted the update but did not endorse the plan.

The Myanmar Military was also formally listed as a perpetrator of sexual violence against children in 2017, under the Children and Armed Conflict Agenda. As of July 2022, no significant progress has been made towards the development of a joint action plan on sexual violence between the Myanmar Military and the UN Country Task Force on Monitoring and Reporting (CTFMR).

The near total collapse of public health and formal justice systems, along with ongoing telecommunications disruptions, security challenges and insufficient referral support, significantly increase barriers for survivors of abuse to access multi-sectoral support. Access restrictions significantly hamper reporting, monitoring, and verification of CRSV. Civil society actors, including women's rights organizations who typically provide frontline response services, are under considerable pressure. The worsening security situation has also seen members of civil society targeted for arrest, forcing many individuals to flee, and their organizations to significantly reduce visibility of activities or shift to remote modalities, affecting survivors' access to their services. Increased surveillance of online telecommunications also had an impact on virtual- and phone-based GBV and mental

health service provision by civil society including women's, youth and LGBTQIA+ organizations. The worsening security situation increases the risk of sexual violence by parties to the conflict, as well as during aid distributions.

Weak rule of law, lack of trust in judicial and law enforcement mechanisms, the lack of an impartial, effective civilian protection structure, and the absence of support systems for survivors of all forms of GBV, including CRSV, foster an environment where perpetrators can operate without fear of repercussions, and where survivors do not seek help due to fear or lack of trust. Disruption to the formal justice sector has resulted in a greater reliance on informal justice systems. This could pose serious dangers for women and girls, especially GBV survivors, because gender equality and rights of women and girls may not be necessarily respected to the same degree in the informal justice system. This could inflict further stigma and trauma because of impunity, non-adherence to survivor-centred approaches, and unfavourable outcomes.

Declarations of martial law and ongoing armed conflict raise particular concerns for people's access to services and protections, especially for children, given the suspension of legal safeguards provided under the Child Rights Law. This is of concern because the military justice system, unlike the civilian justice system, does not include any special measures or considerations for children. Since the military takeover, unlawful detention and arbitrary arrest of adults and children continue to be observed across the country. Children have been the victims of attacks, air strikes, landmines, recruited as soldiers and have been detained in military interrogation facilities without any access to lawyers.⁴⁹

Public infrastructure

Health

Myanmar has a long history of limited health care featuring understaffed, underfunded, and under-equipped public and private hospitals, especially in rural and remote areas. Already profoundly affected by protracted conflict in Kachin, Rakhine, and

northern Shan, Myanmar's health services have been severely disrupted over the past two years. There have been widespread interruptions of public health programmes and services as a result of the military takeover, compounded by the COVID-19 pandemic, and the post-takeover CDM where tens of thousands of civil servants, including in the health sector, went on strike to express dissent and opposition. Ethnic and community-based health organizations (EHOs) and alternative private services are working to cover gaps, but the response capacity is not commensurate with needs. Private providers are also too expensive for many people amid the current economic distress. Already in 2019, 76 per cent of health care spending was out-of-pocket – among the highest proportions in the world – and approximately 13 per cent of the households spent more than 10 per cent of their total income on health care, defined as catastrophic health expenditure.⁵⁰ This is only likely to have worsened amid the further breakdown of the public health system.

A decline in public spending on social services such as health in the 2021 fiscal year marked a reversal of year-on-year increases in spending by Myanmar governments since 2011.⁵¹ Restrictions by the de facto authorities on the import, transport and provision of medical supplies are also having a devastating impact on emergency and primary health care in conflict areas.

In addition to conflict and the risks of injury from natural disasters, people in Myanmar are at a high risk of epidemic-prone diseases, such as malaria, diarrhoea, acute respiratory infections, and vaccine-preventable illnesses, malnutrition, and child affectation, as well as HIV, tuberculosis (TB), viral hepatitis and trauma.⁵² While some progress was made prior to the COVID-19 pandemic and the military takeover in reducing the prevalence of communicable diseases such as malaria and TB, progress in other areas was slower and many preventative public health programmes have been severely disrupted by the crisis, especially routine vaccinations. The maternal mortality rate was 250 per 100,000 live births (in 2017),⁵³ new-born, infant and under-five mortality remains high respectively at 22 per 1,000 live births, 35 per 1,000 live births and at 44 deaths per 1,000 live births (in 2019).⁵⁴ Given the significant disruptions to the health system since the

military takeover and subsequent CDM, these figures have likely worsened. The limited availability of sexual and reproductive health services, information and education has been further limited and deprioritized since the military takeover and there remain significant disparities in access to quality health services between urban and rural areas.

Looking forward into 2023, the health system remains heavily politicized, which is having an impact on the return of the workforce and people's access to health care.⁵⁵ People remain reluctant to seek care from the public health services under the de facto authorities, exacerbating long-term inequities. While provision of essential health-care services in the public sector has resumed to a certain extent in some of the larger cities like Mandalay, Nay Pyi Taw, and Yangon, the overall access environment remains heavily constrained and fragmented, with a strong reliance on and risk transfer to local responders and EHOs in areas where these are operational.

Education

More than 13 million school age children have had their education disrupted in multiple ways by the parallel health, political and economic crises. Having already missed school across two academic years due to the combined school closures of the COVID-19 pandemic and the military takeover of 2021, 3.7 million children are still out of school – some as a result of the political preference of their parents for alternative education provision, some as a result of education services no longer being available or safety accessible in their area, some because of attacks by conflict actors and some because their parents can no longer afford to send them to school.

Similar to the previous year, the re-opening of schools in June 2022 for the 2022-2023 academic year happened against a backdrop of generally stiff resistance to the military takeover. Many teachers had previously joined the CDM on the one hand, and on the other, community distrust of the public school system under the de facto authorities had increased. Many teachers were either arrested, jailed, or dismissed from service by the de facto authorities – causing an immediate staffing challenge across the public and

formal education system. More families withdrew children from public schools and formal education streams and sought engagement in non-formal education opportunities at the community level.

As such, there has been a surge in demand for alternative education services. Communities are struggling to meet this demand amid a general scarcity of almost all essential resources, including money, infrastructure, and trained personnel, as well as insufficient teaching and learning materials. Such informal education systems are at high risk of being targeted by the MAF, including physical attacks on and the arrest of teachers or students, or the confiscation of learning materials.⁵⁶ Increased poverty is affecting the capacity of communities to cover the cost of alternative education and the risk of children being sent to work instead of to school is rising as family finances become increasingly stressed.

The rapidly increasing numbers of displaced children, especially those living in informal displacement sites, is creating logistical challenges for the continuation of emergency education services in many parts of the country. Stateless children, whether in IDP camps or living in their own villages and towns, face restrictions on their movement and poor access to services, including education, due to the lack of legal status. For these children, progress on policies to address barriers to quality education have been placed on hold by the de facto authorities since February 2021.

Despite all of this, the de facto authorities did report increased enrolment in public schools at the start of the 2022-2023 academic year in June 2022. However, there is a new dynamic where enrolment may not necessarily translate into school attendance. Some families are reportedly keeping their children's names in the formal school system as being enrolled, while the children actually learn in a non-formal education alternative structure. Communities report that they are trying to ensure their children do not miss out on the longer-term opportunity to sit in the official matriculation exam when it arises – something that is conditional on school enrolment.

Like other infrastructure, schools have been negatively affected by the long periods of closure and ongoing conflict, worsening their structural integrity and quality of the learning environment.

Natural environment and disaster risk

Myanmar has largely relied on natural resource exploitation to sustain economic growth, and serious environmental issues are emerging. There are growing concerns around the impacts of large-scale development, including deforestation, depletion of inland and coastal fisheries, land degradation, flooding and landslides, biodiversity loss, and the deterioration of water and air quality.

Natural ecosystems such as mangroves and forests play an important role in mitigating against the effects of various hazards; however, Myanmar's landscape is changing. Satellite imagery indicates Myanmar to be one of the top ten countries globally for deforestation, with mangroves, an important protective ecosystem in coastal areas that is now disappearing even more rapidly than other types of forests.⁵⁷

Air quality is increasingly compromised, as industrial and mining discharge and urban waste bring new and increasing environmental health issues. Air pollution, a major risk factor for death, is higher in Myanmar than in other countries in the region and is almost twice the average for Southeast Asia.⁵⁸ For Myanmar youth aged 5 to 14 years, particulate matter pollution is the leading risk factor of death among all risk factors, including malnutrition and other behavioural risks.⁵⁹

Already one of the most disaster-prone countries in the world, Myanmar is now ranked the second most affected country by the impacts of extreme climate events over the last two decades, based on the Global Climate Risk Index score.⁶⁰ Its location puts it at risk of heatwaves, flooding, and cyclones. The World Wildlife Fund projects the sea level along the country's southwest coast to rise between 20 and 41 centimeters by 2050, exacerbating existing levels of widespread flooding in coastal areas.⁶¹

Changing climate and environmental degradation are influencing the frequency and severity of natural hazards in Myanmar and have the potential to severely affect life-sustaining agriculture and access to food. Extreme flooding, which exceeds communities' capacity to cope, has been more frequent over the past decade. An estimated 28 million people live in districts with a high risk of flood exposure in at least part of the district area, mainly along Myanmar's coasts, the Ayeyarwady River and in Kayin. Cyclones and major storms are expected to become more intense as ocean temperatures increase, with residents of Rakhine anticipated to have a higher likelihood of being affected. Drought is another natural hazard that is becoming significantly more likely as a result

of climate change. The Ayeyarwady Delta, Central Dry Zone, and northern and eastern hill areas are more likely to experience drought than other locations, whereas Kayah and Shan had the highest risk of negative impacts in recent periods of severe drought.⁶² This may have serious consequences for agricultural output and the country's capacity to feed itself.

Myanmar is also highly susceptible to earthquakes with a number of cities and major centres sitting on fault lines. Tremors are frequently felt in many parts of the country.



SHAN

Children run for shelter as rain sets in at a makeshift IDP camp in southern Shan, 2022.

Credit: WFP/ Htet Oo Lin

1.2 Shocks and Impact of the Crisis

Shocks and ongoing events

Myanmar's ability to cope with the ongoing fallout from the military takeover will continue to be tested in 2023. Conflict dynamics will likely remain at the same level or worse in 2023, especially in the northwest and southeast of Myanmar, as well as across various parts of Rakhine, with continued new and protracted displacement extremely likely. Protection risks and high levels of need remain, particularly among those in hard-to-reach conflict areas. Moreover, pre-existing needs among already vulnerable groups, including

stateless Rohingya people and protracted IDPs, persist. These ongoing humanitarian needs are all being compounded by the tightening humanitarian space that is interrupting assistance and is resulting in unmet needs that are worsening from one year to the next. Public services continue to be interrupted and may further disintegrate. The shocks of 2021 and 2022 will continue to have an impact on the overall mental and physical well-being, living standards and resilience of affected people. Planned elections in 2023 may prove another flashpoint for violence and distress.

Timeline of events 2022



JANUARY 2022

HRP launched targeting 6.2 million people for assistance



FEBRUARY 2022

COVID-19 fourth wave



MARCH 2022

Displacement since 1 February 2021 jumps to 520,000



APRIL 2022

Landmine/UXO contamination reported across at least 12 states and regions



MAY 2022

Total displaced people (new and protracted) passes 1 million for the first time



JUNE 2022

A decade of humanitarian crisis in central Rakhine with roughly 126,000 Rohingya IDPs still in camps

Two years since COVID-19 interrupted education for 4 million children



AUGUST 2022

AA-MAF conflict re-starts displacing 17,000 in Chin and Rakhine states



SEPTEMBER 2022

Humanitarian activities suspended across six Rakhine townships

New internal displacement reached 685,800 in the Northwest



OCTOBER 2022

Financial Action Task Force (FATF) lists Myanmar among "high-risk" countries

Inter-agency mission to monitor IDP needs in southern Shan



NOVEMBER 2022

Further restrictions on activities in two more townships added in Rakhine

Informal AA-MAF ceasefire temporarily halts hostilities

New NGO registration rules introduced



DECEMBER 2022

Total internal displacement hits 1.5 million people, including 1.2 million since the military takeover

IMPACT ON PEOPLE

Protection of civilians

Conflict, violence, human rights violations, localized inter-communal tensions, widespread fear, and institutionalized discrimination remain the major drivers of the humanitarian and protection crisis in Myanmar. The main protection concerns include incidents of killing and maiming, extortion, arbitrary arrest and detention, reported use of civilians as human shields, aerial bombardment, destruction of properties (including burning), looting and loss of livelihood opportunities, increased vulnerabilities to GBV, including conflict-related sexual violence, increased risks and vulnerabilities for children (including from family separation, violence, children associated to armed forces or armed groups, and negative coping mechanisms such as child labour or child marriage), and the risks associated with EO. Increasing risks and vulnerabilities around trafficking were reported in 2022, affecting all population groups, including women and children.

The safety and security situations across the Northwest (Chin and Magway and Sagaing) and Southeast, in particular, remain highly volatile, while the resumption of the conflict between AA-MAF in Rakhine resulted in an uptick in humanitarian needs in several townships. Armed clashes are being reported daily in various parts of the country, including widespread use of military tactics such as air and drone strikes, shelling, artillery, missile and grenade attacks, landmines and IEDs, and security clearances operations in villages and urban settings, increasing the threats faced by the civilian population. Such clashes have led to physical harm, widespread fear, damage to property and destruction of civilian infrastructure, including schools, hospitals, and religious buildings, and unprecedented conflict displacement countrywide.

- Between 1 January to 30 September 2022, available data sources⁶⁴ indicate that about 65 per cent of all reported air and drone strikes nationwide reportedly occurred in the Northwest (with 59 per cent of all incidents countrywide in Sagaing alone).

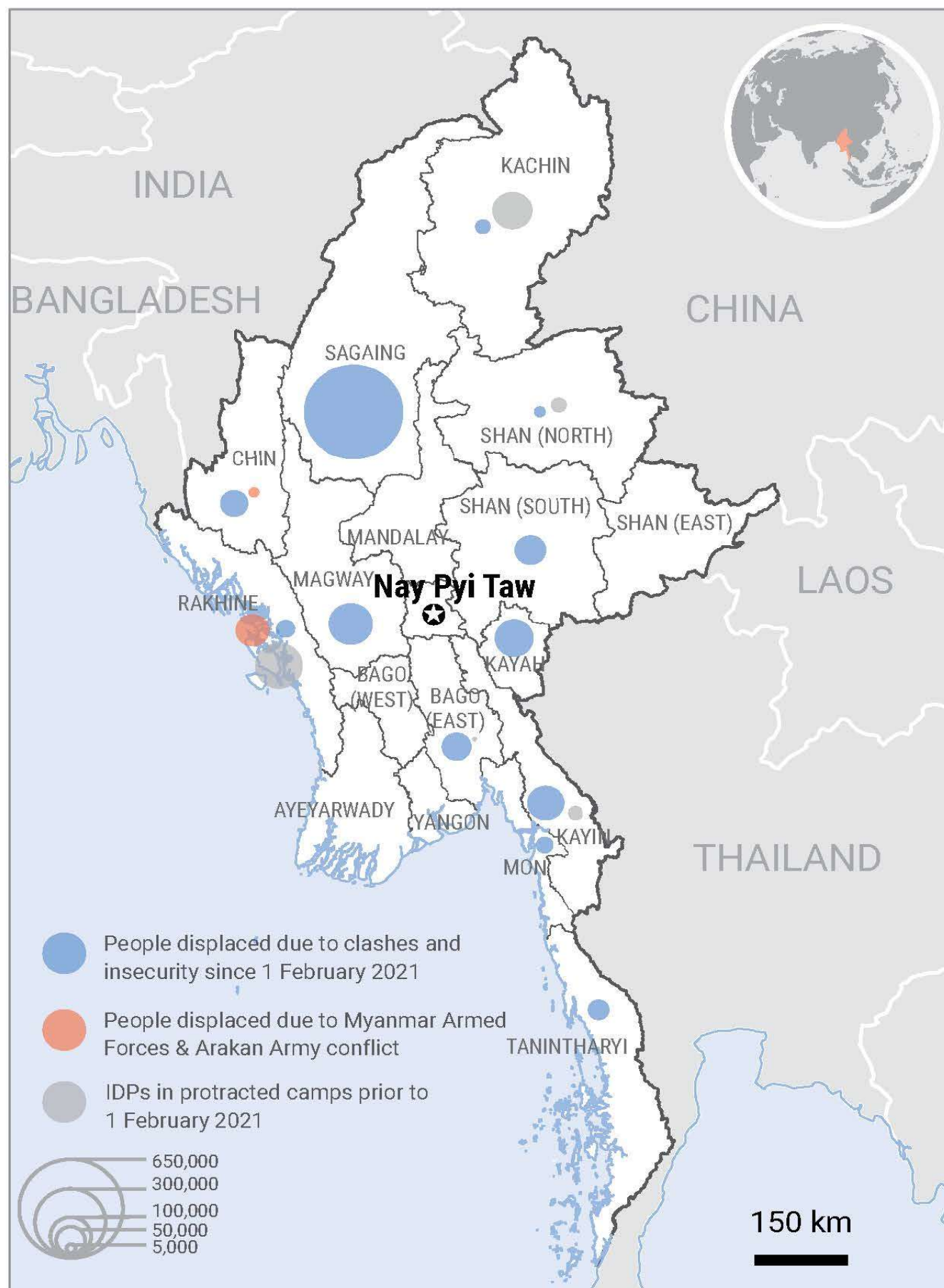
- 48 per cent of reported incidents of shelling, artillery and missile attacks reportedly occurred in the Northwest and 34 per cent in Sagaing alone.
- 45 per cent of reported incidents related to remote explosive devices, landmines and IEDs took place in the Northwest with 33 per cent happening in Sagaing alone.

Other human rights violations and violations of IHL have been reported, including arbitrary detention, torture and other forms of ill-treatment, the targeting of individuals (including journalists and health-care workers), and incidents of sexual violence. While compiling comprehensive, coherent and timely data on protection concerns and needs is challenging, monitoring activities, anecdotal evidence and existing data sources indicate an overall deterioration in the protection situation and needs of civilians across the country, with some variations in different locations.

- Between 1 January and 31 December 2022, the World Health Organization (WHO) recorded 45 attacks on health care that resulted in 20 deaths and 108 people being injured. While the number of recorded attacks on health care has decreased since 2021 (294 attacks in 2021), the number of deaths is still very high (compared to 29 deaths in 2021) and significantly more people were injured in the attacks (compared to 64 in 2021).⁶⁵
- Protection incidents and other monitoring systems reveal that 88 per cent of forced recruitment reported in 2022 occurred across the Northeast, mainly within Kachin and northern Shan. Among the victims, 85 per cent were male and 15 per cent female. Most victims were local people, followed by 25 per cent who were IDPs and 19 per cent who were of unverified identity.

An unprecedented increase in grave child rights violations in armed conflict was observed in 2022 in comparison to 2021. The number of children killed and maimed between January and September 2022 exceeded the number of victims in 2021 two-fold, largely due to indiscriminate or targeted attacks, including through the use of heavy weapons, airstrikes, and EO in civilian areas.

Impact on people: Internal displacement



- More than 670 children are thought to have been killed or maimed since 1 February 2021.⁶⁶
- Recent reports indicate an increase in the number of child landmine victims, especially in Rakhine and the Northeast. In the first 8 months of 2022, 24 children were killed and another 69 injured by landmine/ERW incidents, compared to 13 killed and 33 injured in the same period in 2021.⁶⁷
- Recruitment and use of children by all armed actors remains of serious concern.

Since 1 February 2021, more than 34,390 civilian properties, including houses, churches, monasteries, and schools, are estimated to have been burned down or destroyed, although figures are difficult to verify. Existing data sources indicate that, by the end of December 2022, more than 31,900 houses were reportedly burned in the Northwest alone since February 2021, more than 25,500 of them in Sagaing. About 95 per cent of all reported incidents of houses being burned down countrywide since February 2021 were reported in the Northwest (80 per cent in Sagaing).

Furthermore, the military takeover affected the pre-existing patterns of unsafe migration among the Rohingya population. Adolescents and young people are particularly susceptible to taking increasingly risky options, especially when the structure of education is lost, and job opportunities are limited. The total reported caseload of immigration-related detentions of Rohingya migrants continued to increase throughout 2022, showing a significant increase from the pre-takeover annual incidence. The second quarter of 2022 showed a spike in the number of people detained and arrested by the de facto authorities in central Rakhine compared to earlier quarters.⁶⁸ This could be attributed to the increased fighting between the AA and the MAF, and related increases in raids and arrests, along with longstanding constraints on freedom of movement.

Children

Myanmar continues to face an unprecedented rise in child protection risks. The spread of armed conflict, increased displacement and worsening poverty have

continued to dismantle the protective safety nets for children across the country. Since the takeover, the country has seen a clear worsening in the protection situation of children, exposing them to a higher risk of child labour, family separation, child migration, trafficking, violence including GBV, arbitrary arrest and detention and adoption of negative coping mechanisms such as child marriage.

Children have been severely affected by the ongoing armed conflict and displacement. Military attacks on civilian populations have displaced more than 250,000 children who join the roughly 130,000 children in protracted displacement and the more than half million child refugees from Myanmar who remain in neighbouring countries.⁶⁹ With household economic vulnerability increasing alongside a lack of access to basic resources and services, children continue to suffer elevated exposure to violence, abuse, neglect, and exploitation. The ongoing conflict in several parts of the country has and will continue to have a severe and inevitably long-lasting impact on the mental health and psychosocial well-being of children.

Further underpinning the risks children face are diminishing legal safeguards provided under the Child Rights Law that was introduced in 2019. More than 1,900 children are thought to have been arbitrarily detained since the military takeover, some of them below the minimum age of criminal liability.⁷⁰ Many have been deprived of due process rights and some reportedly experienced torture and violence while in detention.

Similarly, attacks on schools and hospitals continued at an alarming level, exposing children to additional threats. At least 125 attacks on educational facilities were recorded during the first 3 quarters of 2022.⁷¹ Both the military and other armed groups are recorded as being responsible for these attacks on educational facilities, and both have occupied schools, demonstrating the politicization and militarization of educational infrastructure. Soldiers have also occupied schools while children were present, putting their lives in jeopardy and raising concerns that children are being used as human shields or being held as hostages.⁷²

Restricted movement

Freedom of movement has been seriously impacted by ongoing conflict, road closures, widespread fear, risks of forced recruitment, violence— including explosions in public places – extortion, harassment, exploitation, statelessness, and abuse. Restrictions imposed by armed actors, including through imposition of curfews, roadblocks, checkpoints, and sudden/temporary closure of roads, have an impact on the movement of people and humanitarian and commercial supplies in many parts of the country, including in areas where conflict is ongoing. Access to livelihoods, medical care and education is difficult and frequently impeded by movement restrictions imposed by the de facto authorities. In a nationwide survey conducted in the second half of 2022, around one third of IDP households and non-displaced stateless households reported facing movement restrictions in the three months prior to data collection, mainly due to the presence of checkpoints and proximity to conflict.⁷³ As a result, displaced people are being forced to limit movement outside of camps, displacement sites or their homes to minimize potential exposure to safety and security risks. Limited movement for women and girls due to increased risk of sexual violence, particularly in areas with presence and movement of armed actors, has further limited access to livelihoods and support services.⁷⁴

Movement restrictions by the de facto authorities resulted in further barriers to people accessing services and exercising their fundamental rights. For example, in April 2022, a requirement was introduced for a citizenship card, generally known as the national registration card (NRC), being shown for all travel or to stay overnight at another person's home. Prior to this, travel was allowed with other documentation such as a driving licence, government labour card, or recommendation letter from a village tract/ward administrator. Under this new policy, those without a citizenship card, including stateless or displaced people are likely to face even more restricted freedom of movement.

For some 600,000 Rohingya people who remain in Rakhine (in displacement sites or their own

villages), continuing discriminatory restrictions on their citizenship, legal status, and movement make it difficult for them to access livelihoods, urgent health care and basic services. Among them, almost 130,000 Rohingya people are internally displaced, the vast majority of whom are confined to closed IDP camps where they live severely restricted lives in overcrowded conditions. Those confined to camps face administrative barriers when traveling to other villages, within and between townships, and are not able to move freely to work or go to school. They endure extremely restricted and undignified living conditions, without sufficient private space, posing additional GBV and fire risks. The remaining 470,000 Rohingya people across Rakhine, including 240,000 Rohingya people residing in villages in northern Rakhine, faced increasingly restricted movement and other challenges during the reignited AA-MAF conflict. Such systemic movement impediments, owing to a lack of documentation among Rohingya people in IDP camps and villages often result in detention and arrest or extortion when attempting to travel, even with recommendation letters.⁷⁵ Rohingya people are continuously at risk of harassment, exploitation, arrest, abuse, and detention.

The blockage of the main economic road between Sittwe and northern Rakhine in mid-August 2022 isolated communities along the road, including four Rohingya villages. On-and-off restrictions on water transport in the coastal and riverine state of Rakhine, have taken a serious toll on the resilience of the civilian population, particularly for those in the northern part of the state who rely on boat travel for livelihoods (e.g. fishing) and other daily activities. Rising commodity prices, coupled with the lack of humanitarian access impeding the delivery of food assistance, have further aggravated already widespread food insecurity.

Rohingya IDPs in Buthidaung and Maungdaw Townships have been under pressure from the de facto authorities to move from their current displacement sites to shelters offered to them in areas that are not their places of origin, and/or to shelters built in areas with land tenure issues or landmine contamination. Long-term prospects for Rohingya IDPs and refugees remain bleak given the unconducive conditions for

return to their places of origin or other places of their choosing.

Displacement

In 2022, the spread of conflict drove displacement far beyond the HNO-HRP planning figure of 556,000. As of 26 December 2022, the total number of IDPs in Myanmar stood at nearly 1.5 million people. Of the total, nearly 1.2 million people were newly displaced by armed conflict and unrest since 1 February 2021 and remain in overcrowded or otherwise inadequate displacement sites, often in jungles and forests. People are often being displaced multiple times (cyclical displacement). This depletes people's assets over time, exposes them to protection risks, and forces people to resort to negative coping mechanisms or to become fully reliant on humanitarian assistance.

- The Northwest (Chin, Magway, and Sagaing) now hosts the largest number of IDPs across Myanmar, with more than 795,000 people taking refuge there as of 26 December 2022. From early January 2022 to the end of December, the total number of IDPs in the Northwest multiplied by a factor of five (from about 150,000 in early January).
- The security situation in the Southeast (eastern Bago, Kayah, Kayin, Mon, southern Shan, and Tanintharyi) continues to feature ongoing armed clashes between the MAF and EAOs and/or PDFs, displacing an estimated 339,000 as of 26 December 2022, since the resumption of armed conflict in the area March 2021.
- In Kachin and northern Shan, the ongoing armed conflict has newly displaced nearly 22,000 people since 1 February 2021, on top of the 105,000 people already in situations of protracted displacement since 2011.
- In Rakhine, an estimated 600,000 Rohingya people (including almost 130,000 Rohingya IDPs in central Rakhine and some 470,000 non-displaced stateless Rohingya people) mostly remain without identity documents and are subject to heavy restrictions on movement, limiting their access to livelihoods, and essential services.
- In Rakhine and southern Chin, new displacement as a result of the reignited AA-MAF conflict has

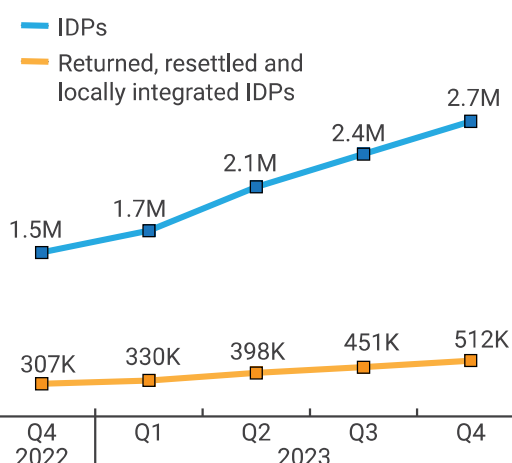
further complicated the context and is driving escalating needs. As of 5 December 2022, AA-MAF clashes resulted in the new displacement of 23,350 people since August 2022, taking the total number of IDPs from past and present AA-MAF conflict to more than 90,000.

- As of 26 December 2022, nearly 50,000 have been displaced to neighbouring India since February 2021.⁷⁶

The number of IDPs who returned, resettled, or locally integrated in the first eight months of 2022 is estimated to be around 305,600, although some who returned will have been or may be re-displaced. Returns are far outweighed by new displacement, particularly in the Northwest and Southeast. At the same time, nearly 1 million Myanmar refugees are still living in huge, overcrowded camps in Bangladesh where there remain severe protection and security concerns, with conditions not yet suitable for their safe and voluntary return to Myanmar.

Prospects for finding durable solutions seem isolated for most IDPs, and the escalation and continuation of conflict in 2022 has presented serious setbacks to the modest return solutions being explored for protracted IDPs. Ongoing conflict, safety concerns and uncertainties, keep hampering the realization of durable solutions for IDPs in the foreseeable future although the humanitarian community continues to search for opportunities wherever safe. Insecurity and the presence or movement of armed actors in IDPs' home communities has compounded pre-existing

IDP PROJECTION FOR 2023





RAKHINE.

A woman sits in front of her shelter with her two grandchildren in Rakhine, 2022.

Credit: UNHCR

challenges, in addition to landmine contamination, movement restrictions, HLP rights and limited access to basic services and livelihood opportunities in their villages of origin.

With isolated exceptions, available options for IDPs are mostly limited to local integration or resettlement in urban and peri-urban locations, benefiting a small number of people with the resources to sustain their lives in such a setting. The camp closure process being pursued by the de facto authorities remains of great concern with regard to humanitarian principles such as voluntariness, as well as the safety and dignity of IDPs and of the communities they plan to reintegrate into. The premature push for returns in some areas may pose various protection risks, including around people's physical safety and security as well as overall well-being and livelihoods.

Crisis-affected vulnerable people

The ongoing conflict is affecting all categories of the civilian population, even if they have not been displaced, with the situation facing some disadvantaged groups being of particular concern. Along with the ongoing conflict, the economic hardship is having a severe impact on the physical and mental well-being of the most vulnerable and marginalized people across the country. This includes female-headed households, persons with disabilities, older persons, children, youth, pregnant and lactating women (PLW), people with pre-existing health problems, women and girls, GBV survivors, survivors of violence, people without civil documentation and people of diverse sexual orientations and gender identities.

- Women and girls are particularly vulnerable to GBV because of gender inequality and discrimination in Myanmar.

- Children are at risk of child labour, child marriage including neglect and exploitation.
- Boys and girls of all ages face violence and protection concerns, while adolescence brings exposure to new forms of violence due to harmful coping mechanisms within the family.
- As the conflict dynamic is changing, young people are increasingly at risk of being recruited or involved in child labour, while adolescent girls are particularly at risk of early and forced marriage.
- Cyber harassment and other forms of GBV, including sexual violence, affect both girls and boys.
- Protection monitoring in the Northeast and central Rakhine found that nearly 50 per cent of persons with disabilities and older persons faced constraints accessing basic and specialized services.⁷⁷
- Older people and persons with disabilities are also at increased risk of separation from their families especially in emergency situations such as natural disasters.
- Persons with disabilities and LGBTQI+ people often have fewer avenues for receiving important, relevant emergency information, which may have an impact on their vulnerability.

