

HUMANITARIAN RESPONSE PLAN MYANMAR

END-YEAR REPORT

2022

1 JANUARY TO 31 DECEMBER 2022



Kitchen Set Check (114 Items Per Kit)
CONTENT LIST

- 1. 7 Lbns, Stainless Steel Cooking Pot - 1 Each
- 2. 2.5 Lbns, Stainless Steel Frying Pan (Standard for 21 Cooking Pots) - 1 Each
- 3. 5 Lbns, Stainless Steel Cooking Pot with Lid - 5 Each
- 4. 1 Lbns, Stainless Steel Bowl - 5 Each
- 5. Stainless Steel Plates - 5 Each
- 6. Stainless Steel Cups - 5 Each
- 7. Stainless Steel Table Spoons - 5 Each
- 8. Stainless Steel Table Knives - 5 Each
- 9. Stainless Steel Table Forks - 5 Each
- 10. Kitchen Knife with Stainless Steel Blade - 1 Each
- 11. Wooden Serving Spoon - 1 Each
- 12. Stainless Steel Serving Ladle - 1 Each
- 13. Stainless Steel Serving Spoon - 1 Each
- 14. Stainless Steel Scooping Pan - 1 Each

About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

Internally displaced families receiving blankets, mats and other household items, Kayah State, 2022. Photo: UNHCR

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

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

fts.org/appeals/2022

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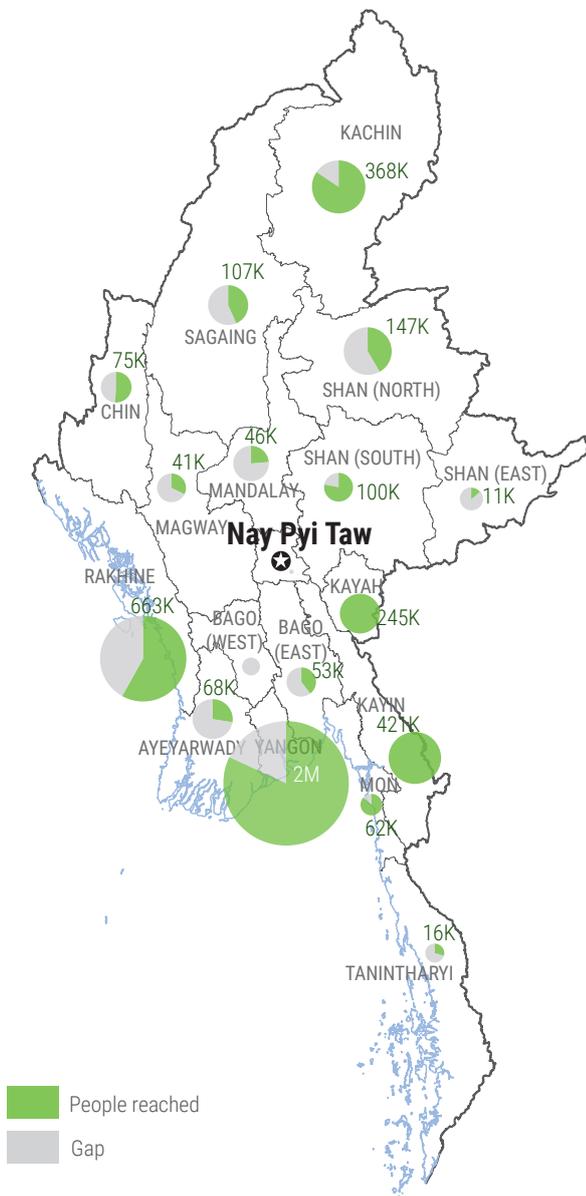
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	Coordination and Common Services

Response Plan Overview

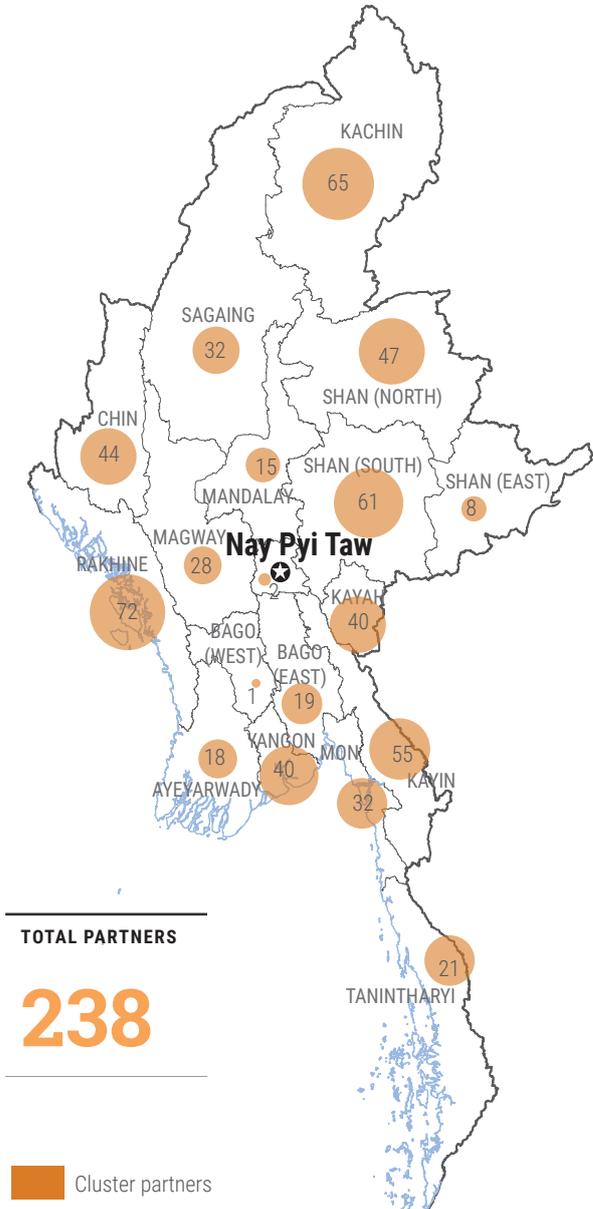
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED (US\$)
14.4M	6.2M	826M	292M¹

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
4.4M	52%	36%	55%	9%	4%

PEOPLE REACHED BY STATE/REGION



PARTNERS BY STATE/REGION



TOTAL PARTNERS

238

Cluster partners

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

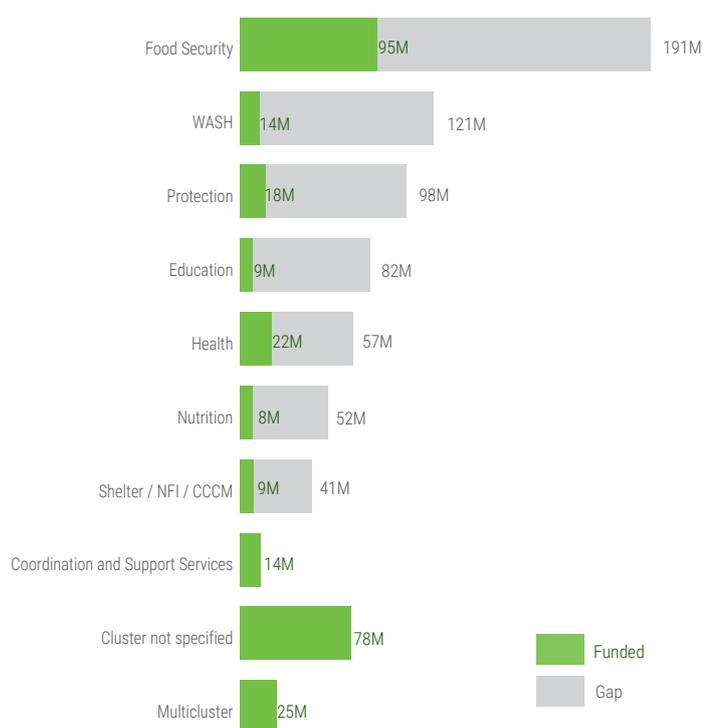
¹ Late funding reports in January of 2023 increased this to 44 per cent or \$343m.

