

HUMANITARIAN NEEDS OVERVIEW

MYANMAR

HUMANITARIAN
PROGRAMME CYCLE
2022
ISSUED DECEMBER 2021



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 mother teaching her twins how to clean hands in her home in peri-urban Yangon, 2021.
Photo: UNICEF/Nyan Zay Htet.

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Summary of Humanitarian Needs and Key Findings

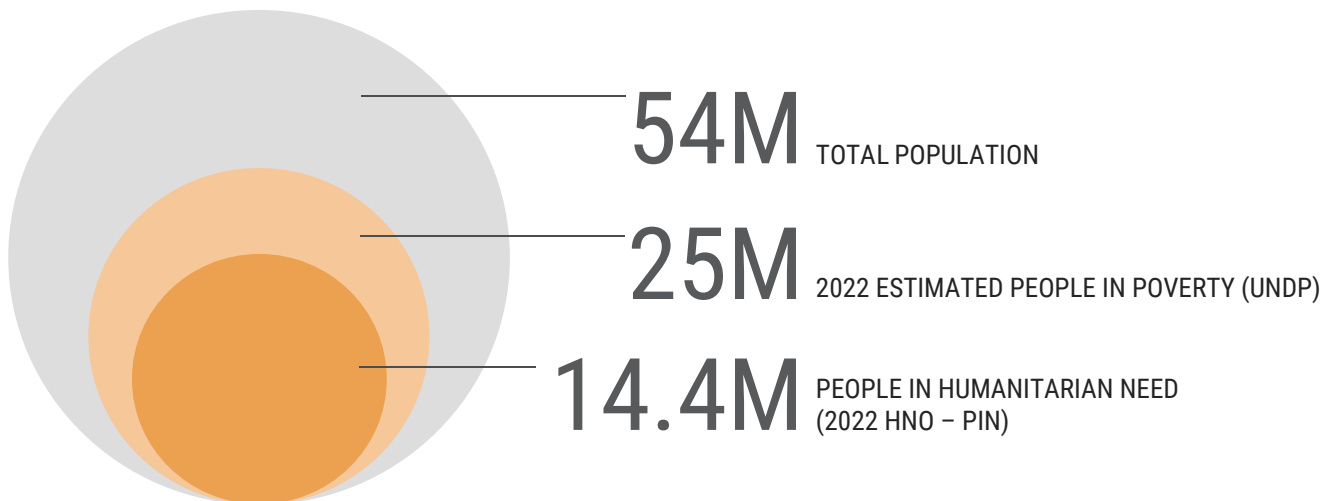
Key figures

PEOPLE IN NEED	FEMALE	CHILDREN(0 - 18)	ADULTS(18 - 59)	ELDERLY(60+)
14.4M	52%	35%	57%	8%
WOMEN	MEN	GIRLS	BOYS	WITH DISABILITY
34%	31%	18%	17%	13%

Severity of needs

MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
73%	0%	13%	13%	1%

People in need



People in need by population group

(More on pages 42 - 52)

POPULATION GROUP	PEOPLE IN NEED
IDPs	556K
Returned, resettled and locally integrated IDPs	74K
Non-displaced stateless people	470K
Vulnerable people with humanitarian needs	13.3M

People in need by state

(More on pages 61 - 68)

STATE	PEOPLE IN NEED
Ayeyarwady	1.9M
Bago	1.2M
Chin	0.3M
Kachin	0.7M
Kayah	0.3M
Kayin	0.5M
Magway	0.8M
Mandalay	0.8M
Mon	0.4M
Nay Pyi Taw	38K
Rakhine	1.5M
Sagaing	0.9M
Shan	2.3M
Tanintharyi	0.4M
Yangon	2.4M

People in need by gender group

(More on pages 61 - 68)

GENDER GROUP	PEOPLE IN NEED	% PIN
Women	4.9M	34%
Men	4.5M	31%
Girls	2.6M	18%
Boys	2.4M	17%

People in need by age group

(More on page 61 - 68)

AGE	PEOPLE IN NEED	% PIN
Children (0 - 18)	5.0M	35%
Adults (18 - 59)	8.2M	57%
Elderly (60+)	1.2M	8%

People in need with disability

(More on pages 61 - 68)

	PEOPLE IN NEED	% PIN
Persons with disabilities	1.9M	13%

People in need by cluster

(More on pages 64 - 68)

CLUSTER	PEOPLE IN NEED
Education	5.4M
Food Security	13.2M
Health	2.5M
Nutrition	2.0M
Protection	9.4M
Shelter/NFI/CCCM	1.7M
WASH	5.5M

Context, crisis, impacts and needs

The people of Myanmar are facing an unprecedented political, socioeconomic, human rights and humanitarian crisis with needs escalating dramatically since the military takeover and a severe COVID-19 third wave in 2021. The expansion of armed conflict into and formation of new armed elements¹ in new areas is driving increased displacement and has exacerbated or generated new protection and assistance needs. The military takeover and the large-scale Civil Disobedience Movement (CDM) that has followed have heavily impacted the emerging economy and the already fragile public service sector, further restricting people's access to essential services and children's access to education. These inter-related risks have also deepened pre-existing needs among already vulnerable groups including stateless Rohingya people and people living in protracted displacement, predominantly in the country's southwest and northeast.

The economic and political turmoil of 2021 is projected to have driven almost half the population into poverty heading into 2022,² wiping out the impressive gains made since 2005. Increasing numbers of vulnerable people are exhausting their coping capacity and are now slipping into humanitarian need. Price hikes, COVID-19 movement restrictions and ongoing insecurity have forced the most vulnerable people to resort to crisis or emergency coping strategies to buy food and other basic supplies, often negatively impacting on their safety, well-being and dignity. Prices for key household commodities in some states and regions have risen significantly making some food items increasingly unaffordable. Farming incomes have been affected by lower wholesale prices for some crops, higher input prices, lower farm gate prices and limited access to credit, affecting their livelihoods. COVID-19 related border closures have reduced agricultural export earnings, and made essential farming inputs like fertilizer less available and more expensive. Monsoon floods in July and August 2021 affected more than 120,000 people across various parts of the country (eastern Shan, Kayin, Mon and Rakhine states as well as in Tanintharyi Region), resulting in crop losses and further contributing to food insecurity.³ In a deteriorating trend from the

beginning of the year, it is estimated that 14 out of 15 states and regions in Myanmar are now within the critical threshold for acute malnutrition.

This multi-dimensional humanitarian crisis is now affecting the whole country, posing grave protection risks for civilians, limiting access to services and deepening food insecurity. The grim outlook outlined in this Humanitarian Needs Overview (HNO) requires a scaled-up Humanitarian Response Plan (HRP) to prevent loss of life and reduce suffering. The UN Socioeconomic Resilience and Response Plan (SERRP) will also have a critical complementary role to play in preventing more people from slipping into humanitarian need in 2022 by addressing the root causes of the crisis targeting those who are impoverished and at-risk but not yet in need, supporting people to build their resilience and recover from humanitarian need, and pivoting available development resources to reach those with needs whom humanitarians are not able to reach.

Evolution of needs 2021-2022

The ongoing political, socioeconomic and protection crisis in Myanmar is fuelling growing humanitarian needs. The outlook for 2022 remains dire, with the key drivers of need – conflict, COVID-19, economic stress and statelessness – all continuing to negatively affect the population. The political and security situation is expected to remain volatile, with increased and protracted displacement anticipated. The devastating third wave of COVID-19 appears to be breaking as 2021 draws to a close. However, a damaging fourth wave, due to relatively low vaccination rates and the emergence of new variants of the virus, is a risk in 2022. Associated COVID-19 precautions and restrictions are likely to be a continuing factor for the people of Myanmar and the response in 2022. Because of the poor performance of domestic food markets, prices are only expected to decrease marginally with the next harvest, while farm gate prices will likely remain low. As a result, consumer prices are projected to be higher than the seasonal average, in a context of decreasing incomes. Yields are expected to be below normal, partly due to localized dry conditions, but especially due to the disruption of agricultural

input markets, further impacting on food security. The unrelenting stress on communities from the combination of COVID-19, financial pressures, food insecurity, political instability, conflict and violence, as well as the threat of landmines and other explosive hazards is having an undeniable impact on the physical and mental health of the nation, particularly the psychological well-being of children and young people.

Women, children and persons with disabilities (PWDs) are particularly vulnerable amid this economic and protection crisis, exposing them to risks of exploitation and abuse, including gender-based violence (GBV). The risk and incidence of human trafficking, already on the rise in 2021, is expected to further escalate in 2022 due to increased mobility and the use of unsafe migration as a negative coping strategy. In areas affected by conflict, entire communities, including children, are being displaced. This increases the risks being faced by children regarding all forms of conflict-related violence including killing, physical injury, trafficking, recruitment and use in armed conflict, sexual violence, arbitrary arrest, and unlawful detention of adolescent girls and boys.⁴ In 2020 and 2021, learning has been disrupted for almost 12 million children – nearly all of the school-aged population – due to widespread COVID-19 school closures, taking away the protective and life-saving support offered by education. Although schools began to reopen towards the end of 2021, in many parts of the country, the prospect of a full return to formal education remains slim for many children who are in COVID-19 hotspots, are affected by conflict or poverty, or whose parents are resistant to sending their children to schools managed by the de facto authorities. These interruptions will have catastrophic long-term consequences for children's development if they continue. Even for those who attend school, there is a likely shortage of trained educators due to teachers' high level of participation in the CDM. This has resulted in an increased care burden on mothers and other women family members. Areas that are reliant on alternative forms of education will require more time and resources to strengthen community-based solutions, although this is complicated by access constraints, the economic deterioration and the COVID-19 health crisis. Similarly, the public health

system's ability to meet the country's needs has been under severe strain due to COVID-19 and since the military takeover due to the large number of medical personnel joining CDM.