A lack of trust in the justice system and law enforcement personnel, difficulties facing legal service providers who themselves have been threatened, as well as legal actors' unwillingness to engage with the relevant authorities have led the community, including GBV survivors, to shift to informal justice systems, often resulting in poor outcomes for women. Furthermore, societal discrimination, gender norms and gaps in Myanmar's legal and policy framework hinder any protections available to various specific groups, including separated or unaccompanied children, persons with disabilities, older persons, female or child-headed households and people of diverse sexual orientation and gender identities. A culture of social punishment via social media is also of growing concern.

LGBTQI+

LGBTQI+ people in Myanmar society are not readily accepted, although they are considered to contribute to the income-generating activities of the household. According to interviews with 13 LGBTQI+ representatives as part of the 2022 Gender Profile, in various circumstances before February 2021, LGBTQI+ people had managed their own businesses, engaged in online selling, or were privately employed. Jobs were largely in the service and entertainment industries, ranging from shop vendors, to teachers and providers of beauty services to shamans/spirit mediums. After the pandemic and the political crisis, many lost their livelihoods and now must compete in other sectors to secure work, including private employment, doing daily manual labour, farming and engaging in trade business, often online. Many venues which demanded their services – such as for weddings and other ceremonies – either closed or restricted engagements to family members due to COVID-19 risks. The pandemic and political crises also led to a drop in demand because people had less money for such services. To cope with the situation, some said they sold their properties and now work night jobs. Their mobility is constrained as they are not able to travel outside of the country, or even in regions and townships, leaving them with no options for livelihood activities.

"It's challenging for LGBTQI+ people to quit their jobs that they love and pursue undesirable careers."

LGBTQI+ people have long experienced limited support from their families and communities, according to the 2022 Gender Profile interviews. LGBTQI+ people often live alone and are not accepted by their families. The current situation has worsened their access to support structures, and most express that there are few organizations providing them support. Some organize small peer support groups for those coping with unemployment, discrimination in communities, or those who have mental health and psychosocial support (MHPSS) needs. In the current context, they say they need psychosocial support that is safe, along with more opportunities for livelihoods where they will not be discriminated against.

To increase their access to financial assets, land, skills, knowledge, and capital resources for livelihoods, LGBTQI+ people said they are expected to act as 'normal people'. This makes them feel discriminated against, and bullying has worsened after February 2021. However, LGBTQI+ people belonging to financially secure or educated families have better access to these resources. Family can also act as a buffer in some circumstances.

While most of the LGBTQI+ key informants (KIs) said they can participate in community-level work, they noted that they cannot participate in community decision-making. Some witnessed increased community discrimination against them since the crises, whereas others felt that the crises had improved their relationships with their communities, uniting them against common struggles. However, they noted that they face significant additional security risks due to soldiers, including being killed or assaulted.

Persons with disabilities

Women, men, and children with disabilities face discrimination and stigmatization in Myanmar and are disproportionately affected by the new and protracted crises. With widespread armed violence across the country in populated areas, many have become disabled as a result of newly acquired injuries – including the rising number of adults and children who have survived EO incidents.

While there has been much hard work on disability inclusion in Myanmar in recent years, the military takeover and the pandemic have created additional barriers to inclusive programming and information collection, leaving many needs unquantified and unaddressed. The availability of data about the needs and preferences of, as well as the response delivered to, persons with disabilities has been severely affected by the political crisis and conflict. Platforms for persons with disabilities to advocate for change have been eroded due to risks of reprisals. This has created a severe gap of information about persons with disabilities and their specific needs, although the response is working to address this through the

establishment of a Disability Technical Advisory Group (TAG) and through the MSNA data. Scale-up inter-agency Accountability to Affected People (AAP) work in 2023 will further help fill some of these information gaps on needs.

While information is far from complete, available data shows that the needs of persons with disabilities across the board have certainly been amplified by the conflict, including education, food security, health, nutrition, and protection. The combination of physical or mental impairments, difficulties in mobility, poor communication infrastructure, limited rights and discriminatory social attitudes have created additional barriers for persons with disabilities to access information about risks, opportunities, humanitarian aid and family tracing. The collapse of the state health-care system has deprived persons with disabilities of routine care and rehabilitation. There are also institutional, attitudinal, and physical barriers to medical assistance, ongoing health care and rehabilitation.

Persons with disabilities are reportedly struggling to find livelihood opportunities in view of the socioeconomic collapse in Myanmar. Many of them are dependent on the informal economy and their need for financial support is growing. The combination of the economic crisis, food shortages, and the lack of a dependable and sustainable route for financial aid has exacerbated their pre-existing challenges, especially those with intersecting identities.

In conflict areas, especially in rural locations, persons with disabilities and elderly people are often unable to flee due to mobility limitations, or as a result of not being reached with warnings. Myanmar CSOs and organizations of persons with disabilities (OPDs) have traditionally conducted awareness raising activities with the public and provided services directly to persons with disabilities, with disability rights organizations advocating for policies to protect the rights of persons with disabilities. However, the military takeover has largely disrupted these networks, leaving major gaps. Disability rights activists who had previously engaged with representatives of the previous administration to support the rollout and

Disability inclusion in emergency settings

To better capture the needs and preferences of persons with disabilities, the humanitarian community organized a consultation session with 26 representatives from 8 organizations in October 2022. Sign language and spoken-word interpreters were used during these sessions to maximise engagement and participation. Participants, who had a diverse range of hearing, intellectual, physical, and visual impairments, raised a range of enablers and barriers to inclusion of persons with disabilities in disaster or conflict settings.

Persons with disabilities reported that they face a lack of appropriate and early communication on risks and humanitarian assistance or are excluded altogether from communications. Limited transportation and disability-accessible formats are key barriers to participation, along with a lack of income and job opportunities. Those with invisible or intellectual impairments, in particular, are often excluded. The consultations made clear that improved awareness among humanitarian actors on disability inclusion is needed, including prioritizing persons with disabilities when assistance is limited and adjusting programs to be more inclusive of persons with disabilities. Elderly persons and children with mental and physical impairments, for example, should be given enough time to participate in workshops and meetings. Other enablers include captioning, sign language interpretation, appropriate and accessible accommodation or shelter, assistive technology, and other accessible formats to allow for greater participation and inclusion.

implementation of the 2015 Rights of Persons with Disabilities Law have seen this progress come to a halt since 2021.⁷⁸ In fact, such activists' previous engagement with the former administration has become a risk factor, exposing them to the possibility of arrest, surveillance, or violence.

Women and girls

The ways in which boys and girls experience violence are intrinsically tied to gender roles and community expectations. Additionally, these risks are often shaped by their age. Conflict has led to increased safety concerns for women. Surveys conducted in November and December of 2021 among more than 2,000 women in all regions and states of Myanmar found that more than half of the women (56 per cent) reported feeling unsafe outside of their own ward or village during the day and nearly one third (30 per cent) reported feeling unsafe within their own ward or village.⁷⁹ These are significant increases from comparable data in 2019, where only 4 per cent reported feeling unsafe during the day, highlighting the diminishing sense of safety women are experiencing amidst ongoing conflict.

- Disturbingly, across comparable surveys, more women reported feeling unsafe in their own home at the end of 2021 (25 per cent) than they did walking alone at night in 2019 (15 per cent).
- In conflict-affected townships, a higher percentage of women reported feeling unsafe in their own

wards or villages, outside their ward or village, and at night in their own home compared to other townships.

Women, including PLW, face limited economic opportunities. Those fundamentally reliant on humanitarian assistance may also be psychologically affected and forced to resort to transactional sex, trafficking, and other high-risk coping strategies as aid diminishes and other strategies are depleted. Under current conditions, stress has mounted for women in general, given that they are primarily responsible for household chores and errands. Female-headed households take additional risks to go out and work. Where there are constant troop movements and there is frequently a presence of armed actors near the camps or villages, women and girls often curtail their movement. Women and girls can be adversely affected psychologically due to GBV incidents and require continuous psychosocial support.

According to the 2022 Myanmar Gender Profile FGDs, women noted they are engaging in daily paid labour due to the economic strain of multiple crises, which is having an impact on their expected household responsibilities. Employment levels are compounded by low education, which limits women and girls' ability to look for higher-paying day jobs. The fear of danger due to the conflict and of arbitrary arrest is having an impact on women's sense of freedom, as well

as access to food and other essential needs. While some of the FGD responders expressed that the humanitarian situation equally affects women, men, boys, and girls in terms of losses of property, livelihood, and access to services, others said that men are more at risk when they go out, while women are unsafe alone at home. Many felt that if they must flee, women would face more challenges.

Migrants and other people on the move

Myanmar has always been a country of significant human mobility where one in four people is an internal or international migrant. However, conflict-activity, economic downturn, banking restrictions and COVID-19 have resulted in significant and sudden loss of income for migrants, as well as families relying on remittances to meet their basic needs. Over the past two years, internal migrants lost jobs due to stay-at-home measures, travel-bans, displacement due to conflict and violence in high migrant-receiving locations, while international migrants have similarly lost employment abroad and have had to return home due to the impact of COVID-19 in neighbouring countries. Available data on returns of international migrants reports 180,000 international returns between February 2021 and 31 August 2022, with the number likely to be higher due to irregular flows which may not have been captured.⁸⁰ While this number decreased in 2022 to an approximate range of 2,000-5,000 per month, the majority of those have returned as a result of deportation, with higher risk of associated vulnerabilities.⁸¹

In 2022, with the lifting of restrictions and opening of borders, movement patterns began to shift, with outbound migration increasing significantly. As of October 2022, IOM estimates approximately 40,000 Myanmar nationals are leaving the country monthly through a range of regular and irregular pathways, with the majority migrating to Thailand. However, amongst these overall flows, the proportion of migrants migrating from or returning to conflict-affected contexts (including to/from a situation of existing displacement) has increased, with an increasing proportion of migrants also reporting that conflict and insecurity are driving factors in their migration.

These trends have been observed in recent years in the contexts of population movements to/from Kachin and Rakhine particularly, but now can also be said of movements to/from a range of locations nationwide – including those with typically high out-migration and return rates, such as Kayin and Magway. These populations in conflict-affected areas face increased risk of resorting to unsafe migration as a coping strategy to escape from the many negative impacts of the deterioration in the economic and security situation, posing greater risks of trafficking, exploitation, or abusive recruitment practices, including from displacement sites such as camps.

The growing complexity in overall migrant mobility is coupled with evidence that vulnerabilities⁸² among cross-border migrant populations are high and increasing. Among surveyed returning migrants in Myawaddy, the vast majority (86 per cent) had been subject to some form of abusive treatment during their migration experience; up to 27 per cent reported being subject to various forms of labour exploitation prior to return; 86 per cent indicated that they needed livelihoods support; and 77 per cent reported cash and 36 per cent indicated food as a primary need.⁸³

Additionally, migrants are exposed to a unique set of sociocultural, socioeconomic, and environmental factors that render them more vulnerable to health risks, including lack of access to health services and information, living environments that are more conducive to engaging in high-risk behaviour, social disruption caused by migration, unsafe living conditions, as well as a lack of access to education and social services. Access to basic health services has been historically low in socially and geographically hard-to-reach areas where many migrants reside, particularly in border areas, which are typically areas of high poverty. These areas create emergent risks and vulnerabilities to diseases following the escalation of conflict and changes in socioeconomic dynamics due to developments along the border and transport corridors. This can lead to late diagnosis, poor treatment-seeking behaviour, lack of access to treatment, and potential for transmission to others, particularly when combined with

discriminatory attitudes towards migrants in terms of access to services.

In this context, there is a strong link between needs and the mobility of populations. Particularly vulnerable migrants include:

- Those who have experienced exploitation, trafficking, or abuse as part of their migration.
- Those who have been forced to return home, especially to conflict-affected locations, without prior planning, due to COVID-related restrictions, job losses, as well as conflict.
- Those who may adopt unsafe migration as a coping strategy to escape the many hardships resulting from the current crisis, including many displaced people.

These individuals need a range of support including increased awareness of unsafe migration practices and risks such as human trafficking; access to safe transportation home; access to cash, non-food items (NFI), clothes, food, medical care and other forms of direct assistance to meet immediate needs in the situation of unplanned movement/returns; access to protection assistance (e.g. provision of safe shelter in the case of migrants who have been trafficked and are at risk from traffickers, legal assistance to support with redress against trafficking or abuse, MHPSS, etc.) and access to health assistance in areas of greater risk and vulnerability, such as hard-to-reach conflict-affected border areas. Moreover, efforts should be made to ensure that vulnerable migrants are captured in targeting for humanitarian assistance, including through data collection exercises, so that there is a more granular understanding of movements within the country and across borders. Active outreach and identification of these vulnerable groups and increased capacity of the wider humanitarian community to identify, refer and report cases for specialized assistance should be prioritized.

Agriculture

Although the pressure of the COVID-19 pandemic eased in 2022, the food security situation in Myanmar continued to deteriorate due to a combination of

factors. The global economic situation, linked to the Ukraine crisis, has driven soaring inflation, making food even more unaffordable for many struggling families. In August 2022, the price of fuel began to climb once again (by 28 per cent, on average, in one month), with diesel up 23 per cent and octanes up 34 per cent, on average, compared to July 2022.⁸⁴ Compared to one year ago, the prices of octanes and diesel are up by 110 and 160 per cent, respectively.⁸⁵ This sustained increase has put upward pressure on nearly all commodity retail prices through rising transportation costs. The domestic prices of urea, the most important fertilizer used by rice farmers, and compound fertilizer in July 2022, were 91 and 75 per cent higher respectively, compared to July 2021. The prices of herbicides and pesticides also increased by 50 and 38 per cent, respectively.⁸⁶ These high fertilizer price increases were mostly driven by international price changes, the depreciation of the local currency, and increased fuel and transportation costs locally. As of September 2022, the cost of fertilizers was four times higher than in 2019.⁸⁷

Ongoing difficulties in accessing fertilizer, below-average rainfall, movement restrictions and insufficient and expensive fuel led to challenges in crop production throughout 2022. Along with the cost of agricultural inputs, labour prices increased, affecting the ability of farmers to plant and harvest crops. Skyrocketing fuel prices also reduced farmers' capacity to access mechanized agriculture and to transport their produce to markets. By August/September 2022, nearly half (47 per cent) of assessed farmers reported having no access to fertilizer. Farmers were thus forced to spend more on services and imported farm inputs despite using less and reducing hired labour. This lowered productivity in 2022.

In a nationwide survey, more households reported a decrease in area planted between the months of August and September in 2022 (23 per cent) than in 2021 (15 per cent).⁸⁸ This reduction in area planted was slightly more pronounced among rice and cash crop producers, compared to producers of vegetables, fruit or nuts. Consequently, a little over half (51 per cent) of assessed farmers reported a decrease in harvest in August-September 2022, more than

the same time last year (45 per cent in August and September 2021).⁸⁹ Similarly, nearly half (47 per cent) of all livestock producers reported a decrease in herd or flock size, compared to 42 per cent in 2021, due to the increased price of feed as well as livestock diseases, mainly African Swine Fever affecting pigs.

The outlook for future food production is bleak. Paddy is the most produced and consumed cereal in Myanmar. The main rainfed paddy crop, which accounts for more than 80 per cent of the annual production, is forecast to see a drop in 2022 total production – 10 per cent below the five-year average level.⁹⁰ This is largely due to the limited use of key agricultural inputs as a result of high prices. Decreased production, stemming from localized paddy crop losses, combined with the high prices of energy, fuel and essential food items, may cause a significant decline in output leading to a deterioration of food availability and affordability, and subsequent food security outcomes in 2023.⁹¹ These challenges are further exacerbated in heavy conflict areas due to displacement, EO contamination risks, protection and safety threats, and disrupted value chains.

Agricultural production, which accounted for half of total employment (around 10 million jobs) at the end of 2020, is now facing serious challenges. Displacement is a major impediment to maintaining food production in rural areas and to overall food availability. Displacement is heavily concentrated in rural areas, where 70 per cent of the population relies on agriculture, making this a major factor in the continuity of production.⁹² Among farmers who reported a reduction in area planted, nearly one third (32 per cent) cited conflict as the main reason, mainly in Rakhine and Sagaing. Moreover, access to land also constitutes a major constraint on food security. Indeed, in 2022, trends showed an increase in land confiscation, expropriation and land-grabbing cases by the de facto authorities and powerful individuals and companies, along with increased cases of landmines being placed around farmland in Kayah and Kayin, hindering villagers' access to land. Parallel land registry systems are also emerging between de facto authorities and EAOs, causing confusion among local populations regarding where they should register

their land ownership. The number of IDPs requesting assistance on land registration has increased.

Disaster impacts and natural hazards

Myanmar is one of the world's most disaster-prone countries with its geography and geology exposing it to multiple hazards including earthquakes, floods, strong wind, cyclones, storm surge, periodic droughts, fires, and tsunamis, as well as industrial and technological hazards, some of which have the potential to impact large numbers of people. The 2023 Index for Risk Management (INFORM) Risk Index places Myanmar at number one in the world in terms of exposure to hazards overall, with 10/10 for human hazards (current conflict intensity and projected conflict risk) and 7.8/10 for natural disasters. It is ranked 4th highest globally in terms of exposure to natural hazards (after the Philippines, Bangladesh, and Japan), largely due to the risk of floods (9.9/10), earthquakes (9.1/10), and tsunamis (8.9/10).

More than 13 million people are estimated to have been affected by disasters in Myanmar since 2002, which included a total of 3, category 4 cyclones, several major earthquakes, and heavy flooding. In 2008, Tropical Cyclone Nargis devastated southern Myanmar, killing an estimated 140,000 people, displacing 800,000 people, and causing extensive damage to infrastructure. There have been many lessons learned since then and efforts made to improve disaster risk reduction measures, early warning capacity and preparedness for response, although some of these systems have been heavily undermined by the recent turmoil. Tropical Cyclone Komen caused devastating floods and landslides in 2015, which affected more than 9 million people in 12 of the country's 14 regions and states, killing 172 people and temporarily displacing 1.7 million. More recently, in July and August 2021 monsoon floods affected more than 120,000 people across various parts of the country (Kayin, Mon, Rakhine, eastern parts of Shan, as well as Tanintharyi) and resulted in the loss of crops and increased food insecurity.⁹³

Myanmar's monsoon season occurs from May to October, resulting in seasonal flooding that has a

great impact on communities across multiple regions of the country, particularly Ayeyarwady, eastern and western Bago, Chin, Kayin, Rakhine, Sagaing and Tanintharyi. Mountainous areas within these zones are also prone to deadly landslides. Myanmar is vulnerable to cyclones before and after the monsoon season, forming in the Bay of Bengal in April-May and October-November. Communities in Ayeyarwady and Rakhine are most at risk, with six major cyclones impacting these areas since 2008.

Myanmar sits on the India-Eurasia fault line, running North to South through the major urban centres of Mandalay and Yangon with earthquakes above magnitude five occurring frequently. The risk of a tsunami is also present along Myanmar's vast coastline and would have a devastating impact on communities in Ayeyarwady, Mon, Rakhine and Tanintharyi.⁹⁴ In addition to significant loss of life, livelihoods, and property, natural disasters are estimated to cost up to 3 per cent of Myanmar's annual GDP, and the longer-term impacts may be still greater.

Myanmar will continue to face significant threats from natural disasters throughout 2023, intensified by climate change, and will have reduced capacity to cope with these shocks due to the current crisis. An INFORM Risk Index analysis was undertaken at the township level across Myanmar in 2019. This allowed for the identification of townships that are most exposed to natural and human hazards, have the most disaster-vulnerable people, and are the least capable of managing an emergency within existing local resources without becoming overwhelmed. It can be assumed that the current situation has had a negative impact on the risk level and coping capacity across all townships; however, this information gives a guide to areas that were already at an elevated risk and remains a useful indicator of vulnerability hotspots in the worsening situation. The regions and states that were considered high or very high risk overall were in Kachin, Kayin, Rakhine and Shan. Townships in these states scored poorly across the domains of human-induced hazards (conflict), high levels of vulnerability, and lack of coping capacity. Additionally, townships in Kayin and Rakhine scored high on natural hazard risks.

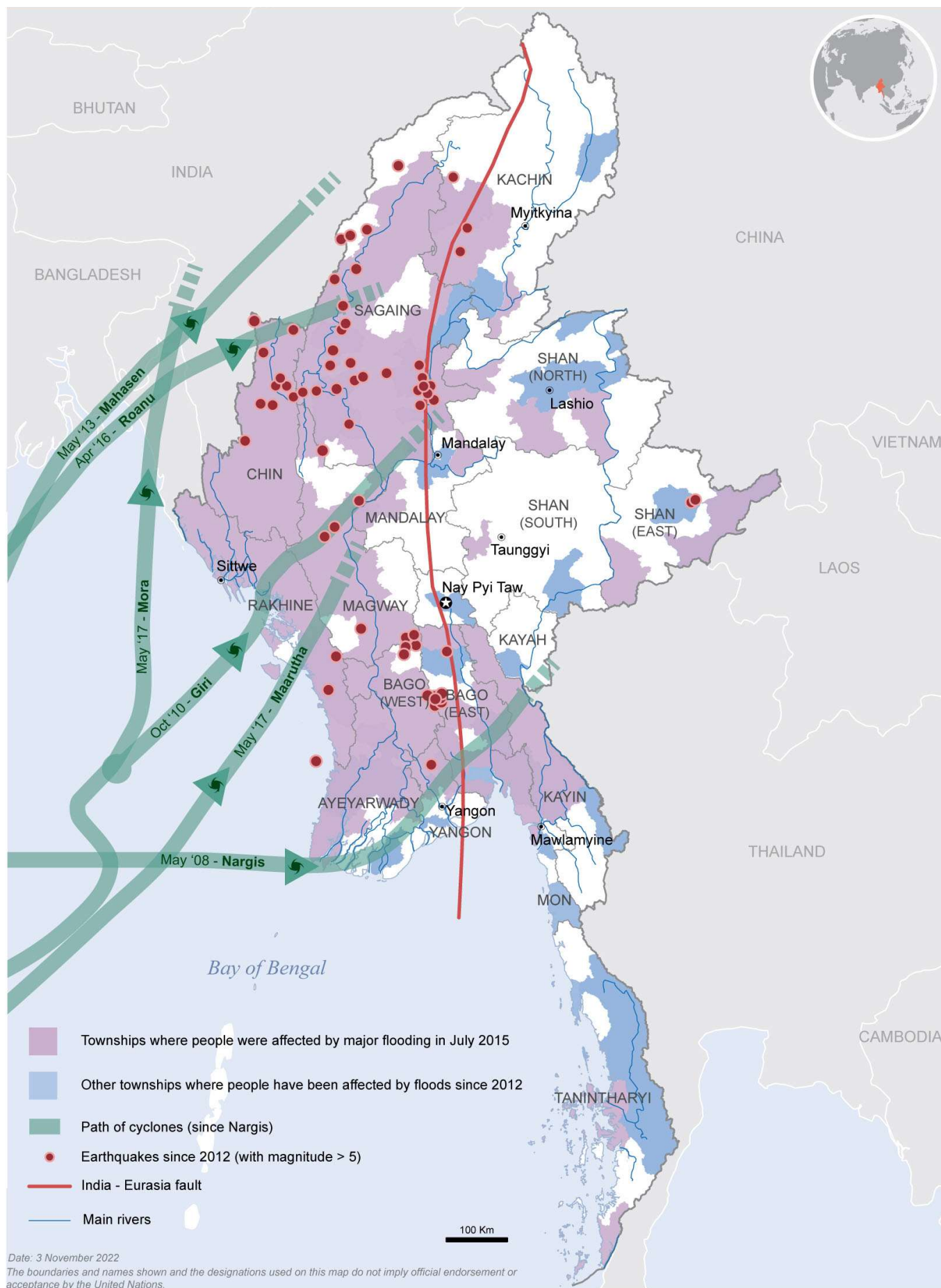
The 2019 INFORM Risk Index data also identified other regions and states that had high levels of vulnerability. While Ayeyarwady, Chin and Sagaing were, at the time, considered low risk overall, all scored highly on indicators related to socioeconomic vulnerability and vulnerable groups. The situation in Chin, Magway and Sagaing has since deteriorated dramatically due to the escalating conflict since 2021 and thus would likely score very high on overall risk if assessed in the current situation. Of note, many townships in Ayeyarwady also scored high on risks to natural hazards. The least vulnerable areas were townships around Bago, Mandalay, and Yangon; however, these have now become hotspots for violence since the takeover and were badly hit by COVID economic shocks.

Coping capacity was also measured across the country at township level as part of the 2019 INFORM Risk Index. It measured the country's disaster resilience and the capacity of the existing infrastructure to contribute to disaster risk reduction. It found that the townships with the least coping capacity were in the border areas of the country, which would have since been further undermined by escalating conflict and intense displacement. Townships along the central riverine plains were identified as those with the highest levels of coping capacity but even these areas have faced significant interruptions to public services and systems since 2021, undermining response capacity.

While new data at a township level is not presently available, it can be safely assumed that many townships that had previously been identified as low and medium risk in 2019 would likely score much higher for 2023. Nationwide there has been increased exposure to conflict-related hazards, an increase in vulnerability, and a decrease in coping capacity.

There were fewer people displaced by disaster in 2022 than in previous years so current levels of preparedness have not been fully tested. A lack of clarity about the national disaster response architecture and cash shortages have led to delays in disaster programming and limited organizations' ability to divert their scarce resources to disaster preparedness and response.

Significant disaster impacts in Myanmar since 2012



Water, sanitation, and hygiene services

Even before the military takeover, in 2019 more than half of the population of Myanmar lacked access to safely-managed drinking water services – in rural areas, this was closer to two-thirds.⁹⁵ This included 18 per cent of people who were using what is considered the worst classifications of ‘unimproved’ water services or ‘surface’ water.⁹⁶ In 2022, among the most vulnerable, the situation does not appear to have improved. In fact, the 2022 MSNA confirmed that safe water access is still very low for the most vulnerable groups, especially among non-displaced stateless people, where almost half of households reported using unsafe water sources for drinking both during the monsoon (43 per cent) and dry season (42 per cent).⁹⁷ This includes rainwater collection, unprotected well, unprotected spring, and surface water. Alarmingly, more than one third of non-displaced stateless households in Rakhine reported surface water as their most common drinking water source. During the monsoon season, nearly one-third (27 per cent) of IDP households reported unsafe water as their main source for drinking.⁹⁸ In the dry season, water scarcity is a major issue.

In displacement camps, geographical and access constraints, movement restrictions imposed on IDPs, the lack of access to livelihoods, and the lack of land ownership and local leadership inside the camps are major impediments to improved water, sanitation and hygiene (WASH) services. This leads to a lack of sustainability of WASH services, and the skilled and empowered communities required to manage them, increasing public health risks. Shrinking humanitarian access throughout the country exposes the population to additional vulnerabilities. Moreover, the situation in the protracted displacement sites has worsened due to the shortage of funds. Many operational and maintenance activities have been dropped for semi-permanent WASH facilities, despite the continuous need for such activities.

Climate trends and shocks, such as extended dry/hot seasons and intensified monsoon flooding, are also having an impact on the physical and psychological well-being of people. Severe water scarcity during the hot/dry season leaves some wells and water

sources dry, forcing people – especially IDPs in protracted camps due to restrictions on movement – to fetch surface water or rely on humanitarian water boating. For other vulnerable people, the MSNA found that many are unable to buy water and may resort to contaminated sources or to travelling long distances, sometimes to unsafe areas, in search of potable water for drinking and domestic use. The monsoon season leads to flooding, damaged WASH facilities, and contaminated water sources – especially in IDP settlements. The unaffordability of water purification kits and flood mitigation supplies leaves IDPs most affected and particularly at risk of waterborne diseases.

Health services

The military takeover, followed by the CDM and restrictions on the provision of medical care and supplies, have had a severe impact on the health system, from the highest levels in the de facto Ministry of Health (MoH) to frontline community health workers within the public sector. Moving into 2023, the already gravely deteriorated standard of health services is expected to worsen even further leaving more unmet needs.

Life-saving health services are still seriously disrupted in the conflict-affected areas. Access restrictions are obstructing the transportation of medical supplies and mobile clinic activities. Curfews (from midnight to 4am in Yangon townships) and martial law orders limiting movement at night also pose extreme challenges for emergency referral services.

There continues to be a shortage of health-care workers due to the many public sector workers involved in the CDM, with some reportedly arrested, intimidated, forced to resign, or forced to return to work. Others have resigned of their own accord, gone into hiding, or are incommunicado, leading to a mounting care gap, including for those in critical strategic and technical roles. Increasing personnel safety concerns also forced humanitarian health partners to temporarily suspend some mobile clinic outreach services in conflict-affected areas, with many INGOs no longer permitted to continue operations.

From an operational perspective, procurement and supply management has also been affected, as there are severe limitations on both international and local procurement systems. The issuance of tax exemption certificates and customs clearances for the importation of goods have been disrupted since 1 February 2021. If this continues, there is a serious risk of national shortages of essential medicines and medical supplies in the country, possibly affecting all health programmes.

The state of the health system and its heavy politicization remains of grave concern. Provision of primary health-care services to communities is a challenge due to security, procurement, and capacity constraints. From near zero attacks in 2018, 2019 and 2020, 339 attacks on health-care workers have been reported between 1 February 2021 and 31 December 2022, resulting in 49 deaths and 172 injuries. Each attack is deeply concerning and affects access to and availability of essential health services – especially women, children, and other vulnerable groups.

Primary health-care services at the community-level remain a dire need in crisis-affected areas in Myanmar, for maternal, child and adolescent health, sexual and reproductive health, mental health care, psychosocial support, and GBV clinical care and prevention.

The significant increase in the use of explosive weapons and the resulting injuries are concerning and mean complementary packages to expand primary health care to deliver emergency surgery, trauma and rehabilitation are urgently needed. Victims of landmines and other EO face severe challenges in Myanmar, as there are major shortfalls in support and services to this vulnerable group.

- Orthotic fitting services are poor, waiting times are long, and there are few centres offering case management.
- Availability of several components of victim assistance (physical rehabilitation, MHPSS, assistive devices, including prosthetics, and livelihoods) remains inadequate.

- A lack of physicians trained in emergency medicine located in rural areas renders emergency care for mine/ERW survivors extremely inaccessible.
- Rehabilitation services are often unavailable to persons with disabilities, especially in rural areas.
- Victims are left traumatized, disabled, excluded, and stigmatized and face other complex challenges.⁹⁹

The compounding effects of the political and socioeconomic crises and the severe deterioration of the humanitarian context in Myanmar continue to take a significant toll on the mental and psychosocial well-being of people throughout the country, particularly affecting those in vulnerable groups such as children, women, persons living with disabilities, IDPs, stateless people, members of the LGBTQI+ community, elderly, and those with pre-existing mental health problems. The general public is affected by the current crises, leading to the need for psychosocial support among men and boys as well.

The public sector breakdown has greatly affected access to health services for GBV survivors. Furthermore, the safety and security of CSOs and women's organizations, which often serve as the entry point for women and girls to access required support and services, is under threat. This could further affect help-seeking behaviours of women and girls and their service uptake. Given the prospect of loss of or limited access to economic and livelihood opportunities, prolonged political crisis and intensification of conflict, elevated risk factors for GBV will remain in 2023.

Education

Education has been heavily affected by the conflict and general crisis in Myanmar. This includes the use and occupation of schools by armed groups or displaced people, as well as damage from shelling in various regions. At least 125 attacks on educational facilities were recorded during the first 3 quarters of 2022.¹⁰⁰ Escalating conflict added to the challenges already faced by the education sector due to COVID-19-related school closures, which left 13 million children and adolescents without access to “organized learning”

between March 2020 and at least June 2021, when schools remained closed.