KEY ACHIEVEMENTS BY CLUSTER

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED	WOMEN	% CHILDREN, ADULTS, ELDERLY (<18yrs, 18-59yrs, 60+yrs)	PERSONS WITH DISABILITY ²
EDUCATION	5.4M	1.4M	64% 898K	51%	88% 12% 0%	-
FOOD SECURITY	13.2M	4.1M	86% 3.5M	52%	32% 57% 11%	3%
HEALTH	2.5M	1.4M	38% 553K	56%	34% 59% 7%	8%
NUTRITION	2M	1M	21% 219K	70%	61% 39% 0%	13%
PROTECTION	9.4M	2M	70% 1.4M	51%	35% 57% 8%	1%
Child Protection	4.8M	1.5M	57% 883K	51%	35% 57% 8%	1%
Gender Based Violence	5.8M	1.1M	73% 800K	51%	35% 57% 8%	-
Mine Action	1.8M	0.4M	67% 258K	51%	35% 57% 8%	-
SHELTER/NFI/CCCM	1.7M	0.6M	83% 516K	51%	35% 57% 8%	-
WASH	5.5M	2.1M	51% 1.1M	51%	37% 55% 8%	15%
TOTAL	14.4M	6.2M	71% 4.4M	51%	36% 56% 8%	4%

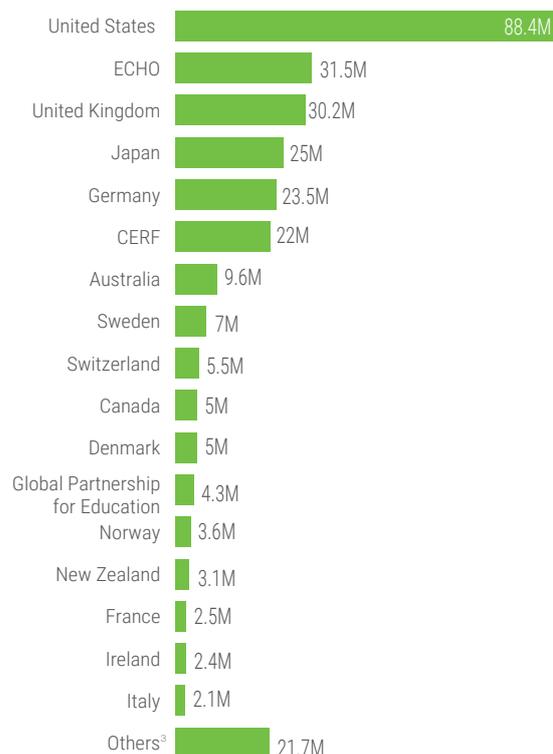
FUNDING STATUS BY CLUSTER (US\$)

As of 31 December 2022



FUNDING STATUS BY DONOR (US\$)

As of 31 December 2022



² There is significant under-reporting of disaggregated disability data with several clusters unable to provide a comprehensive breakdown. Addressing this is a priority for 2023.

³ Others include Belgium, China, Finland, International Rescue Committee, Korea, Luxembourg, MHF, Private (individuals & organizations), UNF, UNICEF National Committee and WFP, as well as several donors providing unearmarked funds to both UNOCHA and UNOPS.

Key Figures

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE TARGETED	PEOPLE REACHED	TARGETED REACHED
Internally displaced people (IDPs)	556K	748K	
Returned, resettled and locally integrated IDPs	50K	37K	
Non-displaced stateless people	386K	303K	
Vulnerable people with humanitarian needs	5.2M	3.3M	

Humanitarian Response by Sex

GENDER	PEOPLE TARGETED	PEOPLE REACHED	TARGETED REACHED
Boys	1M	759K	
Girls	1.1M	815K	
Men	2M	1.4M	
Women	2.1M	1.5M	

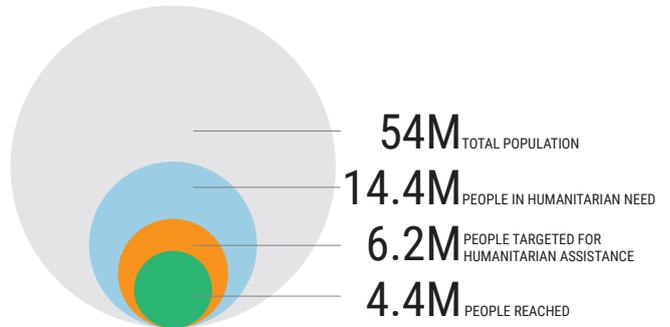
Humanitarian Response by Age

AGE	PEOPLE TARGETED	PEOPLE REACHED	TARGETED REACHED
Children (<18 yrs)	2.1M	1.6M	
Adults (18-59 yrs)	3.6M	2.4M	
Elderly (60+ yrs)	0.5M	0.4M	

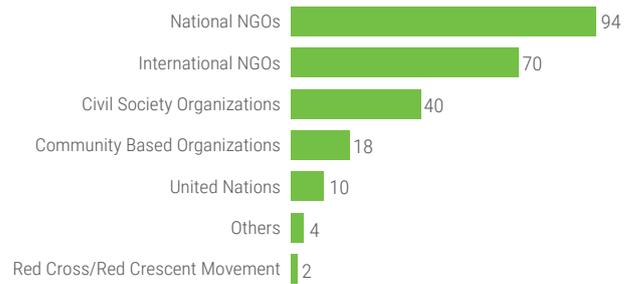
Humanitarian Response for Persons with Disability

	PEOPLE TARGETED	PEOPLE REACHED	TARGETED REACHED
Persons with disability	800K	156K	

People Targeted



Humanitarian Partners by Type



Humanitarian Partners



Changes in Context

Throughout 2022, the people of Myanmar faced an unprecedented political, human rights, and humanitarian crisis that posed grave protection risks for civilians, limiting access to vital services including health and education, and causing worsening food insecurity. Humanitarian needs deepened across the country as conflict raged unabated, causing record levels of displacement, destruction of property, and explosive ordnance contamination, especially in the country's Northwest and Southeast.

Forced recruitment of civilians, including of children, by armed groups jumped dramatically in 2022, while the use of heavy weapons such as airstrikes and artillery fire resulted in civilian casualties, damage to properties and constant threats to civilian safety. Access for humanitarian responders was heavily constrained, with bureaucratic blockages around registration, travel, banking, and visas, undermining the quality and reach of operations. Throughout the year, surging inflation forced up the prices of essential commodities, food items, and fuel, adding to financial stress for vulnerable households, worsening poverty and increasing the cost of humanitarian operations. Despite these barriers, humanitarians stayed and delivered, reaching a record 4.4 million people in need.

Expansion of conflict

Clashes and attacks escalated across multiple states and regions in Myanmar throughout 2022, affecting the lives of civilians on a much wider scale, further compounding their already stressed living conditions. Fighting between the Myanmar Armed Forces (MAF) and various Ethnic Armed Organizations (EAOs) and People's Defence Forces (PDFs) escalated, particularly in the Northwest and Southeast, in 2022. The humanitarian and security situations in the **Southeast** deteriorated, with armed clashes and heavy use of air strikes and shelling occurring in all states and regions. Fighting in Kayah escalated in Lay Kay Kaw Town in Myawaddy Township in December 2021 resulting in

the displacement of thousands of civilians both within the state and across Myanmar's borders. 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 all remained major protection concerns at year's end.

The security situation in Chin, Magway and Sagaing in the **Northwest** continued to deteriorate throughout the year, with a dramatic increase in the number of displaced people and growing civilian protection threats amid armed clashes between the MAF and various PDFs. Large-scale burning and destruction of civilian properties was reported across the Northwest. As of 26 December 2022, more than 795,000 people remained displaced across the Northwest due to conflict and insecurity since the 2021 military takeover (68 per cent of all new IDPs nationwide).

Disruption of electricity and internet services in various parts of Myanmar, particularly in conflict-affected areas in the Northwest and Southeast, significantly hindered information-sharing and other communications among residents, undermining remote humanitarian assessments and engagement with affected people. Despite the growing humanitarian needs reported during the year, heavy restrictions were imposed on the transportation of rice, medicine, and fuel in conflict areas.

The situation in **Rakhine and southern Chin**, which had remained relatively calm since November 2020 following the lull in fighting between the Arakan Army (AA) and the MAF, again turned towards active conflict in August 2022. The use of heavy weapons, airstrikes, 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 in 2022. Security measures across many townships limited people's movement, 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 from accessing six key townships – Buthidaung, Maungdaw, Minbya, Mrauk-U, Myebon, and Rathedaung. An additional two townships were also added in early November (Pauktaw and Sittwe). An informal ceasefire was reached between the AA and the MAF later in November which allowed for the relaxation of some movement restrictions and at year's end humanitarian partners were working to use the window of opportunity to deliver and pre-position much-needed supplies in communities that had been cut off during the preceding months of fighting.

This new outbreak of conflict placed Myanmar at ACAPS' highest ranking for the risk of "rapid and marked deterioration" within an existing crisis.⁴ It affected both Rohingya and Rakhine communities who have been caught between the two forces. Overall, close to 23,350 people remained 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. IDPs from this conflict are now being encouraged to return home by the de facto authorities but there are concerns

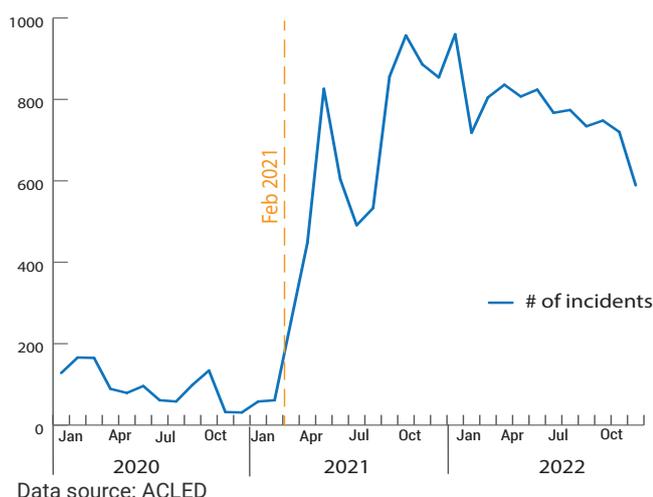
that this is premature given that many people's land or houses have been occupied, and because people's places of origin are now contaminated by explosive ordnance. Efforts are being made to ensure that all returns are voluntary, safe and dignified.