Unmet needs in 2020 and 2021 because of access constraints and service interruptions have directly contributed to escalating needs heading into 2022. Unmet needs will only compound, the longer access constraints persist.

Scope of analysis

Given the dramatic deterioration in the situation over the course of 2021 and the anticipated depth of needs in new areas, the Humanitarian Country Team (HCT) has adopted a broader national analysis of the humanitarian situation in Myanmar in 2022, applying a vulnerability lens to calculate the number of people in acute humanitarian need, with food security predominantly used as a proxy indicator of intersectoral needs. The 2022 numbers reflect the unprecedented scale of the humanitarian implications from recent events, especially for women and children. This new national methodology more accurately frames the situation in Myanmar as a whole-of-country, complex and multi-dimensional crisis, where there are grave protection risks, and food insecurity is deepening, requiring scaled-up humanitarian interventions to stop people slipping into more severe need, including treatment for acute malnutrition.

In the absence of national, multi-sector needs assessments, food insecurity data was mostly used as a proxy basis for determining intersectoral vulnerability, as it is the only sector with recent data suitable for nation-wide extrapolation. This change in approach, combined with a worsening situation on the ground, has resulted in the identification of a much greater number of people in need (PiN) in the HNO. The joint intersectoral analysis process identified 14.4 million people in humanitarian need in Myanmar in 2022 (6.9 million men, 7.5 million women, 5 million children). It is important to note that it is not possible to directly compare the numbers for 2022 to past years as a very different and broader methodology has been used. It is likely that some of the humanitarian needs identified

for 2022, as part of the new national analysis, were pre-existing but had never been previously quantified because of the narrower geographical scope which was heavily focused on Kachin, Rakhine and northern Shan, while addressing smaller pockets of vulnerability in Bago, Kayin and southern Chin. No baseline of humanitarian needs data exists for many new areas.

The situation in 2022 is also unpredictable, with a range of risks and opportunities that could overturn planning assumptions. Due to these uncertainties and the heavy reliance on proxy data for this initial analysis, the HCT has committed to a revision of the needs and response analysis in mid-2022, if not earlier, once more nuanced data and projections become available.

Understanding the needs expressed by affected people

Affected people have the right to be treated with dignity and respect, and to have the opportunity to freely articulate the scope and severity of their needs, as well as their preferences for addressing them. Pathways for people to share this information are critical but still under development in the Myanmar response, meaning limited insight is available to the humanitarian community on the perspectives of affected people and their needs. Action to address this needs information gap has been prioritized in 2022 with planning underway for the development of a collective feedback and complaints mechanism, as well as other efforts to collect data. Accountability to Affected People mechanisms and enhanced data collection can play a vital role in helping humanitarians better understand and analyse the needs of affected people. Collective accountability systems allow for simpler referral processes among humanitarian actors and create simpler pathways for affected people to provide feedback on their situation and ensure their needs are integrated into the overall analysis framework.

Population groups

Because of the dramatic deterioration in the situation since 1 February 2021, combined with COVID-19, needs are deep and widespread across the country affecting people from many different walks of life. The HCT's

new vulnerability-sensitive approach still covers those who are directly "shock-affected" such as displaced and disaster-affected people, but now also looks more broadly at those who are struggling to survive and are facing food security and protection risks throughout the community. Thus, a new population group of 'vulnerable people with humanitarian needs' has been added.

- Internally displaced people (IDPs)
- IDPs who have returned, resettled or locally integrated into communities
- Non-displaced stateless people
- Vulnerable people with humanitarian needs

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

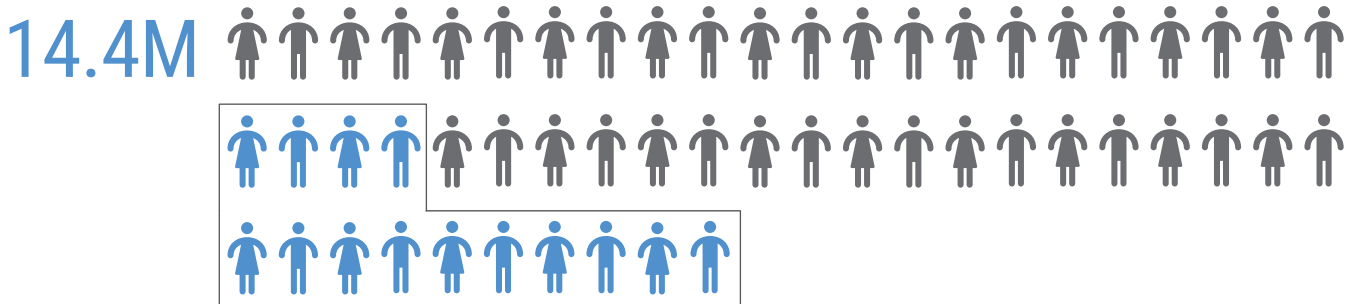
The deteriorating context and a change in methodology have resulted in approximately a quarter of the population or more than 14 million people being classified as having humanitarian needs in 2022. Although not directly comparable, this is up from the combined 3 million people identified in the 2021 HRP and Addendum in July 2021. This increase is driven by the social, economic and health impacts of COVID-19, worsening food insecurity, as well as conflict-driven displacement and protection needs since the events of 1 February 2021. It is also partly the result of the new national methodology outlined above. The humanitarian needs estimate was calculated using the Joint Intersectoral Analysis Framework (JIAF) approach (data scenario B⁵), which looks holistically at the needs facing people in Myanmar and measures the severity of these needs, mostly using food security figures as a proxy guide to intersectoral need.