The use of schools and universities by armed forces or groups, along with the subsequent targeting of these schools, places education in the crosshairs. In Myanmar, this has resulted in the injury and killing of teachers, students, and other civilians, as well as the destruction of educational infrastructure. Adding to this, education has become politicized as part of the CDM, which has, in turn, created a culture of fear around attending state schools or universities. Caregivers cited safety concerns and attitudes toward military-provided services among the main reasons for not sending their children to public schools. Combined, the attacks on and the politicization of education have meant direct harm to students and teachers, as well as significantly reduced school attendance.

Clashes have made movement for children and educators harder as they have to go through checkpoints, including to school. In many cases, girls have been temporarily stopping attending school due to fear of GBV, while boys have halted their attendance because of fear of harassment at checkpoints and potential forceful recruitment into armed groups. Children with disabilities have been strongly impacted by the crisis, losing access to education due to the destruction of school infrastructure (as temporary learning centres rarely have accessibility features) and because of teachers' displacement. Lack of sufficient teachers to support learning, especially in the non-formal education stream, has led to overcrowding in the few opportunities available and poor learning experiences. This is worse in Rakhine, where the de facto authorities stopped the payment of salaries for volunteer teachers who, over the years, had been filling the staffing gap in schools in Rohingya communities.

Shelter/NFI services

Following the February 2021 military takeover and surging displacement across many parts of the country, shelter, NFI and camp coordination needs have increased in scale and depth, both for new and protracted IDPs. Needs are reportedly high in new areas where frequent and large-scale displacement is

ongoing such as Chin, Magway, and Sagaing, as well as various states in the Southeast. Access to these areas is very limited and it is often not possible to provide comprehensive site services, exacerbating needs. Many newly displaced people are staying in informal sites in jungles and forested areas, without access to clean water or proper shelter and with few livelihood opportunities. They also face serious protection threats, including GBV risks, particularly for vulnerable groups. IDPs are also reported to be moving around frequently to avoid conflict hotspots which is making it even more difficult to provide sustainable services.

More than 253,000 people are living in protracted displacement camps in multiple states where frequent monitoring of services is needed to mitigate against protection incidents such as extortion by camp management committees and others who have been re-appointed by the de facto authorities.¹⁰¹ Monitoring has become increasingly difficult after the military takeover, with humanitarian organizations facing severe access constraints that are causing service gaps and unmet needs.

The lack of adequate access to health services is also affecting the physical and mental well-being of affected people in camps and camp-like settings, resulting in increased vulnerabilities and protection risks.

Communications

Myanmar's online space has been steadily shrinking since the military takeover, and in 2022, it has become one of the countries with the least internet freedom. In the Global Internet Freedom report, out of a total score of 100, Myanmar dropped from 17 points in 2021 to only 12 points in 2022. Myanmar's score for internet accessibility out of a total of 25 dropped from 4 points in 2021 to 2 points in 2022.¹⁰² Communities have experienced targeted internet shutdowns, creating communication blackholes that cut access to information and stifle dissent. Significant price hikes for data usage and phone calls, along with SIM card registration requirements, are also hindering further communications.

In February 2021, the de facto authorities banned Facebook and WhatsApp, which were being used to organize demonstrations against the military takeover and instructed providers to block Instagram and Twitter shortly after. Later, the de facto authorities blocked more than 200 websites under Section 77 of the Telecommunications Law as part of the military's campaign against what it claims is "misinformation." This campaign of censorship intensified over the following months. With the aim of bringing Myanmar's telecommunications sector under its control, the de facto authorities ordered the two companies operating in the country to hand over all their customer data.

Disruptions to internet connectivity and mobile networks across many parts of the country are frequent, especially in areas of conflict such as the Northwest and Southeast. The military imposed more internet shutdowns than any country last year, aside from India, with 15 blackouts according to Access Now.¹⁰³ In some areas such as Sagaing, the blackouts are ongoing. Regional shutdowns have been reported and continue across Chin, Kayah, Kachin, Magway, and Mandalay, where intense fighting between the MAF and EAOs and/or PDFs is ongoing. Recurring internet shutdowns have taken place in at least 54 townships across the country.

Regular disruption of internet connectivity and the mobile network leaves people, particularly those affected by the ongoing conflict, without access to key online services, cutting off access to early warning systems, information, and two-way communications. This has made access to complaint and feedback mechanisms extremely challenging. People's ability to report the violations of their rights has also been hampered. Those attempting to leave their homes have limited means to find out information to help keep themselves safe, such as where attacks may be launched.

People are often unable to transfer or receive funds as they are cut off from mobile payment services. People have limited ways to share health information or receive medical attention, in violation of their right to health, and risks of GBV have been exacerbated with reduced means to seek out online help. Meanwhile,

children who were already unable to receive in-school education are cut out of online means of learning, leading to an increasing number of school dropout cases, and reported cases of child marriage. Humanitarian actors who remain in the country struggle to monitor and report on the situation and are often unable to communicate safely with each other to provide essential aid.

Transport, markets and prices

The ongoing security situation across Myanmar and the lingering impacts of COVID-19 on the global economy, along with the cascading effects from the food and energy crisis related to the Russia-Ukraine conflict, had an impact on logistics and transportation and in turn, markets, and commodity prices in Myanmar.

Oil products (crude oil and processed petroleum) in Myanmar are almost all imported.¹⁰⁴ Changes in international oil prices have a direct effect on prices in Myanmar.¹⁰⁵ In fact, 94 per cent of oil products in Myanmar are used as inputs for the production of other goods and services, with most petroleum products used by the transport sector.¹⁰⁶ Therefore, increased petroleum costs have a cascading effect on the prices of all marketed goods and services in the economy.

Compared to one year ago, the prices of diesel and octanes are up between 79 and 43 per cent respectively as of October 2022.¹⁰⁷ Prices for premium diesel nearly tripled in Myanmar between February 2021 and April 2022.¹⁰⁸ On top of this, mobility restrictions and roadblocks, often directly linked to insecurity and conflict, between regions and states, along with required TAs, further increased transportation costs.¹⁰⁹ Costs also increased due to cash shortages, late payments by clients, and additional requests for payments at security checkpoints. In fact, according to transporters, destinations encounter around 6 to 10 checkpoints on average, leading to an increase in additional requests for payments.¹¹⁰ The increased number of checkpoints also lengthened transportation times, resulting in a further increased cost.¹¹¹ All of these transportation costs significantly impact on logistics supply chains,

commodity prices, and the delivery of humanitarian services for people in need.¹¹²

The affordability of basic items worsened throughout 2022. The multi-faceted effects of disrupted production, increased transport costs, global inflation, currency depreciation of the Myanmar Kyat, rising fuel prices, declining stocks, and supply chain constraints all contributed to inflation in the cost of food and NFIs, thus putting a significant strain on households' ability to meet their basic needs. Commodity prices (including for agriculture inputs) in conflict-affected regions have increased more sharply than elsewhere, leading to an increased risk of food insecurity.¹¹³

- Compared to October 2021, the cost of a basic food basket was 56 per cent higher in October 2022; rice was 56 per cent higher due to global inflation, currency devaluation, disrupted production and high transport costs linked to increased global oil prices. The average cost of the basic food basket now ranges from 21,000 Myanmar Kyat to 28,000 Myanmar Kyat.
- Edible oils, in particular, saw a dramatic increase in prices in 2022.¹¹⁴ Global inflation, poor local exchange rates and high transport costs, along with Indonesia's temporary ban on the export of palm oil and supply shortages at wholesalers, caused the price of edible oil to increase by 83 per cent in Myanmar over one year.¹¹⁵

Despite the challenges of increasing market prices, most IDPs, non-displaced stateless people, and other vulnerable people can still access markets. For example, according to the MSNA, 74 per cent of IDPs

could reach a market or grocery store in less than 15 minutes by foot, and 91 per cent faced no barriers to access. However, insecurity and distance are more a challenge for some populations, particularly those living in remote and conflict-affected areas.

Banking

While cash liquidity constraints have marginally eased in 2022, increased financial restrictions severely limited the response capacity of many humanitarian organizations, leading to unmet needs. Delays and excessive documentation requests are common, and for partners who do not have valid registration and Memorandums of Understanding (MoU), receiving funds in Myanmar is increasingly challenging.

In April 2022, the Central Bank of Myanmar (CBM) issued a formal notification to individuals, companies, and other organizations in Myanmar that they would be converting all existing and new foreign currency income from abroad to Myanmar Kyat within one working day of receipt. As a result, many partners suddenly faced the prospect of their USD balances in their bank accounts converted into Myanmar Kyat and additionally faced restrictions on withdrawing this cash. While there were exemptions granted to UN agencies and some INGOs later, it remains an issue for others, including national NGOs. The new foreign exchange rules caused further disruptions for business, leading to additional price spikes and fears of fuel shortages, underscored by the long lines witnessed at petrol stations in mid-April 2022.

In a survey of 97 representatives from a diverse cross-section of CSOs in Myanmar who are on the front line of providing support to vulnerable people (especially women and families), banking issues were high on their list of concerns – in particular, lack of access to banks – as the most significant safety and security concern affecting service provision (79 per cent). Participants reported that the banking systems were a safety and security risk. They were subject to surveillance and the crisis had disrupted their funding flows, leaving unmet needs. Participants said that some CSOs withdrew all their funds, anticipating that accounts might be frozen or tracked. They then faced the risks associated with storing cash and dispersing funds amongst staff members. If they did use the banking system, participants were careful not to receive or send large sums as this drew unwanted attention and questioning. CSOs also noted that banking fees had also increased (one participant noted fees of 6-10 per cent) and that the Myanmar Kyat had been affected by depreciation and inflation.

In August 2022, the CBM issued new guidance reminding mobile money operators to comply with requirements under the mobile financial service regulations. This includes the enforcement of Know Your Customer (KYC) principles for all transactions, including level one over-the-counter transactions. This has created challenges for humanitarian programs, given that many people receiving assistance do not have acceptable identification documents or feel uncomfortable sharing that information with the mobile money companies. This has led to significant obstacles for organizations wanting to distribute directly to participants via mobile financial services.

In October 2022, the FATF placed Myanmar on its list of high-risk jurisdictions (blacklist) due to “serious strategic deficiencies to counter money laundering, terrorist financing, and financing of proliferation.”¹¹⁶ As of writing, the full extent of the impact of the FATF listing and related enhanced due diligence measures, particularly those related to funding flows for humanitarian assistance, is still to be determined and remains highly dependent on any additional sanctions being imposed by individual Member States. There is potential for further de-risking by regional and global financial institutions and a loss of faith in Myanmar’s financial institutions, leading to delays in payments and increased documentation requirements.

Impact on humanitarian access

The access situation in Myanmar remains severely constrained by movement restrictions imposed by the de facto authorities and ongoing fighting, although COVID-19 related restrictions have eased over the past year. In some areas, the access situation deteriorated in 2022 with substantial challenges caused by the restrictive bureaucratic and administrative requirements imposed on humanitarian agencies to operate in the country and limits on the movement of humanitarian staff. Expired MoUs and delays in MoU

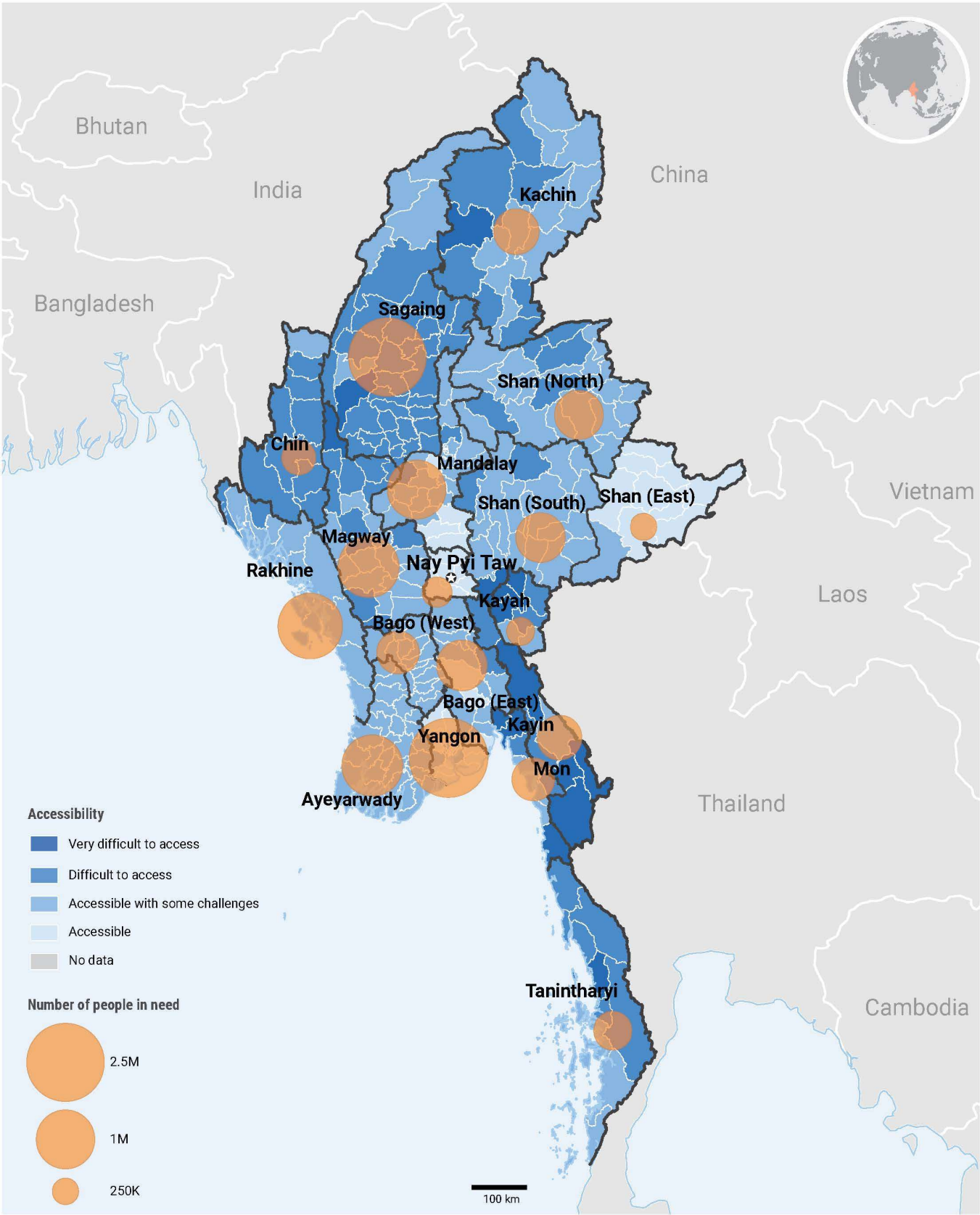
and registration renewals since the military takeover on 1 February 2021 have affected the issuance of visas for international staff coming into Myanmar and TAs for movements within the country by humanitarian organizations, greatly affecting operations. This, in turn, has resulted in an increased reliance on local actors who have had to take on additional risks to provide critical frontline support.

A new analysis of the severity of access constraints shows that the proportion of people in need in *difficult* or *very difficult* to access areas has increased heading into 2023, with 6.4 million people now in these categories.

The situation for IDPs is particularly concerning. In total, 82 per cent of IDPs (including returned, resettled, locally integrated people) are estimated to be located in *difficult* or *very difficult* to reach areas.

In addition to the administrative and bureaucratic impediments, other access constraints having an impact on humanitarian operations include interference with humanitarian activities, ongoing hostilities, as well as violence against humanitarian personnel. Globally, Myanmar recorded the second highest number of aid workers killed (15), and the fourth highest number of aid workers injured (six) in 2022 according to the Aid Worker Security Database as of 27 December 2022.¹¹⁷ The presence of landmines, EO, air strikes, artillery fire, and arson attacks have affected humanitarian activities across all regions and states, and in some incidents, damaged or destroyed humanitarian infrastructure. Arrest and detention of humanitarian personnel remain a major concern, with staff of local CSOs most at risk. In this environment, the ability of the affected people to access services and assistance has also been substantially constrained.

Humanitarian access overview map



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.

People in need by access level

POPULATION GROUP	ACCESS LEVEL			
	VERY DIFFICULT TO ACCESS	DIFFICULT TO ACCESS	ACCESSIBLE WITH SOME CHALLENGES	ACCESSIBLE
IDPs	588K	1.6M	493K	9K
Returned, resettled and locally integrated IDPs	112K	305K	94K	2K
Non-displaced stateless people		126K	320K	
Other crisis-affected people with humanitarian needs	561K	3.1M	8.6M	1.7M
Total	1.2M	5.2M	9.5M	1.7M

KAYAH

After a week-long journey on foot, IDPs fleeing attacks in their home town find refuge near the Thai border in Kayah, 2022. Credit: UN/S. Modola



1.3

Scope of Analysis

Given the dramatic deterioration in the situation over the course of 2022, the anticipated depth of needs in new areas, and the overall deterioration of the food security and livelihoods situation country-wide, the HCT decided to continue the broader national scope of analysis of the humanitarian situation and needs in Myanmar in 2023.

The 2023 numbers reflect the unprecedented scale and humanitarian consequences of the current crises affecting the country, especially for women and children and other vulnerable groups. The methodology and wider scope accurately frame the situation in Myanmar as a whole-of-country, complex and multi-dimensional crisis, where there are grave protection concerns and risks, and food insecurity is deepening, requiring scaled-up humanitarian, nexus and development interventions to stop people slipping into more severe need, including acute malnutrition. Several larger datasets and broad consultations have been used to establish intersectoral vulnerability, including the food security assessment and MSNA, which both cover the entire country.

The national approach, informed by improved data collection, unmet needs in 2021 and 2022 and the worsening situation on the ground, have all resulted in the identification of an even greater number of people

in need in the HNO 2023. It is important to note that the numbers for 2023 can be compared fairly well with the HNO 2022 numbers, as a similar methodology has been used in both years. HNOs prior to 2022 did not assess or analyze needs in many of the now affected areas and population groups, because they were outside the HNO scope and thus no baseline data exists for these locations for comparison. While the situation has certainly seriously deteriorated since 1 February 2021, it is possible that at least some of the newly included needs may have existed in previous years but had not been measured.

There will be a stocktake of projections and the direction of needs on the ground in mid-2023, once additional data and clarity on conflict and other trends are available. This analysis will be shared in the form of a mid-year report, building on a Quarter 1 monitoring dashboard. To fill information and data gaps moving forward, the humanitarian community is planning to put more focus on monitoring trends in 2023 to provide on a regular basis a comprehensive analysis of the needs in all sectors across the country. It is envisaged that humanitarians will again conduct an MSNA exercise for 2024.

Scope of analysis matrix

Population groups

	IDPs	Returned, resettled and locally integrated IDPs	Non-displaced stateless people	Other crisis-affected people with humanitarian needs
Ayeyarwady	YES	YES	NO	YES
Bago (eastern)	YES	YES	NO	YES
Bago (western)	NO	NO	NO	YES
Chin	YES	YES	NO	YES
Kachin	YES	YES	NO	YES
Kayah	YES	YES	NO	YES
Kayin	YES	YES	NO	YES
Magway	YES	YES	NO	YES
Mandalay	YES	YES	NO	YES
Mon	YES	YES	NO	YES
Nay Pyi Taw	NO	NO	NO	YES
Rakhine	YES	YES	YES	YES
Sagaing	YES	YES	NO	YES
Shan (eastern)	NO	NO	NO	YES
Shan (northern)	YES	YES	NO	YES
Shan (southern)	YES	YES	NO	YES
Tanintharyi	YES	YES	NO	YES
Yangon	YES	YES	NO	YES



KAYIN

Mother tends to her sleeping child in Kayin, 2022.

Credit: UNOPS/LIFT

1.4

Humanitarian Conditions and Severity of Needs

Humanitarian conditions

Recognising the multi-dimensional and interconnected nature of humanitarian needs and vulnerability, the Inter-Cluster Coordination Group (ICCG) has undertaken an intersectoral severity analysis of the humanitarian challenges and protection risks faced by the population groups prioritized in this HNO. This will inform the joint response prioritization in the Humanitarian Response Plan (HRP) that will follow in January of 2023.

The term “humanitarian conditions” is used here to denote the impact of a shock or series of shocks on affected people in different locations and population groups. These shocks then contribute to the three

interrelated “humanitarian consequences” (living standards, physical and mental well-being, coping mechanisms).

This year’s joint analysis identified specific underlying factors, with associated vulnerability characteristics, that are contributing to the humanitarian conditions (including commonalities and differences) within and between different population groups and geographical locations. While the entire country is considered to be within the scope of the analysis, needs remain most severe in five key regions – the Northwest, Southeast, Rakhine, Northeast and central Myanmar.

Across all four population groups, children under the age of five, unaccompanied and separated

People in need

PEOPLE IN NEED	TOTAL CASELOAD	SEVERITY LEVEL MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	LOCATIONS
IDPs (Projection)	2.7M	-	-	159K	2.5M	-	Armed conflict, Inter-communal violence, Natural hazards	Eastern Bago, Chin, Kachin, Kayah, Kayin, Magway, Mon, Rakhine, Sagaing, northern and southern Shan, Tanintharyi
Returned, resettled and locally integrated IDPs (Projection)	512K	-	-	324K	188K	-	Armed conflict, Natural hazards	Eastern Bago, Kachin, Kayah, Kayin, Mon, Rakhine, northern and southern Shan
Non-displaced stateless people	447K	-	-	-	447K	-	Inter-communal violence, Natural hazards	Rakhine
Other crisis-affected people with humanitarian needs	52.3M	1.1M	37.3M	12.4M	1.5M	-	Armed conflict, Inter-communal violence, Natural hazards	Countrywide

children, PLW, elderly people, persons with disabilities, and people with diverse sexual orientations and gender identities and expressions have specific needs. GBV risks cut across all population groups. In most areas, strengthening social cohesion among all affected communities, especially between IDPs and host communities, remains crucial. Needs for life-saving information on protection, safety and accessing assistance are common across all groups and protection needs cut across all locations and population groups.

Internally displaced people

The number of IDPs within Myanmar substantially exceeded planning figures in 2022. Of the almost 1.5 million IDPs in Myanmar at year's end (of whom 27 per cent are women, 24 per cent are girls, and 25 per cent are boys), nearly 1.2 million have been displaced by armed conflict and unrest since the 1 February

2021 military takeover.¹¹⁸ Of those displaced since the takeover, more than 795,000 IDPs are sheltering in northwestern Myanmar (the largest IDP population), with 624,000 IDPs in Sagaing; 124,400 IDPs in Magway; and 47,200 IDPs in Chin. The southeast of Myanmar hosts the second largest number of IDPs, with 339,000 across the area: 85,900 IDPs in Kayah; 55,100 IDPs in southern Shan; 91,700 IDPs in Kayin; 24,000 IDPs in Mon; 27,900 IDPs in Tanintharyi, and 54,400 IDPs in eastern Bago.

It is anticipated that conflict and displacement will continue at a similar or higher pace into 2023. The current emergency needs of IDPs will be even greater in 2023 given the anticipated trends and the high proportion of unmet needs in 2022.

Severity of needs among current IDPs directly correlates with conflict intensity, with 2.5 million IDPs

(93 per cent) in “extreme” and 159,000 (7 per cent) in “severe” categories respectively.

Commonalities across all displacement locations

While the underlying factors, nature of displacement, and people’s associated vulnerabilities vary, there are commonalities in the overall critical problems faced by IDPs and their corresponding needs depending on their situations (i.e. whether they are living in protracted displacement or have been newly displaced from their homes).

In 2021 and 2022, protracted and new IDPs have experienced a general deterioration in their living standards, initially due to the lingering impacts of the COVID-19 pandemic and later the political crisis and related conflict. This has been compounded by rising fuel, transport, and commodity prices; devaluation of the Myanmar Kyat; higher banking fees and transfer charges; withdrawal limits; and internet and phone blackouts that limit access to mobile money and information on assistance. Livelihood activities and job opportunities are limited across conflict areas due to the overall security situation and landmine contamination in many areas. This has resulted in IDPs being unable to meet basic needs due to degraded access to scarce essential services, including food, livelihoods, primary health care, nutritional support, shelter, relief items, WASH facilities, formal and non-formal education, protection, including child protection and GBV services, psychosocial support and mental health care, and specialized services for people with specific needs. Humanitarians are faced with reduced access to displaced people overall, undermining the quality and quantity of assistance available, and resulting in unmet needs.

Access to health care has been particularly affected. **Barriers to accessing health care are highest among IDP and non-displaced stateless households. Roughly one in five IDP households report that they are unable to afford treatment.**¹¹⁹ Many IDPs face ongoing difficulties accessing private hospitals or clinics as an alternative to public sector services, as many are only operating at the minimum level. These facilities are also often not a viable alternative due to service and transport expenses. In some locations, the distance

to the nearest services, movement restrictions, fear of arrest, physical violence, or extortion at checkpoints, are also hindering access to health services.

Particular to areas with active conflict, **access to food and livelihood opportunities** is being severely disrupted, creating and exacerbating existing protection and health risks. IDPs repeatedly list food as a priority need in FGDs, and CSOs report that some **IDP households have no food to eat at all.**¹²⁰ Ongoing conflict and movement restrictions imposed by the de facto authorities continue to undermine people’s capacity to produce and source enough nutritious food. The economic situation since the military takeover, combined with price rises, has affected people’s capacity to afford food, which has become scarce in some conflict areas. Delays in protection and humanitarian service provision, including cash distributions due to access constraints, are negatively affecting food security in some locations and as result IDPs are resorting to harmful coping strategies, including eating less food, selling items, or buying lower quality food. They are forced to make high-risk life choices such as taking on hazardous or exploitative work that may entail trafficking or other forms of exploitation and abuse.

The rapid pace of new displacement in hard-to-reach areas is resulting in a proliferation of **informal sites without appropriate planning** and featuring a lack of privacy, safety, and electricity. **More than half of IDPs note they are living in unsafe shelter types.** In Kayin and Kayah, the largest proportion of IDP households report living in tents, at 25 per cent and 19 per cent, respectively. **Many say they lack sufficient relief items (NFIs). Households report their shelters leak during rain, are unsafe, and lack insulation from heat/cold** which is extremely problematic in Myanmar’s often extreme weather.¹²¹ Makeshift shelters in temporary locations are often constructed using locally available materials that are below minimum standards and are operated without adequate camp coordination support or systems, often undercutting inclusion of women and people with specific needs (e.g., persons with disabilities) in decision-making about these sites. Better quality and a higher volume of emergency shelter and NFIs are urgently needed in many parts of the country. In protracted displacement

sites, renovation, repairs, maintenance, reconstruction, and replacement of shelters is required after significant interruptions due to access denials, conflict, and COVID-19.

Newly arrived IDPs have reported challenges accessing safe water and dignified sanitation and hygiene items and facilities in informal settlements. **Nearly one-third of IDPs say they do not have access to water sources of sufficient quality.**¹²² For protracted displacement, renewed needs have emerged, with most WASH facilities in camps and displacement sites requiring significant maintenance to meet the requirements of growing populations. Maintenance is often not possible in the areas of highest conflict intensity, leaving unmet needs. Limited access, unavailability of WASH supplies, and increased commodity prices are hampering the humanitarian response to needs, potentially prolonging suffering. IDPs are resorting to different coping strategies that negatively affect on their health, well-being and environment, including drinking water that has been contaminated due to nearby open defecation.

Children who have been displaced since the military takeover in areas that are difficult to reach have reduced access to education and to the internet or phone, meaning online learning is not an option. Compared to other surveyed population groups, **a higher proportion of IDP children (6-14 years) and youth (15-18 years) were not enrolled in any formal schooling; trends similar to other population groups were found in terms of the regularity of attendance of IDP children when enrolled.**¹²³ Children and young people displaced before 2021 have long been disadvantaged in terms of access to quality education. Barriers such as lack of mother tongue-based learning in ethnic areas, discrimination and unequal socioeconomic status have meant many were left behind their peers in educational attainment. Additional barriers exist for displaced Rohingya children due to statelessness and restrictions on their freedom of movement. For the same reasons, displaced children and young people are the least likely to successfully re-start formal education without targeted support from the humanitarian community.

Forced recruitment, extortion and EO continue to put IDPs and host communities at risk. A staggering 40 per cent of IDP households report they have been affected by EO in the past year.¹²⁴ Landmine and EO contamination continue to be a major impediment to safe and voluntary returns of IDPs. The presence of armed actors very close to camps, and the occasional entrance of armed actors into camps without prior discussion with IDPs, are key protection concerns for affected people. In 2022, there have been increasing reports of forced recruitment by multiple armed actors, particularly in Shan. **Forced recruitment is a significant protection risk associated with the prolonged closure of schools in conflict-affected areas.** Children are at heightened risk of being recruited or forcibly enlisted into various armed forces or choosing to voluntarily enlist in an environment where they no longer have the supportive structure of school. Drug use, petty crime, and early and forced marriage are also risks as a result of prolonged displacement. Education spaces are a critical platform for development of life skills, as well as community engagement; their closure limits preventative messaging and skills development, including for prevention of COVID-19.

Freedom of movement is significantly restricted by conflict and insecurity, the heightened presence of security forces, EAOs and PDFs in towns and villages, increased checkpoints coupled with identity checks and other administrative barriers, and discouragement by community and camp leaders of people moving outside of the camps or displacement sites. In Rakhine, stateless Rohingya IDPs face additional movement restrictions which limit their capacity to engage in community life outside of their own camps and villages. This inhibits people's access to services and livelihood opportunities. Self-imposed limits on movement at night are among the coping strategies being adopted by the affected community to counter concerns over community safety. **More than a third of IDP households reported that they faced movement restrictions in the previous three months, mostly from the presence of checkpoints (64 per cent) and proximity to conflict (55 per cent).**¹²⁵ **One in four households who faced restrictions noted that they had been threatened with violence.**

Instability and conflict, as well as the erosion of **fundamental rights is having** a direct impact on the overall safety, dignity, physical and mental well-being of IDPs and leading to **heightened protection risks**, with continued reports of civilian casualties, allegations of violations of IHL and IHRL, arbitrary detention, and widespread reports of extortion in affected areas. The presence of armed personnel within IDP camps has been observed, posing additional risks and violating safe spaces, which should have a distinctly civilian and humanitarian character. Diminished access to civil documentation and citizenship, safeguards on HLP rights, and accountability mechanisms for rights violations, increase the risk of harassment and extortion, compromise resilience and reduce the prospect of safe and lasting solutions.

Across IDP settings, there is a heightened **risk of child marriage, GBV, exploitation, and abuse**. The increase in displacement nationwide, along with the general deterioration in living standards, is creating a situation where **women and girls face heightened risks of GBV**. **Many safety audits highlight poor living conditions where women and girls do not have private spaces, lighting is poor, and WASH facilities are not separated for women and girls in displacement sites**. This has resulted in distress and insecurity for women and girls, further aggravated for those with disabilities.