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 led to multiple cases of new displacement. According to UN figures, as of 26 December 2022, approximately 8,300 people remained in temporary displacement sites and protracted camps in northern Shan, while 61,900 people (including IDPs displaced from Kayah) remained displaced in southern Shan.

In **Kachin**, armed conflict that resumed between the MAF and the Kachin Independence Army (KIA) following the 2021 military takeover continued in many townships throughout 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 alliances with the KIA against the MAF. Airstrikes with dozens of civilian casualties were also reported across Kachin. 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 the UN's figures. This is in addition to the 91,500 people who were already displaced prior to 2021.

⁴ ACAPS, Global Risk Analysis October 2022

Security Incident Trend (Jan 2020 to Dec 2022)



Access to services and people in need

The rapid and steady expansion of armed conflict across Myanmar made it more complicated for affected people to access essential services, and also exacerbated an already restrictive operational space for humanitarian actors throughout 2022.

On 21 December, the UN Security Council adopted resolution 2669⁵ expressing deep concern about the ongoing violence in Myanmar and calling for an immediate cessation of all forms of violence. The resolution also emphasized the importance of full, safe, and unhindered humanitarian access to all areas of Myanmar, calling for a scaling-up of humanitarian assistance to reach all those in need and stressing the need to protect the safety and security of humanitarian and medical personnel.

A mid-2022 ACAPS analysis⁶ placed Myanmar at the highest ranking of humanitarian access constraints (“Extreme Constraints”) across three access dimensions, and listed Myanmar among three standout crises globally that had shown a marked deterioration regards to access of humanitarian agencies to people in need. 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 Database⁷ as of 27 December 2022. ACAPS’ subsequent December

2022 analysis, covering the preceding six months, kept Myanmar at the highest level of “Extreme Constraints.”⁸

Access challenges recorded throughout 2022 included an expansion of checkpoints and roadblocks, increasingly slow and complex bureaucratic processes (including delays and denials of Travel Authorizations (TAs), and granting of MOUs), a volatile security situation and increased scrutiny of humanitarian supplies and personnel, all hampering the timely delivery of critical assistance to rising numbers of people in need. Visas for the entry of many newly recruited international staff continued to be delayed. Policy decisions by the de facto authorities are limiting humanitarian access to banking services and money transfer facilities - crucial prerequisites for a response at scale.

Humanitarian workers continued to partner with local civil society and community-based organizations (CBOs) to sustain life-saving responses in isolated areas. In 2022, humanitarian partners succeeded in reaching new areas in the Southeast, which were not accessible in the past, to identify the needs of affected people, including IDPs and host communities, and to deliver assistance. However, access challenges continued, especially around direct delivery by international humanitarian organizations. In the Northwest, the access situation did not improve although, local organizations did reach people in need but on a smaller scale.

In late 2022, the de facto authorities introduced new registration requirements and procedures for NGOs. Aid workers are deeply concerned about potential impacts of the new rules on operating space and the delivery of life-saving humanitarian assistance in 2023. As they stand, the new registration requirements and related delays in processing paperwork are likely to mean that many organizations cannot effectively operate, and crisis-affected communities will miss out on the support they need to survive. The introduction of severe criminal penalties for non-compliance is of grave concern.

⁵ <https://press.un.org/en/2022/sc15159.doc.htm>

⁶ ACAPS, “Humanitarian access overview”, July 2022

⁷ Aid Worker Security. <https://aidworkersecurity.org/incidents/search?start=2022&end=2022&detail=1&country=MM>, accessed 27 November. 2022

⁸ ACAPS, “Humanitarian access overview”, December 2022

Despite the heavy challenges in the operating context, international and local humanitarian organizations have remained committed to providing assistance to all people based on needs and have stayed and delivered during the recent crises, reaching 4.4 million people by the end of December 2022. However, this assistance was not as robust 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 will have a multiplier effect on needs in 2023.

Increased explosive ordnance incidents

Landmines, explosive remnants of war (ERWs), unexploded ordnance (UXO) and improvised explosive devices (IEDs) continued to pose severe protection risks and threats to civilians, including women and children, across the country in 2022. Even before the current crisis, Myanmar was already heavily contaminated with explosive ordnance after decades of internal armed conflict between the military and ethnic armed organizations. With the current spread of

fighting, most, if not all, 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.

UNICEF and the Mine Action AoR monitoring of landmine and ERW incidents during the year 2022 showed that the number of casualties reported countrywide (390 casualties as a result of 229 separate incidents) stood at over 120 per cent of the total reported casualties in 2021 (284 reported from 169 incidents). Shan accounted for 32 per cent of the total casualties followed by Sagaing with 17 per cent, Rakhine and Chin both at 10 per cent each, then Kachin and Kayah with 9 per cent and 6 per cent respectively. The combination of the other areas (Bago, Kayah, Magway, Mandalay, Mon and Tanintharyi) shouldered 11 per cent of the total casualties. Children represented 34 per cent of casualties from landmine/ERW explosions countrywide in 2022 making this a pressing child safety issue moving into 2023.

Change in Humanitarian Needs

Surging 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. IDPs remain in overcrowded or otherwise inadequate displacement sites, often in jungles and forests. People were often being displaced multiple times (cyclical displacement). This cycle depletes people's assets over time, exposing them to protection risks, and forcing people to resort to negative coping strategies or to become fully reliant on humanitarian assistance.

- As of 26 December 2022, the Northwest (Chin, Magway, and Sagaing) hosted the largest number of IDPs across Myanmar, with more than 795,000

people taking refuge there. This included 47,200 IDPs in Chin; 124,400 IDPs in Magway; and 624,000 IDPs in Sagaing. From early January 2022 to the end of December, the total number of IDPs in the Northwest multiplied by a factor of five. The estimated number of people who remain displaced in India from these areas in the Northwest stood at 49,800 at the end of the year.

- The security situation in the Southeast (eastern Bago, Kayah, Kayin, Mon, southern Shan, and Tanintharyi) continued 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 in March 2021.
- In Kachin and northern Shan (Northeast), the armed conflict newly displaced nearly 22,000 people after 1 February 2021, in addition to 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 Rohingya people living in their own villages) mostly remain without identity documents and are subject to heavy restrictions on their 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 further complicated the context, driving escalating needs. As of 5 December 2022, AA-MAF clashes had 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. Some of these IDPs were able to return in the final weeks of 2022.

The number of IDPs who returned, resettled, or locally integrated as of end of December 2022 is estimated to be around 325,206 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 considered suitable for their safe and voluntary return to Myanmar.

Prospects for finding safe, durable solutions seem isolated for most IDPs. Insecurity and the presence or movement of armed actors in IDPs' home communities have compounded pre-existing challenges, in addition to explosive ordnance contamination, movement restrictions, limitations in exercising housing land and property rights, reduced access to basic services and lack of 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. In many parts of the country, there are moves by the de facto authorities to close IDP sites and encourage people to go back to their places of origin or other locations. Some returns

and resettlement support being offered as part of this process in some locations. There are concerns that such returns may be premature in many areas given that conflict is ongoing, IDPs' land or houses may have been occupied, there is a lack of livelihoods opportunities in these areas currently and because people's places of origin are now contaminated by explosive ordnance. Efforts are being made to ensure that all returns are voluntary, safe and dignified and respect international standards.

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, worsened the vulnerabilities of millions of people across Myanmar who struggled with inadequate food consumption and malnutrition throughout 2022. Estimates based on the latest available data indicate that poverty has roughly doubled compared to March 2020 levels, with more than 40 per cent of the population estimated to be living below the national poverty line in 2022. This is close to the levels of poverty a decade ago and looks set to worsen in 2023 without substantial development interventions to prevent further backsliding. Inflation and conflict trends severely affected food production and prices at a time when populations were also losing their means of livelihood and resources, resulting in poor diets, especially insufficient protein consumption.

The situation was most severe in areas facing intense conflict such as Chin, Kayah, and Sagaing, where insecurity and high prices for fuel and food pushed households to the edge. Nationwide, household food security and nutrition was compromised due to higher food prices, decreased agricultural outputs, and lower household incomes. The average food basket was 64 per cent more expensive than it was a year prior.

The nationwide Food Security and Livelihoods Assessment from August-September 2022 reported a sharp deterioration in food security across the preceding year. More specifically, 15.2 million people were assessed as facing food insecurity on different severity scales (moderate or severe) in 2022. This is a major jump from the 13.2 million food insecure people

identified at the same time in 2021. In other words, as the year ended, nearly one in three people (28 per cent of the population) were expected to face food insecurity (moderate or severe) in 2023, compared to one in four (25 per cent) in 2021.

Farmers produced less food because they could not afford agricultural inputs like seeds and fertilizer. Access to markets was also an issue with movement restrictions in place in many parts of the country. Surging displacement as a result of the escalating violence and expanded explosive ordnance contamination directly affected food production in Myanmar throughout 2022. 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 was difficult

to definitively measure given the lack of access for assessments. The nutrition status of children became increasingly fragile throughout 2022, especially with the deteriorating food security situation, compounded by limited access to food, WASH, protection, and health services. During small scale assessments in different locations across the country, clinical evidence of SAM was observed, with some cases, including oedema, confirmed by clinicians.