Estimated number of people in need

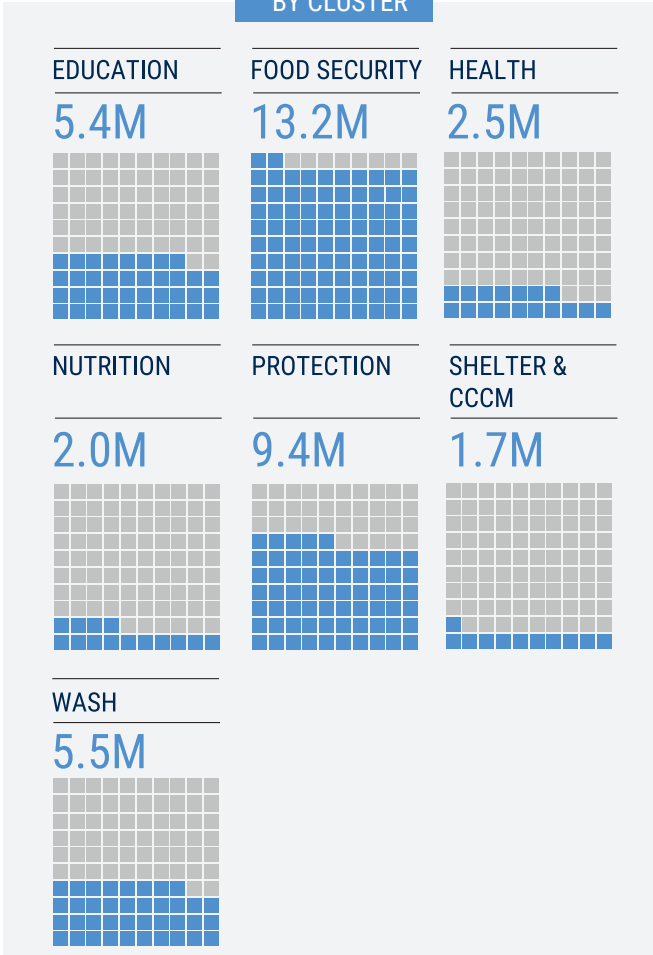
TOTAL POPULATION



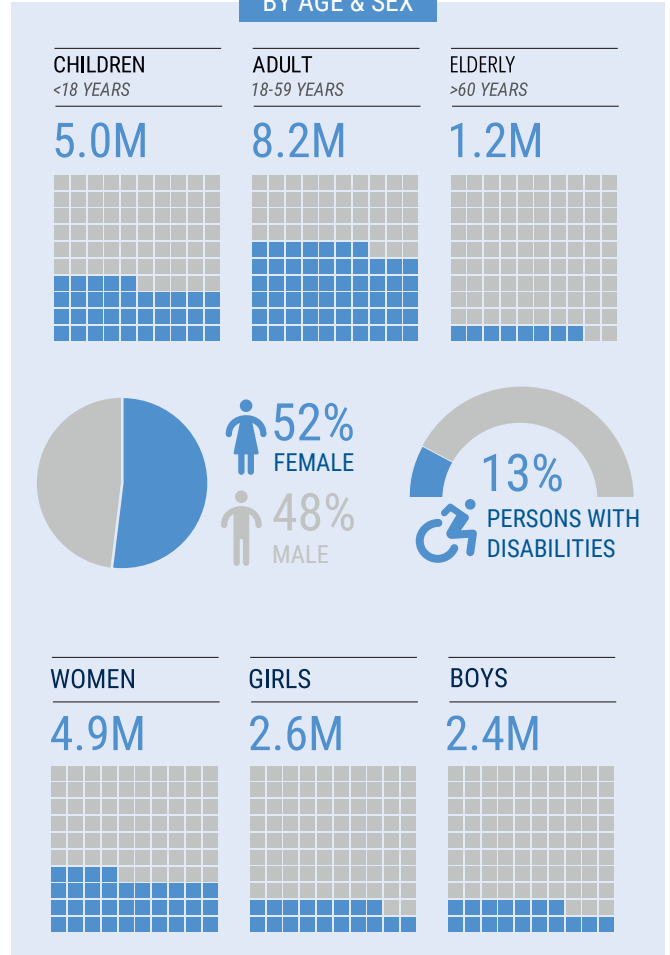
PEOPLE IN NEED



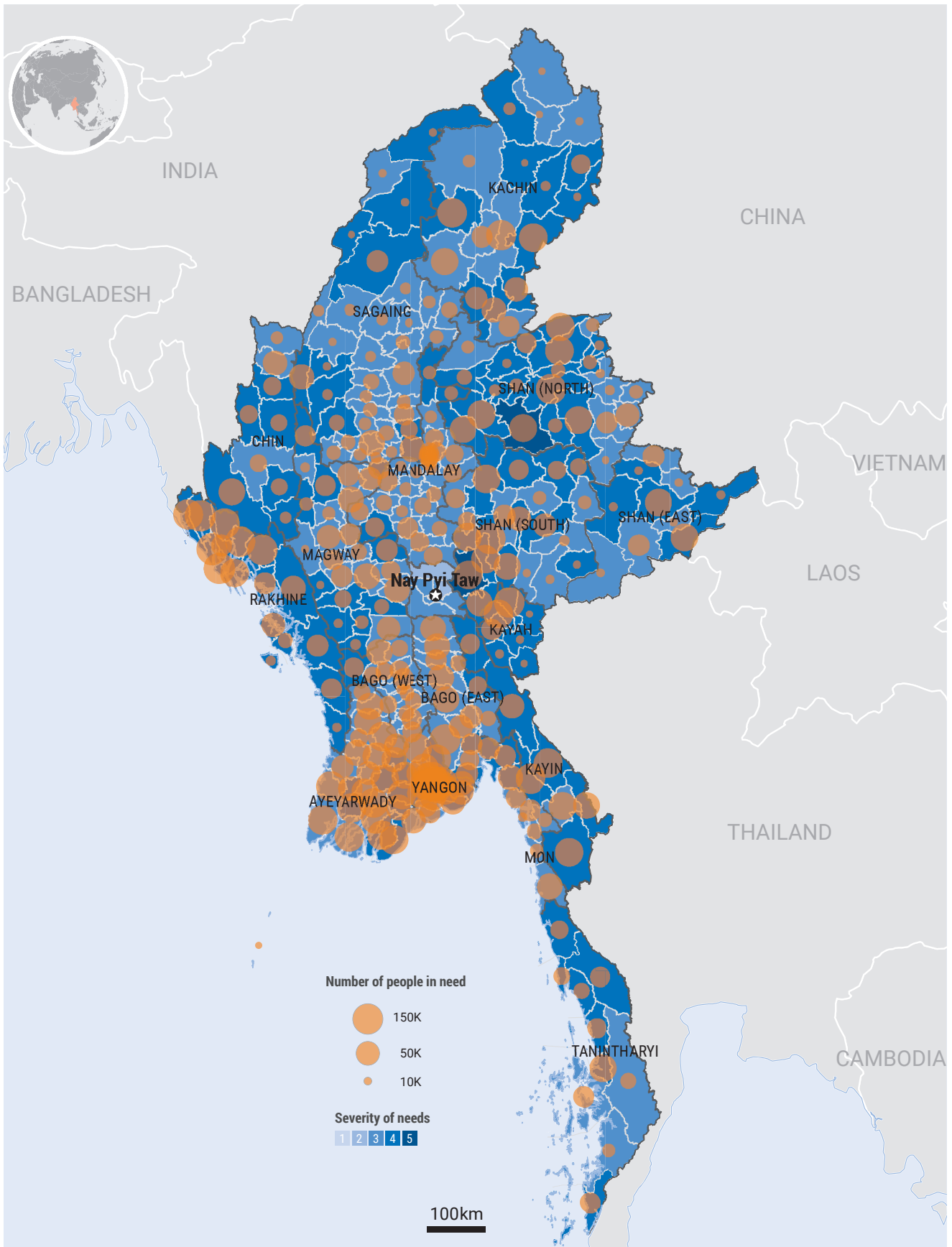
BY CLUSTER



BY AGE & SEX



Severity of humanitarian conditions and number of people in need



Severity of humanitarian conditions and number of people in need

IDPS

People in need

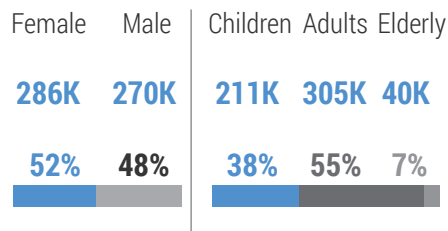
556K

Severity of needs

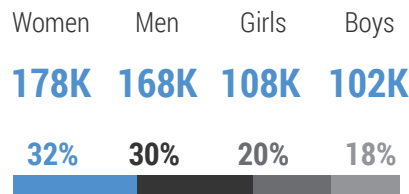
30K 526K

Cat 1 Cat 2 Cat 3 Cat 4 Cat 5

People in need by sex & age #



People in need by gender #

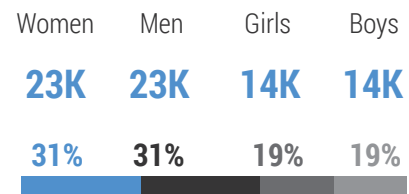
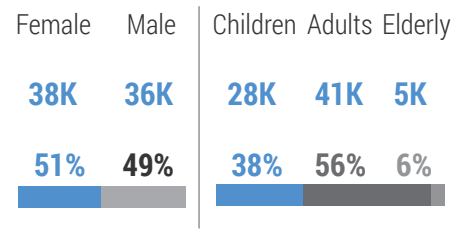


RETURNED, RESETTLED AND LOCALLY INTEGRATED IDPS

74K

9K 65K

Cat 1 Cat 2 Cat 3 Cat 4 Cat 5



NON-DISPLACED STATELESS PEOPLE

People in need

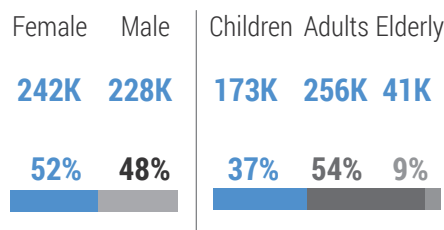
470K

Severity of needs

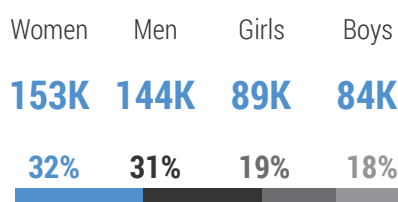
470K

Cat 1 Cat 2 Cat 3 Cat 4 Cat 5

People in need by sex & age #



People in need by gender #

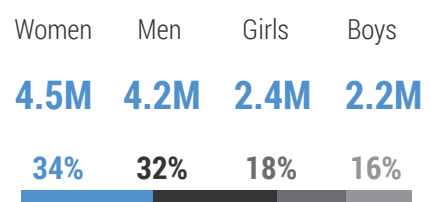
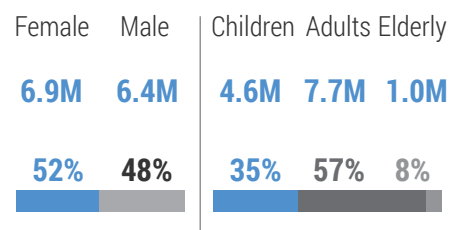


VULNERABLE PEOPLE WITH HUM. NEEDS

13.3M

39.4M 7.3M 5.9M 151K

Cat 1 Cat 2 Cat 3 Cat 4 Cat 5



Part 1:

Impact of the Crisis and Humanitarian Conditions

RAKHINE

A humanitarian actor providing a physiotherapy to a child with cerebral palsy in Rakhine State, 2021.