The **overall feeling of safety in the community has decreased** due to factors including the increased presence of security forces, movement of armed personnel, actual conflict, the establishment of additional checkpoints in different locations and arbitrary searches and arrests. This is acute for women and girls. **The most common fear reported by households for women and girls – upwards of 40 per cent of all IDP households – is sexual harassment and violence.**¹²⁶ **Nearly one in four IDP households say that a top fear for girls and women is being injured or killed by an explosive hazard; this climbs to one-third for men and boys.**¹²⁷ This constant exposure to high-stress, conflict situations is taking its toll on the **mental health and psychosocial well-being of IDPs and the community at large**. As a result, the **resilience and coping capacity** – physical, financial, and emotional – of displaced people is under strain. Delayed or absent assistance is adding to this stress and uncertainty,

forcing people to borrow money or food, sell limited assets or to buy on credit, putting themselves in an endless debt cycle. Some displaced people have depleted their savings or sold productive assets (e.g., tools) – something that is extremely difficult to reverse. The chances of return are diminished in this environment, adding to people's uncertainty and distress. Field colleagues operating at the sub-national level, including many local responders and community-based organizations (CBOs) have voiced concerns that host communities in conflict areas are now at similar levels of need to the displaced people they are hosting with household stockpiles of supplies running out and nothing left to share with those sheltering in their villages.

Returned, resettled or locally integrated IDPs

Opportunities for durable solutions for IDPs including return, resettlement or local integration were still limited in 2022 given the active conflict affecting many parts of the country. While humanitarians support IDPs wishing to return to their home villages, it is critical that such movements are safe, voluntary, and sustainable. This remains challenging in 2022 with limits on the ability of humanitarians to assess and monitor conditions. Landmines and other EO are still a barrier to safe return with the escalation of fighting since the takeover. The numbers for IDPs who have previously returned, resettled, or locally integrated as of August 2022 stands at:

STATE/ REGION	# IDP RETURNEES/ RESETTLED/ LOCALLY INTEGRATED	FEMALE	CHILDREN
Bago (eastern)	9,134	53%	35%
Kachin	20,380	49%	38%
Kayah	81,157	49%	31%
Kayin	28,151	51%	39%
Mon	22,284	53%	34%
Rakhine	7,804	52%	34%
Shan (northern)	59,726	50%	38%
Shan (southern)	66,874	51%	35%
Tanintharyi	11,089	50%	37%

Of these existing returnees, 7 per cent are in “severe”, 34 per cent in “extreme” and 59 per cent in “catastrophic” categories in terms of the severity of their need.

In many return and resettlement areas, decades of conflict and displacement have weakened traditional community support systems, while poverty and lack of basic infrastructure have further decreased the absorption capacity of local host communities. Livelihoods, access to available national social protection mechanisms and education – already challenging for IDPs and those in rural areas – were affected by COVID-19 in 2021 and are further compromised by the present political, conflict and economic situation.

People returning to their homes continue to be affected by ongoing conflict, increasing insecurity and instability, adversely affecting their humanitarian situation, with access to livelihood opportunities and basic services severely limited. Many areas of return or resettlement remain physically unsafe due to the fluidity and dynamics of conflict, the continued presence of armed actors, and landmines and EO which threaten the physical and mental well-being of returnees. In Kachin, for example, returnees reported to humanitarian actors that they feel unsafe due to the presence of armed actors, including the MAF. Proximity to armed actors also presents immediate protection risks for returnees, including conflict-related sexual violence, violence against women and girls, forced recruitment of men and boys, arbitrary arrest, and detention, and forced labour as porters for armed actors. Clashes often reignite near return sites, making the return process unsustainable in some areas. Access to education is a challenge for parents and children returning or resettling outside IDP camps. Schools are often not located near the communities, particularly at post-primary level, and/or the schools remain closed in many areas with a low probability of continued access to humanitarian-run temporary learning spaces.

Returnees’ experiences of displacement before their return or resettlement also significantly affect on their psychosocial well-being, which is

rarely being adequately addressed due to limited access and services in return or resettlement areas. Notably, the uncertainty that comes from recurrent displacement can foster a pervasive sense of fear among vulnerable groups and has an impact on their willingness and ability to participate in society, use services, save money for the future, and seek income-generating opportunities. Limited access to basic public services and uncertainty about HLP rights, compounded in some cases by the effects of armed conflict, also contribute to harmful coping mechanisms and returnees’ continued dependence on humanitarian assistance.

The conflict has presented serious setbacks to the modest return solutions being explored for protracted IDPs in Kachin, Kayin, and northern Shan. Although IDPs in Kachin had remained hopeful in the early days of the takeover, the continuation of conflict in 2022 presented serious setbacks to the modest return solutions being explored for protracted IDPs. Resilience and coping strategies for IDPs who have been living in protracted displacement will diminish further over time given the inadequate safeguards around fundamental rights (civil documentation, HLP), reduced self-reliance and recovery opportunities, potentially resulting in attempts to seek less than ideal solutions such as premature returns or perilous migration avenues. The risk of trafficking has increased significantly given the economic crisis and worsening security situation.

In the Southeast and northern Shan, displacement is often short term, and many IDPs return to their villages of origin after days or weeks. However, repeated displacement is regularly reported. While some IDPs are able to go back to their villages of origin in some locations, IDPs generally remain concerned to do so in this area because of the ongoing presence of security forces and landmine risks. Such transient displacement contributes to a further deterioration of food security, loss of property and livelihoods, and inconsistent access to protection, education and other services. Newly displaced people who quickly return to their places of origin remain at high risk of being displaced again and may require assistance to resume livelihoods.

In southern Chin and Rakhine, the de facto authorities developed a plan to potentially facilitate returns of those displaced during the AA-MAF conflict in 2019, including offers of assistance and cash for shelter reconstruction. However, given the resumption in conflict at mid-year, IDPs continue to express concerns about the proximity of armed actors to their homes, the potential for further clashes depending on the strength of the ceasefire, anticipated challenges to re-establishing themselves and resuming seasonal livelihood activities, and landmine contamination both in villages of origin and agricultural areas.

- An intention survey carried out by the Protection Cluster and partners across central Rakhine between October 2021 to May 2022, before the resumption of conflict, found that only 15 per cent of IDPs displaced in the previous AA-MAF conflict (December 2018 - November 2020) planned to return.
- Most (79 per cent) intended to remain in their current displacement site or camp due to fear of presence of weapon bearers (37 per cent), fear of armed clashes (14 per cent), fear of EO, landmines and UXO (13 per cent), and fear of insecurity in their village of origin (12 per cent).

In early September 2022, the de facto authorities told almost 16,000 IDPs sheltering in various IDP camps and displacement sites in Chin, Rakhine, and Shan that they would need to return home by the end of October 2022. The de facto authorities informed the IDPs that they would provide support to the returnees, but simultaneously indicated that they will cut off the assistance provided to IDPs who stay in displacement sites and refuse to return. During engagements and consultations with many of these IDPs across the three states, many have reported that they oppose the return plans and requested an extension of the deadline, initially until the end of 2022 but also into 2023; they also said they need support via transportation and return packages to rebuild their homes and restore their livelihoods in their villages of origin upon their return or relocation. Many reported that they are afraid to return due to insecurity, especially in areas where hostilities continue. Other concerns expressed are the

lack of access to basic services, including education, health, and livelihoods.

The de facto authorities have continued with plans to close the Kyauk Ta Lone Camp in Kyaukpyu township of Rakhine, which hosts 334 households (more than 1,000 people) from the Kaman and Rohingya communities who were originally displaced during the 2012 conflict. The closure of Kyauk Ta Lone Camp was first announced in January 2020 as a pilot for the National Strategy on Closure of IDP Camps. A relocation site was identified, and the groundwork started during the same year with the construction of housing units. Construction work was halted after the 2021 military takeover but eventually resumed in September 2021. The de facto authorities initially indicated that they planned to close this camp after the rainy season and immediately start the relocation process. The camp closure at Kyauk Ta Lone is moving ahead despite objections from IDPs about disaster exposure, livelihood opportunities and freedom of movement at the new site. The IDPs in the Kyauk Ta Lone Camp have expressed concerns that the relocation site is in a flood-prone area and close to two military bases. Furthermore, some of those in this camp are Rohingya people who face discriminatory restrictions on access to citizenship and movement, which further impede their access to livelihoods and basic services. The plan to proceed with camp closures amid ongoing tensions between the AA and the MAF places yet another burden on the IDPs and risks exposing them to various protection threats.

Non-displaced stateless people

According to the 2014 census across most of Myanmar (some parts of Kachin, Kayin, and Rakhine, were excluded, including the Rohingya people), more than 25 per cent of the population over 10 years old were identified as being without identity or nationality documents. In Rakhine and other parts of the country, approximately 470,000 non-displaced stateless Rohingya people (of whom 33 per cent are women and 19 per cent are girls and 18 per cent are boys) continue to face challenges in accessing civil and citizenship documentation and basic services.

Unresolved Rohingya refugee crisis

Nearly 890,000 Rohingya refugees from Myanmar are living at the Kutupalong and Nayapara refugee camps in Bangladesh's Cox's Bazar - which have grown to become the largest and most densely populated camps in the world. Approximately 75 per cent of refugees living in the Cox's Bazar arrived in September 2017. They joined more than 200,000 Rohingya people who had fled Myanmar in previous years. More than half of those who have arrived are women and children. The monsoon season runs from June to October each year and brings heavy rainfall and strong winds to Bangladesh, increasing the risk of floods and landslides. Hundreds of thousands of Rohingya people have found refuge in flimsy shelters made of bamboo and tarpaulins that have been built in areas prone to landslides and frequently cannot withstand torrential rains and heavy winds. The rainy season also exacerbates the risk of communicable diseases – such as hepatitis, malaria, dengue and chikungunya – in crowded camps that do not have proper water and sanitation facilities, putting children and the elderly at particular risk. In addition, the current security situation in the camps has deteriorated due to the impacts of criminal groups, making these places less safe.¹²⁸

Citizenship in Myanmar remains governed by the 2008 Constitution and the 1982 Myanmar Citizenship Law ('1982 Law'), which is not consistent with Myanmar's international obligations, specifically, the prohibition of discrimination on the ground of race. Numerous legal and administrative barriers are faced by different groups, particularly Rohingya people, across Myanmar in obtaining nationality documents. These challenges include:

- Discrimination based on an applicant's religion and ethnicity through legislation, policy and local orders that are in place in northern Rakhine. Even when eligible for full citizenship, Rohingya people are usually granted 'naturalized citizenship' rather than indigenous citizenship with fewer rights, including political participation. Moreover, some people from the officially recognized ethnic groups face complex procedures and discriminatory practices related to the determination of nationality - for instance, the Kokang ethnic minority group in northern Shan due to perceived affiliation with China.
- The lack of access to comprehensive and transparent information relevant to the citizenship process.
- Geographical isolation, notably those in remote locations and conflict-afflicted areas.
- Gender inequality, with women reporting difficulties in accessing information and men being prioritized given they are likely to have better livelihood opportunities.
- Associated costs and prohibitively high unofficial fees amounting to extortion.
- Complicated, lengthy discriminatory and burdensome administrative requirements and/or application processes, especially for Rohingya people, with the burden of proof resting fully on the applicant. Those who are not part of the 135 recognized ethnic groups (for example, Pashu and other people of Chinese, Indian and Nepali descent) can only apply for citizenship documentation at the closest National Registration and Citizenship Department Township Office, which may not always be accessible due to distance, conflict, limited freedom of movement or socioeconomic capacity.
- Exclusion of Rohingya people and other marginalized groups from the issuance of citizenship cards and processes for updating household lists being provided to indigenous (recognized) ethnicities under the nationwide "Flowerbed Project", which the de facto authorities launched in the second quarter of 2021.

In August 2022, the NUG called on international organizations to support its endeavours to achieve justice and peace for the country's persecuted Rohingya ethnic minority, noting that this will be contingent on the return of democracy in Myanmar. In the meantime Rohingya people remain disproportionately affected by discriminatory policies and practices around civil documentation and citizenship, as well as freedom of movement – both

of which restrict access to livelihoods, urgent health care, and basic services. Lack of civil and citizenship documents places affected groups at heightened risk of social, protection and health vulnerabilities, diminishes their capacity to cope with crisis and shocks, and increases the potential for negative coping strategies (e.g., informal debt and assets sales) being adopted due to limits on availability of safer options (e.g., bank loans).

Despite the challenges posed by the current citizenship legal and policy frameworks, efforts should continue to raise awareness around avenues for pursuing civil documentation and citizenship, as well as support available to individuals and communities wishing to obtain documentation. Since February 2021, further restrictions have been imposed on some Rohingya IDP camps and villages (e.g., old reporting rules for camp access and TA procedures between townships in some locations being reinstated), as well as the imposition of a previously abandoned policy that foresees the imprisonment of Rohingya people apprehended for travelling without documentation within Myanmar.

Their unresolved legal status related discriminatory policies and prejudiced or negative perceptions further place Rohingya people at heightened risk of intimidation, harassment, forced labour, abuse, and negative coping mechanisms such as child or forced marriage, unsafe or high-risk migration leading to increased human trafficking, GBV, family separation, physical insecurity, and rights violations. Incidents of extortion have been reported, with stateless people being most susceptible when they attempt to access livelihoods, education, food, nutrition, or health care, particularly because of the permissions and authorizations required. According to protection monitoring, since January 2021, most of those affected by extortion were Rohingya people targeted when crossing security checkpoints or accessing public services. Ongoing segregation poses additional risks of community tension and hostility, undermining efforts to build social cohesion.

Challenges faced by people in Rohingya villages across Rakhine are compounded by poor living conditions, inadequate housing, and precarious land

tenure. Limited resources for and access to supplies of suitable shelter materials prohibit the construction of robust permanent homes that would better support the occupants' health, well-being, and physical safety, as well as ability to provide adequate privacy to reduce the protection concerns of women and girls. Longer-term improvements to Rohingya people's well-being will not be achievable without the fundamental protection afforded by secure family shelter as a platform for a safer future.

Heavily restricted access to formal health services, including public hospitals and clinics as a result of long-standing discrimination, marginalization, and travel restrictions (including evening curfews and extortionary fees at checkpoints), contribute to the poor health outcomes observed among Rohingya communities. Lack of primary health care in Rohingya villages, the high cost of accessing secondary health care in hospitals, and problems accessing tertiary health care in capital cities as a result of movement restrictions are all contributing to inadequate access to health services among Rohingya communities. The consequences of these restrictions can be extreme, with delays in accessing health care sometimes causing life-threatening suffering as a result of MHPSS issues and death from medical emergencies. Lack of freedom of movement to reach essential health and nutritional services has further compromised stateless people's already poor nutrition status. The prevalence of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) in Rakhine, before the 2017 violence in the north of the state, already exceeded the emergency nutrition thresholds under the WHO standard classification criteria. Infants, children under five years, and PLW are the most vulnerable groups needing nutritional care. Furthermore, limited access to agricultural land, high levels of debt and the collapse of value chains has critically affected the food security situation of non-displaced stateless people.

Women and girls face particular challenges, including their vulnerability to GBV, sexual exploitation and abuse (SEA), trafficking, their roles in protecting children and families, and their specific needs for sexual and reproductive health services. Given the already high levels of maternal mortality in the region, this remains

a serious concern, highlighting the need for mobile health services, and approval for them to operate, allowing the integration of sexual and reproductive health support, MHPSS, nutrition diagnosis and treatment, and GBV support. Lack of gender equality and women's empowerment has also contributed to the prevalence of intimate partner violence among the Rohingya community, fuelling both physical and psychological suffering for survivors, children, and related family members.

Many Rohingya people have now spent a decade in overcrowded displacement camps or confined in Rohingya-only villages with severe limits on freedom of movement and oppressive interaction with people in positions of authority and this has had serious cumulative impacts on their mental health and well-being. Rohingya people face competing instructions, administrative directives and pressures from both the MAF and different armed actors including tax collection in exchange for movement and services. This was further exacerbated as the AA-MAF conflict intensified in 2022. With community networks disrupted by COVID-19 and the additional complexities of the political situation, risks of psychological distress have further increased.

Movement restrictions, the socioeconomic situation and widespread absenteeism of officially appointed teachers in schools have hindered the Rohingya communities' access to formal education in 2021 and into 2022. Lack of access to education, protection services and information increase vulnerability to child abuse, neglect, and exploitation. A culture of impunity, concerns about repercussions against victims by perpetrators and a lack of access to appropriate notification avenues or skills, make the reporting of GBV and SEA particularly challenging for Rohingya women and girls. In some locations, no GBV services are available for survivors to receive quality responses in a timely manner, which is compounded by the need to seek approval for their movement. Children are at increased risk of being separated from their families, trafficked, exploited, sexually abused, neglected, and mistreated.¹²⁹ Conflict-related sexual violence against Rohingya people by armed actors remains a high

risk given past documented abuses, particularly in northern Rakhine.

AA-MAF clashes in southern Chin and Rakhine in early 2019 affected Rohingya villages and placed people at increased risk of civilian casualties due to landmines, fighting, and movement restrictions that impeded villagers fleeing to temporary safety. Alongside damage to crops and agricultural land, and loss of livestock, the presence of landmines contributed to food insecurity, driving food assistance needs. A ceasefire collapsed in mid-2022, reigniting fighting and trapping many Rohingya people between battle lines. After four months of fighting, another temporary ceasefire was agreed in November 2022, however the protection environment in Rakhine remains fragile, with communities constantly fearing a resumption in hostilities, leaving Rohingya people in a more precarious situation.

Given the underlying factors, particular vulnerabilities and critical problems noted above, **non-displaced stateless people are identified as the most severely crisis-affected group across the response, with 100 per cent categorized as experiencing 'extreme' needs.**

To minimize the adverse effects of harmful coping strategies on the overall humanitarian conditions of stateless Rohingya people, broader forms of support to build community resilience, social cohesion and peaceful co-existence are needed, including the provision of livelihoods opportunities and vocational training, social and behaviour change activities, life skills training, comprehensive sexuality education for young people and information about safe migration in partnership with development and peace actors. There are also enormous needs for support to communities to address HLP issues, access to citizenship and to secure the physical protection provided by safe shelter and secure tenure.

Other crisis-affected people with humanitarian needs

Of the 17.6 million people in humanitarian need, 14 million or 79 per cent make up the largest population group of other crisis-affected people with humanitarian needs. Other crisis-affected people with humanitarian

needs are those at risk of slipping into the most severe levels of humanitarian need if not supported with critical assistance. They include people affected by natural disasters; IDP host communities; people living in high conflict areas with restricted access to basic services to support their own survival; people with severe protection needs (e.g., people employing negative coping mechanisms, victims of trafficking, the most vulnerable migrants with humanitarian needs, EO survivors, and people with multiple vulnerabilities); non-displaced people in moderate or severe food insecurity or facing malnutrition; and people affected by other severe shocks who are unable to support their own survival. Host communities are a particularly needy group in 2023 with national consultations revealing a depletion of resources and coping capacities after almost two years of post-takeover conflict and surging displacement.

This crisis-affected people category is predominantly based on the overall analysis of the two nationwide assessments, which looked at a combination of

indicators of need and vulnerability. Key MSNA indicators and food security datasets were used as a guide to assess other threats to people's well-being and living standards in line with global poverty studies. For example, it is considered highly likely that a person who is forced to reduce food consumption because of their financial situation, would also struggle to find the necessary resources to meet other needs such as adequate shelter with access to safe water. They are also more likely to face protection risks due to the adoption of negative coping strategies. Their children are more likely to be malnourished and may be forced to work instead of attending schools because of the financial stress on families. They are more likely to face gaps in health services because they cannot afford medicine and private treatment options. Women in these households are also considered to be more exposed to GBV risks in households under economic distress. These connections and assumptions of correlations between needs across clusters are based on expert judgement and are aligned with global patterns of connected needs.

Humanitarian consequences

Understanding the needs expressed by affected people

The operating environment in Myanmar has significant impacts on the ways humanitarian actors are able to engage with affected people. Substantial disruptions to telecommunication and internet services and the closure of many media outlets have enhanced the risks facing those who report issues. Face-to-face engagement with affected people has become more challenging due to the heightened risk of surveillance, making those in need reluctant to speak. This was compounded by access challenges in 2022 due to active fighting, insecurity, bureaucratic impediments, and COVID-19-related restrictions.

The number of people in need has markedly increased during 2021, 2022 and looking forward into 2023, and in areas newly affected by conflict, there was little international humanitarian presence and a related lack of accountability and engagement mechanisms in place. Although COVID-19 restrictions have now eased across the country, making it more possible for in-person engagement with affected people, severe barriers remain due to conflict-related insecurity and movement restrictions.

In 2022, partners worked to develop safe pathways for people to share and receive information despite the difficult circumstances. While not as comprehensive or regular as needed, humanitarian actors were able

MAGWAY

A group of farmers threshing a sesame field in Magway, 2022.

Credit: FAO



to conduct numerous community consultations with affected people – including interviews, meetings with community leaders, surveys, and FGDs – as part of visits, data collection exercises, monitoring missions, and during and after distributions to better assess population needs. Furthermore, the needs of people across Myanmar were assessed nationwide through the MSNA via in-person and remote household and individual interviews. The humanitarian response has also been receiving feedback from affected people through local actors who are closely connected with the communities they are assisting.

Given that plans for a common reporting and feedback platform in Myanmar have not yet materialized (it is hoped this will be possible in 2023), to inform this analysis, the UN Office for Coordination of Humanitarian Affairs (OCHA) has analyzed a sample of 126 FGDs conducted by 8 organizations; AAP common platforms shared across 24 organizations; 53 post-distribution monitoring (PDM) surveys and assessments across 20 partners; consultations with more than 150 CSO representatives,¹³⁰ and 3 multi-sectoral assessments or online surveys. OCHA and the Disability Inclusion TAG also held a dedicated consultation with 26 representatives from 8 OPDs, complete with both sign and Myanmar language interpretation, to further inform this analysis.

While not comprehensive or statistically representative, this sample analysis provides a snapshot of the overall needs, preferences, and challenges being communicated by affected communities who received different kinds of assistance via different avenues in a range of locations in 2022, including in border areas. Findings highlighted below are the recurring trends expressed by communities, with specific population groups, including youth, LGBTQI+ and persons with disabilities emphasised. Consultations with simultaneous interpretation were conducted with local organizations and the outcomes from these have been used as another proxy for understanding the needs and preferences of the communities they work with.

Community needs and preferences

According to affected people, the multi-dimensional crises in Myanmar have generated significantly higher

needs within communities and an increased demand for humanitarian support. Affected people across Myanmar say they need various services, including MHPSS, security, basic food, health, education, job and livelihood opportunities, protection, cash, nutrition, and medical care. Priority needs also include financial support and access to employment for those who lost jobs and are experiencing economic insecurity due to the closure of businesses and the rising cost of living.

Through FGDs, IDP communities frequently said their emergency humanitarian needs are food, fuel sticks, charcoal for cooking, medicine, tarpaulins, and cash. In the Southeast, IDPs reported that many farmers are unable to grow food, and that IDPs face daily food survival needs. Inconsistencies in food assistance and the cessation of the provision of fuel sticks are key concerns among IDPs in Rakhine. Host communities in Rakhine want to see food distributions provided as a “blanket” distribution, without targeting. At the time of writing, IDP communities in some areas of Myanmar need blankets, shoes, and warm clothes for the colder months.

Furthermore, according to local CSOs, the lack of support for protracted IDPs due to underfunding and access issues is pushing them towards risky returns. Community organizations and local NGOs report that host communities are also facing high needs and require humanitarian support, as many IDPs have now been staying in villages and sharing resources which are rapidly being depleted. Through consultation sessions, CSOs reported that in particular, food supplies of host communities are running out in many areas. Through PDM assessments, displaced and conflict-affected communities in border areas noted their fear of food shortages due to the ongoing fighting, the inability to farm, transportation barriers and the increase in food prices. Communities say that the cash assistance they are receiving immediately goes towards their main need – food – and that assistance is usually not enough to support livelihoods, such as buying animals.

Persons with disabilities face similar hardships, including protection concerns, job insecurity, food deficits and nutrition needs, according to FGDs with OPDs. Displaced persons with disabilities, in particular,

report that they are in most urgent need of food, health services and medicine. The lack of services is pushing people with disabilities further into hardship. Through FGDs in urban IDP sites in Rakhine, persons with disabilities said they need shelters with improved privacy and ventilation.

A survey of 58 local CSOs working directly with affected communities across Myanmar further underscored these issues. The top three needs shared with them by the communities they serve are livelihoods, access to food, and protection services, including safe spaces.

- Livelihoods and education support is the most reported need in Rakhine; food and protection services are most needed in Kayin; and in Kachin, access to livelihoods is the most frequently reported need.
- Among newly displaced populations, CSOs identified food (88 per cent), shelter (55 per cent), protection services (35 per cent), and livelihoods (31 per cent) as the top needs.

According to CSO consultations, local communities have told them they are concerned about increased rates of family violence, and sexual assault, as well as arrests and detention. There has been a perceived weakening of protections for vulnerable populations, including survivors of violence, adults and children with disabilities, youth (including those whose education has been disrupted), sex workers, people living in poverty and people with compromised health (such as mental health issues, HIV, complicated pregnancies, or those who use injected drugs).

Young people face particular needs in a crisis, and they want humanitarian organizations to better address these. Through surveys with more than 2,000 young people via social messaging, youth U-Reporters¹³¹ highlighted their most important, unmet humanitarian needs. Notably, the most important needs for displaced girls, women, boys, and men are almost all health-related:

- Safe pregnancy and delivery are one of the most important unmet needs of young displaced girls,

as reported by both one-third of male and female youth respondents.

- One in five flagged that **young women and girls** need access to safe and secure toilets with female hygiene products, along with hygiene knowledge, and health-care services.
- Young, **displaced men and boys'** unmet needs are access to health-care services, access to clean toilets and hygiene products, and protection from sexual abuse.

Feedback on aid and services

While much of the public dialogue about the crisis in Myanmar is about a political solution and approach to the crisis, humanitarian FGDs with affected people in different parts of the country over the past year have consistently suggested that the most vulnerable people want humanitarians to continue with their work to meet urgent and immediate needs, via all possible pathways. These less visible, but very vulnerable people who are reliant on this vital support, continue to tell us that this help is a lifeline and that they are fearful of it stopping.

In numerous FGDs with people who receive assistance across Myanmar, even though aid from different humanitarian organizations does not always fully match their priority needs and may arrive via a variety of pathways, people said they view the support as life-saving and noted the important role of humanitarian organizations in the current conflict. This is triangulated by local CBOs/CSOs who report that those directly affected by the crisis, especially IDPs, tell them that they understand the country's situation and the challenges around the delivery of assistance. Some affected people report that they are even afraid to provide complaints or feedback via accountability channels because they are reluctant to jeopardize the important support that is available. This may be reflected in the findings across community consultations and assessments below.

In general, affected communities receiving aid feel that the support matches their needs, although not always in sufficient volume. Two-thirds of all households surveyed for the MSNA feel that the assistance

provided by humanitarian organizations is suitable or very suitable in meeting household needs. IDP and non-displaced stateless households report the highest levels of suitability. A slightly higher proportion of other vulnerable households reported that aid was unsuitable than other groups reported.

“When we need food as an emergency, they bring clothes and cooking utensils.”

However, there are discrepancies in the kind and suitability of assistance in some locations. Sometimes aid packages, including food, are not appropriate or tailored to the needs of communities. One third of surveyed youth in Rakhine stated that the number one challenge is receiving items that are not needed or wanted.¹³² In FGDs, many people receiving assistance suggested that the distribution of some items should be on an individual basis, rather than by family units.

According to FGDs with IDPs with disabilities in resettlement and urban sites in Rakhine, although assistance is largely in accordance with their urgent needs, they have not received any disability assistive devices, such as wheelchairs and walking aids, in the previous six months. These gaps are reinforced by broader infrastructure challenges faced by people with a disability who noted that even if they were to receive this support, there are currently no pathways on which to use such assistive devices where they live.

People strongly prefer multi-purpose cash over in-kind assistance and cash-for-food, as indicated in multiple consultations and surveys. People can use cash to address the cost of their various needs and expenses, such as electricity bills, fuel, education tuition fees and treatment for medical care. Communities feel that cash should be prioritized for households with many family members, elders with health-care needs, persons with disabilities, and people living with chronic diseases who need medication regularly. People also prefer physical cash over electronic cash due to technical challenges, particularly for the elderly. However, some exceptions to the preference for cash exist due to the rising prices of food and other commodities and their quality. In Kachin, for example, due to the high market prices and lack of income opportunities, IDPs in FGDs said they are only

able to afford rice with current level of cash-for-food assistance, suggesting that transfer values should be revisited.

“The cash payment sometimes faces difficult[ies] in buying the necessary equipment, and it can reduce the quality of materials compared to the quality standard of aid from humanitarian organizations.”

Youth felt that international organizations sometimes create tensions due to bias in their distributions, are slow to respond to predictable needs, or do not work with local networks enough. Others flagged that aid staff are not trusted by local communities. Geographically, all youth respondents in Kayah said that international humanitarian organizations create conflict or tensions due to bias in distributing aid.

During the 2022 Gender Profile consultations, most women and men expressed that they do not see any constraints in accessing humanitarian training, services, information technology and other information, and that these are always available and provided to them. However, persons with disabilities said they face challenges in humanitarian settings, as there are no specialized accommodations for them, and they are not included in discussions on the humanitarian response. During consultations, OPDs said that persons with disabilities in rural and hard-to-reach areas, in particular, receive limited support, and that a response that is heavily-focused on displaced populations further exacerbates challenges. CSOs flagged that in hard-to-reach areas, more training programs and communications that do not require internet, such as offline applications, are needed, especially for IDPs.

Safety and security

Both communities and CSOs supporting affected communities indicated a need for stronger data security and concerns about what is done with their information. Requirements for collecting personal information when providing assistance need to be reduced, such as not asking for people’s NRC numbers, addresses, and the signatures of beneficiaries, as indicated via FGDs and consultations with local CSOs. CSOs flagged that in the Southeast, IDP communities

are fearful of their locations being widely shared due to potential attacks. They say they want more secure camps and are tired of changing their location because of existing threats. Through FGDs in Rakhine, affected people expressed concern and frustration around the use of NRCs to secure certain services, such as cash withdrawals, as it is a difficult barrier to overcome for Rohingya populations. According to CSO consultations, communities want to see more advocacy on protection cases in prisons or detention.

Involvement and communication channels

Affected people want to be engaged in the humanitarian response. In fact, while most young people agree that international humanitarian organizations have a good understanding of youth-related issues and relationships on the ground, even more youth feel that these programs often cause unintentional harm when they do not rely on the expertise of local youth networks. IDPs in displacement sites requested that partners, camp leaders, and monks at monasteries where IDPs are residing try to better understand their needs and involve them. A better understanding of communities' needs depends on relationship-building, mutual respect, and trust. In FGDs in Kachin, IDPs requested involvement in coordination and consultations before the implementation of humanitarian programming. OPDs similarly flagged the need for their enhanced inclusion in each stage of the humanitarian response during consultations. LGBTQI+ people feel the community does not support or provide opportunities for them to be considered in humanitarian-related activities, and that their opinions are not taken into consideration unless they are staff members of NGOs or CSOs working in the community.

Not all affected communities are aware of or are comfortable using existing feedback mechanisms. To underscore this, none of the participants in Yangon in one particular agency's FGD with persons with disabilities were aware of the organization's helpline or had access to the phone number. Some women in FGDs said they find it difficult to speak out regarding their complaints or needs. IDPs in Rakhine said that even if they were to speak out, camp authorities rarely take action on their requests. Others feel that action is

slow and that it takes a long time to close the feedback loop. In an FGD in Kayah, IDPs said they are afraid to ask for all of their requirements because for now, they have been receiving recurring food assistance and other support. A CSO operating in the Southeast explained that IDPs will accept all aid and consider it useful given their high level of need, even if there are additional needs not being met.