The supply situation for nutrition support remained precarious throughout the year. The non-issuance of tax exemption certificates almost caused a serious pipeline break for ready-to-use-therapeutic-foods (RUTF), critical for the treatment of acute malnutrition, especially among children. While the crisis was ultimately averted, the situation demonstrated the risks of unreliable supply chains with serious potential for delay or disruptions to the provision of life-saving interventions for children suffering from acute malnutrition.

Response Trends and Achievements in 2022

Despite the unprecedented spike in needs and operational challenges including access constraints, acute funding shortages, bureaucratic impediments, and the surge in new displacement throughout 2022, humanitarian partners rapidly scaled up life-saving assistance and critical services, reaching at least 4.4 million people by 31 December 2022. This figure is about 47 per cent higher than the total number of people reached in 2021 (3 million under HRP and IERP) and more than four times the number being reached prior to the military takeover (1 million), demonstrating the commitment of the humanitarian community to expand the response. It is likely that this figure of 4.4 million people reached is an overall underestimate of the total response provided due to voluntary reporting limitations and thus should be considered a minimum of people reached.

It is important to note though that humanitarian assistance delivered across Myanmar in 2022 was not 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, raising concerns around the flow-on implications for needs going into 2023.

The 2022 HRP, which required \$826 million to reach some 6.2 million people targeted for assistance, was only 35 per cent funded (\$292 million received) according to FTS as of 31 December. (Note: late funding reports in January of 2023 increased this to 44 per cent or \$343m). The original 2021 (developed prior to the military takeover) was about 85 per cent (or \$235 million) funded and the 2020 HRP was 70 per cent (or \$191 million) funded when the number of people targeted for assistance never exceeded 1 million. This indicates that while the humanitarian needs exponentially increased in 2022 to 14.4 million people, funding did not grow in proportion to these increased needs.

Around mid-2022, clusters sounded the alarm on the impact of funding decline despite increasing needs particularly in terms of displacement that had already overshot the projection for the entire year by in excess of half a million people even at the mid-point. To sustain ongoing assistance and meet critical needs, especially for newly displaced populations, several clusters had to adjust targeting, reducing the package and frequency of assistance to meet the increasing need, or in other cases targeting only the most critical needs or locations. Cluster standards, including SPHERE standards for water rations and number of people per latrine, could not be met in this situation. Some spontaneous or unplanned camps and settlements hosting newly displaced people, especially in the Northwest and Southeast, could not be supported with Camp Coordination and Camp Management (CCCM) or shelter services, leaving most people with unmet or only partially met needs.

As of the end of December, the Food Security and Health Clusters were best funded at 33 and 28 per cent respectively, while all other clusters received between 10 and 20 per cent of their funding requirement for 2022.

Of the 4.4 million people reached with humanitarian assistance in 2022, some 748,000 were IDPs (about 35 per cent higher than the initial target of 556,000, which was necessitated by new displacement), 37,000 were returned, resettled and locally integrated IDPs, and 386,000 were non-displaced stateless people. Some 3.3 million vulnerable people with humanitarian needs received some form of assistance and critical services including in peri-urban areas reflecting the nationwide scale and impacts of the crisis and disruptions triggered by the military takeover and COVID-19 pandemic, even in urban areas not as directly affected by the conflict.

The geographical coverage of the response in 2022 was truly nationwide and was the result of a combination of factors including conflict dynamics, access and the severity of need in different locations. The 4.4 million people reached included people in states and regions heavily affected by conflict and in areas inside and outside control of the de facto authorities with at least 908,000 people reached in the Southeast, 663,000 people in Rakhine, 515,000 in the Northeast, 269,000 people in the Northwest (Chin, Sagaing, Magway and Mandalay), and 68,000 in Ayeyarwady. About 2 million people were reached in peri-urban Yangon to combat severe poverty and protection risks post-COVID, although this was mostly in the first quarter of the year and people predominantly received food assistance only once or twice. Very few people were reached in Yangon in the second half of the year, once the COVID risk started to fade.

It is also important to note that the geographical spread of needs changed dramatically during the year and clusters had to adapt, often exceeding targets in locations originally planned to receive assistance but reaching a lower than hoped number in areas where conflict was newly spreading. For example, in Kayah and Kayin, where clashes and needs, including displacement, surged in 2022, partners collectively reached more than 135 per cent and 219 per cent of the initial targets respectively following the rapid scale-up. Similar trends were observed in Kachin and Mon where 84 per cent and 86 per cent of the 2022 HRP targets were achieved. The response in eastern Bago and Kayin remained challenging due to access constraints prompted by the escalation of conflict. In some of the hard-to-reach areas, clusters worked with local partners to deliver cash assistance where possible.

The focus and the prioritization of the 2022 response largely followed the trends of the crisis and vulnerabilities of civilians, especially in conflict-affected areas across the Northwest and Southeast where the upsurge of violence triggered fresh and multiple displacements and deepened needs. Of the 1.4 million people reached by Protection Cluster in 2022, some 548,000 were in Kayin (420,000) and Kayah

(128,000) in the Southeast. Food Security Cluster also reached some 408,000 in Kayah (245,000) and Kayin (163,000) during the same period. In response to the surging needs across the Northwest where conflict escalated throughout the year, Clusters established and steadily increased footprints and critical assistance especially education, WASH and health services in previously unreached locations particularly across Sagaing and Chin.

Approximately 70 per cent of the 4.4 million people reached with humanitarian assistance in 2022 were females (1.5 million) and children (1.6 million) indicating the concerted efforts by clusters to reach the most vulnerable population groups who faced high protection risks, including sexual abuse and exploitation, forced recruitment, early or forced marriage, and adoption of negative coping strategies throughout the year. Clusters made steady progress in increasing support to the elderly, reaching 400,000 of the 500,000 targeted in 2022. Major gaps however remained in reaching persons with disability, with less than 20 per cent (156,000) of the targeted 800,000 people reached with assistance as of 31 December 2022. This is partly attributed to limited reporting, with measures already implemented to ensure better reporting in the coming year.

In response to the unprecedented spread of risks and injuries from explosive ordnance in 2022, especially across the Southeast and Northwest, the ICCG agreed to mainstream Explosive Ordnance Risk Education (EORE) across all clusters' work. Partners ramped up EORE sessions reaching more than 400,000 people during the year. The EORE sessions prioritized people in IDP camps and villages in active conflict areas where there were reports of widespread contamination by mines and other explosives.

Finally, the number of partner organizations increased dramatically in 2022 reaching 238 as of 31 December, up by 83 per cent from the 130 partners at the start of the year. The number of partners that reported regularly throughout 2022, most of which are CBOs, CSOs and NNGOs, increased by an even more impressive 91 per cent. The rise in reporting partners is attributed to heavy advocacy and outreach undertaken by clusters,

feeding into the realization of localization goals. In many hard-to-reach areas, these national actors played prominent roles in delivering lifesaving assistance and critical services and were the only channel for response in some of the worst-affected locations. Clusters prioritized training and capacity strengthening programmes for national partners whose role has become increasingly pivotal for the delivery of aid given the access constraints.

Partners reporting on HRP progress by quarter

ORGANIZATION TYPE	QUARTER 1 (JAN -MAR)	QUARTER 2 (APR -JUN)	QUARTER 3 (JUL -SEP)	QUARTER 4 (SEP -DEC)
Civil Society Organizations	12	21	36	40
Community Based Organizations	2	7	15	18
International NGOs	42	49	65	70
National NGOs	34	64	88	94
Red Cross/ Red Crescent Movement	2	2	2	2
United Nations	6	8	10	10
Other/ Private Sector	3	3	3	4
Total	101	154	219	238

Coordination

The humanitarian community made significant progress on localization in 2022. Based on key findings from the Peer-to-Peer (P2P) mission of October 2022, the HCT endorsed a set of prioritized recommendations and an action plan to guide its work in 2023, including through the development of an HCT Localization Strategy. By December 2022, full interpretation and translation services were made available to all operational cluster and working group meetings at the national level to secure the participation and empowerment of relevant local partner organizations.

In 2022, the HCT developed and endorsed a new HCT Protection Strategy and related Action Plan that will be monitored in conjunction with the P2P Action Plan to ensure full alignment and complementarity in implementation.

SHAN STATE

A woman and her baby during a community awareness session on nutrition and WASH in eastern Shan, 2022. Credit: UNICEF



Cluster Response

YANGON REGION

A mother carries home emergency food assistance in an impoverished township in Yangon, 2022. Credit: WFP/Htet Oo Lin



Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED (US\$)			
5.4M	1.4M	91M	9M			
PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES	
898K	51%	88%	12%	-	-	

The Education Cluster reached some **897,791** people (52 per cent females and 48 per cent males) across Myanmar in 2022, representing 64 per cent of the cluster target for the year. Some 88 per cent of the beneficiaries were children and 12 per cent were adults, including youth and education services providers.

In 2022, the Education Cluster prioritized the scale up of its coordination capacity through additional staffing and the activation of coordination mechanisms at the sub-national level across four hubs in the Northeast, Northwest, Rakhine, and the Southeast. These structures, supported by the provision of simultaneous interpretation services (in Myanmar languages) during national level meetings contributed to more robust field level engagement and active participation especially of local partners. This supported the Cluster's localization drive in 2022, and contributed to the coverage, quality and accountability of education programmes and services throughout the year.