Photo: OCHA/Hnin Thiri Naing



1.1

Context of the Crisis

Political and security context

Myanmar's transition from military dictatorship to democracy made modest progress under the National League for Democracy (NLD) which came to government after the 2015 election. However, 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 State that saw more than 700,000 stateless Rohingya people flee to Bangladesh.⁶

The people of Myanmar entered 2021 facing uncertainty over reaction to the NLD's landslide victory in the November 2020 general election. The results were heavily challenged by the military. The situation came to a head on 1 February when the military took over power, dramatically changing the political, socio-cultural and economic landscape of Myanmar. Following a violent crackdown on peaceful protests, a resistance movement has since emerged. An alliance of NLD politicians and a broader group of influential people has formed an alternative National Unity Government 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 CDM, the declaration of a "people's defensive war" by the NUG in September, the establishment of People's Defence Forces (PDFs) across the country, and the creation of informal coalitions with Ethnic Armed Organizations (EAOs).

With no signs of political dialogue, the international community has partially looked to the Association of Southeast Asian Nations (ASEAN) to facilitate engagement and humanitarian access. The ASEAN process aimed at resolving the political crisis in Myanmar and providing humanitarian assistance through an agreed five-point consensus, has largely stalled.

Heading into 2022, the situation remains precarious with the security environment fragile or deteriorating in many parts of Myanmar, including areas that had largely been spared civil conflict over recent years. Following the NUG's call for an armed insurrection against military rule, clashes between a number of local PDFs and the Myanmar Armed Forces (MAF) have intensified across the country. Conflict, insecurity and displacement continues to impact on the lives of civilians on a much wider scale. The situation in northern Shan State remains unstable with continued clashes between the MAF and EAOs and temporary displacement of civilians. Since early 2021, about 44,600 people have been displaced by conflict and insecurity across 17 townships across Shan State. Despite an absence of large-scale clashes in Kachin State since mid-2018, close to 97,000 people remain in IDP camps set up after fighting broke out in 2011. The security situation in Chin State, Magway and Sagaing regions deteriorated in the second half of 2021 with an overall increase in the number of displaced people due to continued armed clashes between the MAF, EAOs and local PDFs. The arrival of MAF reinforcements and reports of explosions and landmine incidents in multiple locations across the country's southeast remain of deep concern. An estimated 165,600 people remained internally displaced across southeast Myanmar as of 1 November 2021 according to UNHCR.

The situation in Rakhine has been relatively calm for a year since November 2020 following the lull in active fighting between the Arakan Army (AA) and the MAF. However, tensions remain high and the ceasefire is fragile, with recent incidents reported between the parties in October and November 2021. An estimated 82,500 IDPs are currently staying in 195 sites and host communities in Rakhine and Paletwa, southern Chin, due to previous clashes between the MAF and the AA. 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 return home as their land or houses have been occupied or due to safety concerns. Efforts are being made to ensure that all returns are voluntary, safe and dignified and respect international standards.

In addition to the above, discrimination and marginalization continues to exacerbate and drive vulnerability among stateless Rohingya people in Rakhine State. 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, healthcare, education and livelihoods due to restrictions on their freedom of movement, 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 takeover 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, are confined to overcrowded camps established in central Rakhine in 2012. In total, more than 860,000 Rohingya refugees – of whom more than 700,000 fled Myanmar since 2017 – remain in Bangladesh with conditions not yet conducive for return.

While international and local humanitarian organizations remain committed to the delivery of assistance to all people according to needs and have stayed and delivered during the recent crises, attacks on health workers⁷ and severe access constraints

(particularly in conflict areas) are resulting in unmet needs with a multiplier effect into 2022. A number of Civil Society Organizations (CSOs) and International Non-Government Organizations (INGOs) remain the target of investigations, having had their offices raided, materials confiscated and leaders arrested, affecting the delivery of assistance by these organizations and unmet needs.⁸ Disregard for human rights and international humanitarian law by parties to the conflict is becoming increasingly common, and the operating environment for humanitarian workers has worsened with continued attacks on health and education facilities and personnel, despite the special legal protections that apply. In November 2021, the UN Security Council⁹ expressed its deep concern about the situation and called for an immediate cessation of the violence and to ensure the safety of civilians. The Council underlined the importance of steps to improve the health and humanitarian situation in Myanmar, including to facilitate the equitable, safe and unhindered delivery and distribution of COVID-19 vaccines. The Security Council also called for full, safe and unhindered humanitarian access to all people in need, and for the full protection, safety and security of humanitarian and medical personnel.

Economic context

The military takeover in February 2021 sparked a downward financial spiral in an economy that was already severely weakened by strict COVID-19 movement restrictions. Protests, security measures and COVID-19 restrictions have resulted in widespread job losses and massive interruption to agriculture. Economic activity and trade were heavily restricted due to reduced mobility; insecurity and conflict, protests, strikes, and the disruption of critical businesses including in the banking, logistics and telecommunications sectors. The increased cost of raw materials and agricultural inputs is placing pressure on many businesses and farms, in addition to currency depreciation, a cash liquidity crisis and trade constraints. The Myanmar Kyat depreciated by 33 per cent against the US dollar between January and November 2021, and steep price hikes have been recorded for imported products including fuel. Government revenues have ground to a halt and public

services such as health and education have been severely disrupted by both the political and COVID-19 crises. The World Bank predicted an annual economic contraction of up to 18 per cent in Myanmar's 2021 Fiscal Year (ending September 2021).¹⁰ This would mean that the economy was around 30 per cent smaller in September 2021 than it would have been in the absence of COVID-19 and the military takeover.¹¹

Social context

The economic deterioration has struck at the heart of the country's burgeoning private small business sector with many folding or unable to pay staff as a result of COVID-19 trading restrictions and general insecurity. Large companies, particularly in the garment industry who predominantly employ women, have also laid off many thousands of employees, significantly limiting access to economic livelihoods for urban women. Around one million jobs are estimated to have been lost, equal to between 4 and 5 per cent of total employment in 2019.¹² Many other workers are experiencing a decline in their incomes due to lower wages or reduced hours and movement restrictions. In a recent assessment, 18 per cent of households reported having no income at all, forcing them to rely on debt or savings. Of those with an income, two thirds (66 per cent) reported that their income had decreased.¹³

The poorest and most vulnerable are bearing the brunt of the economic crisis, with almost half the population (46 per cent) anticipated to be living in poverty in 2022¹⁴ and more than 13 million people in moderate or severe food insecurity.¹⁵ This situation has effectively wiped-out gains made during the country's fledgling transition to democracy and development, sending poverty back to levels not seen since 2005. Since the start of the COVID-19 pandemic, remittances have dropped significantly with particular impact in the country's southeast. People in urban areas are being hit especially hard with the poverty rate expected to have increased threefold in cities heading into 2022, especially Yangon and Mandalay. Worsening rural poverty is also expected because of the recent disruptions to agriculture – a sector of the economy which employs a high share of the country's working

poor. The long-term risks from a return to 2005 levels of poverty are profound at the individual level, affecting the development of children who may no longer have sufficient food to eat and who, with their learning already disrupted, may be forced to drop out of education to contribute to household earning. 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 higher 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. In line with global trends, rates of intimate partner violence have significantly increased during the pandemic, driven by financial stress, COVID-19-related travel restrictions and stay-at-home measures. The increasing depletion of income-generating assets to help people survive also risks trapping families in a cycle of poverty.

Food environments also vary throughout Myanmar, depending on diversity of ethnic groups, livelihoods, seasonality, conflict, and economic status. Analysis of household food consumption patterns shows that current diets are not meeting the energy needs of the poorest households in Myanmar. In many cases food allocation is not based on nutrient-density needs but on availability and perceived energy requirements, as well as intra-household and gender dynamics.

Demographic context

Myanmar has an ethnically diverse population of approximately 54 million people.¹⁶ Around 70 per cent of the population lives in rural areas.¹⁷ It is the second largest country in Southeast Asia with abundant natural resources and a large working age population.¹⁸ 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 2020), and the proportion of the population made up of children is declining. The total fertility rate in 2021 is 2.1 children per woman,¹⁹ which is below the global average of 2.4 children per woman.²⁰ The maternal mortality ratio in Myanmar is globally high at 282 per 100,000 live births, compared

to the Southeast Asia average of 140.²¹ The infant mortality rate is also high at 62 per 1,000 live births.²² Abortion complications are one of the leading causes of maternal deaths, particularly as a result of unsafe abortions, as abortion remains illegal, except in cases where it is necessary to save a woman's life.

Women and children, and vulnerable groups such as displaced people, stateless people, and PWDs continue to bear the brunt of the conflict, the COVID-19 pandemic and natural disasters, affecting their physical and mental well-being. Countless lives of young girls and boys are also threatened by extreme violence and neglect. The economic, security and COVID-19 situation is placing additional stress on caregivers increasing the risk of negative repercussions for children. Discipline through physical and mental punishment, such as severely hitting with a stick, beating, kicking, shaking, yelling at children, has long been perceived as normal in Myanmar and is likely to have increased given the added stress on caregivers. Furthermore, children with disabilities are often disproportionately affected in times of crises. Already isolated and denied access to education and protection services due to stigma and discrimination, particularly in hard-to-reach communities, they are also especially vulnerable because they lack mobility in times of crisis, exposing them to increased danger.²³

Policy and legal challenges/issues

Rule of law

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 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 undermine safeguards and specific groups exercising their rights, including stateless people, separated or unaccompanied children, PWDs, older people, female or child-headed households and people of diverse sexual orientation and gender identity and expression.