Across all assessed population groups in the 2022 MSNA, a phone call was by-far the most preferred method of receiving information from aid providers, followed by face-to-face communications among IDP and non-displaced stateless households, and via Facebook among other vulnerable households. During an inter-agency needs monitoring mission among IDPs from Kayah who are sheltering in southern Shan, all reported significant information needs, including wanting to know about the security situations both at home and their temporary sites. Most were accessing information from Facebook, via mobile phones, and from other close connections (such as family and friends).¹³³ Most households prefer to provide their feedback by phone calls and face-to-face, particularly those with limited literacy or in areas with poor phone connections. Local organizations indicate that in-person feedback mechanisms at the point of service delivery are the most effective and thus, field visits are essential to foster dialogue with affected people. Rohingya people appreciate the ability to provide feedback in their own language. This is especially important for Rohingya women.

A higher proportion of non-displaced stateless households surveyed in the MSNA said they had provided feedback to a humanitarian organization because the information, aid, or support received was not what was needed. This may reflect the more robust and established feedback and reporting mechanisms that exist in Rakhine.¹³⁴ Nevertheless, across all population groups, among those who had provided feedback, the majority noted that appropriate action was taken. However, it is important to note that a small minority across all population groups reported that no response was received (9-23 per cent, the highest among other vulnerable households), or that action took too long (10-12 per cent).

Consequences for people's physical and mental well-being

Rights and protection crisis

The ongoing conflict since the military takeover in 2021 took an even more dramatic turn in 2022, triggered by the escalation of attacks and clashes between MAF and EAOs/PDFs across the country. The devastating violence has resulted in the large-scale displacement of civilians, scores of fatalities, and massive disruptions of public services, severely impacting the physical and mental well-being of the most vulnerable people across the country.

Weak protective mechanisms due to dysfunctional public service systems, compounded by attacks and restrictions on freedom of movement that reduce

livelihoods opportunities, are worsening the protection environment in many parts of the country. Trends in protection incidents continue to raise serious concerns around the protection of civilians and violations of IHL and IHRL, stemming primarily from artillery and mortar shelling, air and drone strikes, remote explosives and landmines, security operations, and indiscriminate attacks, particularly in populated areas. IDPs will continue to be particularly vulnerable to the risk of EO, both while fleeing their homes to seek shelter, as well as when returning to their villages of origin after conflict, which may have high UXO contamination. According to the 2022 MSNA, nearly one-third of all IDP households listed the fear of being injured or

SHAN

A young mother feeds her newly born child at a makeshift IDP camp in southern Shan, 2022. Credit: WFP/Htet Oo Lin



killed by an explosive hazard as a top concern for adult men, women, girls and boys alike.¹³⁵ Those who suffer traumatic physical and psychological injuries as a result of conflict and EO, and who cannot access immediate treatment and rehabilitation, face increased risks of life-long consequences and disability.

Female-headed households, persons with disabilities, older people, children, youth, PLW, people with pre-existing health problems including mental health concerns are particularly at risk of rights violations, abuse, and denial of critical services as a result of the overall deteriorating insecurity. Risks of abuse, including GBV, arrest and detention, isolation, separation, neglect or exploitation, trafficking and extortion have increased. There are increasing concerns and incidents being reported in relation to sexual violence and harassment by armed actors and/or in detention settings. Women and child survivors of GBV and other forms of violence face heightened risks. People without civil documentation and people of diverse sexual orientations and gender identities continue to face marginalization and denials of rights and critical services. Adolescents, especially boys, are increasingly being forcefully recruited by armed groups, while teenage girls are at risk of early and forced marriages and face cyber harassment and other forms of GBV, including SEA and rape.

People with actual or alleged personal or family ties with different parties to the conflict and the protest movement face specific protection risks due to social pressure over their ideology and beliefs, as well as issues around accessing services in a politically charged environment. People with actual or alleged family ties to the protest movement also face increased risk of arbitrary detention by the military. Additionally, other population groups such as host communities, villagers (particularly women and girls) living near fighting areas, young people and adult men, people suspected of affiliation with EAOs and resistance groups, and public servants involved in the CDM face heightened protection risks. Online harassment, pressure and social punishment related to alleged or real links with both sides are a strong forces affecting behaviour in many communities. This is also affecting humanitarian personnel and their

ability to negotiate access, continue service delivery and meet needs.

Extortion remains a widespread protection concern in Rakhine and is increasingly becoming an issue in other regions and states affected by conflict. According to the Protection Incident Monitoring System (PIMS), some 94 per cent of reported extortion incidents were from Rakhine, while others occurred across the Northeast and Southeast, however this may be swayed by the more established humanitarian monitoring presence in Rakhine and may not be fully representative of relative risk across the country. IDPs are clearly indicated as being most vulnerable to this risk.

- In the third quarter of 2022 alone, for the reported incidents where the location is verified, at least 32 per cent of reported extortion incidents took place within IDPs camps, followed by 31 per cent at checkpoints, 13 per cent in the villages and rural areas.
- About 49 per cent of those affected were IDPs, 31 per cent were host community members, 19 per cent were stateless people, and others are unknown

This pervasive protection risk occurs within a climate of legal impunity. Extortion is occurring also during the settlement of disputes, while accessing health care, travelling, during displacement, and when obtaining civil documentation and citizenship, thereby increasing the vulnerability of people and hindering their access to basic services, including protection and livelihoods.

Displacement frequently causes the separation of children from family members, increasing the risk of violence, abuse, and exploitation and contributing to psychological harm.¹³⁶ Disrupted education also increases the risk of human trafficking, recruitment by armed groups, child marriage, in particular for girls, and other forms of exploitation.¹³⁷ In Rakhine, Rohingya community members, who have lived in protracted camps for close to a decade, increasingly take on risky journeys to neighboring countries (placing them at risk of human trafficking and smuggling) purportedly for livelihoods and other opportunities. Displacement also

presents particular dangers for women and children, including increased risk of GBV, forced/child marriage, and trafficking across borders.

Deterioration in mental health and psychosocial well-being

The humanitarian situation and human rights crisis caused by the military takeover will continue to have severe and long-lasting impacts on the mental health and psychosocial well-being of people, particularly children, persons with disabilities, elderly people and those facing multiple vulnerabilities. Conflict and displacement affect not only the education, health, and livelihoods of the affected population, but also their mental and psychosocial well-being, potentially prompting feelings of insecurity and loss of identity, especially for Rohingya people who have been displaced for a decade in camps in Rakhine. Internally displaced and conflict-affected people are reportedly anxious about their health and future and focus only on surviving. Living in a perpetual state of fear and concern for the future is taking a psychological toll on the population, especially women and children.

Psychosocial support availability is extremely limited for IDP populations in remote areas with no humanitarian access. Of particular concern is the trauma experienced by these IDPs, who are often displaced multiple times and engaged in a near-constant search for safety amidst air strikes and ongoing conflict. Many displaced people remain socially and economically marginalized throughout the duration of their displacement, eroding household and community resilience and coping strategies over time. Critical problems related to physical and mental well-being are impacting on people living in Chin, Kachin, Kayah, Rakhine, and Shan, felt the most by the vulnerable population groups (displaced, returned, stateless and other crisis-affected) there.

- In May 2022, a joint inter-agency monitoring mission engaging with IDPs from Kayah in 24 sites in southern Shan found that most of the IDPs were experiencing high levels of psychological distress due to various traumatic events, including the loss of their properties and family members,

separation from their relatives, as well as multiple displacements due to insecurity or lack of available shelter.

- In a follow-up consultation in October 2022 during inter-agency distributions, the majority of the IDPs expressed their continued psychological pain at the thought of returning home because their houses are burned, property has been stolen, and the lack of livelihoods or job opportunities upon their return.

The prolonged exposure to high-potential traumatic experiences, a concerning reduction in the ability of communities and individuals to cope and restore their own sense of security, and diminishing prospects for durable solutions, are exposing people to severe mental health issues such as post-traumatic stress disorder (PTSD), depression, suicidal behaviour, anxiety, alcohol and drug use, impacting their lives and protection, including potential domestic violence and GBV. While there is a lack of official reporting, media outlets and community discussions suggest an increase in suicidal cases among those most affected by the crisis.¹³⁸ Moreover, the mental and psychosocial well-being of field protection actors is also being affected by constant exposure to traumatic reports. Community-based staff – often directly affected by the conflict themselves – are struggling to provide sufficient support in an increasingly volatile and dangerous context with increasing needs and shrinking humanitarian space.

Children and their caregivers are particularly vulnerable in this situation, as the current lack of psychosocial support is heavily affecting children. The rise in insecurity and downward economic spiral, coupled with a lack of education and recreational and social activities in many areas of the country, has fuelled school dropouts and increased alcohol and drug use among adolescents. The unmet needs of children and young people over the last two years are likely to have serious flow-on impacts into 2023.

- During a safety audit in March 2022 in 13 camps in Kachin, partners found that drug use is occurring especially among young people, reportedly linked to the lack of schooling, combined with high

anxiety due to the presence of soldiers near some of the camps.¹³⁹

- In September 2022, partners reported increased drug use among adolescents and youth in Kachin.¹⁴⁰

Rising food insecurity

The combined impacts of the escalating conflict and attacks, the sharp rise in inflation, the devaluation of the Kyat, and the ongoing disruptions in international markets triggered by the war in Ukraine, have worsened the vulnerabilities of millions of people across Myanmar who are struggling with inadequate food consumption and malnutrition heading into 2023. Inflation and conflict trends have severely affected food production and prices at a time when populations are also losing their means of livelihood and resources, resulting in poor diets, especially insufficient protein consumption. The situation is most severe in areas facing intense conflict such as Chin, Kayah, and Sagaing, where insecurity and high prices of fuel and food have pushed households to the edge.

Nationwide, household food security and nutrition is increasingly compromised due to higher food prices, decreased agricultural outputs, and lower household incomes. The nationwide Food Security and Livelihoods Assessment from August-September 2022 reported a sharp deterioration in food security across the past year. More specifically, 15.2 million people are now assessed as facing food insecurity on different severity scales (moderate or severe) in 2023, including 1.3 million IDPs. This is a major jump up from the 13.2 million food insecure people identified at the same time in 2021.¹⁴¹ In other words, as of August 2022, nearly one in three (28 per cent) of the population is food insecure (moderate or severe), compared to one in four (25 per cent) reported in October 2021 and one in five (20 per cent) in April 2022.

- Food insecurity was reported among 28 per cent of assessed male-headed households and 34 per cent of female-headed households.
- Agricultural households, smallholder farmers and those living off livestock are more likely to be food insecure. This is because they are

simultaneously facing their own challenges in accessing agriculture inputs, as well as enduring a drop in farm gate prices for their produce and other market difficulties.

Displacement directly affects the food production in Myanmar. Based on FAO, IFPRI, Shelter/NFI/CCCM Cluster and OCHA analysis,¹⁴² the Food Security Cluster estimated a potential food production gap of 163,800 MT earlier in the year when there were 1.3 million IDPs, and a potential food production gap of 340,200 MT if the number of IDPs increases to 2.7 million as projected for this analysis.

Worsening malnutrition

The cumulative impacts of the deteriorating insecurity, high inflation rates, COVID job losses, reduced incomes and the near collapse of the Myanmar public health system worsened the nutritional well-being of households throughout 2022. Rising inflation, loss of livelihoods, market disruptions and poor harvests meant that households adopted poor feeding practices and could not afford nutritional or dietary supplements or dietary diversity, likely resulting in a higher malnutrition caseload including children and PLW, although this has been difficult to definitively measure given the lack of access for assessments.

Overall food consumption is deteriorating. According to the nationwide Food Security and Livelihoods Assessment, nearly a quarter (24 per cent) of households reported insufficient food consumption in August-September 2022, an increase from 19 per cent in 2021. Food consumption outcomes are worse in rural areas (26 per cent) than in urban areas (19 per cent). However, the deterioration from last year is steeper in urban areas (from 9 to 19 per cent) than in rural areas (from 24 to 26 per cent), indicating a concerning downward trend that is likely to continue into 2023 and indicating a strong need for nexus interventions in these communities.

The assessment also found that the quality of diets has worsened; less protein-rich foods are being consumed. In rural areas, the proportion of households with insufficient diets increased to 26 per cent, from 24

per cent in 2021. A similar and more concerning trend was reported in urban areas, where the proportion increased to 19 per cent from 9 per cent in 2021. Prolonged poor nutritional intake can affect children's development and have life-long consequences for PLW and their babies.

The nutrition situation of children is increasingly fragile, especially with the deteriorating food security situation, compounded by limited access to food, WASH, protection, and health services. During small scale assessments in localities across the country, clinical evidence of SAM has been observed, with some cases, including oedema, confirmed by clinicians.¹⁴³ Children suffering from SAM are nine times more likely to die if not treated when compared to normal children.

The supply situation remains precarious. In 2022, the non-issuance of tax exemption certificates almost caused a serious pipeline break for ready to use therapeutic foods, critical for the treatment of acute malnutrition, especially among children. While the crisis was averted, the situation demonstrated the risks of unreliable supply chains with serious potential for deadly disruptions to the provision of life-saving interventions among children suffering from acute malnutrition.

According to the MSNA data, IDPs are currently the most affected by service interruptions. Many are in hard-to-reach areas or underserved host communities where access to critical services is very limited. The needs in the Northwest, in particular, are being compounded by heavily disrupted service delivery, at a time when partners have limited capacity. This comes amid increased fears of increasing morbidity and mortality from preventable causes, including malnutrition and childhood illnesses, some of which are outbreak prone and for which vaccines exist. If the current conflict trends and patterns continue, nutrition needs and gaps will likely deteriorate in 2023, leaving vulnerable groups especially children and PLW at grave risk.

Health-care deficits

The military takeover of February 2021 and intensified conflict, political and socioeconomic crisis, as well as COVID-19 have had profound impacts on the health and on the ability of the population to cover essential needs. Inflation, interrupted livelihoods, and challenges in accessing cash have resulted in many households selling off household items to raise money. Drug and alcohol use, as well as domestic and gender-based violence are common in these financially-stressed situations. Adolescents and young people are more susceptible to engaging in risky behaviours (sexual activity, drugs, and alcohol use) due to missed education and job opportunities.

Basic services, including health care, remain severely affected. Childhood immunization in infants under one year declined to around 40 per cent in 2021 from around 82 per cent in 2020 and 90 per cent in 2019.¹⁴⁴ This exposes communities to vaccine-preventative disease outbreaks and the risk of disease spreading across borders, raising regional biosecurity concerns. Public health surveillance systems, including for communicable diseases, have been severely disrupted in many places, affecting overall capacity for early detection and timely and effective response to outbreaks.

Increased displacement due to conflict places women and girls at disproportionate risk of interpersonal violence and sexual exploitation in exchange for safety or commodities. Combined with the political and socioeconomic crises, people living in Kachin, Rakhine, northern Shan, the Northwest and Southeast are facing critical problems related to their physical and mental well-being, most heavily felt by the vulnerable population groups (displaced, returned, stateless and other crisis-affected) in those areas. Needs for surgery, trauma and rehabilitation care at the primary health-care services level are increasing given the ongoing conflict and injuries. Psychological first aid and other mental health and psychosocial support are also critically needed for these traumatized populations.

The percentage of people unable to access health-care services is highest among IDPs but also remains

staggeringly high among the rest of the population. This is of grave concern given the now heavy reliance on the private sector in delivering health services. Returnees and people who have resettled or integrated into the local population continue to be in critical need of health support. The non-displaced stateless population in Rakhine continues to be a concern in terms of unequal access to essential health services.

- IDPs and non-displaced stateless households reported that they cannot afford treatment, that health facilities were either too far, or not functioning nearby.¹⁴⁵
- Roughly one in five IDP and non-displaced stateless households reported that they are unable to afford treatment.¹⁴⁶
- Non-displaced stateless households reported that on average they require more than half an hour to get to the nearest facility.¹⁴⁷
- In the northeast of Myanmar, IDPs reported that persons with disabilities and older people are

having serious difficulties accessing health care and specialized services.¹⁴⁸

The scale and scope of humanitarian health needs has continued expanding and intensifying, both since the military takeover and throughout 2022. While the COVID-19 threat seems to have subsided, its economic legacy remains and needs resulting from conflict are expected to continue expanding and intensifying in the next 12 months. Considering the fragmented health-care system with significant ongoing interruptions of public health programmes and services, along with continued attacks on health facilities, ongoing displacement, and lack of trained professionals in health and rehabilitation, the humanitarian health-care needs for communities across Myanmar will inevitably be higher in 2023.

Consequences for people's living conditions

Lost livelihoods and reduced purchasing power

Myanmar's economy was crippled in 2021 both because of COVID-19 and the military takeover which sparked mass worker strikes in 2021 across many sectors, including banking, transport, and logistics. These factors had a profound economic impact on households, with people stripped of their livelihoods, lowering their living standards and leaving them unable to cope with the current and future shocks.

Labour market conditions remain fragile. In 2021, employment losses amounted to roughly 1.6 million jobs.¹⁴⁹ The first half of 2022 saw a slight recovery, but employment is still far below 2020 levels. By July 2022, there were 1.1 million fewer women and men employed than in 2020.¹⁵⁰ Job losses remain higher among women than men.

“Emergency cash support is an urgent need for those who lost their jobs. There are even women and girls who are sex workers now because of less or no job opportunities.” (Food Security and Livelihoods Assessment)

In the nationwide FAO-WFP Food Security and Livelihoods Assessment conducted between March and May 2022, 61 per cent of surveyed households reported experiencing one shock, and 30 per cent experienced two or more shocks. The most common shocks were related to the economy, including loss of employment and high prices for food and fuel. These shocks were directly associated with violence and conflict in most areas, with the highest impact reported in Kayah (56 per cent), Chin (49 per cent), and Kachin (15 per cent), followed by Sagaing, Mon, Shan, Magway, and Kayin (9-10 per cent each). By August-September 2022, the situation had not improved much, with 56 per cent of households reporting they had recently experienced a shock. Of those, 29 per cent had experienced one shock and 27 per cent had experienced two or more shocks. Conflict, as a shock, was mentioned most frequently by households in Kayah (46 per cent), Chin (40 per cent), and Sagaing (26 per cent). The same assessment found that one in two households had to rely on crisis and emergency levels of livelihoods coping mechanisms that are more difficult to reverse and are likely to reduce future income streams and production levels. Among

During FGDs for the 2022 Gender Profile, men and women compared their livelihood opportunities before and after the February 2021 takeover. The political situation has greatly affected the availability of livelihoods and income-generating activities for both men and women. Limitations on travel for trade and other business activities are a key reason for loss of jobs, along with deteriorated transportation systems and freedoms, especially impacting women. The unsafe environment because of crime, armed conflict, heavy weapons, and landmines has affected people's ability contributing to household support. Strict travel prohibitions and restrictions by the de facto authorities, especially checking people's national ID cards, are also limiting people's movement.

Before the crisis, livelihood activities of both women and men included farming, the public service, private employment, and trade – some as business owners and most in daily-waged skilled labour. Since the pandemic and the political crisis, finding a job has become more challenging for both women and men. The limited opportunities that are available are often daily paid work that is manual and physically demanding. In households without able-bodied men, women have taken the role of primary income earner and now engage more in livelihoods. Apart from seasonal daily labour – selling goods, working in hotels, and garment factories (where these are open) – women are also engaging in farming, backyard vegetable gardening, livestock raising, and fishing. Some women have sought employment abroad. During the crisis, women lost more assets such as gold because these are easier to sell than farms and houses, typically owned by men. Men lost more in terms of education and were forced to work in order to be able to provide for their families because of the humanitarian crisis.

livestock producers, 10 per cent reported they had sold their last draught animal. Overall, 47 per cent of livestock producers experienced a decrease in herd or flock size.

Access to livelihoods is difficult and frequently impeded by movement restrictions, limiting the ability of communities to meet their own needs for housing and basic household items. These restrictions and the lack of livelihood opportunities have exacerbated the suffering of the population, especially in hard-to-reach areas. Lack of livelihood opportunities is now a major impediment to returns and durable solutions.

While the proportion of households reporting to the Food Security and Livelihoods Assessment that they are earning 'a lot less' income decreased from 48 per cent to 28 per cent between 2021 to 2022, the number of households reporting 'less' income increased to 33 per cent as of mid-2022, up from 18 per cent around the same period in 2021. Women and children, women-headed households, persons with disabilities are more affected by the crisis, as they have fewer jobs or livelihood opportunities and are more likely to be survivors of abuses, including sexual exploitation. The situation may be even worse in hard-to-reach areas.

Furthermore, for many households, the inflation trends and general economic situation that severely affected income earnings have meant many families cannot afford to send their children to school. To mitigate against the most biting impacts of the economic downturn, many displaced and conflict-affected households (especially female and child-headed families) have adopted emergency coping strategies, such as child labour and forced or early marriages, which are negatively affecting the physical and mental well-being of children.

Inadequate access to clean water, sanitation and hygiene

The unavailability of WASH supplies, limited access, and increased market prices continue to hamper humanitarian responses to needs, prolonging suffering. The CDM has severely affected the provision of public WASH services. Other reasons for the rapid

deterioration of public WASH service provision were the attacks on infrastructure, the lack of funding for public services and movement restrictions. Access to essential WASH-related items became more challenging due to skyrocketing prices and access restrictions, affecting supply chains, especially in hard-to-reach areas where some IDPs are seeking shelter. Reduced incomes due to the economic crisis and conflict dynamics have also resulted in fewer people, especially IDPs and other conflict-affected people, being able to afford vital WASH supplies. Affected populations are too often forced to sacrifice household and personal hygiene in favour of food and housing.

In 2022, some of the millions of people affected by violence across the country fled to hard-to-reach areas where WASH services were either extremely limited or non-existent. The drastic increase in IDPs and lack of funding and human resources amid heavy access constraints have negatively affected WASH basic service standards in many areas, including Chin, Kayah, Kayin, and Sagaing. Newly displaced civilians, especially women, girls and people with special needs, face challenges accessing safe water and dignified sanitation and hygiene items and services in informal settlements. Moreover, there are catastrophic unmet WASH needs in protracted displacement sites. For those in protracted displacement, interruptions to services have seen needs re-emerge, with most WASH facilities in camps and displacement sites continuing to require significant maintenance to ensure they can meet these growing needs.

Populations without access to WASH services and materials are driven to unsafe practices. IDPs are resorting to different coping strategies that have a negative impact on their health, well-being and surrounding environment, including drinking water from contaminated sources and the widespread practice of open defecation, both of which increased the risks of waterborne disease outbreaks. In locations where women lack income or access to markets, they may resort to utilizing unhygienic cloths when disposable sanitary pads are not readily available. In Rakhine, safety audits flagged that there is no shop selling sanitary pads inside many villages in Kyauktaw and Mrauk-U Townships, making it inconvenient to buy

them. Respondents from all villages there shared that adolescent girls need sanitary items and underwear from humanitarian actors. When soap is not readily available, the practice of hand washing decreases and can lead to WASH related illnesses, such as acute water diarrhoea and increased risk of COVID-19.

Water quantity/quality

- According to the MSNA, more than one in five IDP households access unsafe water as their main source for drinking, posing serious health risks. Beyond water quality concerns, access to sufficient quantities of water is a serious concern, and additional WASH services will be needed as new displacement occurs and possibly increases competition for water resources.
- IDP households, along with non-displaced stateless households, reported a lack of sufficient water for drinking, cooking, hygiene, and other domestic use.
- One in 10 IDP households lack enough water for washing or bathing.
- About 80,000 IDPs (in protracted camps and displacement sites) face water scarcity from seasonal factors and more than 100,000 IDPs are affected on a yearly basis by floods.

The lack of access to sufficient, quality water and proper sanitation and hygiene items and facilities is a major concern, given that poor access to WASH services has a strong correlation with malnutrition because it exposes children to the risk of acute watery diarrhoea – a leading driver of malnutrition among under-fives – as well as skin infections.

Sanitation

Households face significant sanitation needs.

- One in 10 non-displaced stateless households reported normally using a non-improved sanitation facility, including an open hole, pit latrine without a slab or platform, hanging toilet/latrine, bucket toilet, open defecation, or plastic bag.
- Among IDP households nationwide, nearly half (44 per cent) were sharing sanitation facilities

with other households – on average, with 12 other households.

- Moreover, more than one-third of non-displaced stateless households reported not having access to handwashing facilities with both water and soap; similar alarming rates were found among IDP households in Rakhine and Sagaing.
- Communal latrines do not provide enough privacy.
- In Rakhine, safety audits found broken locks, walls damaged by storms and that most sanitation facilities are not disaggregated by gender. Participants also said that they need hygiene materials, sanitary pads, underwear and longyis.

“There are only four latrines in our camp, but we have over 80 households and we are facing the greatest challenges of using these latrines, especially in the morning.” (FGD participant, urban IDP site, Mrauk-U Township, Rakhine)

Another significant, but often overlooked issue faced by women and girls is related to social attitudes to menstrual hygiene and health management. Coupled with cultural beliefs and taboos surrounding menstruation, movement of women and girls is often restricted, preventing women and girls from attending school, going to the market, or attending distribution points to receive humanitarian aid.

Women, children, the elderly, and persons with disabilities face additional barriers in accessing WASH facilities in most of the displacement sites, particularly adapted toilet facilities. Women also cite unsafe water, inappropriate sanitation facilities, lack of hygiene items (including menstrual hygiene), and overcrowded camps as main factors leading to health issues. In addition to limited access to menstrual hygiene products and services in displacement sites, the rapid increase in prices for hygiene items and limited availability in local markets are additional barriers.

- According to safety audits and direct observation data, 57 per cent of displacement sites report the risk of harassment against women and girls around water points. This was largely because of the presence of people drinking and/or groups

of men and boys on the way to water points who tease them.

Moreover, throughout the country, especially in the Northwest and Southeast, the surge in IDPs has resulted in significant pressures on host communities' coping mechanisms, as well as available safe water and sanitation resources, particularly in the dry season. Both IDP and host community groups are heavily affected by bursts of intense conflict, and often reside in remote, difficult-to-access areas where markets have also been negatively affected. IDPs, women, children, and persons with disabilities in particular, remain among the most vulnerable. In the absence of a prospect of return to villages of origin, the nature of displacement in the Northwest is anticipated to move from an emergency to protracted setting. The burden on current fragile infrastructure and limited water supply sources will worsen.

Inadequate access to shelter

The escalation in the conflict during 2022 has displaced record numbers of people and left many homes destroyed or seriously damaged, especially in Chin, Magway, and Sagaing. IDPs have minimum capacity to meet their basic needs in displacement sites, with existing shelters deteriorating and households having limited to no capacity for care and maintenance. Self-settled, unplanned IDP settlements are the least visible and most underserved locations.

In Rakhine and southern Chin, alongside nearly 68,000 people living in protracted displacement due to conflict between the AA and MAF from 2018 to 2020, the August 2022 resumption of conflict displaced an additional 23,350 people, of whom some have recently returned following a fragile ceasefire at the end of November. The majority of remaining IDPs are residing in Mrauk-U, Kyauktaw, Paletwa, Ponnagyun and Sittwe Townships where access remains difficult, hampering shelter and NFI assistance and repairs. An additional 144,000 IDPs (Kaman and Rohingya) remain in camps established since 2012, within a broader stateless community of an estimated 600,000 Rohingya. This community continues to face significant barriers to the enjoyment of fundamental rights, including freedom of movement and access to citizenship, livelihoods,

education, and health care, and continues to be one of the most vulnerable people in Myanmar. Protracted IDP camps in Rakhine have suffered major maintenance and repair disruptions over the past two years due to COVID-19 and conflict and this has reduced the dignity of shelter in these sites.

In Kachin, northern Sagaing, and northern Shan, the conflict is worsening day by day, driving increased displacement and increasing needs for emergency shelter. The majority of IDPs displaced in 2022 in Kachin could not return to their villages of origin and only some have moved to protracted sites where there have been significant repair and maintenance interruptions. New IDPs remain in either the houses of host communities or at collective centres, where the resources of hosting families and agencies are saturated due to lack of funding or resources. Some IDPs have been asked to relocate to other places but they do not have the resources to self-support a relocation, nor do they have safe land or a standing home to move to. The majority of the displaced population in 2022 has not received sustained, predictable humanitarian assistance due to access constraints. If displacement continues, camp or camp-like setting support (camp management and camp coordination) will be required for those in informal displacement sites. Moreover, many IDPs from other regions have come to Kachin this year. Additional new IDPs are anticipated in Kachin in 2023.

In the Southeast, close to 339,000 people remain displaced in collective centres, jungle sites, and host communities in various townships across the 6 regions and states because of continued fighting between the MAF and various EAOs and PDFs. Access to livelihoods is difficult and frequently impeded by air strikes, active fighting, and restrictions from the de facto authorities, limiting the ability of communities to meet their own needs for housing and basic household items.

In Chin, Magway, and Sagaing, the number of people displaced increased by 530 per cent from December 2021 to December 2022. The situation in the Northwest is extremely unstable, with people being displaced multiple times and living in poor conditions at unplanned settlements, hosted arrangements,

and collective centres such as monasteries, churches, and schools.

Burning of houses is being widely reported in the Northwest, Rakhine, and the Southeast, affecting the physical and psychological well-being of people and their chances of return in the short term. The majority of properties reported to have been burned were located in the Northwest.

The MSNA found that 22 per cent of assessed non-displaced stateless households and 23 per cent of IDP households reported feeling unsafe due to the condition of their shelters. More than half (57 per cent) of IDP households reported living in non-improved shelters, with leaks from roofs, no locks, or lack of insulation from the heat and the cold, affecting their living conditions and dignity. This is doubly important during the monsoon and winter, when basic living conditions can become squalid and unsafe after a single storm. For example, in July and August, Chin is at risk of landslides, and Magway and Sagaing are at risk of floods. During this period, the need for shelter and/or shelter kits may increase. According to sub-national Cluster analyses, more than half of surveyed displaced households need shelter support (repairs/reconstruction).

- In central Rakhine, the highest reconstruction needs were reported in Sittwe.
- In Kachin and northern Shan, an estimated three quarters of those in need will not have been reached with necessary shelter support in 2022 meaning these individuals will have to live in sub-standard shelters for an even longer period, affecting and jeopardizing their health, protection, and physical and mental well-being.

Displaced people are increasingly forced to live in sub-standard sites in inadequate, miserable, and overcrowded situations because they cannot afford to upgrade and repair their shelters or buy basic household goods. This has severe consequences for people's physical and mental health. People in overcrowded settlements are also at risk of protection incidents, such as unsafe shelters which might create or increase health risks, poor infrastructure or lack of privacy or personal space, facilitating abuse.

Those most exposed and vulnerable, such as women, children, the elderly, and those with special needs, are at heightened risk.

Newly displaced civilians in Myanmar require emergency shelter and NFI kits. Damaged shelters, damaged roofs and lean-to frames are commonplace, and site infrastructure remains severely lacking, with uneven, flood-prone walkways and a lack of basic lighting. IDPs remain in regular need of NFI and shelter kit replenishment, and shelter construction assistance where viable, as well as site infrastructure improvements.