The Education Cluster scaled up evidence-based advocacy and resource mobilization efforts throughout 2022 given the deepening needs especially for children, attracting more funding for the response from alternative sources: \$14.7 million from the Global Partnership for Education (GPE); and \$19 million from Education Cannot Wait (ECW MYRP). The GPE funding has been disbursed, while ECW funding is expected to be disbursed in early 2023.

The year 2022 heralded hopes of a gradual resumption of education services which had been battered by the massive disruptions triggered by COVID-19 and the

2021 military coup, including the large-scale departure of teaching staff as part of the civil disobedience movement (CDM). Some parents chose to withdraw their children from the formal/public education system on principle, even where schools were again operational. During the second half of 2022, an uptick in enrollment of children in the various available alternative non-formal education options (ethnic, monastic, community-led education centers, etc.), as well as the registration of pupils in some public schools signaled hope of improved service stability for students, however this improvement is not consistent nationally and the toll of multiple years of missed learning looms large.

In 2022, the Cluster ramped up community consultations with community leaders, parents, and caregivers to obtain better understanding of their views and preferences on their children's education. These consultations provided opportunities to further encourage parents, caregivers, community leaders and other stakeholders to enroll school-aged children in the different educational systems based on their preferences – an effort that is already bearing fruit as exemplified by the positive enrolment trends recorded during the year.

To gain a more holistic view of the situation of education in the country, there is a need for the cluster to invest more in efforts to generate evidence-based data through assessments and studies to guide response planning and prioritization. Various options will be considered and implemented

based on suitability for the prevailing trends in the operating context.

Challenges and course corrections

Limited resourcing, due to acute funding shortages, significantly hampered the scale and coverage of the education cluster response in 2022. According to FTS, the Education Cluster was among the least funded for the 2022 HRP receiving only \$9 million of the required \$91 million for the year as of the end of December. This was despite deepening vulnerability, with increased enrolment in alternative learning options, such as community-based non-formal education opportunities, that required substantial financial support to facilitate the establishment of basic services including provision of teacher incentives, temporary education infrastructure and education supplies. This was further compounded by the financial pressure being faced by parents and carers who struggled to afford the costs associated with education.

Attacks on education, ranging from burning of schools to arrest and harassment of both educators and children, as well as humanitarian staff supporting education in emergency (EiE) services, posed a major challenge for education response throughout 2022.

The introduction of the new registration requirements for NGOs added another layer to the already challenging access impediment and shrinking operational space being faced across the country, leaving many partners uncertain about the continuity of their operations.

Nexus

The Education Cluster in 2022 strengthened collaboration with the Education Sector Group (ESG) to harmonize and better coordinate teacher capacity building initiatives across both the humanitarian and development spectrums. The Cluster and the ESG are finalizing mechanisms for streamlining structures to ensure better information sharing and eliminate duplication. The Joint Education Response Framework (JRF) has been aligned to the Education Cluster strategy - keeping uniform pillars on access, quality and system strengthening. Also, new funding investments like ECW and GPE Education Sector Program Implementation Grants (ESPIGs) that are expected to be operationalized in 2023, have been developed on similar technical focus areas under both the humanitarian and development umbrellas for better harmonization.

Prioritized response

In 2022, the Education Cluster prioritized the most vulnerable population groups including displaced children and those in host communities given the funding deficits, shrinking humanitarian space, access constraints and other challenges that required some programmatic adaptations. Critical and conflict sensitive programming including infrastructure, provision of vital supplies, capacity building programmes for educators and teacher incentives were prioritized and sustained for the most vulnerable children. Only a few (i.e the most the vital) activities under the system strengthening objective could be sustained due to funding shortages and other challenges.

Food Security



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED (US\$)
13.2M	4.1M	286M	95M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
3.5M	52%	32%	57%	11%	3%

The Food Security Cluster reached a total of 3,543,739 people with food and agricultural assistance across 14 states/regions in 2022, representing 86 per cent of the total HRP target for the year. Some 52 per cent (1,842,744) of those assisted were female and 48 per cent (1,700,995) were male. The elderly accounted for 11 per cent of those reached, while persons living with disability accounted for at least 3 per cent of the people supported with food and agricultural assistance in 2022, although under-reporting is likely to be a significant factor in this number.

In 2022, the Cluster made considerable progress in extending critical assistance to affected and vulnerable people across hard-to-reach areas in the Northwest, and also in the Southeast in areas such as Kayah where the Cluster made inroads in previously unreached locations enabling the delivery of critical food assistance. The Cluster also ramped up its presence and operational coverage across Magway, Sagaing, and southern Shan, especially during the latter part of 2022. The Cluster’s response across these hard-to-reach areas was largely implemented through cash assistance. Almost one fifth of the Cluster’s reach was in Rakhine where the conflict situation between the AA and the MAF worsened and where hundreds of thousands of stateless people remain in camps or villages with heavy access restrictions which affect their ability to meet their own food needs.

In response to the heavy impacts of COVID-19, a significant number of people were targeted for assistance in peri-urban Yangon in the early part of the year. It is worth noting that most of this caseload was reached with only one or two rounds of assistance in the first quarter of the year due to the pre-positioned

operational setup of Food Security Cluster partners in densely populated areas. Later, the assistance was re-adjusted to better reflect the reality of needs and answer food gaps in non-urban areas.

Although agricultural and livelihood support and programming by the Cluster was comparatively limited, reaching only 227,331 people representing only 27 per cent of the 2022 target, there was a prioritization towards support for food crops and vegetable production, as well as training for farming households. This was critical in supporting families to grow their own food at a household level, especially in conflict areas where large-scale farming became more challenging due to insecurity.

Challenges and course corrections

Trends in 2022 indicated that the coverage of Cluster partners was still heavily concentrated on the historical HRP areas and peri-urban Yangon although there were concerted efforts to spread out and expand especially to new conflict-affected areas that recorded massive civilian displacement and heightened humanitarian needs. The desire to expand and scale-up presence in hard-to-reach conflict areas, in response to increased needs, was hampered by access constraints and bureaucratic bottlenecks. To mitigate the impacts of these constraints, Cluster partners used cash assistance to reach displaced and vulnerable households in these areas including Bago, Kachin, Mon, Sagaing and Shan, although this requires further scale-up in 2023 to meet needs.

About 80 per cent of the Cluster’s response in 2022 was implemented through in-kind deliveries, while cash-based transfers (CBT) accounted for 16 per

cent of the response. Hybrid forms (in kind + cash) constituted 4 per cent of the response in 2022. The peri-urban response, which was mostly in-kind (56 per cent) is largely responsible for the imbalance, which indicates a need for further uptake of cash modalities and moving to a multi-purpose cash approach (MPC) going forward.

The provision of fertilizer, a key component of the agricultural support package, was particularly challenging and sensitive in 2022.

Surging inflation in 2022 forced partners to adapt their programming to sustain critical assistance and also facilitate a scale-up of support where they could. The Cluster had projected a 40 per cent inflation trend which was incorporated into the planning for the 2022 response. However, the average food basket increased throughout 2022 beyond this planning figure. To mitigate against the impacts, Cluster partners adjusted programming by either increasing the amount allocated per person or by reducing the volume of the assistance package provided per person/family.

The hike in fuel prices and other logistics costs also compelled Cluster partners to use flexible funding or their own reserves to bridge gaps between initial budgets and the actual cost of the activity implementation to avert a catastrophic impact on affected people facing unprecedented levels of vulnerability in 2022.

Nexus

Throughout 2022, the Cluster continued to strengthen engagement with development actors including through the broadening of membership and inviting more development and cross-cutting stakeholders to the coordination table and mechanisms. Through monthly partner meetings and bilateral engagements, the Cluster strengthened engagement with Nexus Response Mechanism (NRM), donors and other key development players on cross-cutting issues. This relationship building had positive effects on reporting, as the Cluster now gathers inputs from both humanitarian and development agencies. This HRP report includes humanitarian action achievements only, but the Cluster now has increased oversight of presence and activities across both workstreams.

Initiatives for ensuring closer collaboration between the Food Security and Nutrition clusters were launched in 2022 with the objective of enabling Food Security partners to develop more nutrition-sensitive projects, integrating dedicated indicators. The Food Security Cluster also began the groundwork on the possible development of a joint Food Security and Nutrition analysis, based on a desk review of data already collected by both Clusters.

In developing the HRP for 2023 in the final quarter of the year, the Cluster worked with partners and stakeholders across both the humanitarian and development streams to identify caseloads that can be shifted to the Socio-economic Resilience Response Plan (SERRP) to make the HRP more focused on emergency response, now that the immediate COVID threat has faded. This collaboration enabled the transitioning of 2 million people from the HRP to the SERRP in 2023, and regular engagements and review will be conducted during the year ahead to ensure joint monitoring of vulnerability scales to inform adjustments where necessary.

Prioritized response

In extreme situations where paucity of funds impeded programming, Cluster partners adapted programming and activities and prioritized food assistance. Although the significant peri-urban response in Yangon heavily shaped the Cluster's achievements in 2022, concerted efforts were made to expand coverage to hard-to-reach areas and to supporting newly displaced people given the conflict trends with some success which can be built on in 2023.

Support to agriculture and livelihoods was quite limited as the conflict dynamics, as well as unprecedented levels of new displacement and vulnerabilities required the prioritization of emergency food assistance. Funding for agricultural and livelihood components was very limited in 2022. The Cluster managed to prioritize some conflict-affected zones to support food crop cultivation and micro-gardening to mitigate against the risks of further deterioration of food insecurity, given that many farming households have either been displaced or were unable to access the farming areas due to escalating insecurity.

Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED (US\$)
2.5M	1.4M	79M	22M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
553K	56%	34%	59%	7%	8%

In 2022, the Health Cluster reached a total of 552,876 people, including 152,178 IDPs, living in conflict-affected areas and vulnerable settings with primary health care services, representing 38 per cent of the target for the year. This is likely to be an underestimate of reach given challenges with voluntary reporting from partners in this sector. Some 56 per cent of those reached were women and 34 per cent were children, while 7 per cent and 8 per cent were the elderly and people living with disability respectively. The highest number of people was reached in Kayin (199,421), followed by Rakhine (74,190) and Kayah (53,975), reflective of the Cluster’s prioritization of areas affected by the escalating conflict where access was possible.

Some of the major health services provided by Cluster partners included: primary health care, referrals of serious patients to secondary level care, antenatal and postnatal care, delivery care (maternal and child), family planning, malaria testing and treatment, and tuberculosis screening/referral to secondary care. Cluster partners also provided services covering non-communicable disease treatment, injury and trauma care, rehabilitation services and provision of assistive devices for people with physical injuries and different forms of impairments. Disease surveillance and outbreak response, and awareness raising on common health issues were also conducted across affected and vulnerable areas.

Health partners used various modalities, including mobile clinics, fixed health facilities, outreach services, tele-consultation, in-kind assistance (inter-agency

emergency health kits, trauma kits, hygiene kits, clean delivery kits, dignity kits) and cash assistance (to cover patient referral transport, meal costs, investigation, and treatment fees).

A total of 259 communicable disease outbreak notifications were verified and responded to in a timely manner by cluster partners in 2022 using the early warning, alerts, and response system (EWARS). In areas facing challenges around access, procurement, logistics, movement restrictions etc., the Cluster mostly managed to sustain critical programmes although affected people in these areas generally received a smaller package of assistance than originally planned.

Challenges and course corrections

Inflation trends negatively impacted on the Cluster’s response in 2022 with a spike in the cost of medical supplies, transport, and referral of patients. The intensified armed clashes and expansion of checkpoints continued to impact on critical primary and emergency health service delivery by mobile clinics and outreach activities, including by causing delays in the transportation and distribution of essential medical supplies in conflict areas where needs are highest. Furthermore, the new NGO registration requirements raised serious concerns for Cluster partners, negatively impacting on field operations and response monitoring.

Nexus

In 2022, the Cluster intensified advocacy efforts around de-politicization of the health response and promotion of participation by development partners in

its coordination meetings at national and sub-national levels. The Cluster established the Strategic Advisory Group (SAG) to more efficiently and effectively drive the collective health response in Myanmar, in collaboration with the Myanmar Operational Health Partners Group. The Cluster worked with development partners around revitalizing routine immunization and mobilizing essential medical supplies and health services around Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), HIV/AIDs, malaria, tuberculosis, and non-communicable diseases management.

Prioritized response

Given the 2022 funding trends (only 27 per cent of the \$79 million HRP requirement received as of December), the Health Cluster prioritized the provision of life-saving and primary care through mobile clinics,

including RMNCAH, trauma care, referral of severe cases, communicable disease detection and response, and rehabilitation services. Locations such as Chin, Kachin, Kayah, Kayin, Magway, Rakhine, Sagaing and northern and southern Shan were prioritized based severity of needs and the limited resources available. In these locations, IDPs, stateless people and people with specific needs, including children, pregnant and lactating women, and people with disabilities were supported throughout the year.

However, given the significant funding gap, health awareness raising, training for health workers, stockpiling of contingency medical supplies, COVID-19 prevention, and care for non-communicable diseases such as diabetes and hypertension were provided on a lesser scale than planned.

Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED (US\$)
2M	1M	61M	8M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
219K	70%	61%	39%	-	13%

Acute malnutrition in Myanmar was highest during the lean season between May and October of the year. The Nutrition Cluster reached 20 per cent of its planned target for assistance in 2022, supporting some 218,688 people out of the 1,025,354 originally identified for nutrition assistance and services for the year. Only 14 per cent of the \$8.5 million in HRP funding requested was received, as of the end of December 2022. The depressed funding negatively impacted on the coverage and packages of assistance and services provided.

Twelve per cent (4,744) of children targeted for life-saving treatment of acute malnutrition were reached out of the 39,477 originally planned. Similarly, 12 per cent (14,799) of the targeted 121,100 children with moderate acute malnutrition (MAM) were supported with ready to use supplementary food (RUSF).

Most of those reached and supported through nutrition programmes and services were IDPs from Rakhine and other population groups from Yangon.

Preventative care and responses made up the bulk of the assistance delivered by the cluster in 2022. Support under the targeted supplementary feeding programme (TSFP) to pregnant and lactating women and girls covered 22 per cent (3,609) out of the 16,216 people targeted, while the blanket supplementary feeding programme (BSFP) reached 65 per cent (76,045) of the 117,155 people targeted. The coverage for pregnant women and girls with micronutrient support, infant and young child feeding (IYCF) messaging and BSFP exceeded the original target (10,046) at

27,186 or 207 per cent of what was initially planned. Other preventative interventions like micronutrient supplementation reached 17 per cent (112,469) of the 661,519 people targeted. Infant and young child feeding (IYCF) programmes supported 18 per cent (64,880) of the 363,835 people targeted in 2022.

Challenges and course corrections

The absence of recent and representative nutrition assessments posed challenges in analyzing the full extent of malnutrition in 2022. To mitigate against the impacts, the cluster prioritized capacity building programmes for partners to undertake simple assessments, joined in multi-sectoral assessments, and triangulated multiple information sources to understand the situation better and measure progress of the response throughout the year.

The escalation of conflict in 2022 forced large-scale civilian displacement, significantly increasing the caseloads far above the projections. At the same time, the response was complicated by restricted humanitarian space and partners' limited response capacity, especially in hard-to-reach areas.

The risk of pipeline breaks for lifesaving supplies remained high throughout the year due to the delayed issuance of tax exemption certificates, affecting timely replenishment of supplies. Simplified approaches to treatment of children using available therapeutic food commodities were adopted as stop-gap measures throughout 2022 to overcome imported supply constraints.

The Nutrition Cluster struggled with acute funding shortages which impacted sub-national cluster coordination positions in some states and regions. To counter this constraint, the cluster lead agency deployed coordinators with existing posts through a double-hatting model.

Nexus

In 2022, the Nutrition Cluster deepened collaboration with development partners in the sector, including through regular meetings to facilitate information sharing and joint analysis as much as possible. Additional channels including the Scaling Up Nutrition (SUN) initiative and Strategic Advisory Group (SAG) meetings were formalized in 2022 as mechanisms to strengthen collaboration with development partners. The joint platforms worked to sustain longer-term resilience building and nexus activities to reduce dependence on immediate life-saving assistance like severe SAM treatment.

Prioritized response

Due to the acute funding shortages, access constraints (such as the non-issuance of travel authorizations and insecurity), and the limited capacity among partners, the Nutrition Cluster response in 2022 prioritized life-saving SAM and MAM treatment to avert life-threatening consequences for acutely malnourished children. Pregnant and lactating women were also prioritized for micronutrient support to mitigate against the risks of life-long deficiencies including utero problems that affect both mothers and unborn children. Other preventative interventions like BSFP and IYCF messaging were also prioritized because failure to implement would result in life-threatening SAM and MAM in the medium to long-term.

To sustain these life-saving and critical nutrition services in the context of the multiple challenges including underfunding, the geographical coverage of nutrition services was reduced, especially in peri-urban areas like Yangon. Locations hosting IDPs and stateless persons, for example, were prioritized, while some other vulnerable communities were de-prioritized for nutrition interventions based on the severity of needs and depletion of coping capacity.

Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED (US\$)
9.4M	2M	116M	18M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
1.4M	51%	35%	57%	8%	1%

In 2022, some 1.4 million people or 70 per cent of the 2 million targeted, were reached with different protection services by Cluster partners including the Child Protection, GBV and Mine Action Areas of Responsibility. Partners extended services to new groups of people in need in areas that were previously unreached, as well as ensuring access to services for a growing group of IDPs (27 per cent of all people served by the cluster in 2022). Support was balanced between genders with females constituting 51 per cent of those reached and males 49 per cent.

With the escalating conflict in Rakhine during the second half of the year, partners scaled up contingency measures and enhanced early warning mechanisms. Throughout the year, cluster partners scaled up vital services for persons with specific needs (PSN), distributed COVID prevention personal protective equipment (PPE), conducted service mapping and improved referral pathways, legal services and emergency support to mine victims and families.

The capacity of cluster members was enhanced through thematic trainings to empower local CSOs and CBOs and promote localization. Mine Action (MA) AoR members conducted trainings of trainers (ToT) for community volunteers, NGOs, CSOs and teachers from conflict areas. The GBV AoR trained multi-sectoral GBV response service providers (mainly local organizations) who have taken on an increasing role in handling reported GBV cases.