There has been no meaningful progress on the Advisory Commission on Rakhine's recommendations, while pronouncements and media statements by the de facto authorities on citizenship and documentation since 1 February appear to fortify existing policies, impeding access to citizenship and movement for already vulnerable and largely stateless Rohingya people. The political situation, combined with COVID-19, has significantly reduced access to legal services, especially for IDPs and people in hard-to-reach areas seeking, among other things, civil documentation and/or redress for Housing, Land and Property (HLP) issues.

Progress towards passing a Prevention of Violence Against Women (PoVAW) law, under development since 2013, has stalled. The draft law was intended to better protect women from all forms of violence, including domestic 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. Under the existing penal code, marital rape is not considered a crime. While the draft PoVAW law does criminalize marital rape, penalties are 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.

The worsening security situation increases the risk of sexual exploitation and abuse (SEA) by parties to the conflict, as well as during aid distributions.²⁴ The weak rule of law, lack of trust in judicial and law enforcement mechanisms, the lack of an impartial, effective civilian protection structure, and lack of support systems for survivors of GBV foster an environment where perpetrators of GBV and SEA can operate without fear of repercussions, and where survivors do not seek help due to fear or lack of trust. Disruption in the formal justice sector has further prompted people to utilize informal justice systems more. This poses serious implications for women and girls, especially GBV survivors, because gender equality and rights of women and girls are not necessarily respected in the informal justice system, and this may inflict further stigma and trauma because of impunity,

non-adherence to the survivor-centred approach, and unfavourable outcomes.

Declarations of martial law and ongoing armed conflict in Yangon, Mandalay, Kayah, Chin, Magway, Sagaing and elsewhere 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, arbitrary arrest and unlawful detention of children continue to be observed across the country. Children have also been detained in military interrogation facilities without any access to lawyers.

Displacement

Of the total 593,000 IDPs in Myanmar (178,000 men, 190,000 women, 225,000 children), more than 223,000 people were displaced by armed conflict and unrest since 1 February 2021 and remain in overcrowded displacement sites. People are often displaced multiple times (cyclical displacement), which 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 security situation in Myanmar's southeast – Bago (East), Kayah, Kayin, Mon, Shan State (South) and Tanintharyi – continues to deteriorate with sustained armed clashes between the Myanmar Armed Forces and EAOs and/or PDFs displacing an estimated 154,800 people (as of 25 October) since the resumption of armed conflict in March 2021. In Kachin and northern Shan, the ongoing armed conflict displaced more than 39,000 people during 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 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. Since May 2021, intensification of armed conflict in Chin has

left 23,000 people newly displaced, while thousands have fled from their homes across Magway and Sagaing regions exposing them to various protection risks due to conflict. At the end of 2021, the full scale of displacement in Sagaing is becoming apparent with 59,200 people thought to remain displaced, 30,000 of whom were identified in the final weeks of November alone.

Although a small number of IDPs have been able to return to their areas of origin in 2021 after fighting temporarily subsided, this is far outweighed by new displacement including in new areas such as the southeast and northwest. 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. Some IDPs pursuing such solutions have reportedly been delaying their plans because of safety concerns including ongoing armed conflict, the presence or movement of armed actors in their home communities, landmine contamination, movement restrictions, and limited access to basic services in their villages of origin. With isolated exceptions, available options 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. There are concerns in some areas that returns are not voluntary. Across all locations, lack of access to livelihoods, barriers to civil documentation and HLP rights remain underlying obstacles to realising durable solutions in the foreseeable future. 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.

Health services

The Myanmar health system is currently fragmented with geographically differentiated service providers who complement public services. Ethnic Health

Organizations (EHOs) have been established by various EAOs. EHOs particularly service conflict-affected populations in the country's northeast and southeast. The essential role of EHOs in achieving Universal Health Coverage is acknowledged in the National Health Plan (2017-2021).

The health sector has been under enormous strain over the past year, initially due to the CDM movement sparked by the events of 1 February, and then further aggravated by the severe third wave of the COVID-19 pandemic. The CDM has resulted in severe reductions in the available public health workforce with many health staff walking out of public facilities in protest. The impact of staffing interruptions in the public sector workforce has been compounded by repeated attacks on healthcare and the occupation of health facilities by security forces, further reducing the options available to affected people and resulting in unmet needs. Significant portions of the community have also been unwilling to seek care from public services provided by the de facto authorities. While NGO, EHO and private health services have tried to cover the gap, they have not been able to fully compensate for the breakdown of public services in the midst of a pandemic and escalating conflict. Private services, where available, are unaffordable for many vulnerable households and cannot deliver services at scale or in all disciplines. Furthermore, the private sector, non-government organisations and EHOs cannot fully replace critical public health services such as routine immunisation or treatments for Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) and tuberculosis. Limited sexual and reproductive health services and disruptions in supply chains have increased barriers for survivors of sexual and gender-based violence who need to access urgent care, including post-rape treatment. The pandemic has not only increased demand for services but also made health service delivery more challenging as a result of measures implemented by the de facto authorities under the auspices of COVID-19 prevention such as camp lockdowns and complex and non-risk based testing and vaccination requirements for humanitarian personnel working in hot spot areas.

Education

Due to combined effects of COVID-19 and the military takeover, nearly all of Myanmar's 12 million school-aged children have missed out on almost two years of education. While some schools re-opened in November 2021, there remain a large number of hot spot areas where COVID-19 infections are still considered too high for classes to resume. This includes a large number of schools in areas not controlled by the MAF which are operated by ethnic education providers, who had seen a surge in enrolment prior to the COVID-19 third wave. In areas controlled by the de facto authorities, even when schools are open, attendance is low. Communities report safety concerns and attitudes toward military-provided services as being among the main reasons caregivers give for not sending their children to public schools. Young people have also lost opportunities for further education through higher, technical and vocational education. A prolonged disruption of education particularly affects those who were already marginalized, especially children with disabilities, as they are least likely to return to or begin their education in this situation.

Children and young people who were displaced before 2021 were already disadvantaged in terms of their access to quality education. Crisis-affected children in Kachin, Shan, Chin, Rakhine states – now have even greater needs due to the prolonged school closures and the increased difficulty in accessing inclusive and quality primary and post-primary education. Barriers such as the lack of mother tongue-based education in an ethnically diverse country, lack of sufficient schools in many rural areas, failure to allow enrolment in appropriate grade levels, and children's socioeconomic situation have meant many were already behind their peers in educational attainment. These children who were already struggling before the events of 2020 and 2021, may find it hardest to re-engage with learning as local classes resume. 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. For these children, progress on policies to address barriers to them accessing quality education have been placed on hold by the de facto authorities since February 2021.

Explosive hazards

Landmines, explosive ordnance and Improvised Explosive Devices (IEDs) continue to pose severe protection risks and threats to civilians, including women and children. 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) and the extent of landmine contamination in Myanmar is not exactly known.²⁵

It is estimated that 11 out of 15 States are now contaminated with landmines, explosive ordnance and IEDs. Reports indicate the increased use of landmines by armed actors. Data for the first 10 months of 2021 showed that the number of countrywide casualties (217) had already reached 83 per cent of the total for the whole year in 2020 (252). Northern Shan represented 34 per cent of total casualties, followed by Rakhine with 22 per cent and Kachin with 17 per cent.²⁶ In the southeast, in September 2021 alone, at least 15 landmine incidents were reported resulting in several injuries and some deaths. Despite ongoing advocacy efforts, large-scale humanitarian demining has never been allowed to start. Existing services, either offered by the de facto authorities or other service providers, are limited to one-time clearance efforts that rarely reach areas controlled by EAOs. Humanitarians have instead focused on victim assistance and mine risk education, although this is limited and remains a significant need. Limited accessibility by service providers to affected communities is a key constraint for data collection and awareness raising programs. Explosive ordnance, landmine and IED contamination is limiting freedom of movement and access to basic services, disrupting livelihoods, and impeding IDP returns and recovery.

Natural environment and disaster risk

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 on large numbers of people. Historical data shows that there has been a medium to large-scale natural disaster every few years. Myanmar is currently ranked 17th out of 191 countries globally and the second highest in Southeast Asia in terms of exposure to natural hazards, after the Philippines, on the Index for Risk Management (INFORM)²⁷ which assesses the risk of humanitarian crises and disasters that could overwhelm national capacity to respond.