In camps where people are already denied basic rights, overcrowding exacerbates resource competition and increases tensions, which can eventually cause conflict among the IDP community, undermining social cohesion and increasing cases of abuse and violence. Overcrowding can often also aggravate the incidence of GBV, for example, as marriages are placed under tremendous strain, leading to domestic violence. Diminished space for indoor or outdoor activities leads youth and children to engage in harmful practices and negative coping mechanisms such as drug use and petty crime. Overcrowding and insufficient space between shelters in camps also creates a fire risk.

Education crisis

More than 13 million school-age children across Myanmar have had their education disrupted in multiple ways due to the worsening conflict, after having missed school for two academic years already as a result of the COVID-19 pandemic. Some 3.7 million children are currently out of formal schooling across Myanmar, with severe impacts on their physical and mental well-being. Alternative education modalities are providing some continuity of learning, but this is not on the same scale or with the same coverage as the previous public education system, leaving education gaps for many students.

The rising wave of violence, including indiscriminate attacks, air strikes and clashes have triggered large-scale population displacement, especially in Sagaing and the Southeast, with children among the worst affected. The general instability and heightened

insecurity including along major roads has made movements more challenging, including for teachers and school age children and adolescents. There are ongoing cases of unauthorized searches, harassment, and arbitrary detention at checkpoints. Several adolescent girls have had to (temporarily) stop attending school due to fear of harassment and GBV. Similar fears of harassment and detention, among those willing to work at or attend public schools has been an issue. Forced recruitment by different conflict parties and worsening poverty are further impeding school attendance among adolescent boys. 2022 saw rising inflation in the price of essential commodities and tough economic conditions across the country, making life harder for households and forcing them to deprioritize expenditure on some needs – including education. It is feared that more children will resort to negative coping mechanisms in a bid to support their families to survive. The ongoing crisis has affected children's well-being. Protection and safety concerns have been cited as the main drivers of both irregular school attendance and school drop out across the displacement-affected populations.¹⁵¹

IDPs and non-displaced stateless Rohingya children are facing significant challenges accessing both formal and non-formal education – leading to more dropout rates compared to their peers from other population groups. For instance, IDP children in the basic education age ranges (6 to 17 years) presented the lowest score on access to formal education (enrolment and attendance) across both genders in comparison to the other population groups. There are calls for humanitarian education support to span not just primary but also secondary school to compensate for education interruptions over the past two years.

"[T]here's a need for organizations to provide secondary education for our children. We do receive primary education support for the children from humanitarian organizations for free; however, almost all parents could not afford to let their children continue with secondary education. There is no middle school available in the camp and Rohingya children are not allowed to attend the schools in the nearest Rakhine villages, though the middle/high schools are there." (IDP from a camp in Pauktaw)

Displaced children (both new and protracted) face extra challenges trying to resume learning once it has been interrupted. Cumbersome requirements to transfer certificates from education offices in areas of origin are strictly applied, and challenges exist with the lack of learning opportunities in appropriate mother tongues in such a diverse country. Children from host communities and returned or locally integrated IDPs are affected by the multiple crises as their resources (particularly at schools) are depleted from hosting displaced populations. Children from the stateless Rohingya community, both displaced and non-displaced, continue to face challenges with free movement and systemic exclusion from the education system.

All genders face various challenges and protection concerns from forced recruitment into armed groups and child labour, to child marriage and GBV. Children with disabilities find themselves at further risk, as sufficiently tailored support services are not available to meet their needs to allow them access to safe and inclusive learning opportunities in the current situation.

With the conflict trends of 2022 projected to extend or even deteriorate further into 2023, the situation could be particularly grim for children who continue to miss out on critical education services and life-skill learning opportunities. Their long-term earning potential will be reduced the longer they are out of school, and they will be more vulnerable to exploitation and abuse. Children denied schooling are more likely to suffer mental and emotional distress. The risks faced by children, including child labour, early or forced marriages, GBV, forced recruitment by armed groups and the number of out-of-school children will be much higher across Myanmar in 2023. The disruption of education will have long-term impacts on Myanmar's economy and society.

Consequences for people's coping capacity and resilience

People are rapidly depleting their emotional and financial reserves. The economic situation facing many households is forcing people to make incredibly tough decisions about spending priorities and assets that can be sold to meet urgent needs. People's well-being is threatened through inadequate food consumption leading to malnutrition. Their living standards are at risk through the adoption of negative coping strategies, such as taking on debt to pay for food.

The use of negative coping mechanisms continues to be high, with the pattern and nature of coping mechanisms varying by region. In 2022, six out of seven people reported that they had been forced to resort to negative coping strategies to survive, affecting their capacity to manage future shocks. Nationwide, more than half of households (53 per cent) are relying on crisis and emergency level coping mechanisms (compared to 55 per cent in 2021), including spending savings (52 per cent), purchasing food on credit (47 per cent), and borrowing money (44 per cent). Households adopting emergency coping strategies such as taking high risk jobs, migrating in search of opportunities, and selling productive assets such as working animals, houses and land, increased to 21 per cent in 2022, from 15 per cent in 2021.¹⁵²

Households in Chin, Kayah, and Rakhine report the most frequent adoption of negative coping strategies:

- Chin: Purchasing food on credit (65 per cent), spending savings (63 per cent), borrowing money (52 per cent)
- Kayah: Spending savings (63 per cent), borrowing money (47 per cent), purchasing food on credit (46 per cent)
- Rakhine: Purchasing food on credit (60 per cent), spending savings (55 per cent), borrowing cash (53 per cent), selling household assets (50 per cent)

For IDPs, displacement means families are not only forced to leave their homes, but also their work and sources of livelihood, exacerbating their vulnerability. IDPs have adopted different means to cope with shortfalls, including buying on credit, borrowing food and money (with/without interest), child labour, early marriage for girls, reducing food consumption, accepting low wage jobs, drug use, and requesting donations.

There has been a significant increase in children and families resorting to negative coping mechanisms, putting children at even greater risk of abuse and exploitation. This includes the risk of family separation, as identified in the increase reported rates of unaccompanied and/or separated children, child marriage, trafficking and smuggling and increase in child labour (including the worst forms of child labour). With household economic vulnerability increasing alongside the lack of access to basic resources and services, children, persons with disabilities, and older people continue to suffer elevated exposure to violence, abuse, neglect, isolation, and exploitation.

1.5

Number of People in Need

Key figures

PEOPLE IN NEED	TREND (2015-2023)	WOMEN AND GIRLS	CHILDREN (AGE <18)	WITH DISABILITIES
17.6M		52%	32%	13%
WOMEN	MEN	GIRLS	BOYS	ELDERLY (AGE 60+)
35%	33%	17%	15%	11%

People in need by population group and state/region

STATE/REGION	BY SEX FEMALE MALE (%)	BY AGE CHILDREN ADULTS ELDERLY (%)	WITH DISABILITIES (%)	IDPS	RETURNED, RESETTLED AND LOCALLY INTEGRATED IDPS	NON- DISPLACED STATELESS PEOPLE	CRISIS AFFECTED PEOPLE WITH HUM. NEEDS	TOTAL PIN
Ayeyarwady	52 48	33 55 12	17	4K	1K	-	1.4M	1.4M
Bago (eastern)	53 47	35 54 11	13	97K	18K	-	762K	877K
Bago (western)	53 47	26 59 15	13	-	-	-	567K	567K
Chin	52 48	47 45 8	21	80K	15K	-	252K	347K
Kachin	48 52	34 58 8	9	133K	25K	-	513K	671K
Kayah	51 49	32 61 7	11	139K	26K	-	98K	263K
Kayin	51 49	38 52 10	17	171K	33K	-	435K	639K
Magway	54 46	30 57 13	17	223K	42K	-	1.2M	1.4M
Mandalay	53 47	29 60 11	10	13K	2K	-	1.3M	1.3M
Mon	53 47	33 54 13	15	63K	12K	-	495K	570K
Nay Pyi Taw	52 48	27 63 10	11	-	-	-	281K	281K
Rakhine	52 48	35 54 11	17	253K	48K	447K	924K	1.7M
Sagaing	53 47	31 57 12	10	1.1M	213K	-	1.3M	2.6M
Shan (eastern)	48 52	35 56 09	9	-	-	-	281K	281K
Shan (northern)	51 49	36 55 09	9	102K	19K	-	680K	801K
Shan (southern)	51 49	37 55 08	9	208K	40K	-	588K	836K
Tanintharyi	51 49	37 53 10	12	66K	13K	-	363K	442K
Yangon	53 47	26 64 10	12	28K	5K	-	2.6M	2.7M
TOTAL	52 48	32 57 11	13	2.7M	512K	447K	14M	17.6M

People in need by severity phase and location

STATE/REGION	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Ayeyarwady	IDPs	4K	-	-	4K	-	
Ayeyarwady	Other crisis-affected people with humanitarian needs	6.2M	-	4.8M	1.4M	-	
Ayeyarwady	Returned, resettled and locally integrated IDPs	1K	-	-	1K	-	
Bago (eastern)	IDPs	97K	-	-	5K	92K	
Bago (eastern)	Other crisis-affected people with humanitarian needs	2.8M	-	2.1M	762K	-	
Bago (eastern)	Returned, resettled and locally integrated IDPs	18K	-	-	4K	14K	
Bago (western)	IDPs	-	-	-	-	-	
Bago (western)	Other crisis-affected people with humanitarian needs	2M	-	1.5M	567K	-	
Bago (western)	Returned, resettled and locally integrated IDPs	-	-	-	-	-	
Chin	IDPs	80K	-	-	0.4K	79K	
Chin	Other crisis-affected people with humanitarian needs	441K	-	189K	-	252K	
Chin	Returned, resettled and locally integrated IDPs	15K	-	-	15K	-	
Kachin	IDPs	133K	-	-	4K	129K	
Kachin	Other crisis-affected people with humanitarian needs	1.8M	-	1.3M	513K	-	
Kachin	Returned, resettled and locally integrated IDPs	25K	-	-	4K	21K	
Kayah	IDPs	138K	-	-	-	138K	
Kayah	Other crisis-affected people with humanitarian needs	175K	-	77K	7K	91K	
Kayah	Returned, resettled and locally integrated IDPs	26K	-	-	0.3K	26K	
Kayin	IDPs	171K	-	-	-	171K	
Kayin	Other crisis-affected people with humanitarian needs	1.5M	-	1.1M	307K	127K	
Kayin	Returned, resettled and locally integrated IDPs	33K	-	-	5K	28K	
Magway	IDPs	223K	-	-	5K	218K	

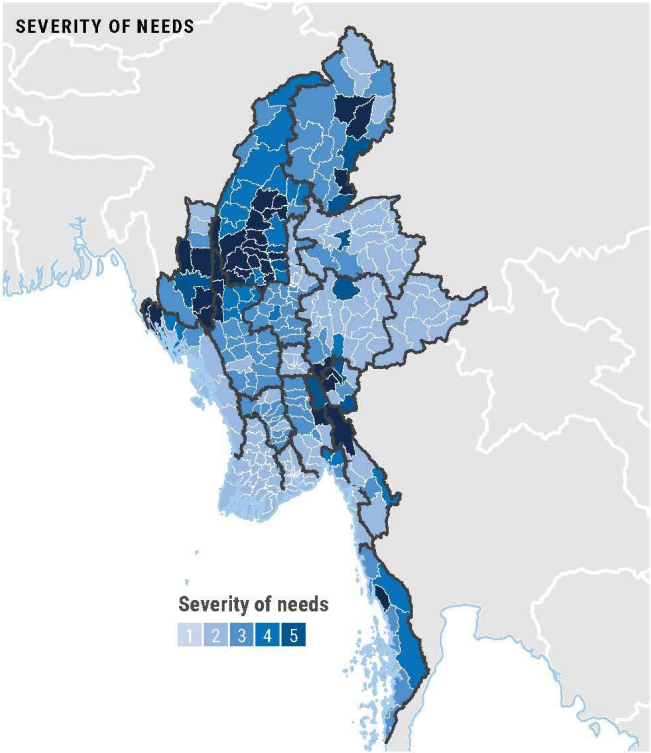
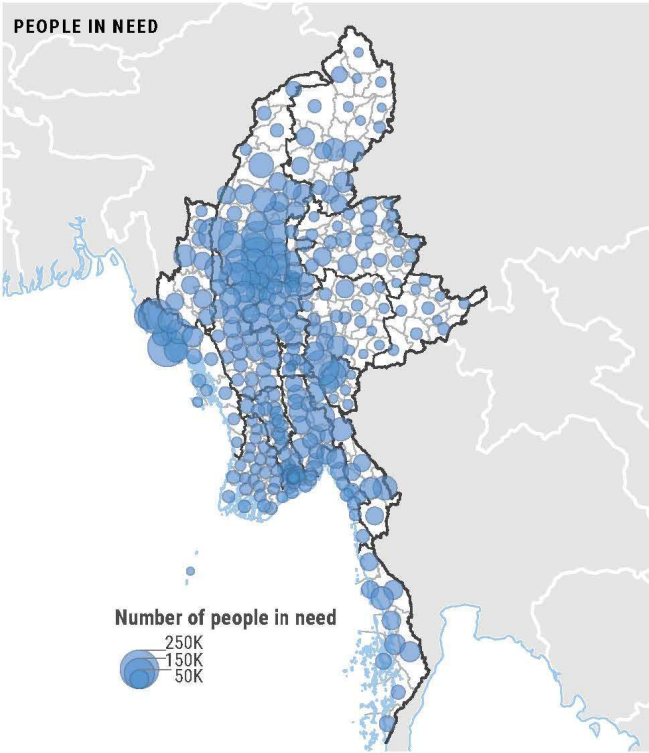
STATE/REGION	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Magway	Other crisis-affected people with humanitarian needs	3.7M	-	2.5M	1.2M	9K	
Magway	Returned, resettled and locally integrated IDPs	42K	-	-	42K	-	
Mandalay	IDPs	13K	-	-	13K	-	
Mandalay	Other crisis-affected people with humanitarian needs	6.7M	-	5.4M	1.2M	-	
Mandalay	Returned, resettled and locally integrated IDPs	2K	-	-	2K	-	
Mon	IDPs	63K	-	-	63K	-	
Mon	Other crisis-affected people with humanitarian needs	1.9M	-	1.4M	495K	-	
Mon	Returned, resettled and locally integrated IDPs	12K	-	-	12K	-	
Nay Pyi Taw	Other crisis-affected people with humanitarian needs	1.3M	1.1M	-	281K	-	
Rakhine	IDPs	253K	-	-	-	253K	
Rakhine	Other crisis-affected people with humanitarian needs	2.8M	-	1.8M	425K	499K	
Rakhine	Returned, resettled and locally integrated IDPs	48K	-	-	9K	39K	
Rakhine	Non-displaced stateless people	447K	-	-	-	447K	
Sagaing	IDPs	1.1M	-	-	7K	1.1M	
Sagaing	Other crisis-affected people with humanitarian needs	4.4M	-	3.1M	832K	421K	
Sagaing	Returned, resettled and locally integrated IDPs	213K	-	-	213K	-	
Shan (eastern)	IDPs	-	-	-	-	-	
Shan (eastern)	Other crisis-affected people with humanitarian needs	1M		772K	258K	-	
Shan (eastern)	Returned, resettled and locally integrated IDPs	-	-	-	-	-	
Shan (northern)	IDPs	102K	-	-	9K	93K	
Shan (northern)	Other crisis-affected people with humanitarian needs	2.8M	-	2.1M	634K	47K	
Shan (northern)	Returned, resettled and locally integrated IDPs	19K	-	-	1K	18K	

STATE/REGION	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Shan (southern)	IDPs	208K	-	-	21K	187K	
Shan (southern)	Other crisis-affected people with humanitarian needs	2.5M	-	1.9M	588K	-	
Shan (southern)	Returned, resettled and locally integrated IDPs	39K	-	-	10K	29K	
Tanintharyi	IDPs	66K	-	-	0.03K	66K	
Tanintharyi	Other crisis-affected people with humanitarian needs	1.4M	-	1.1M	297K	67K	
Tanintharyi	Returned, resettled and locally integrated IDPs	13K	-	-	0.1K	12K	
Yangon	IDPs	28K	-	-	28K	-	
Yangon	Other crisis-affected people with humanitarian needs	8.8M	-	6.2M	2.6M	-	-
Yangon	Returned, resettled and locally integrated IDPs	5K	-	-	5K	-	-
Total		56M	1.1M	37.3M	12.9M	4.7M	-
Total PiN							17.6M

People in need by cluster

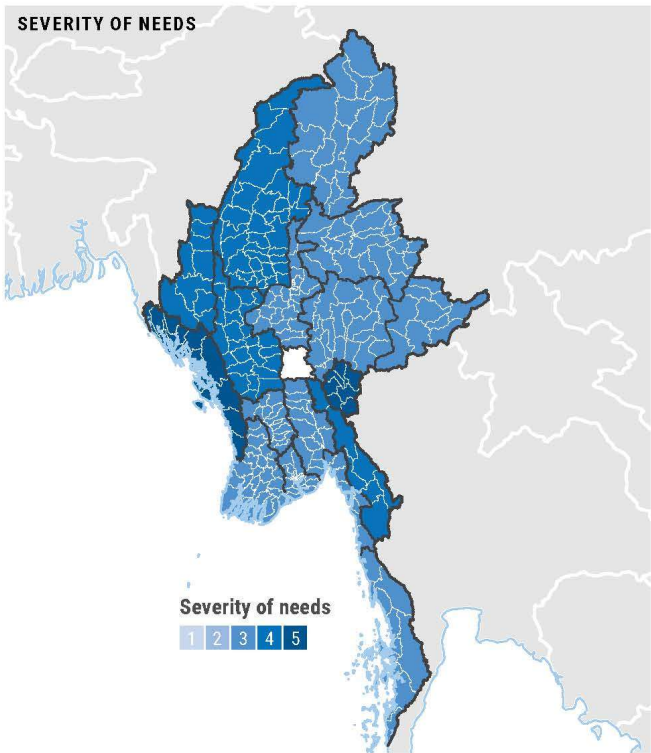
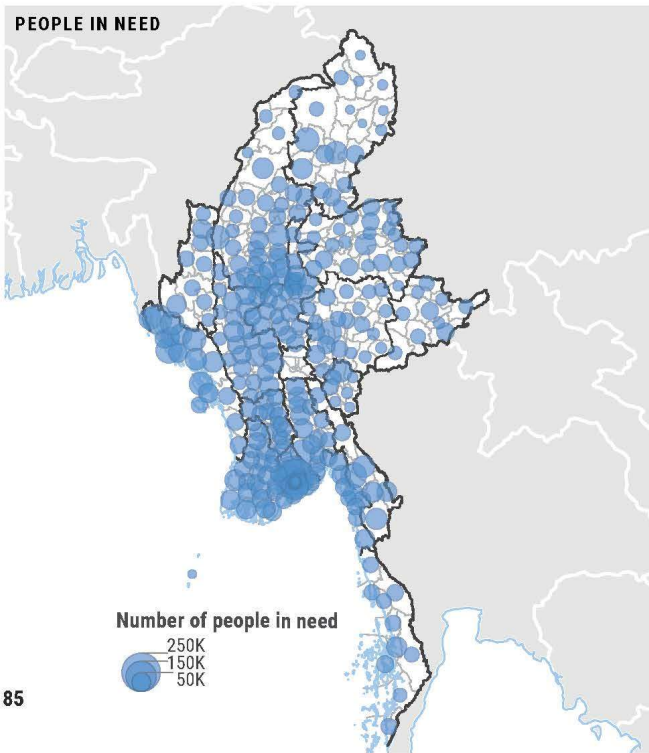
Education

PEOPLE IN NEED	WOMEN AND GIRLS	CHILDREN (AGE <18)	ADULTS (AGE 18-59)	ELDERLY (AGE 60+)	PERSONS WITH DISABILITIES
3.8M	54%	87%	13%	0%	15%



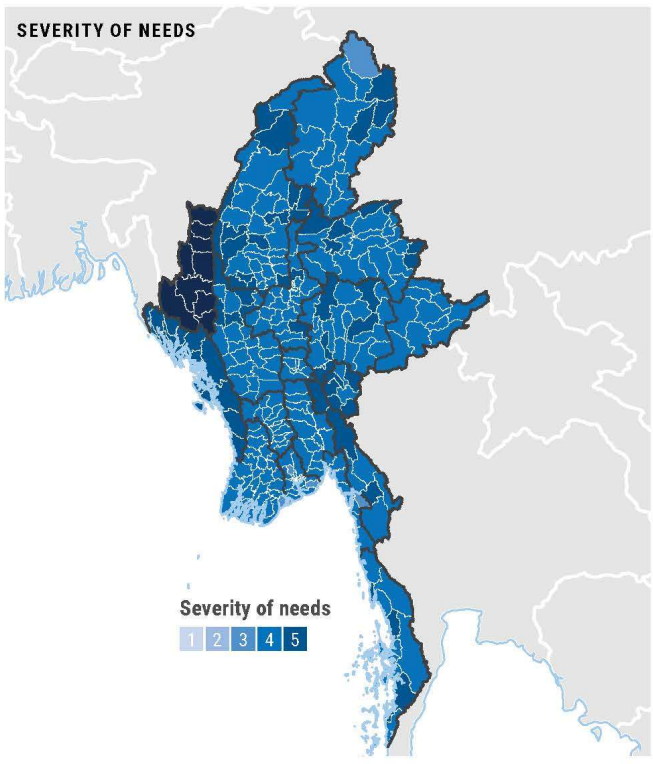
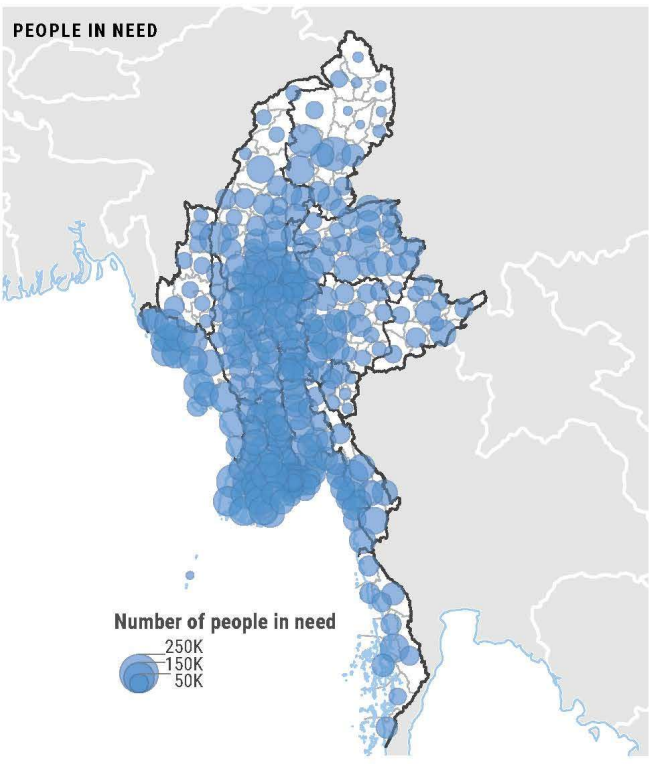
Food Security

PEOPLE IN NEED	WOMEN AND GIRLS	CHILDREN (AGE <18)	ADULTS (AGE 18-59)	ELDERLY (AGE 60+)	PERSONS WITH DISABILITIES
15.2M	52%	32%	57%	11%	13%



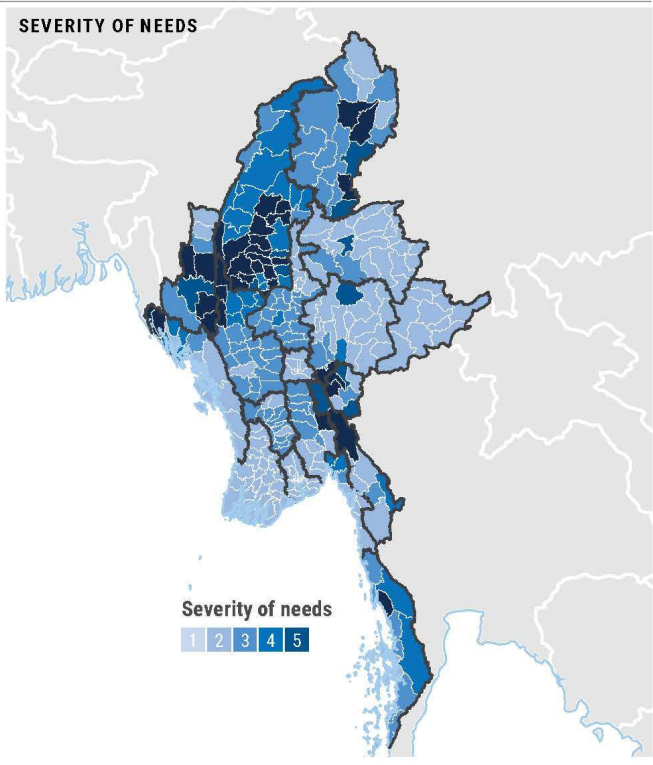
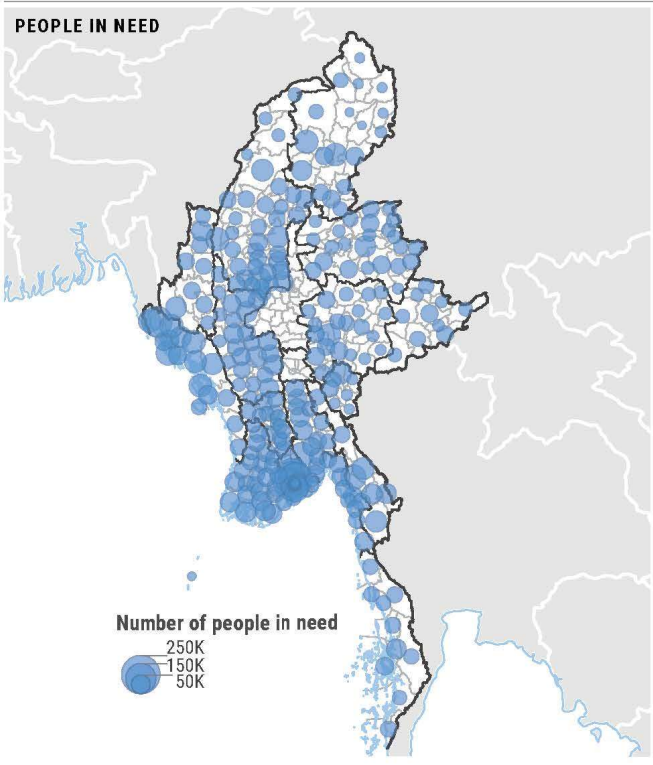
Health

PEOPLE IN NEED	WOMEN AND GIRLS	CHILDREN (AGE <18<)	ADULTS (AGE 18-59)	ELDERLY (AGE 60+)	PERSONS WITH DISABILITIES
10M	52%	32%	57%	11%	13%



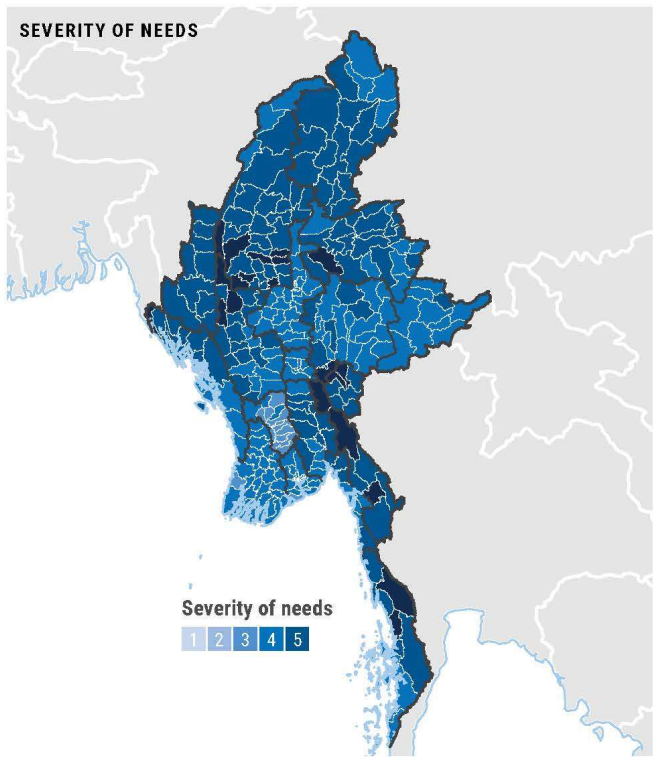
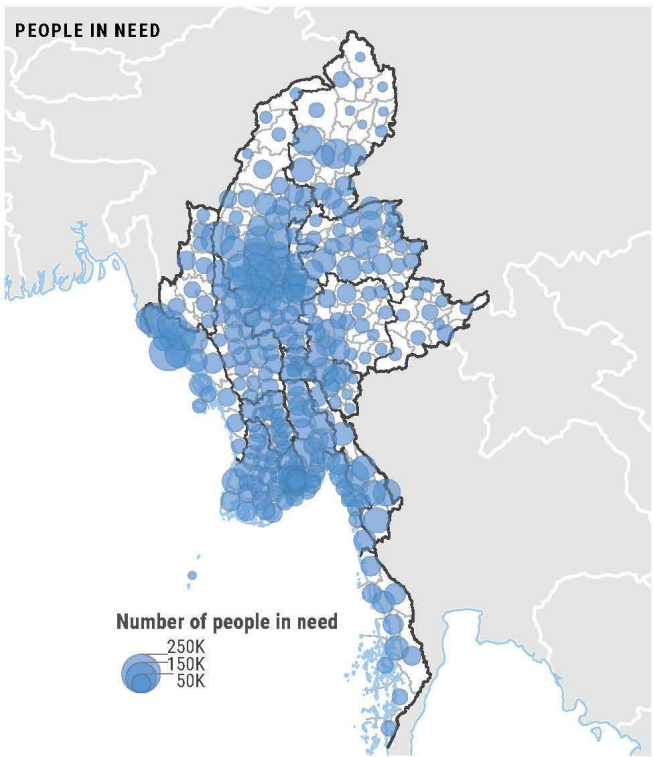
Nutrition

PEOPLE IN NEED	WOMEN AND GIRLS	CHILDREN (AGE <18<)	ADULTS (AGE 18-59)	ELDERLY (AGE 60+)	PERSONS WITH DISABILITIES
2.2M	72%	57%	43%	0%	13%



Protection

PEOPLE IN NEED	WOMEN AND GIRLS	CHILDREN (AGE <18)	ADULTS (AGE 18-59)	ELDERLY (AGE 60+)	PERSONS WITH DISABILITIES
11.5M	52%	32%	57%	11%	12%

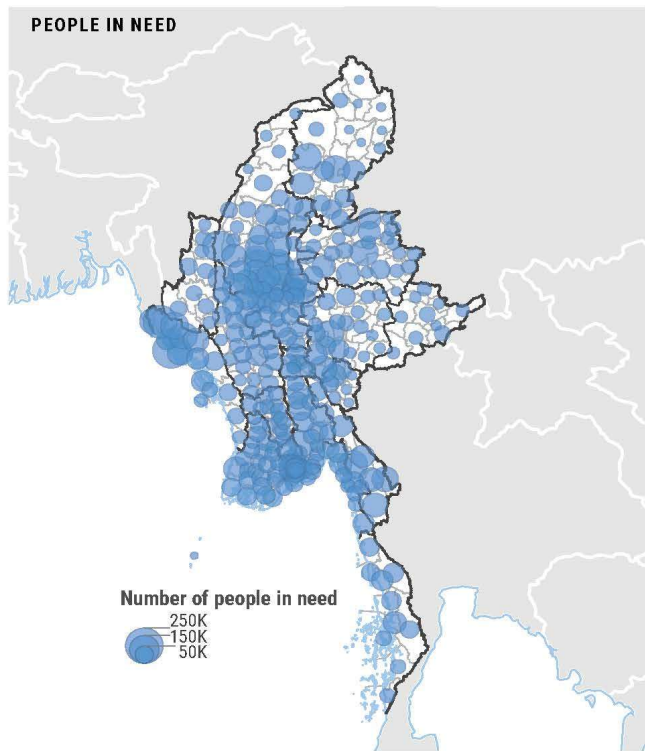


Protection areas of responsibility (AoRs)