A new coordination structure was established at the sub-national level in the Northwest to support

partners and mobilize response programmes. Local CSO representatives have also been appointed in co-ordination roles to enhance localization. The GBV AoR has also reached out to women-led organizations, organizations working with people living with disabilities, and LGBTQI+ organizations to ensure inclusiveness in its membership and organized specific sessions to discuss LGBTQI+ inclusion. The MA AoR was also more formally established, enabling the integration of mine action into the broader coordination structure, as well as into advocacy efforts. In the Southeast, there have been quarterly joint protection, child protection and GBV coordination meetings to facilitate information sharing and joint analysis.

Explosive ordnance risk education (EORE) in IDP camps and villages in contaminated areas, border areas and potential conflict zones reached more than 400,000 people in 2022. Sessions were also conducted in different regions on protection, GBV, and child protection.

Advocacy was conducted at national, regional and international levels by the cluster and the AoRs on various issues including mines, child protection, protection of civilians, durable solutions and GBV.

The cluster and partners conducted protection monitoring across response locations and the issues raised were documented in the Protection Analysis Update. In Rakhine, protection service mapping was reactivated, and the existing referral mechanism was strengthened. Also, a return intentions survey was conducted as well as monitoring exercises in

three camps. Results from protection assessments, analysis, trends, needs and gaps were shared with cluster members and used to guide response and programming.

Localization was promoted through the active participation of CBOs/CSOs/NNGOs, with some nominated as co-coordinators, in coordination mechanisms. The Cluster developing a Community-Based Protection Framework, established a Community-Based Protection network, designed community-based child protection structures and identified community volunteers to build local resources and enable better access to services.

The Cluster and partners scaled up accountability to affected populations (AAP) through the development of 4W mapping and Rapid Information, Communication, and Accountability Assessment (RICAA) tools which were used by partners at national and sub-national levels. RICCA captured information needs, preferred communication channels, and the functioning accountability mechanisms in the vulnerable communities and affected people. PSEA trainings were conducted across operational sites and communication with communities (CWC) was also strengthened through community awareness messaging and community-based complaint mechanisms using hotlines.

Challenges and course corrections

2022 saw worsening access challenges due conflict trends and restrictions, severely limiting people's access to services especially in the Northwest and Southeast with women, children and other vulnerable people most affected. Restricted access to three townships in Rakhine state worsened food insecurity, poverty levels, and access to health services and facilities. Movement restrictions impeded access to livelihoods with many households employing various coping mechanisms such as borrowing both cash and food to survive. In direct response, the Child Protection AoR pivoted and expanded its reach by identifying and supporting local actors in hard-to-reach areas.

GBV partners continued to provide response services through remote case management modalities.

MA partners consistently shared EORE messages through social media platforms and applications, involving volunteers and local partners based in affected communities. Almost 400,000 people were reached as a result.

Limitations on the availability of reliable information on the conditions facing affected populations hampered preparedness and response including life-saving assistance to mine victims and GBV survivors. Even where access was granted, the process for obtaining travel authorization continued to be challenging. To mitigate against the impact of access constraints, the cluster and partners adapted its survey approach to use simpler, baseline surveys led by community-based staff and volunteers.

The cluster struggled with the limited number of partners in some areas in 2022. For the GBV AoR, the lack of operational partners in the Northwest remained a huge challenge. The GBV AoR coordinated with the Protection Cluster and Child Protection AoR to identify potential CSO partners as part of efforts to expand coverage. The worsening security situation triggered the suspension of vital services including legal support for women and children and also protection issue awareness sessions.

The weak legal system, lack of trust in the judicial systems and law enforcement, the breakdown of community protection mechanisms, unemployment, and related psychosocial issues continued to compromise the safety and wellbeing of women and girls and other vulnerable people, exacerbating needs amid limited resources.

Nexus

Throughout 2022, Cluster partners supported capacity building initiatives for NGOs and CSOs to enhance their understanding of the root causes of long-standing protection issues. Some partners, in collaboration with development actors, began the process of conducting joint needs assessments and studies on housing, land and property (HLP) issues.

The Child Protection AoR worked to strengthen informal elements of the child protection system

in order to narrow the gap between humanitarian and development assistance using the same quality standards and standardized tools for service provision and capacity development. At the community level, efforts were made to draw on existing community capacity and foster community ownership in taking child protection actions, rather than using didactic approaches to guiding the community on what to do to protect children. GBV AoR partners also implemented projects focusing on long-term behavioral change components and activities to strengthen community-based support and protection mechanisms. MA partners continued to mainstream EORE in all activities, including those under the development umbrella.

UNHCR and UNDP's work under their tripartite MoU progressed in 2022, aimed at creating conducive conditions for the voluntary, safe, dignified and sustainable repatriation of refugees from Bangladesh. Quick impact projects link humanitarian assistance, resilience activities and sustainable development for all, in tandem with wider efforts to improve enjoyment of rights outlined in the recommendations of the Rakhine Advisory Commission.

Prioritized response

The Child Protection AoR focused on building the capacity and coverage of its coordinated response and expanding service provision by developing the technical expertise and skills of CSOs and local networks, which have taken on an increasing role in responding to child protection issues, including in

new hotspot areas such as the Northwest. The Child Protection AoR and GBV Sub-Sector collaborated to review referral pathways and mapping of services, as well as training of child protection partners and nurses on providing care for child survivors. Child Protection and GBV actors strengthened collaboration on implementing case management support for child and adolescent survivors. The Child Protection AoR will continue to work closely with GBV actors to strengthen response capacity particularly in collaboration with the Working Group on Clinical Management of Rape.

Protection updates provide contextual information on developments and needs highlighting trends, gaps, challenges and actions undertaken to address priority issues. Given the lack of sufficient funding and constrained access, the Cluster prioritized protection monitoring, community-based protection, direct assistance, and referral for PSN, and legal aid support targeting mainly IDPs through coordinated efforts.

The Child Protection AoR prioritized timely data collection, given the child protection service delivery needs and gaps in 2022. The AoR also launched its own website www.myanmarchildprotection.com which offers essential resources that can be accessed by all child protection (and non-child protection) actors.

Shelter/NFI/CCCM



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED (US\$)
1.7M	0.6M	50M	9M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
516K	51%	35%	57%	8%	-

In 2022, the Shelter/NFI/CCCM Cluster reached 516,185 people with critical services and assistance, representing 83 per cent of the HRP target for the year. In accordance with the cluster objectives and priorities, IDPs and other conflict and disaster affected people were reached with emergency, temporary shelter, or semi-permanent shelter support, and/or NFI provision to enhance their protection, dignity, security, and privacy. Some 365,368 people received NFI kits, although not at the required standard as limited funds had to be stretched to reach more people in extreme need.

Some 47 per cent of the people in need were reached with CCCM activities in camps and camp-like settings. The cluster facilitated capacity building programmes, exceeding the target number by more than 66 per cent, enabling the establishment of a pool of national CCCM trainers in Myanmar promoting sustainability, national ownership, and localization.

Cluster partners also scaled up assistance to returnees, resettled IDPs, non-displaced stateless people by providing emergency, temporary, or semi-permanent shelter support and NFIs throughout 2022.

Challenges and course corrections

The escalation of conflict in 2022 triggered a spike in the number of IDPs, leading to major gaps and urgent need for Shelter/NFI/CCCM assistance across the most affected areas. The burning and destruction of homes (reports of entire villages burned to the ground, shelling damaging houses, etc.) also triggered the establishment of spontaneous and unplanned

settlements raising urgent need for shelter, NFI and CCCM services.

Acute funding shortages, inflation, access constraints, and safety concerns were also major challenges in 2022, impacting on the scope and quality of the cluster's response. The access restrictions imposed by the de facto authorities severely impeded humanitarian delivery.

In northern Rakhine, shelter assistance has not been permitted for some years. However, NFI support to people in need also faced similar limitations in the second half of 2022 due to delayed TA approval to access field sites and restriction of movements as a result of the AA-MAF conflict.

The sharp rise in inflation (40-45 per cent), skyrocketing prices for basic items, and shortages of stock in the local market posed serious challenges for the procurement of humanitarian supplies. Economic instability and limited livelihood opportunities also reduced the purchasing power of households, creating greater economic barriers to accessing services and forcing communities to resort to negative coping mechanisms for survival.

Spontaneous and unplanned IDP sites, which are often the least visible and hardest to reach, remained severely underserved in 2022. The continuous influx of newly displaced people into such sites where access to services and assistance is very limited significantly increased the risks of protection issues including sexual exploitation and abuse and GBV.

In 2022, the Cluster and partners worked on an enhanced reporting mechanism to better monitor the activities and response at national level. In the same line, the Cluster reinforced the role of local actors through the implementation of capacity development activities. This enabled the establishment of a national pool of 37 CCCM certified trainers who will continue reinforcing the capacities of fellow camp actors to cope with future shocks.

Based on Cluster Coordination Performance Monitoring, a Cluster work plan was developed, reflecting partners priorities. In close coordination with Cluster members, it was possible to develop shelter and site typologies. Based on the main needs in Northwest, a coordination structure was established simultaneously with the implementation of trainings.

Nexus

More tangible links between emergency and development organizations have been observed in the Cluster, especially in the Northwest and Southeast, as various development-oriented local organizations have taken on emergency service delivery (e.g. local procurement items, emergency cash assistance) to meet the needs of affected communities.