YANGON

A pregnant woman withdrawing cash from a Wave Money agent in peri-urban Yangon, 2021. Photo: UNICEF/Nyan Zay Htet

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 and the ongoing threat of COVID-19 will continue to be tested in 2022. Humanitarian needs, including from emerging situations in previously stable areas, have increased sharply heading into 2022 as a result of insecurity and displacement, as well as a new deeper analysis that more fully considers people's vulnerability (and the humanitarian implications that flow from this) in the fragile context. Public services continue to be interrupted as the one-year anniversary of the military takeover approaches with conflict escalating and the

CDM continuing to boycott facilities run by the de facto authorities. Pre-existing needs among already vulnerable groups, including stateless Rohingya people and protracted IDPs, persist and have seen a deterioration amid access constraints and the escalation of conflict. The economic shocks of 2021 will continue to bite with almost half the population expected to be in poverty in 2022.

At the end of 2021, an increasing number of vulnerable people were exhausting their coping capacity forcing them into humanitarian need for the first time in 2022. Food insecurity is expected to be an increasingly

Timeline of events 2021



JANUARY 2021

HRP launched targeting 1 million people



1 FEBRUARY 2021

Military takeover



2 FEBRUARY 2021

Launch of the civil disobedience movement



MARCH 2021

First reports of cross-border departures to India and Thailand



APRIL 2021

ASEAN leaders agree to Five-Point Consensus on Myanmar



JUNE 2021

100,000 new displacements in Kayah State



JUNE 2021

New internal displacement reaches 200,000 since 1 February



12 JULY 2021

Interim Emergency Response Plan identifies additional 2 million new people in need



JULY 2021

Severe flooding affects large parts of Myanmar



21 AUGUST 2021

Nationwide cluster activation



JUNE TO AUGUST 2021

COVID-19 third wave



SEPTEMBER 2021

People's defensive war declared by National Unity Government (NUG)



OCTOBER 2021

Escalation in conflict in the northwest prompts mass displacement



NOVEMBER 2021

Security Council calls for end to violence

dominant feature of the situation in 2022 with more than 13 million households slipping into moderate or severe food insecurity nationwide. Vulnerable people are now resorting to crisis or emergency coping mechanisms to access food and other basic needs by taking on debt, spending their savings and selling off assets. With an overall drop in incomes and soaring food prices (e.g. palm oil and mixed oil), access to food is expected to deteriorate in the coming months, particularly for the most vulnerable segments of the population.²⁸ Poor households may have to decrease consumption and sell off their remaining assets with serious consequences for their future recovery and resilience. Significant rises in agricultural input prices (mainly fertilizer) will continue to exacerbate farmers' already below-normal agricultural productivity. COVID-19 movement restrictions remain in place in many parts of the country as the third wave of the pandemic winds down. A potential fourth wave in 2022 could see these restrictions increased once more given the low rates of vaccination. Natural disasters remain an annual threat, particularly monsoon flooding with a peak in August. This multi-dimensional humanitarian crisis is now affecting the entire country, posing grave protection risks for civilians, limiting access to basic social services and deepening food insecurity.

IMPACT ON PEOPLE

The military takeover and ongoing COVID-19 pandemic have had a profound impact on vulnerable populations with the humanitarian and protection situation deteriorating across the country. Existing challenges for already marginalized groups such as stateless people have been further exacerbated by the situation. Interruptions to public service systems, as well as humanitarian and development assistance, are ongoing and movement restrictions due to COVID-19 are creating a difficult living, livelihood and protection situation. Widespread economic insecurity has led to eroded resilience, prolonged mental and psychosocial distress and reliance on harmful coping mechanisms.

Inflation, reduced or lost livelihoods, challenges in the banking sector, and reduced access to cash have driven many households to sell off assets. Global evidence suggests that drug and alcohol abuse, as well

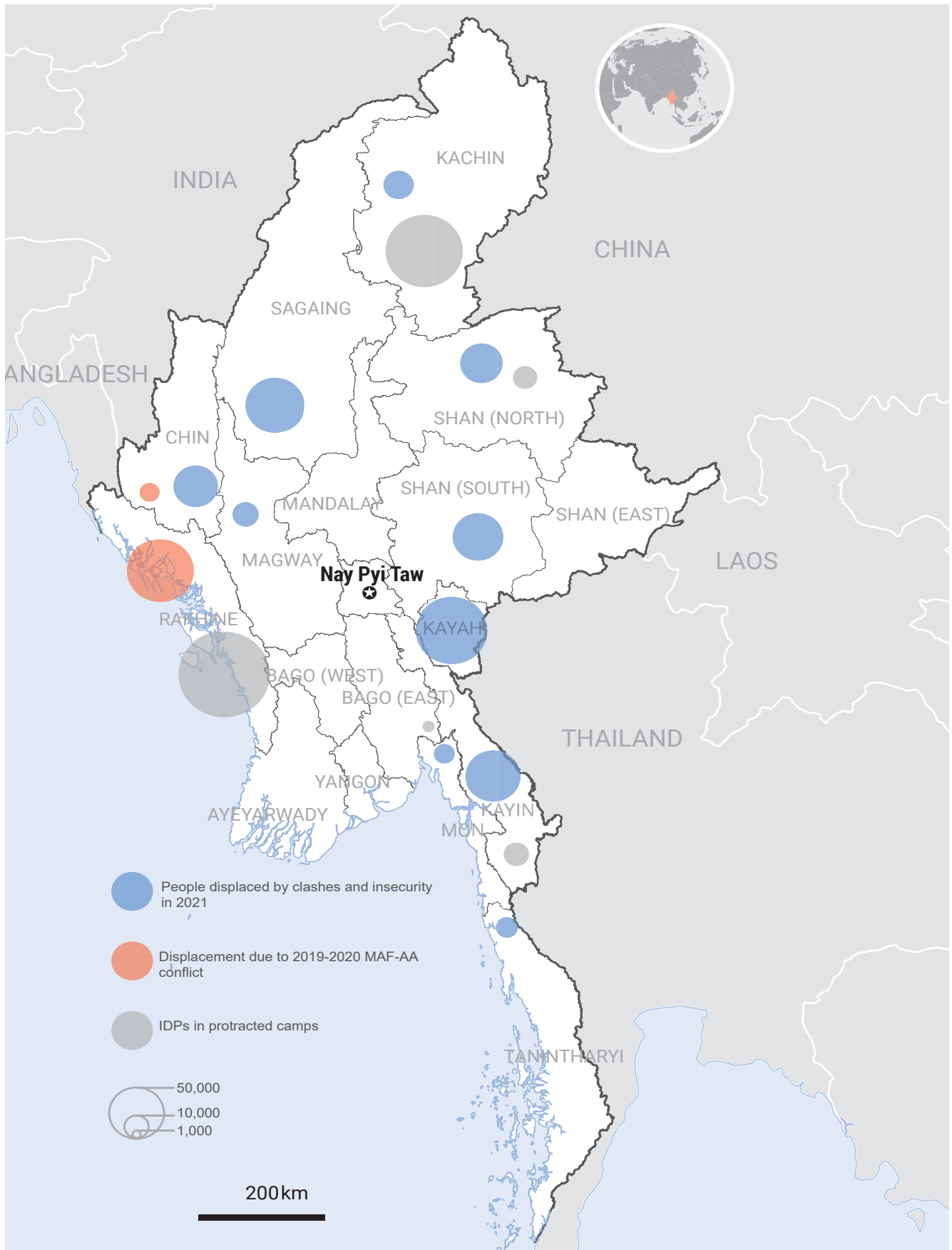
as an increased risk of GBV are common in situations of prolonged financial, mental and psychosocial distress.^{29 30} Adolescents and young people are also susceptible to increasingly risky behaviours particularly when the structure of education is lost and job opportunities are limited. Increased displacement due to conflict is placing women and girls at disproportionate risk of GBV and SEA in exchange for safety or commodities. The COVID-19 pandemic has also disproportionately placed an increased burden of care on women and young people within the household.

For some 600,000 Rohingya people who remain in Rakhine State (in displacement sites or their own villages), continuing discriminatory restrictions on accessing citizenship and legal status, as well as movement make it difficult for them to access livelihoods and basic services. Among them, 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 and are not able to move freely to work or go to school. They endure extremely restricted and overcrowded living conditions, without sufficient private space, posing additional GBV risks. The remaining 470,000 Rohingya people in Rakhine, including 240,000 Rohingya people residing in villages in northern Rakhine, continue to face restrictive movement and other challenges within a dangerous protection environment. Prospects for Rohingya IDPs and refugees remain bleak given the unconducive conditions, including concerns about return to their places of origin or other places of their choosing.

Civilian safety and forced displacement

Widespread insecurity and conflict across the country have become drivers of physical and psychological harm to civilians. According to the Assistance Association for Political Prisoners (AAPP), by 18 December 2021 more than 1,346 people had been killed and 11,047 people arrested, charged or sentenced since the military takeover.³¹ There are 593,000 IDPs living in both new and protracted displacement sites around the country where needs for food, protection, emergency education and shelter are acute. Of these, more than 223,300 people have been displaced since 1 February and have been unable

Impact on people: internal displacement



to return to their homes. Displacement presents particular dangers for women and children, including increased risk of GBV. Since 1 February, insecurity and conflict has spread to new areas that were previously stable. This includes the northwest, with increasing displacement in Chin State, Sagaing and Magway Regions, and the southeast stretching from Kayah, southern Shan, Mon, Kayin, eastern Bago and Thanintharyi. There have also been cross-border departures to both India and Thailand. Worsening violence and insecurity is impacting on people's individual safety and security. Living in a perpetual state of fear is taking a psychological toll on the population, especially women and children.