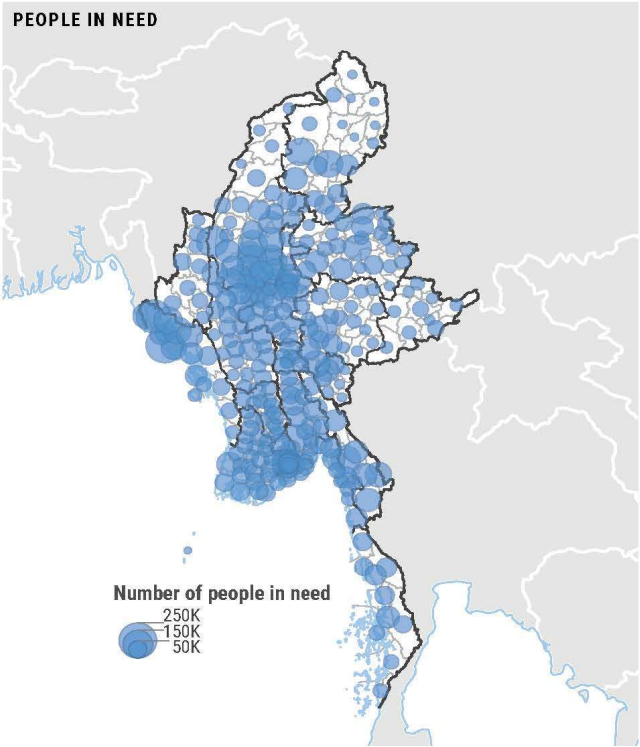
People in need breakdown

AOR	BY SEX FEMALE MALE (%)	BY AGE CHILDREN ADULTS ELDERLY (%)	WITH DISABILITIES (%)
Child Protection	15% 85%	70% 27% 3%	10%
GBV	88% 12%	12% 80% 8%	12%
Mine Action	52% 48%	32% 57% 11%	12%

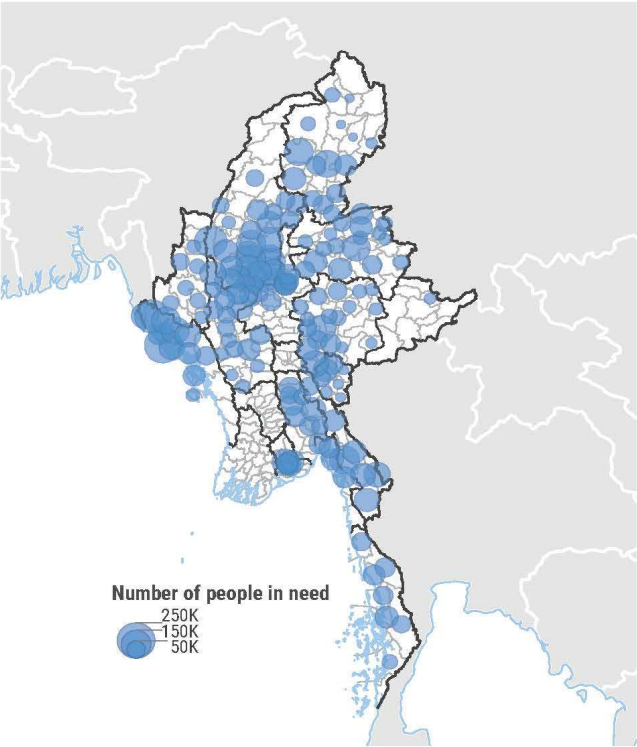
Child Protection



GBV

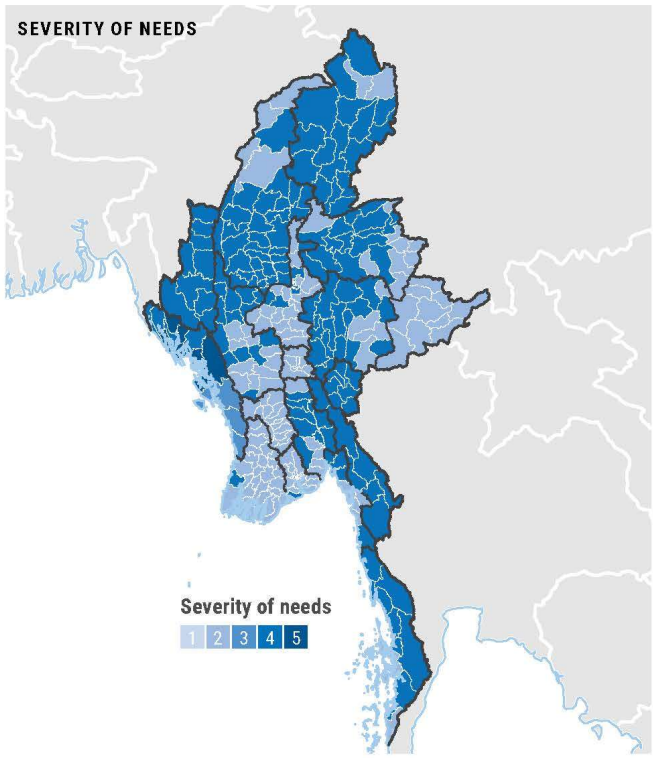
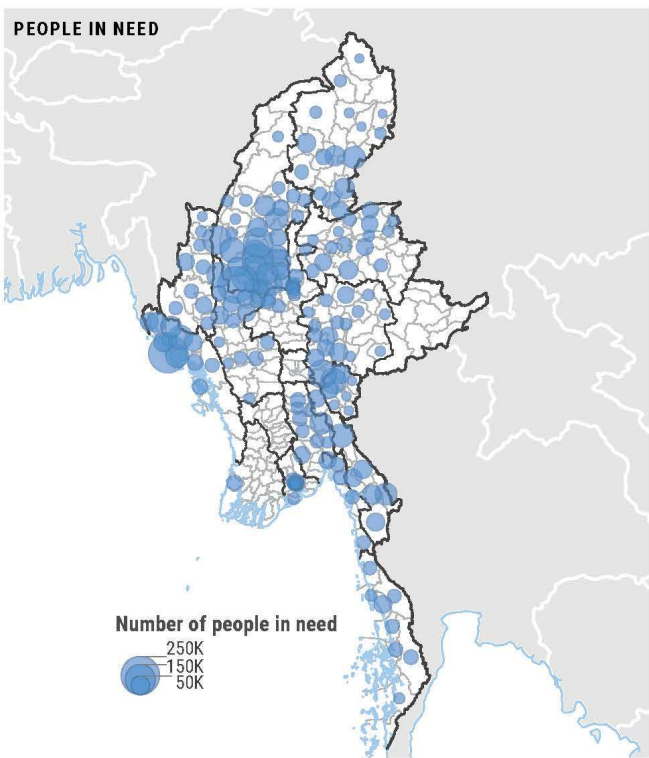


Mine Action



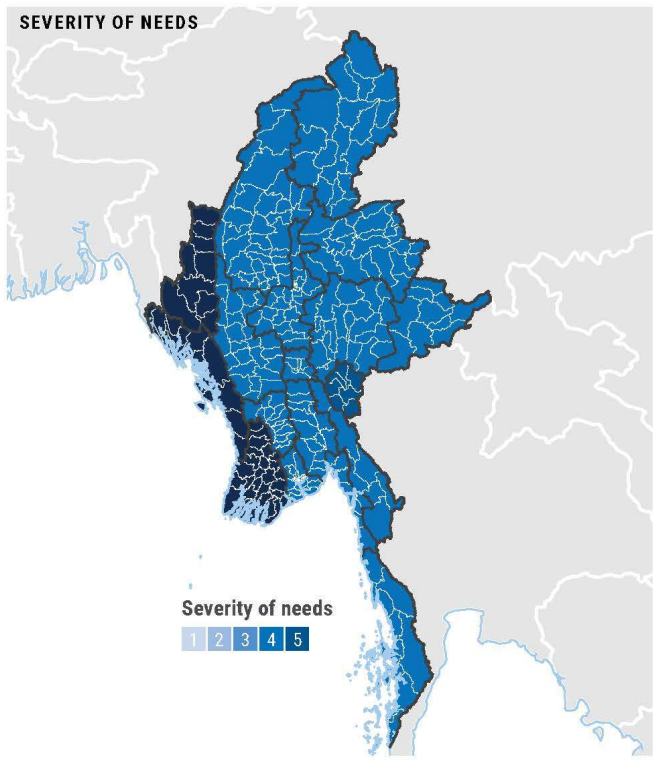
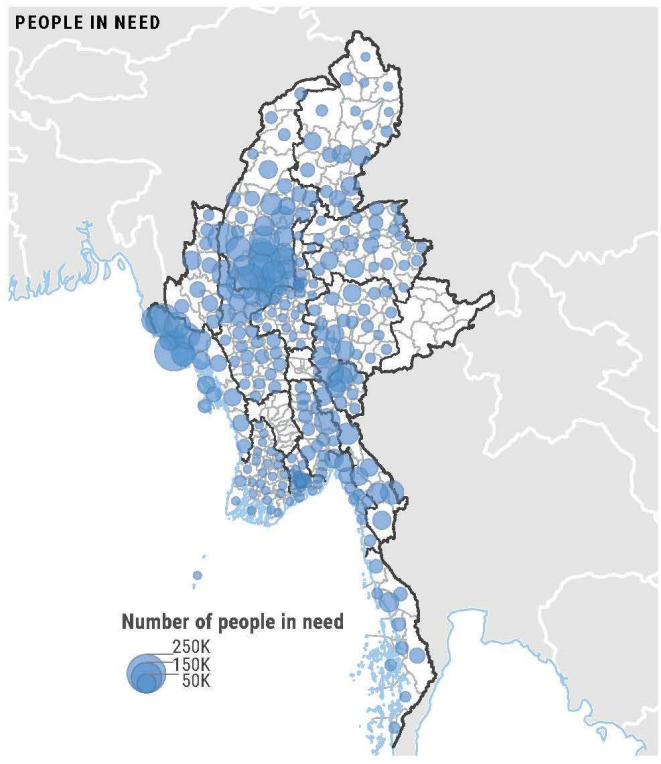
Shelter/NFI/CCCM

PEOPLE IN NEED	WOMEN AND GIRLS	CHILDREN (AGE <18)	ADULTS (AGE 18-59)	ELDERLY (AGE 60+)	PERSONS WITH DISABILITIES
3M	53%	33%	56%	11%	12%



WASH

PEOPLE IN NEED	WOMEN AND GIRLS	CHILDREN (AGE <18<)	ADULTS (AGE 18-59)	ELDERLY (AGE 60+)	PERSONS WITH DISABILITIES
5.2M	52%	34%	56%	10%	13%



Part 2:

Risk Analysis and Monitoring of Situation and Needs

KACHIN

An informal site hosting newly displaced families in Kachin, 2022.

Credit: UNHCR



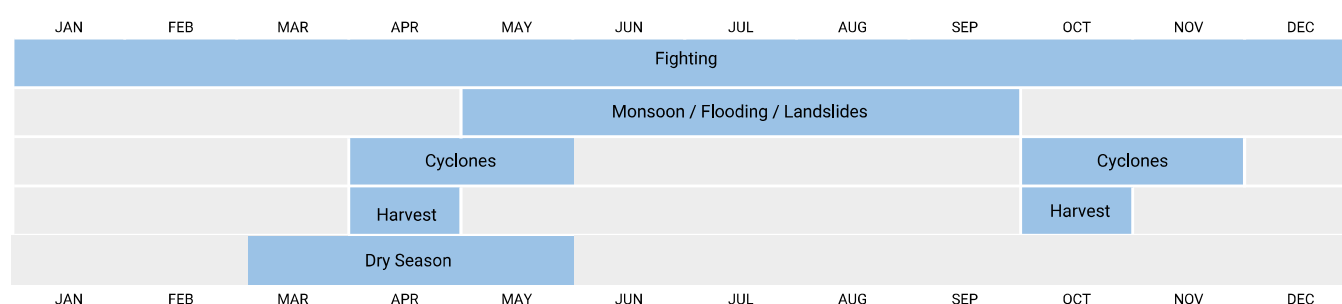
2.1 Risk Analysis

Scope of risk analysis

The 2023 JIAF results clearly confirmed the need to continue with a nationwide scope for the HNO analysis. This section will examine the severity of needs in Myanmar throughout 2023, as well as potential risks

and opportunities that could upset these assumptions and projections. It is important to note that several of the risks analysed will follow a more predictable seasonal cycle (see below), whereas others could occur or intensify at any time throughout the year.

Seasonal events



2023 analysis scenario

In 2023, the outlook for Myanmar remains grim. Key drivers that are expected to have a negative impact on the lives and livelihoods of people in Myanmar and increase humanitarian needs include continued political instability, ongoing or escalating armed civil and ethnic conflict throughout the country, slow or stagnant economic growth, as well as interruptions and poor access to basic services and the high risk of natural hazards.

Continued or increased intensity and frequency of armed conflict will result in communities being displaced as a self-protective measure against the risk of targeted attacks or being caught in areas where armed clashes are occurring. Agricultural disruptions due to conflict and displacement, EO contaminated land, and high input prices, will heavily affect on the national economy and food availability in the country. The people of Myanmar will be confronted with continued elevated food prices, food insecurity and corresponding malnutrition.

On top of this, natural disasters remain a recurrent threat with annual flooding across many parts of the country, seasonal risk of cyclones and the ever-present danger of earthquakes. On a positive note, models predict the La Niña conditions to weaken in early 2023, and possibly return to neutral between March and April 2023.¹⁵³ This will substantially lower the risk of high-impact cyclones if realized. Access challenges and restrictions are expected to persist in line with the continued conflict, leaving unmet needs.

Protection risks, especially in hard-to-reach conflict areas, will continue, including increased EO risks, forced recruitment, human trafficking, and human rights violations. Modest improvement in economic growth has been predicted. However, inflation will continue to cripple households who are unable to afford food and other essentials. Continuing economic distress, loss of livelihoods and a persistent cash crisis are likely moving into 2023.

IDP projections

Conflict dynamics are expected to continue, if not worsen, in 2023. In particular, the northwest and southeast of the country will likely see continued conflict, as well as potentially Rakhine depending on the strength of the current AA-MAF ceasefire. Given these dynamics, new and protracted displacement will remain a key feature of the humanitarian situation throughout 2023, with new displacement expected at similar or higher rates compared to 2022. The IDPs will face precarious situations in:

- Kachin and northern Shan: The rate of returns will likely remain low; however, there is a fear of premature, forced returns among IDPs in protracted camps. Furthermore, there is a potential for spontaneous returns due to reduced humanitarian support in camps, along with the loss of livelihood opportunities and agricultural land for IDPs.
- Southeast: Displacement is expected to expand to more urban, populated locations. Communities note that natural resources (such as bamboo, timber, and firewood) are almost exhausted, which could later lead to tension between host communities and IDPs.
- Northwest: Severe access restrictions may push people into severe need, as resources are already very scarce for IDPs. More communities may be forced to seek safety in the jungle, where it is difficult to access them to provide assistance. Further destruction of villages will prevent people from being able to return home.
- Rakhine and southern Chin: Protracted displacement of Rohingya people will continue in Rakhine although there are likely to be some forced returns despite concerns about the safety and durability of the solutions being offered, as well as continued movement restrictions. Conditions are still not conducive for Rohingya returns from Bangladesh. The durability of the current ceasefire between the AA and the MAF is being closely monitored amid a current lull in fighting. If the conflict reignited, displacement would likely increase and potentially expand into new areas,

including in both densely populated urban areas and inaccessible rural locations.

Utilizing movement patterns, 2023 planning scenarios and assumptions, expert opinion, and a severity scale analysis on displacement drivers, trends, and the presence of armed groups, the NMA WG projected that an estimated 1.4 million people will be newly displaced in 2023 on top of those already displaced, bringing the total projected number of IDPs to nearly 2.7 million people by the end of the year. Returnees are projected to reach a total of 512,000 people by end-2023 but will be far outweighed by new displacement.¹⁵⁴ These are planning assumptions only and will be closely monitored against actual figures throughout the year with the response to needs recalibrated accordingly.

Given these projections, it is clear that a significant proportion of the population will be in acute need in 2023. In both new and protracted displacement sites and camps, 2023 may witness reduced quality of support as access to essential services is hampered and additional bureaucratic constraints are introduced. Opportunities for return will remain modest and geographically limited due to insecurity in places of origin, destroyed properties and landmine/ERW risks. Given that resources in many host communities are already stretched or insufficient, further displacement may lead to further inter-communal tension. Prolonged and repeated displacement will exacerbate existing vulnerabilities, increase the risk of GBV, and push communities further into severe humanitarian needs.

Risks to analysis and planning assumptions

All 2023 calculations are based on the joint analysis and planning assumption that the current security, conflict, and political situations are likely to continue, if not worsen, in the year ahead. While great care has been given to develop a realistic forecast of future developments, unexpected changes in the context could partially alter or even fully negate some of the assumptions about the scenario used for humanitarian planning. These are outlined in the table below.

Some or all of these may materialize during 2023, with particular risks more likely to happen than

others. The impacts of some of these risks would be so severe that they would necessitate a full revision of the needs analysis and related response plan if they were to eventuate. This table is not intended to

reflect all risks. Only those which would go beyond the risks already factored into this analysis or risks for which the outcome or evolution is uncertain at the time of planning.

RISKS TO ASSUMPTIONS	POTENTIAL HUMANITARIAN CONSEQUENCES
Blocking of work by and attacks on humanitarian organizations The de facto authorities move ahead with full implementation of the newly adopted registration rules, while ramping up other stringent bureaucratic measures and complex procedures affecting humanitarian partners at all levels (INGO, NNGO, UN). Alternatively, a requested moratorium on implementation of the rules may be granted allowing time to ensure services are not interrupted. Implementation may also be delayed while administrative processes are established for the new requirements.	Humanitarians are deeply concerned that the onerous requirements may disrupt life-saving assistance at a time when it is needed most. A moratorium may allow space to discuss more problematic elements of the rules while they are not yet being fully implemented. However, delays due to a lack of clarity over and systems for the administrative process may cause issues with external institutions such as banks and state-level authorities. If they become more protracted, TA interruptions on the basis of registration would lead to a much-reduced understanding of the situation and ability to coordinate the response. Visas of international staff in country may continue to be delayed on the basis of expired MOUs and the absence of registration in the case of NGOs, requiring protracted remote operations in other countries. Humanitarian organizations may face difficulties in securing equipment for safe and efficient functioning of their staff and offices. Supply pipelines for life-saving items may also be interrupted if speedy customs approvals are not delivered or are affected by an organization's MOU/registration status. The likelihood of continued and new bureaucratic constraints is considered high. Humanitarians have planned for continued constraints but the level of impact on operations and the need for a revision to planning documents will depend on the approach to enforcement.
Worsening misperceptions and politicization of aid amid shrinking humanitarian space The role of humanitarian partners in neutrally advocating with all parties to the conflict leads to worsening misperceptions, increased scrutiny and public criticism from all sides, threatening humanitarian operating space.	The ability for humanitarian partners to "stay and deliver" especially in conflict-affected areas (where EAOs and PDFs are most active) could be impeded by suspicion and misperceptions by both sides. Politicization by external stakeholders, including by the parties to the conflict and the general public could lead to negative commentary and threats to staff safety. Social media threats to staff, particularly those engaging with the de facto authorities on access and protection issues, may escalate presenting dangers for personnel. National staff are particularly at risk. This atmosphere may limit opportunities for the raising of protection issues with the parties to the conflict and may undermine unity between partners operating both inside and outside the country in support of people in Myanmar. Further access constraints have the potential to undermine plans to expand reach in conflict-affected areas, including the Northwest and Southeast. The likelihood of shrinking humanitarian operation space is high. Humanitarians have planned for this eventuality, but the severity of restrictions and the evolution of public discourse will determine the seriousness of the impact and the need for adjustments to planning.

RISKS TO ASSUMPTIONS	POTENTIAL HUMANITARIAN CONSEQUENCES
Financial sanctions FATF escalates its negative assessment of Myanmar as a high-risk jurisdiction due to its significant strategic deficiencies to counter money laundering, terrorist financing, and financing of proliferation. FATF may call for further enhanced due diligence and new counter-measures to protect the international financial system from the money laundering, terrorist financing, and proliferation financing risks emanating from the country. Member State based sanctions or banking measures may follow.	The ability of humanitarian partners and donors to access money inside the country for the payment of operational expenses, including assistance for communities and staff wages, may be cut off. The transfer of funds to approved national partners (increasingly the last resort for the delivery of critical assistance in conflict-affected areas) may be severely affected and targets for direct local funding may not be met. National staff will likely face more challenges receiving their salaries or making international financial transactions, including for critical services (such as emergency health care or family needs). Business confidence in Myanmar may be reduced, affecting the economic recovery and worsening people's already dire economic situation. The likelihood of additional international measures is medium and will likely vary from country to country. The impact could be moderated by clear exemptions for humanitarian funds transfers. Further clarity on this is expected at a FATF meeting in February 2023 and the outcomes may require additional adjustments to humanitarian analysis and planning.
Dwindling funding amid growing needs Donors reprioritize their funding to other mega-crises, resulting in even less funding for the Myanmar HRP 2023 than in previous years, despite a dramatic increase in needs.	Continued low funding levels would affect the quality and reach of humanitarian programming in Myanmar, including the ability of humanitarian partners to continue operations at the same level as in 2022. Ultimately, additional people in need will backslide into even more severe levels of vulnerability due to unmet needs and severe prioritization of assistance will be necessary. As well as prolonging suffering for affected people, the reduction in the quality and depth of the response carries reputational risk for the international community. Given the global context, the likelihood of underfunding remains high although the HCT has committed to increased advocacy for the response in 2023 and the outcomes from this will determine whether course corrections are required. The impact of underfunding will be severe with humanitarian already unable to fully meet needs in 2022 due to access and funding constraints. Fewer affected people would be reached due to prioritization and the assistance would be shallower and less multi-sectoral than intended. Persistent underfunding has the potential to undermine plans to expand reach in conflict-affected areas, including the Northwest and Southeast.
Worsening political instability The volatile political situation in Myanmar further deteriorates with a return to daily clashes between protesters and security forces in urban areas, triggered by specific events, such as the elections tentatively scheduled for 2023. This may involve protests and civil disobedience in heavily populated areas with participants being targeted for arrest and detention.	Humanitarian access to affected people would most likely be further constrained. Communities would have less access to livelihoods and be less able to meet their own basic needs. Security settings would likely be dialled up making everyday movements more dangerous for civilians across the country, especially women. Prolonged strikes in the public sector could lead to the full collapse of fragile public services, which are already functioning at a greatly reduced scale with limited efficiency. A further reduction or collapse in social services would result in the absence of social protections for communities. The likelihood of increased tensions around election time is considered high although the scale of resistance and its impact on humanitarian operations may depend on the nature of the public and security response. Humanitarians are already doing initial contingency planning but may need to adjust depending on the evolution of the situation.

RISKS TO ASSUMPTIONS	POTENTIAL HUMANITARIAN CONSEQUENCES
Deadly wave of COVID-19 and threats from other infectious diseases A new COVID-19 wave returns and spreads across the country in 2023 with a high infection and death rate. Deteriorating conditions in IDP sites and poor routine immunisation rates lead to higher than planned numbers of people affected by other infectious and water-borne diseases such as AWD, Cholera, or Rubella.	The impact of a devastating new wave of COVID-19 would most likely result in a high mortality rate among the population given inadequate vaccination rates in areas outside de facto control, as well as due to the already highly compromised public health-care system. This is currently considered a low-risk given recent trends, but it could result in considerable levels of excess mortality or morbidity if it did eventuate. Humanitarians already plan for needs around potential infectious disease outbreaks in displacement sites, however there may be a need to adjust planning outlooks if these outbreaks are more severe or frequent than anticipated exceeding coping capacity, or if access constraints threaten capacity to respond.
Severe cyclone, earthquake, flooding, or tsunami Above normal rainfall and heavy flooding occurs throughout the 2023 monsoon season (May-Oct), coupled with landslides, exceeding planning figures of 50,000 people requiring humanitarian assistance. A severe tropical storm or cyclone (Cat 4+) strikes Myanmar during the highest risk months (Apr-Nov), exceeding planning figures of 50,000 people requiring humanitarian assistance. A severe earthquake at magnitude 7+ hits a major population centre, exceeding planning figures of 50,000 people requiring humanitarian assistance. A devastating tsunami hits the Myanmar coast, exceeding planning figures of 50,000 people requiring humanitarian assistance.	Humanitarians plan for a level of needs generated by natural disasters every year. In 2023 a common planning figure of 50,000 people has been used. If the impact was higher than this, planning assumptions would need to be revisited. The occurrence of a natural disaster of significant scale, especially in an area already affected by armed conflict and access constraints, would generate humanitarian needs across all clusters/sectors both for those who are displaced and those who remain in their own homes. Gaining access to affected communities at-scale and in a timely manner would present a serious challenge for humanitarian organizations and there would most likely be a heavily militarized response domestically. Additional search and rescue support would be required in case the disaster exceeds local response capacities. Securing access to visas for surge international staff would be particularly challenging, prolonging unmet needs. Myanmar is one of the most disaster-prone countries in the world and there is a moderate to high risk of all listed risks at all times although the likelihood is much lower for heavily populated areas with impacts exceeding the planning figure. The impact on individuals affected communities is likely to be extreme if any of these disasters happened but the scale of the impact would be heavily dependent on the location and its population density. The timing during the year and potential other conflict and political complexities would be other factors that would influence impact. A cyclone during the election period, for example, would create a very challenging response environment that may delay external assistance while alternately prompting a faster domestic response from the de facto authorities.



SHAN

A landmine survivor who lost his left leg in an explosion in northern Shan, 2022. Credit: UNICEF

2.2 Monitoring of Situation and Needs

A series of cluster-specific indicators have been developed to monitor and assess the evolution of humanitarian needs and conditions across Myanmar throughout 2022. These indicators will allow clusters to examine new and emerging needs and adjust their programming as required. The indicators will also support the HCT, ICCG and other partners with future

analysis and decision making, including the mid-year stocktake and report. Clusters are responsible for the collation of the data necessary for tracking these needs indicators, with the ICCG ensuring the completion of quarterly monitoring reports.

Indicators

INDICATOR	SOURCE	FREQUENCY OF UPDATE
Education		
% of children enrolled (formal) school by sex and school-level (as a re-sult of the crisis) and displacement status	MSNA	Annually
% of children not enrolled in formal education but accessing informal education (by sex and school-level, and displacement status)	MSNA	Annually
% of children dropping out of (learning) school in the last school year (by sex and school-level, and displacement status)	MSNA	Annually
% of children enrolled but not attending regularly formal education but accessing informal education (by sex and school-level, and displacement status)	MSNA	Annually
Food Security		
Food consumption score	FAO/WFP assessment	Bi-annually
Livelihood coping strategies	FAO/WFP assessment	Bi-annually
Income source + income change variable (for phone surveys) and/or share of households' expenditure on food (for face-to-face surveys)	FAO/WFP assessment	Bi-annually
Health		
# of people who received primary health-care services inclusive of basic and complementary packages (disaggregated by gender, age and persons with disabilities, and category of health services, when possible, based on various partner reporting)	Health Cluster Partners reports, EWARS database	4x per year (according to HRP monitoring cycle)
# of EWARS notifications verified	EWARS database	Ongoing and 4x per year (according to HRP monitoring cycle)
Nutrition		
# of children 6-59 months screened for wasting	Nutrition Information System	Monthly
# of PLW screened for malnutrition	Nutrition Information System	Monthly
# of children aged 6-59 months with SAM admitted for treatment	Nutrition Information System	Monthly
# of children aged 6-59 months with MAM admitted for treatment	Nutrition Information System	Monthly
# of PLW with MAM admitted for treatment	Nutrition Information System	Monthly
# of boys and girls aged 6-59 months at risk of acute malnutrition in priority locations who received support through the blanket supplementary feeding programme	Nutrition Information System	Monthly
# of PLWs at risk of acute malnutrition in priority locations who received support through the blanket supplementary feeding programme	Nutrition Information System	Monthly
# of primary caregivers of children 0-23 months receiving IYCF counselling	Nutrition Information System	Monthly
# of children 6-59 months receiving multiple micro-nutrient powders and Vitamin A	Nutrition Information System	Monthly
# of pregnant women receiving preventative multiple micro-nutrient tablets or iron-folic acid supplementation	Nutrition Information System	Monthly

INDICATOR	SOURCE	FREQUENCY OF UPDATE
Protection		
% of girls and boys engaged in (harmful/hazardous) child labour	MSNA	Quarterly/bi-annually de-pending on capacity
% of HH who state their livelihoods, access to schools, health care, mar-kets and freedom of movement is affected by EO	MSNA	Quarterly/bi-annually de-pending on capacity
% of HHs that have experienced movement restrictions in the past 3 months	MSNA	Quarterly/bi-annually de-pending on capacity
% of HH members without valid civil documentation who are unable to obtain them	MSNA	Quarterly/bi-annually de-pending on capacity
# of protection incidents reported at township level	PIMS	Quarterly
# of incidents recorded using remote explosives, landmines, IEDs, air/drone strikes, shelling, artillery, and missile attacks	PIMS, ACLED , PIMS	Quarterly
% of HH with at least one child (SADD) that have been separated from their parents or other typical adult caregivers	MSNA	Quarterly/bi-annually de-pending on capacity
# of people killed or injured by EO by State/Region in the last 12 months	PIMS, ACLED, PIMS	Quarterly
Shelter/NFI/CCCM		
IDPs: % of IDPs in need of shelter interventions % of IDPs in need of NFIs	Shelter/NFI/CCCM Cluster Displacement Database and Shelter Needs Assessment Partner/Inter-Agency reporting on a daily, monthly basis.	Daily, monthly, quarterly, annually
IDPs: % of IDPs in sites requiring appropriate site management services	Shelter/NFI/CCCM Cluster Displacement Database	Daily, monthly, quarterly
Returnees: % of returnees in need of shelter interventions	Household Intentions Survey	Once
Non-displaced stateless people: % of people requiring NFIs % of people requiring shelter interventions	Shelter Needs Assessment	Quarterly, annually
WASH		
% of HHs with access to sufficient handwashing facilities	3W/4W	3W: monthly 4W: quarterly
% of HHs with access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use.	3W/4W	3W: monthly 4W: quarterly
% of HHs with sufficient access to a functional and improved sanitation facilities	3W/4W	3W: monthly 4W: quarterly
% of HHs with access to an improved sanitation facility	3W/4W	3W: monthly 4W: quarterly
% of HHs with access to an improved water source	3W/4W	3W: monthly 4W: quarterly
% of HHs with access to water sources of sufficient quality and availability during the monsoon	3W/4W	3W: monthly 4W: quarterly
% of HHs with access to water sources of sufficient quality and availability during the dry season	3W/4W	3W: monthly 4W: quarterly

Part 3

Annexes

KAYAH

A girl hugs her grandmother in an IDP camp in Kayah, 2022.