Prioritized response

Given the impacts of funding shortages in 2022, the Cluster prioritized emergency shelter and NFI activities in displacement sites, and shelter reconstruction and CCCM services in camps. By necessity the response prioritized locations with the most urgent needs, leaving many others without adequate shelter or infrastructure, transitional support etc, potentially worsening their living conditions and exposing them to grave protection risks.

Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDED (US\$)
5.5M	2.1M	135M	14M

PEOPLE REACHED	FEMALE	CHILDREN(<18YRS)	ADULTS(18-59YRS)	ELDERLY(60+YRS)	WITH DISABILITIES
1.1M	51%	37%	55%	8%	15%

The WASH Cluster reached some 1,063,504 people (51 per cent of the HRP target) with critical WASH services and supplies, while strengthening COVID-19 prevention for affected people throughout Myanmar. Despite meeting more than half the target, the level of assistance and services provided to those reached was below the cluster standard, and not delivered on a regular basis throughout the year largely due to insufficient funding.

In Kachin state, the Cluster reached some 68 per cent of the targeted population with water, 82 per cent with sanitation, and 73 per cent with hygiene promotion services. In the Northwest (Chin, Magway and Sagaing), the Cluster reached 65 per cent of the target population with water, 55 per cent with sanitation, and 68 per cent with hygiene interventions. In Rakhine, 87 per cent of the target population benefitted from potable water delivery, 95 per cent received hygiene support, and 84 per cent were reached with sanitation services. In Shan (north, east and south), the WASH Cluster reached 30 per cent of the target group with water, 55 per cent with sanitation, and 73 per cent with hygiene interventions.

In the Southeast (Bago, Kayah, Kayin, Mon, Tanintharyi), the Cluster reached 88 per cent of those targeted with water, 49 per cent with sanitation, and 96 per cent with hygiene support. In Yangon, 95 per cent of the target population was reached through the distribution of safe or purified drinking water including vulnerable people living in informal settlements in Hlaingtharya.

Challenges and course corrections

WASH activities for 2022 were severely underfunded, with only \$13 million of the required \$135 million received, directly impacting coverage and consistency of vital services.

While the cluster reached 51 per cent of its overall target, this was only possible with so little funding because most people did not receive the full WASH service package recommended under the cluster minimum standards. For example, people did not receive 15 liters of water each per day, which is the minimum standard. People were reached with emergency sanitation and equitable, inclusive, and safe access to functional excreta disposal systems. However, the number of people per latrine exceeded the WASH Cluster's minimum standard of 20 people per latrine. Equitable, inclusive and safe access to hygiene items and community-tailored messages enabling health-seeking behavior were provided, but not on a monthly basis as planned throughout the year.

The degradation of WASH infrastructure and services contributed to the spread of acute water diarrhea and other water borne diseases in many protracted camps in Rakhine and Kachin. The low level of latrine maintenance led to higher rates of open defecation, and undignified conditions especially for women.

WASH Cluster information management and data collection in the Northwest and Southeast was very challenging in terms of monitoring.

Delays in the processing of TAs, roadblocks and insecurity were major challenges in 2022. To sustain critical programmes in some of the most affected areas, some cluster partners worked through camp-based staff or community members, adapted their delivery modalities, and conducted joint or integrated responses with other sectors.

Many WASH partners struggled to obtain or renew MoUs at the national level for most of 2022. This resulted in serious delays or denied TAs.

Lack of availability of cash, a lack of supplies in the local markets, and inflation trends in 2022 posed serious challenges for sourcing of WASH hardware, construction materials and supplies. Some partners were forced to realign budgets, decrease responses, or request no-cost extensions to meet donor requirements. Some partners' bank accounts were frozen by the de-facto authorities which delayed receiving donor funding to implement activities, forcing some to suspend activities.

In Rakhine, the rehabilitation of WASH (and other humanitarian) infrastructure suffered delays due to housing, land, and property (HLP) issues, forcing some humanitarian services to be discontinued. In response, the WASH Cluster coordinated with the Rakhine Inter-Cluster Coordination Group (ICCG) and Heads of UN Agencies to advocate on this with the de-facto authorities.

Nexus

In 2022, the WASH Cluster intensified collaboration with development actors to identify durable and resilience-building solutions, providing improved and more sustainable approaches to WASH programming that are complementary to the work of development actors. Durable water supply is one such example. In Rakhine, 45 water ponds were rehabilitated to mitigate against water scarcity which normally requires short-term annual funding for water boating, trucking and/or pumping. Two locations in Rakhine (one school and one new displacement site) were supported with solar-powered water pumps for sustainable water supply in these areas. In Kachin, the WASH Cluster participated regularly in the Kachin Interagency Durable Solution

Working Group to promote collaboration, information sharing and joint analysis.

Prioritized response

Funding shortfalls in 2022 necessitated prioritization of the most vulnerable populations for WASH assistance, further stretching the heavy prioritization already incorporated into the HRP planning from the outset. WASH needs in the protracted displacement sites worsened throughout 2022 due to the influx of new arrivals with high needs, as well as the inability of partners to scale-up their response due to the acute funding shortages. Many operations and maintenance (O&M) activities were suspended despite continuous needs related to WASH semi-permanent facilities, as well as gaps in the delivery of hygiene items.

Localization approaches were prioritized in 2022 as part of the move towards community ownership of WASH services and phasing out of cash-for-work activities where feasible.

In terms of response modalities, the cluster continued the move towards a multi-purpose market-based cash and voucher approach to strengthen local markets and support more affected population in hard-to-reach locations. The cluster utilized cash for WASH indicators in 2022, in coordination with the CWG.

Coordination and Common Services



Expanded reach through more robust and localized coordination

Throughout 2022, Cluster Lead Agencies and OCHA stepped up efforts to ensure effective, principled, and timely humanitarian response by coordinating humanitarian partners' operational and advocacy efforts, including engagement with local organizations at the national and sub-national levels. Of particular importance were efforts to coordinate the scale-up of humanitarian assistance in areas with new needs and little or no pre-existing humanitarian footprint. In this respect, collaboration with humanitarian partners was intensified through additional meetings of the HCT, ICCG at national and field levels, with donors, and within thematic workstreams.

HCT and ICCG retreats held in February provided space for reflection and prioritization. Cluster Lead Agencies invested significant additional resources in recruiting new sub-national cluster focal points. To support the national scale-up of clusters, new national cluster coordinators and sub-national cluster focal points were fully trained on the specifics of the humanitarian coordination system. System-wide trainings on the use of the Financial Tracking Service were also provided to improve reporting.

The HCT endorsed a newly developed HCT Protection Strategy and Joint Operating Standards for the response to support principled access negotiations. The Humanitarian Access Working Group (HAWG) was revitalized with increased capacity to provide strategic guidance and the development of regular analytical products. A Humanitarian Communications Group (HCG) was re-established in the second half of the year with the objective of mobilizing action and shining a light on the responses undertaken by humanitarian organizations to save lives and alleviate suffering. Humanitarian partners expanded nexus coordination efforts with development actors via the Cooperation Partners Group (CPG) and its thematic groups.

Furthermore, at the request of the HC a.i. and HCT, a P2P virtual mission took place in October 2022 to strengthen the collective humanitarian response in Myanmar. The P2P mission's key findings centered around five areas: coordination architecture and operations; localization; access and engagement; the nexus; and funding. Localization efforts were prioritized, including expanding the representation and participation of CSOs, local and national NGOs in all coordination mechanisms at the national and sub-national levels. Based on the P2P findings, in December 2022, the HCT adopted an action plan to guide the implementation of the prioritized recommendations in 2023-2024.

Localization has been a heavy focus of the response in 2022. Most of the new sub-national coordinators are national staff who can better engage with national partners and run meetings in Myanmar language. In an effort to strengthen the representation of local partners in coordination forums, a translation and interpretation project was set up in December 2022. A team of three interpreters/translators has been providing language services to all clusters and working groups at the national level to improve inclusion and participation of local partners. Membership of the HCT was expanded to improve representation of national organizations.

Also, of particular note is the progress in several of the critical cross-cutting areas and thematic workstreams, including AAP, gender in humanitarian action (GiHA), the inclusion of persons with disabilities, PSEA, and cash among others. This included, inter alia, revitalizing the Technical Advisory Group on Disability Inclusion and coordination with various Organizations of Persons with Disabilities (OPDs); expanding the strategic focus on cash and strengthening coordination between Cash Working Group and clusters; and supporting the roll-out of trainings and developing a concept note on the systematization of AAP and Community Engagement in the Myanmar humanitarian response at all levels.

Evidence-based response

In 2022, the ICCG has worked to address the significant lack of data available in the HPC process by securing funds for the implementation of a Multi-Sector Needs Analysis (MSNA). This work has ensured more accurate and informed planning by improving the evidence base for humanitarian needs analysis and response. The MSNA team engaged the ICCG in the development and roll-out of the tool and subsequent lessons learned exercise. To support the MSNA project and the broader humanitarian needs analysis, a new

Needs Monitoring and Analysis Working Group was established to bring a more consistent approach across the response. The ICCG has also worked to improve the quality, accuracy, and frequency of response monitoring with the publication of quarterly HRP progress reports and dashboards. This has been accompanied by extensive outreach by clusters to partners on the importance of reporting to inform strategic and operational decision making.



END-YEAR REPORT
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MYANMAR
2022

ISSUED APRIL 2023