Humanitarian access to displaced people in conflict areas has been extremely limited in 2021 and this is resulting in unmet needs. At the end of 2021, three-quarters of displaced people were sheltering in areas with high or medium access constraints. While local organizations have been working to assist people in hard-to-reach areas, the scale of this assistance has not been sufficient in most locations to meet needs. This has resulted in significant gaps which will have flow-on effects for needs into 2022. This is particularly true of health gaps in 2021 where interruptions to routine immunization and childhood health screening could have life-long implications and raise the spectre of future disease outbreaks. Those who have suffered traumatic physical and psychological injuries as a result of conflict and explosive ordnance and who could not access immediate treatment and rehabilitation, face increased risks of life-long consequences and disability.

Other people on the move

The economic downturn due to COVID-19 and the political turmoil following the military takeover has resulted in increasingly complex and mixed mobility flows, both internally and internationally, including irregular cross-border movements between Myanmar and neighbouring countries in both directions. Disrupted livelihoods, deteriorating economic and security conditions, and increasing mobility have also increased protection risks and vulnerabilities, as people resort to unsafe and high-risk migration

strategies. Myanmar has always been a country of significant human mobility where one in four people are an internal or international migrant. However, the ability of migrants and communities to benefit from the positive impacts of migration, such as the diversification of livelihoods and income, remittances, overseas education opportunities and the circulation of skills and knowledge, has been disrupted by the multiple crises. COVID-19 control measures such as travel bans and stay-at-home orders continue to make migration difficult. Renewed outbreaks of COVID-19 in neighbouring countries, particularly in Thailand, have resulted in fewer job opportunities at usual migrant destinations. As a result, many migrants have lost their jobs and sources of income, leaving them with few options but to put migration plans on hold or return home.

Facing reduced or no income, and being unable to send regular remittances, an increasing number of international migrants have returned to Myanmar despite the challenging socioeconomic and COVID-19 situation. Estimates suggest that more than 70,000 migrants have returned through official crossings at the Thai-Myanmar border alone since February 2021, although unofficial movement may be higher. Having left much behind and facing quarantine immediately upon return, many returning migrants are in need of urgent humanitarian assistance.³² Internal migrants within Myanmar have also been severely impacted, with large-scale movements toward areas of origin observed due to business shutdowns and violence in urban areas following the military takeover, and modest returns recorded later in the year as people went back to search for employment. While not all have humanitarian needs, internal and international migrants face challenges upon arrival in areas of origin with few social structures to support them and limited local employment options in communities that are already suffering, increasing their vulnerabilities.

Vulnerable people

Conflict, the COVID-19 pandemic and the economic downturn have impacted on the physical and mental well-being of the most vulnerable groups across the country. These include female-headed households,

PWDs, older people, children, young people, pregnant and breastfeeding women and girls (PBW/G), people with pre-existing health problems, women and girls at risk of GBV, GBV survivors, stateless people and people without civil documentation, people with diverse sexual orientations and gender identities and expressions, and people facing formal or informal movement restrictions that inhibit their access to services. Traditional gender roles and discrimination expose women and girls to GBV in Myanmar, while the United Nations Independent International Fact-Finding Mission on Myanmar documented the use of GBV by the military against ethnic minorities in 2019.³³ Boys and girls of all ages face violence and protection concerns, while adolescence brings exposure to new forms of violence due to harmful financial coping mechanisms within the family. Boys face increasing risks of being recruited by armed groups or being involved in child labour, while adolescent girls are particularly at risk of early and forced marriage. Cyber misogyny and sexist harassment of female CDM supporters, and other forms of GBV including sexual violence in homes, sites of detention, and conflict-affected areas, also impact on girls, boys and LGBTQIA+ people.

Older people and PWDs are at increased risk of separation from their families especially in emergency situations such as natural disasters. PWDs and LGBTQIA+ people often have fewer avenues for receiving important, relevant emergency information, which may impact on their vulnerability. Additionally, women and children are at heightened risk of abuse including GBV, arrest and detention, isolation, separation, neglect or exploitation, while risks of trafficking and extortion have increased. People with actual or alleged 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 de facto government staff involved in CDM are facing heightened protection risks. Food Security Cluster data also suggests that farming households are worse off because they are simultaneously facing their own challenges in accessing food but also enduring a drop in farm gate prices for their produce and other marketing difficulties.

Disability inclusion in emergency settings

In order to better capture the needs and preferences of PWDs, a consultation session with four organizations representing PWDs was organized by the humanitarian community in September 2021. Participants, who had a diverse range of physical, hearing, visual and intellectual impairments, raised a range of enablers and barriers to inclusion of PWDs in disaster or conflict settings.

PWDs face additional safety and security risks during crises and are often less mobile, hampering escape from an emergency situation due to their impairment. Another challenge is accessing basic services in an emergency setting, whereby PWDs have found themselves unable to reach service points due to physical barriers. PWDs cited experiences from floods and cyclones where shelters were not disability-friendly, had no assistive equipment, or were placed on high ground with difficult access for people with physical impairment. Barrier-free information channels that disseminate disaster-related information in an accessible way are essential at every step, starting from the preparedness and early warning stage, during the emergency and then once the emergency has passed, connecting people with help and advice. Inclusion of PWDs at all stages of preparedness and response is critical to ensure their information, physical and mental health needs are met.

Promoting safety, security and dignity of vulnerable and displaced people affected by armed conflict

Khawng Ja* is one of over 90 displaced people in Maw Hpawng Hka Nan Camp in Myitkyina, Kachin State. She used to live in fear for her safety due to the inadequate old and rusty chain-link fences around the displacement site. Women and children felt especially at-risk after a number of burglaries. But over the past year, support from the Myanmar Humanitarian Fund (MHF) has allowed responders to complete a critical safety upgrade, offering security and protection to this vulnerable camp community.

“We’re really thankful for making us feel safe and happy,” Khawng Ja said while looking at the recently renovated fences in her camp.

Since 2020, the MHF has helped humanitarian organizations rehabilitate the fences and pathways in the camp, installed electricity and solar lights, as well as providing financial support to run the camp. About 8,200 vulnerable and displaced people in Bhamo, Chipwi, Hpakant, Myitkyina and Waingmaw townships in Kachin State benefited from this work, including 120 PWDs.

* Names changed to protect privacy.

“We’re really thankful for the support that erased our fears and insecurity,” Khawng Ja said with a smile on her face, leaning against the newly mended fence. “We now feel safer as we can see anyone approaching the campsite, day and night.” The fences and the lights at night have become safeguards for many families and PWDs in the camp, creating a secure environment by keeping out potential dangers and threats.

The MHF – a country-based pooled fund managed by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in Myanmar – supports both national and international humanitarian organizations to address emerging and chronic humanitarian needs of vulnerable people affected by crisis. Since 2007, the MHF has provided US\$99 million to coordinated humanitarian assistance and protection through more than 200 humanitarian projects. In 2021 alone, the MHF made \$20 million available to support displaced people and other vulnerable crisis-affected people across Myanmar, in line with the 2021 HRP and the Interim Emergency Response Plan.

KACHIN

Khawng Ja is standing against the newly reconstructed fences in Maw Hpawng Hka Nan Camp in Kachin State, 2021. Photo: Nyein Foundation



Women and girls

With the worsening security situation across the country and increased levels of violence, women and girls face particular safety concerns. Heightened risk of GBV, especially intimate partner violence, has emerged as a shadow pandemic during COVID-19.³⁴ This is now being compounded by continued limits on freedom of movement, psychological stress from the conflict, COVID-19 and the financial pressures, and fragmentations of social support networks amid the crisis - all of which are aggravating factors for GBV risk.³⁵ Women, especially in urban and peri-urban areas, feel unsafe due to the increasing threat of arbitrary arrest and raids. A humanitarian partner study on women's urban safety confirmed that women and girls are increasingly worried about violence.³⁶ The growing number of check points and heightened presence of armed personnel around populated areas are also generating fear among women and girls, including GBV survivors. Increased conflict and displacement also increase GBV risks, including sexual violence and other incidents perpetrated by parties to the conflict.

While intimate partner violence remains the most frequently reported form of GBV, the above-mentioned situation has increased the risks of other forms of GBV, including trafficking, early or forced marriage, sexual harassment and violence, exploitation and abuse and conflict-related sexual violence.³⁷ CSOs and women's organizations that traditionally provide frontline services for survivors of GBV face additional security risks in the current political situation, including arbitrary arrest and detention, and as a result have been forced to operate in a low-profile way and limit their service provision, leaving gaps for people in need. The provision of multi-sectoral services by such organizations is increasingly difficult but important as the public health and formal justice systems are no longer effectively functional, posing additional barriers for GBV survivors to access support.