Credit: UN/S. Modola



3.1

Data Sources

Similar to the preparations for the HNO 2022, the HCT has continued to deploy a broad, national analysis of the humanitarian situation in Myanmar to calculate the number of people in acute humanitarian need. This national approach was necessitated by the ongoing deterioration in the situation over the course of 2022 and the anticipated depth of needs in 2023.

Two nationwide datasets were heavily relied on to inform the HNO 2023. The MSNA was conducted across Myanmar for the first time using a hybrid approach (in person and remote data collection). The latest joint Food Security and Livelihoods Assessment by FAO and WFP was conducted between August and September 2022 in 14 regions and states (Ayeyarwady, Bago, Chin, Kachin, Kayah, Kayin, Magway, Mandalay, Mon, Rakhine, Sagaing, Shan, Tanintharyi, Yangon). Together, these nationwide datasets were used to determine the severity of need and intersectoral vulnerability calculations, as well as much of the sectoral needs analyses. The Food Security and Livelihoods Assessment, conducted in 2021 and also in April 2022, allows for comparisons of the food security situation over time, while the MSNA allows for a multi-sectoral understanding of needs across population groups.

A range of additional data sources have been utilized for the narrative analysis, including some from outside of traditional humanitarian data sets. For example, there has been use of the results from the World Bank's Myanmar Economic Monitor to highlight inflation trends. Monitoring by other agencies and entities such as the Office of the High Commission for Human Rights (OHCHR) was also used. Community consultations and other qualitative data were employed to add further nuance to quantitative findings. Furthermore, the NMA WG compiled a myriad of smaller assessments conducted by organizations across the response in late 2021 and 2022. A database of more than 300 datasets was shared with clusters as a resource to support their analyses.

As explained in the AAP section of the HNO, given that plans for a common reporting platform to collate feedback received across the response, OCHA has analyzed a sample of 126 FGDs conducted by 8 organizations; AAP common platforms shared across 24 organizations; 53 post-distribution monitoring (PDM) surveys and assessments across 20 partners; consultations with more than 150 CSO representatives;¹⁵⁵ and 3 multi-sectoral assessments or online surveys. OCHA and the Disability Inclusion TAG also held a dedicated consultation with 26 representatives of 8 OPDs, complete with both sign and Myanmar language interpretation, to further inform this analysis. While not comprehensive or statistically representative, this sample analysis provides a snapshot of the overall needs, preferences, and challenges being communicated by affected communities who received different kinds of assistance via different avenues in a range of locations in 2022, including in border areas. Where direct data collection proved challenging, consultations with simultaneous interpretation were conducted with local organizations and these have been used as another proxy for understanding the needs and preferences of the communities they work with.

Information was also drawn from a range of indicative sources to estimate baseline population figures. The following data sources were used to estimate baseline population figures for the Myanmar HNO 2022:

- 2014 Myanmar Census Population Data¹⁵⁶
- 2019 Myanmar Inter-Censal Survey
- Camp Coordination and Camp Management (CCCM) Cluster data on camp populations
- UN IDP figures
- UNFPA population data projections

For the cluster-specific analysis, additional sources were used as follows:

CLUSTER	DATA SOURCES (ASIDE FROM AFOREMENTIONED NATIONAL DATASETS)
Food Security	• Market Price Updates • Food Insecurity Snapshots • Myanmar Weekly Cash Working Group update • Household Welfare Survey
Health	• Public Health Situation Analysis, 15 November 2022 • Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in South-East Asia - 2022 update • Joint Reporting Form Report 2021 Data
Nutrition	• Nutrition Cluster calculation of the proportion of children under age 5 (10 per cent) and PLW (6 per cent) based on national guidelines and evidence from nutrition assessments of children with SAM, MAM and PLW.
Protection	• Burden of IDP displacement; UN figures • Protection Incident Monitoring System (PIMS) data set • ACLED data set
Shelter/NFI/CCCM	• Shelter/NFI/CCCM Cluster Displacement Database (daily, monthly, and quarterly) • Cluster Analysis Report and Camp Profiles conducted in 2022 • Displacement Movement Tracking produced by UN agencies • 5Ws • Monthly Humanitarian Update
WASH	• WASH or multi-sectoral assessments • WASH safety audits • Other WASH Cluster assessments

3.2

Methodology

In line with global guidance, the JIAF (Option B) methodology was used in Myanmar to analyze and calculate the severity and number of people in need for 2023. The main objective of the JIAF is to ensure consistency in analysis and calculation approaches across global responses, with a robust, step-by-step process for jointly calculating needs. The JIAF takes an inter-sectoral analysis approach, recognising that while understanding the nuances of sectoral needs and severities is essential, so too is identifying the inter-linkages and compounding effects across the sectors. In line with this inter-sectoral logic, with agreement from the ICCG and HCT, this HNO has not included separate cluster pages in its narrative but rather has focused on presenting sectoral needs in a multi-sectoral way, mainstreaming AAP, disability, GBV, human rights, protection, PSEA, and other considerations throughout.

In Myanmar, the JIAF process was carried out through the NMA WG, established in 2022 under the ICCG, to strengthen the quality of analysis and ensure the development of an evidence-based HNO. ICCG members nominated technical representatives and information management focal points from clusters and the Myanmar Information Management Unit (MIMU) to join the NMA WG.

As a first step, the NMA WG adapted the framework to the specific context of Myanmar, refining the scope of the analysis, and developed an analysis plan based on key questions needed to inform planning and decision-making. Informed by sub-national and national-level consultations involving more than 200 key development and humanitarian partners, the ICCG recommended and the HCT subsequently agreed to maintain a nationwide analysis of the humanitarian situation in Myanmar in 2023. The geographic scope of the analysis thus covers the whole country.

Within the nationwide scope, the HCT endorsed strategic guidance on the population groups to be considered for analysis in the HNO 2023. The NMA WG identified and collected baseline datasets on the different population groups and key geographical areas. The Working Group members undertook a light secondary data review, with clusters and technical experts providing data, observations and expert trend analysis on the context, shocks, drivers of need, vulnerabilities and impacts of the crisis. Data sources included nationwide assessments (see above), as well as individual cluster-based surveys and data in hotspot areas. Figures for IDPs and returned, resettled, and integrated IDPs are based on NMA WG projections utilizing movement patterns, 2023 scenario assumptions, expert opinion, and a severity scale analysis on displacement drivers, trends, and the presence of armed groups. Calculations were based on the following:

- IDPs: Projection of new and protracted IDPs, including displaced stateless people, camps, camp-like settings and informal sites, and people who are re-displaced.
- Returned, resettled, integrated IDPs: Projection of new and past returned IDPs in need of assistance.
- Non-displaced stateless people: Baseline data of Rohingya people living in their own villages.
- Other crisis-affected people with humanitarian needs: The baseline was estimated considering 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 to support their own survival; people with severe protection needs (employing negative coping mechanisms, victims of trafficking and the most vulnerable migrants with humanitarian needs, EO victims, people with multiple vulnerabilities); non-displaced people in moderate or severe food insecurity

or facing malnutrition, people affected by other severe shocks who are unable to support their own survival.

As mentioned above, for the calculation of the people in need figure, two nationwide primary data collection sources were utilized: the MSNA and the FAO/WFP Food Security and Livelihoods Assessment. Cluster-specific assessments, secondary data sources and remote data collection methods were also employed for the development of the HNO 2023 people in need estimates. For remaining data gaps, expert judgement methods were applied.

The NMA WG, in discussion with national and sub-national clusters, agreed on a set of cluster-specific indicators to estimate the sectoral severity of needs at the township level. Some clusters conducted countrywide remote data collection to obtain indicator values. However, for some indicators, reliable data was not available or only available for some locations. In these cases, expert judgement methods, such as proxy indicators, and expert discussions within the cluster and the NMA WG were used in place of primary assessment data.

The draft number of people in need (PiN) was then discussed in the NMA WG and the ICCG. The draft figures and needs analysis were presented at two joint ICCG-HCT meetings – the first for feedback, the second for final endorsement. Based on the global JIAF aggregation guidelines, all data points were collated in a spreadsheet, with each row representing a single unit of analysis – generally a combination of geographical area and affected group. The following steps were then applied to determine PiN and severity by township:

1. The percentage of people per severity class (on a relative scale of 1 to 5) was calculated for each indicator, geographical area and affected group.
2. The percentage values for people in each severity class from highest to lowest were calculated until reaching at least 25 per cent to determine the severity scale for the given geographical area and affected group for each indicator.

3. The average of the top half of the indicators was used to determine the severity of each geographical area.

4. The highest total number of people in severity classes above the scale of 3 for each geographical area and the affected group was taken as the number of people in need for the given combination.

5. The overall value of people in need was calculated as the sum of each geographical area and affected group

In line with global guidance, the NMA WG evaluated the PiN calculation approaches (the JIAF indicator driven approach and the inter-sectoral maximum PiN selection approach) and recommended the use of maximum PiN figures, which were calculated using cluster-specific indicators at township level across clusters. Food security had the highest PiN number in most locations, with a total of 15.2 million people in need nationwide. There are some exceptions though, where other clusters exceed food security needs, further increasing the overall PiN number. For example, 736,000 people in need in Sagaing (mostly for protection, Shelter/NFI/CCCM and WASH) and 147,000 people in need in Rakhine (mostly for health, protection, and WASH) were not included in the respective food security PiNs for those locations. Based on the calculations, an additional 2.4 million people in need were identified, taking the overall PiN to 17.6 million.

Sectoral PiN methodologies

Education

JIAF indicators utilizing the MSNA have been selected to help measure the extent of access to education across the formal and non-formal education streams, as well as dropout rates from both. Expert judgement has been used to review the reasons for enrolment, frequency of attendance and the dropout rate, as well as to correct data gaps resulting from the formulation of some questions in the MSNA. Data has been disaggregated based on gender, age group/school level, displacement status and disability.

Food Security

The Food Security Cluster utilized the joint Food Security and Livelihoods Assessment, which FAO/WFP conducts twice a year. The food security PiN was then calculated using the Consolidated Approach for Reporting of Indicators of food security using remote data collection (rCARI) framework. The rCARI assesses each household and gives it a score based on two dimensions:

1. The current status of households' food consumption (food consumption score) (50 per cent of the total score)
2. The current coping capacity of households to meet future needs:
 - economic vulnerability (25 per cent of the total score), and
 - adoption of livelihood coping strategies (25 per cent of the total score)

Based on their rCARI score, households were then divided into four groups:

- Food secure
- Marginally food secure
- Moderately food insecure
- Severely food insecure

Based on global guidance, those in moderate or severe food insecurity are included in the PiN.

Health

The analysis of needs was done on evidence-based indicators related to health and health-related services, as the best-available data for crisis-affected people in need. The PiN was calculated from primary and secondary data at the township level from the MSNA and other sources.

Nutrition

The Nutrition Cluster PiN was arrived at through use of the Global Nutrition Cluster-supported Nutrition Humanitarian Needs Analysis calculation tool. The baseline vulnerable population data from the 2022 FAO/WFP food security assessments was used as a proxy indicator given the close correlation between

these sectoral needs in crises globally. Other strategies used were expert judgement, extrapolation of existing data, along with results from food security and WASH under the assumption that similar population groups are affected by acute malnutrition based on global experience.

Based on calculation tools, the 2015/2016 Myanmar Demographic Health Survey (DHS) was used, with the assumption that the situation has further deteriorated. In the absence of proper nutrition assessments, proxy food security indicators suggested the situation regarding nutrition with some level of reliability. The food security assessments were utilized to provide the baseline population and other proxy considerations like the severity analysis. Additionally, triangulation with other small-scale nutrition screening results was utilized where SAM with clinical manifestations was observed, along with other factors, such as health, to improve the reliability of the proxy indicators. To a lesser extent, the MSNA was used when considering contributing factors from the health, protection, and WASH results.

Protection

The Protection Cluster used the MSNA, PIMS, and displacement tracking and projection data as the major sources for the calculation of people in need. Ongoing displacement tracking established by humanitarian partners continued to be the primary sources of data on the forced movement of people. To a certain extent, information was triangulated with other trusted sources of information on conflict such as ACLED. To avoid double counting, the max methodology was used at the township level to obtain a representative PiN at the township level. For areas of responsibility (AoRs), gender and age disaggregation guides were adopted from the global AoRs. The selected needs indicators were used considering the availability of the data relatively on a regular and systematic basis.

The Protection Cluster and its AoRs used an extensive set of indicators, selected based on the availability of the data across the operation, their reliability and impact on elevating the humanitarian-protection needs. Needs analysis was carried out by applying the various methodologies:

- For IDPs: The percentages [80%,70%,60%,40%,20%] were considered for severity five to one. The burden of IDP displacement was used as a proxy indicator in triangulation so as to get severity at township level. The PiN estimation is based on the projected IDP population.
- For non-displaced stateless persons: The percentages [100%,100%,100%,100%,100%] were considered for all the non-displaced stateless persons. According to expert judgement and joint session analysis, 100 per cent of this population group will need protection services in any of the above classification phases.
- For returned/resettled/locally integrated IDPs: the percentages [80%,70%,60%,40%,20%] were considered for this population group. Here the same methodology for IDPs was adopted in this category as the MSNA did not factor in the returnees in the survey. The returnee population group was considered as outside of the scope of the MSNA due to insufficient information being available to allow for their targeting.
- For “Other crisis-affected people with humanitarian needs” group: Multiple criteria were considered. This included townships with or without IDPs. For townships with IDPs, the percentages [25%,20%,15%,10%,5%] were considered.

Shelter/NFI/CCCM

Using MSNA indicators, the Cluster took the maximum percentage between different regions/states and population group percentages to classify the persons

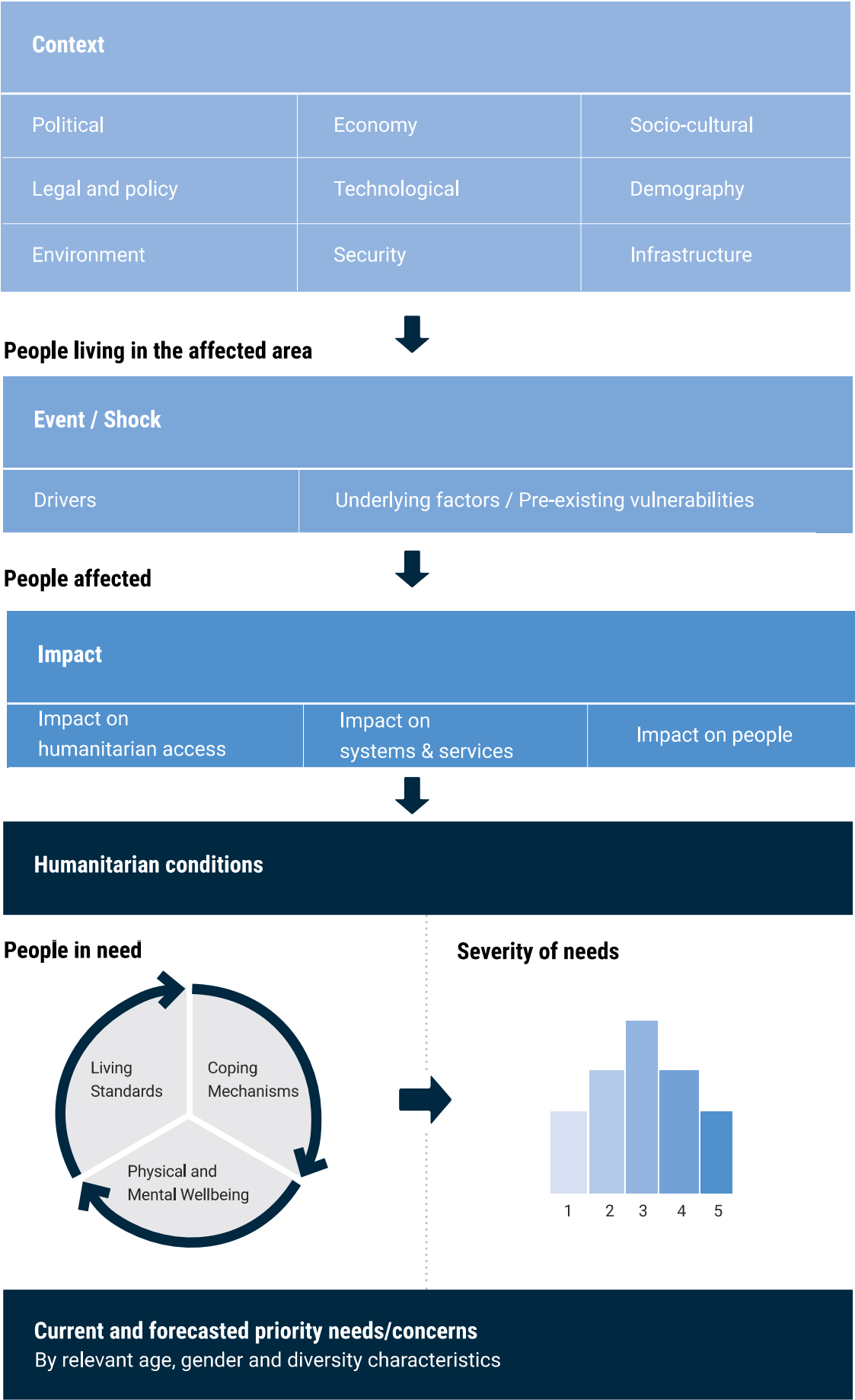
of concern living at the level of severity. Shelter/NFI/CCCM severity calculation was adjusted with expert judgement from the field, and the same severity was applied in all townships for each region/state.

Cluster analysis reports and camp profiles conducted in 2022, displacement movement tracking produced by the UN and other inter-agency assessments and reports, such as in the Southeast, were also used to assess and triangulate the needs of people. In the central part of Rakhine, relatively comprehensive data on the Rohingya and Kaman camps is available, so numbers were calculated based on detailed camp profiles, post-distribution monitoring and shelter tracking. In AA-MAF sites, the percentile method was used where data could not be calculated from assessments or key informants. In the Southeast, the 5W data, inter-agency assessments and other cluster tools such as profile and cluster analyses were used to determine the PiN. Expert field knowledge was a key factor, as well.

WASH

The selection of needs indicators was made using the MSNA, WASH or multi-sectoral assessments undertaken by WASH Cluster partners, and related key findings from other cluster sectoral assessments that were shared across the Cluster.

The Joint Intersectoral Analysis Framework (JIAF)



The JIAF severity scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1 None/Minimal	Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework. Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets). No or minimal/low risk of impact on Physical and Mental Wellbeing.	Building Resilience Supporting Disaster Risk Reduction
2 Stress	Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms. Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations).	Supporting Disaster Risk Reduction Protecting Livelihoods
3 Severe	Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms. Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.	Protecting Livelihoods Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions
4 Extreme	Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality	Saving Lives and Livelihoods
5 Catastrophic	Total collapse of Living Standards Near/Full exhaustion of coping options. Last resort Coping Mechanisms/exhausted. Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. Widespread grave violations of human rights.	Reverting/Preventing Widespread death and/or Total collapse of livelihoods

3.3

Information Gaps and Limitations

The rapidly evolving situation, coupled with persistent insecurity, access and bureaucratic constraints continued to pose significant challenges to information collection, including sex, age, disability disaggregated data, as well as planning and monitoring of responses in Myanmar in 2022. Ongoing restrictions on humanitarian access and continued insecurity have prevented humanitarian partners from carrying out regular comprehensive multi-sectoral needs assessments in many affected locations, particularly areas outside SAC control and locations with active armed conflict. In general, the following were identified as critical information gaps requiring supplementary analysis as part of the HNO process.

- Non-enumerated people in the 2014 Census, particularly in Kachin and Rakhine
- Annual population growth rates at township level
- Data on landmines and EO at township level
- Prevalence data on violence against women and other protection risks
- Detailed needs information in new conflict-affected areas
- Sufficient face-to-face interviews to complement phone surveys
- Reluctance by some partners to share needs and response data

Given this was the first year an MSNA was conducted in Myanmar an extensive lessons learned exercise has already been conducted to identify areas where data was not useful, complete or granular enough and where the questions supplied by clusters for the survey can be tweaked for 2023 to improve results. Overall, clusters reported that the existence of MSNA data for the 2023 analysis greatly improved their ability to project needs and have confidence in their calculations at a national scale. Further discussion on enhancements to the MSNA and its relationship with

other data collection efforts will be further discussed at the ICCG annual retreat in Quarter 1 of 2023.

Education

It is a challenge to separate those children who are accessing education specifically due to humanitarian assistance from other enrolled children (who do not need humanitarian assistance to be able to enrol in school). The former initially appear in the MSNA results as if they are not in need, yet if humanitarian assistance was withdrawn, they would not be able to learn. This risks the former not being featured in the PiN and by extension, targets for HRP. As such, the cluster used expert judgement to adjust their results and ensure the children were reflected in the PiN and target using proxy indicators (food security) and other knowledge of the situation in some regions, especially those suffering high displacement trends and systemic exclusion from the education system).

The MSNA, as a household-level survey, has limitations on assessing the actual situation in education spaces and schools to inform the status and needs within learning environments. However, in the future this will be augmented by a comprehensive Joint Education and Child Protection Needs Assessment (JENA), which should provide more in-depth sectoral education data with the combination of the two surveys supporting deeper analysis. The JENA will also incorporate child consultations that will allow children to express their educational and protection needs to inform a more accountable response to children's concerns. It is worth drawing special attention to this gap in consulting children to gather their feedback on received assistance, express their educational needs and priorities, and stress that this is something the Education Cluster will endeavour to better address in 2023 through child participatory initiatives to make the education response more accountable to children.

Food Security

Biases: The Food Security and Livelihoods Assessment was conducted as a phone survey due to the inability to conduct in-person interviews. Phone surveys have inherent challenges, primarily (1) who can be assessed (tends to be wealthier people in better connected areas), and (2) restrictions on the length of the survey, which can affect ability of enumerators to probe in the same way they might in person, and the extent of data that can be collected. Weighting can help to address the first type of bias, and data was weighted by education level of the head of households as a proxy for better-off households. However, hard-to-reach and conflict-affected areas, for example in Chin and Kayah, were under-represented in the sample. Telecommunications blockages are another impediment to this methodology.

Timing of data collection: To allow for seasonal and annual comparability, the assessment was conducted towards the end of the lean season from the beginning of August until mid-September 2022.

Representativeness of the data: The FAO/WFP assessment is representative only at the region/state level; estimates cannot be disaggregated to township level. The results for Chin and Kayah are only indicative due to lower sample sizes reached. The WFP survey that covered Bago, Magway and Mandalay had a smaller sample size, and results should be considered indicative only. For the other states and regions for which data was not available, results were extrapolated from similar, neighbouring areas to fill the data gaps: For Sagaing – estimates from Chin and Mandalay; For Tanintharyi - estimates from Mon; For southern Shan - estimates from northern and eastern Shan were used. Nay Pyi Taw was not included in the analysis due to lack of comparable data and expert judgement.

In 2023, the cluster will strive to expand the geographical coverage and develop a methodology of data collection through partners to collect standardized indicators such as the food consumption score) and the reduced Coping Strategy Index in targeted areas.

Health

Important information gaps and limitations are related to data quality, namely completeness and reliability across the country due to the serious deterioration in capacity of the public health sector. Joint assessments and situation analyses for primary data collection and triangulation are limited and will be required in 2023. Significant gaps are also related to inclusive data collection for each population group (displaced, returned, non-displaced stateless and other crisis-affected), disaggregated by age, sex, and disabilities. Finally, remote data collection is limited in conflict areas due to telecommunication interruptions.

Nutrition

The Nutrition Cluster experienced data gaps in Myanmar primarily because no recent, statistically representative surveys have been conducted by the Cluster. Of particular concern is the absence of representative nutrition surveys that include anthropometric measurements to determine the prevalence of acute malnutrition – these were last done during the 2015/2016 Myanmar DHS. Those results are now obsolete. Apart from the survey being done more than seven years ago, other factors affecting a marked change in the situation are: the February 2021 effects and spread of conflict, the pandemic's negative impact, conflict-induced displacement, increasing inflation negatively affecting purchasing power, limited livelihoods options, and increasing food insecurity affecting IDPs, stateless persons and returnees. These have all caused the situation to deteriorate further, making the DHS data no longer relevant in the current circumstances. While the Nutrition Cluster received technical support from the Global Nutrition Cluster to plan quality mid-upper arm circumference (MUAC) assessments, there has been a lack of resources to expand these assessments.

Protection

Sampling at state/region-level hindered township level representation of needs. As a result, proxy indicators were used to achieve township level representation. Thus, protection needs and severity were analyzed cautiously. A bigger sample size, broken down to granular geographic locations (e.g., township level data) would be desirable for future analysis to give a proper reflection of the needs, although there is understanding of the challenges associated with this when conducting surveys remotely on a national scale.

Protection partners continue to face challenges in conducting qualitative protection and needs monitoring across the Northwest and Southeast where conflict is heaviest. For the majority of assessments or monitoring undertaken in 2022, data was collected remotely through telephone and other online platforms and mostly through key informant networks established by humanitarian partners.

The methodology used to select households for the remote data collection portion of the sample may have led to a bias resulting in underrepresentation of households without access to a mobile phone or areas without mobile phone coverage and electricity. Additionally, individual level data was collected mostly by proxy from the head of household and not directly from each household member themselves; this might lead to a bias or lead to less precise information. Certain indicators may be under-reported or over-reported due to subjectivity and perceptions of respondents (especially “social desirability bias” - the tendency of people to provide what they perceive to be the “right” answers to certain questions).

The Cluster employed triangulation of proxy indicators coupled with expert judgement for the purposes of achieving representative township level severity. The adoption of proxy indicators, such as the burden of IDP displacement and the fatality rate per 100,000 people, were key in projecting overall protection concerns for the different population groups at the township level. Where data gaps exist, the Protection Cluster will advocate a harmonization of needs assessment tools, as well as include appropriate indicators for regular

data collection to inform analysis during the next HNO exercise.

The rapidly evolving situation, coupled with persistent insecurity, access constraints and perceived risks around participating in assessments and monitoring by affected communities, presents significant challenges for data quality across the operation.

Many of the protection incidents and risks go unreported by community members and leaders due to operational sensitivities, limited awareness of human rights, fear of retaliation or other ramifications, or an assumption that concerns might remain unresolved despite reporting, which also presents challenges to addressing information gaps. For reported protection incidents, an increasingly volatile situation, characterized by ongoing clashes, insecurity, frequent interruptions of mobile and internet services, and constraints on humanitarian access, renders verification extremely difficult.

Improving access to, and quality of, data and analysis continues to be a priority for the Protection Cluster and AoRs in Myanmar. In addition to Cluster level assessments, inter-sectoral/multi-sectoral needs assessments will be supported by the Protection Cluster to increase the depth of analysis to better inform planning. Additionally, a key component will also be strengthening collection of data from the communities themselves. Information on people’s needs, as articulated directly by them, as well as their perspectives on the assistance they receive, will continue to be strengthened by both the Protection Cluster’s own and a planned response-wide complaint and feedback mechanism to ensure needs analysis and response planning are more people-centred.

Shelter/NFI/CCCM

Across large parts of the country, significant information gaps remain, partly due to the limited presence of humanitarian actors, limiting the ability to deliver a fully evidence-based response.

Although traditionally more open to humanitarian agencies than other parts of Myanmar, access constraints in the central part of Rakhine intensified in

2022. While Cluster partners have strong networks of key informants, including site and camp-based staff or volunteers, CSOs, and site leaders, access restrictions pose an increasing threat to the information landscape. In the Southeast, needs are estimated based on inter-agency assessments and reports. An increasing number of Shelter Cluster partners are not willing or authorized to share information at their level with the Cluster lead directly, but only through the donor agency.

WASH

Significant information gaps exist in hard-to-reach locations in the Northwest, where IDPs are reportedly living in forest locations or have fled Myanmar. Provision of limited location information, such as details at the village tract level, makes it hard to assess needs and respond to affected populations especially in the Northwest. To address this, the WASH Cluster will continue to coordinate with partners on the ground through monthly coordination meetings and bilaterally to gather updates on needs, responses and gaps. The Cluster will also coordinate with other clusters for information sharing.

3.4

Acronyms

AA	Arakan Army	HRP	Humanitarian Response Plan
AAP	Accountability to Affected People	ICCG	Inter-Cluster Coordination Group
ACLED	Armed Conflict Location and Event Data	ICJ	International Court of Justice
AoR	Area of Responsibility	IDP	Internally Displaced Persons
ASEAN	Association of Southeast Asian Nations	IED	Improvised Explosive Device
CBM	Central Bank of Myanmar	IFPRI	International Food Policy Research Institute
CCCM	Camp Coordination and Camp Management	IHL	International Humanitarian Law
CDF	Chinland Defense Force	IHRL	International Human Rights Law
CDM	Civil Disobedience Movement	INFORM	Index for Risk Management
CRSV	Conflict-Related Sexual Violence	INGO	International Non-Governmental Organization
CSO	Civil Society Organization	IOM	International Organization for Migration
CTFMR	Country Task Force on Monitoring and Reporting	JENA	Joint Education and Child Protection Needs Assessment
DHS	Demographic and Health Survey	JIAF	Joint Intersectoral Analysis Framework
EAO	Ethnic Armed Organization	KIA	Kachin Independence Army
EHO	Ethnic Health Organization	KIs	Key Informants
EO	Explosive Ordnance	KNDF	Karenni Nationalities Defence Force
ERW	Explosive Remnants of War	KYC	Know Your Customer
FATF	Financial Action Task Force	LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
FAO	Food and Agriculture Organization	MAF	Myanmar Armed Forces
FGD	Focus Group Discussion	MHPSS	Mental Health and Psychosocial Support
GAM	Global Acute Malnutrition	MHWS	Myanmar Household Welfare Survey
GBV	Gender-Based Violence	MoE	Ministry of Education
GDP	Gross Domestic Product	MoH	Ministry of Health
HCT	Humanitarian Country Team	MOU	Memorandum of Understanding
HLP	Housing, Land and Property	MSNA	Multi-Sector Needs Analysis
HNO	Humanitarian Needs Overview		

MUAC	Mid-Upper Arm Circumference	PIMS	Protection Incident Monitoring System
NCA	Nationwide Ceasefire Agreement	PoVAW	Protection of Violence Against Women
NFI	Non-Food Item	PSEA	Prevention from Sexual Exploitation and Abuse
NGO	Non-Governmental Organization	SAC	State Administration Council
NLD	National League for Democracy	SAM	Severe Acute Malnutrition
NMA WG	Needs Monitoring and Analysis Working Group	SEA	Sexual Exploitation and Abuse
NRC	National Registration Card	TA	Travel Authorization
NUG	National Unity Government	TAG DI	Technical Advisory Group on Disability Inclusion
OCHA	Office for Coordination of Humanitarian Affairs	UN	United Nations
OHCHR	Office of the High Commissioner for Human Rights	UNDP	United Nations Development Programme
OPD	Organizations of Persons with Disabilities	UNICEF	United Nations Children's Fund
OSRSG-SVC	Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict	UNSC	United Nations Security Council
PLW	Pregnant and Lactating Women	UXO	Unexploded Ordnance
PDF	People's Defence Force	WASH	Water, Sanitation and Hygiene
PDM	Post-Distribution Monitoring	WFP	World Food Programme
PiN	People in Need	WHO	World Health Organization

3.5

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**HUMANITARIAN
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MYANMAR