In the current COVID-19 and conflict situation, many organizations have had to reduce the physical presence of field staff and have had to step up their information and data security.³⁸ This has led to difficulty in accessing information on available services, further discouraging help-seeking behaviours

from GBV survivors and causing delays in the provision of timely support.

In line with global trends, women and girls in Myanmar have also taken on an increased burden of care during the pandemic, looking after sick family members and taking on bread-winner responsibilities when male family members become sick.³⁹

Hunger and malnutrition

The impact of COVID-19 restrictions, job losses and the military takeover have contributed to a worsening food security situation across the country. The proportion of people employing crisis or emergency coping strategies has increased sharply and it is estimated that 13.2 million people now in moderate or severe food insecurity and in need of humanitarian assistance. In order to calculate the number of food insecure people, the Food Security Cluster has used a combination of available data from recent assessments and extrapolated this into areas for which no recent data exists, building a national picture of trends. This process has exposed additional needs across the country, in areas not previously inside the scope of humanitarian analysis and action. Some of these needs may have existed prior to the pandemic and takeover but this is impossible to quantify this in the absence of national baseline data. However, the food security analysis found that more than half of households had recently experienced shocks, predominantly through loss of income (27 per cent), or sickness or death of a household member (17 per cent). All indicators suggest that households have recently seen their income reduced or depleted, with 18 per cent of households reporting they had no income at all, forcing them to rely on debt or savings. Of those with an income, two thirds (66 per cent) reported that their income had decreased.

The impact of these shocks in the surveyed areas varies depending on people's livelihoods: net consumers are particularly affected by the deterioration in their terms of trade (decrease in income and soaring food prices), which is resulting in asset-depletion and food consumption gaps. Net food producers are affected differently, firstly because of challenges in accessing agricultural inputs due to the

disruption in input markets (availability and price of inputs especially fertilizer), and then by the decrease in agricultural production, (associated with reduction in land being farmed and the failure of markets) affecting farmer's income and livelihoods.

More than half of the surveyed households had adopted negative coping mechanisms that depleted their livelihood assets (emergency and crisis coping strategies), which are very difficult to reverse and has potential long-term consequences. More households (34 per cent) are resorting to stress strategies compared to the previous year⁴⁰ and insufficient food consumption is also common, with 20 per cent of households having insufficient food consumption in August to September 2021. There has been a significant rise in the cost of basic food items since February 2021. As of October 2021, compared to the same time last year, the average prices for edible oils is almost 90 per cent higher, while rice is up 18 per cent.⁴¹

Among the assessed states and regions, the highest proportion of moderately and severely food insecure people were in Chin, Rakhine and Kayah. Women and children, female-headed households, and PWDs are more vulnerable and likely to face greater hardship and protection risks connected to their food insecurity. The situation for people in some hard-to-reach areas such as Sagaing and Chin is also extremely challenging. Supply issues in conflict areas are recurrent with a risk of food shortages.

An estimated 290,000 children under the age of five are expected to suffer from acute malnutrition in Myanmar in 2022 – among them a staggering 49,000 children (17 per cent) will suffer from Severe Acute Malnutrition (SAM) which is the most critical and deadly form of acute malnutrition. Even before the military takeover and COVID-19, Myanmar had been suffering from a high burden of child undernutrition. The prevalence of stunting (low height-for-age) is over 29 per cent for children under five, classified as high by the World Health Organization (WHO) and is one of the most severe among the countries of Southeast Asia. Nutritional deficiencies have long been a major problem across the country. The impact of nutritional deficiencies is more severe among children aged 6-23

months, as this period is critical for child development with deficiencies causing irreversible damage.

Agriculture

Almost three quarters (71 per cent) of Myanmar's population lives in rural areas where agriculture is the primary means of generating income and survival.⁴² In 2021, farmers faced production deficits due to the presence of conflict, price rises for agricultural inputs and movement constraints. Disruption of the market following the military takeover and COVID-19 restrictions on movement have severely affected the main paddy planting season that started in May. Farming communities hired fewer agricultural wage workers in 2021 compared to 2020, with 46 per cent of the farmers reporting that this was mainly due to financial problems. Farmers have been affected by lower wholesale prices for some crops, higher input prices, lower farm gate prices and limited access to credit to finance working capital during the planting season. According to the Food Security Cluster analysis, 24 per cent of crop producers had to reduce the area planted compared to the previous year, while fertilizer prices have simultaneously increased by 56 per cent for compound fertilizer and 72 per cent for urea. Nearly half of crop producers who reduced the area they planted did so because fertilizer was not accessible. The vast majority (89 per cent) of crop producers faced difficulties in crop sales, particularly rice, due to low prices and lack of access to usual traders. Nearly half of crop producers reported reduced sales prices. As a consequence, 44 per cent of farmers produced less, with the biggest falls in Kayah and Rakhine states. Pulses were the most affected crops in terms of area and production volumes.⁴³ Farmers faced additional challenges due to the banking crisis and insecurity. Similar to crops, livestock production was more difficult in 2021 due to challenges in purchasing inputs and difficulties in finding suitable markets (very low prices and no access to usual traders). Around a third of livestock producers faced difficulty in production, mostly in accessing feed, while animal diseases were also frequently mentioned in the surveys.

The expected lower yield and reduced production and market challenges for crops and livestock will affect 2022 food availability, food storage capacity and income.

Children

Myanmar faces an unprecedented rise in child protection risks including family separation, mistreatment, violence including GBV, mental health and psychosocial distress compounded by conflict and school interruptions, child labour, arbitrary arrest and detention.

The compounded effects of the COVID-19 pandemic, armed conflict, displacement and worsening poverty have quickly dismantled the protective safety nets for children across the country including through the school system. Around 12 million children missed school for 18 months due to COVID-19 and while some schools had reopened at the end of 2021, many children continue to face interruptions, especially in COVID-19 hotspots and conflict-affected areas, exposing them to a higher risk of child labour, forced recruitment, and other negative coping mechanisms such as early and forced marriage. With household economic vulnerability increasing, children continue to suffer elevated exposure to violence, abuse, neglect and exploitation. 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. While there is limited available data on GBV trends and violence against children and adolescents in Myanmar over the past year, anecdotally calls to GBV hotlines have increased significantly. Children also suffer nutritionally at times of economic stress with increasing numbers of households being unable to buy sufficient food for their families. Children living in displacement sites endure poor living conditions with a lack of separate safe spaces, exposure to COVID-19 in confined areas and heightened risk of GBV.

Intensifying armed clashes and disturbances across the country are having a serious impact on children's well-being. As of 9 December 2021, at least 88 children (80 boys and 8 girls) had been killed and many

more injured by the security forces post-takeover. They ranged in age from 14 months to 17 years, and their causes of death included being hit by vehicles, shot in the head on the street, and being killed by artillery shells.^{44 45} The continuing exposure of children to violence and loss of their caregivers due to conflict injuries, deaths and arrests will have long-lasting impacts on the mental and psychosocial well-being.

The widespread use of schools by fighters and a growing movement to boycott education provided by the de facto authorities are reducing access to safe learning and present additional protection risks for children. There have also been reports of attacks and detention of health care workers, which are adding to health system disruptions at a time of pandemic when their help is needed most by children. There have been more than 300 incidents recorded of attacks on schools, school personnel, hospitals, and healthcare workers, along with incidents of school and hospitals being used by armed actors since February 2021.^{46 47}

Institutionalized barriers to girls enjoying their fundamental rights, gender norms, poverty and ongoing conflict mean that girls are at higher risk of sexual abuse and exploitation including early and forced marriage, in addition to trafficking for child marriage, as well as other forms of sexual and economic exploitation.⁴⁸ Boys are at higher risk of recruitment and use by armed groups. With intensifying fighting now spilling over into many populated townships, more girls and boys are likely to face the risk of being recruited or used by the armed forces and armed actors.

Since the military takeover, arbitrary arrest and unlawful detention of children has continued to be observed across the country.⁴⁹ While the majority of those detained have subsequently been released, many are still being held without access to legal counsel and contact with respective families, in violation of their human rights. Children were also detained in military interrogation facilities without any access to lawyers. On 14 March 2021, martial law was imposed in 11 townships across the country which worsened safety and access to justice. The establishment of complete military control in those areas poses significant risk for

children given the fact that standard legal safeguards provided under the Child Rights Law and compliance with fundamental human rights may be suspended. This is of concern since the military justice system, unlike the civilian justice system, does not include any special measures or considerations for children. As 2021 draws to a close, three townships remain under martial law with 'stay-at-home' orders in place.

The humanitarian situation caused by the military takeover, ongoing conflict and COVID-19 has had a severe and potentially long-lasting impact on the mental health and psychosocial well-being of children. Children are witnessing terrifying scenes of violence that will have both short- and long-term consequences

for their physical and mental health. The suspension of schooling and further COVID-19 protection measures risk increasing the need for psychosocial support. COVID-19 restrictions and the deteriorating political crisis have also seen humanitarian organizations face challenges in providing consistent case management, mental health and psychosocial support, service referrals, nutrition and child protection support for at-risk and vulnerable children, resulting in unmet needs in 2020 and 2021. This will have flow-on effects into 2022.

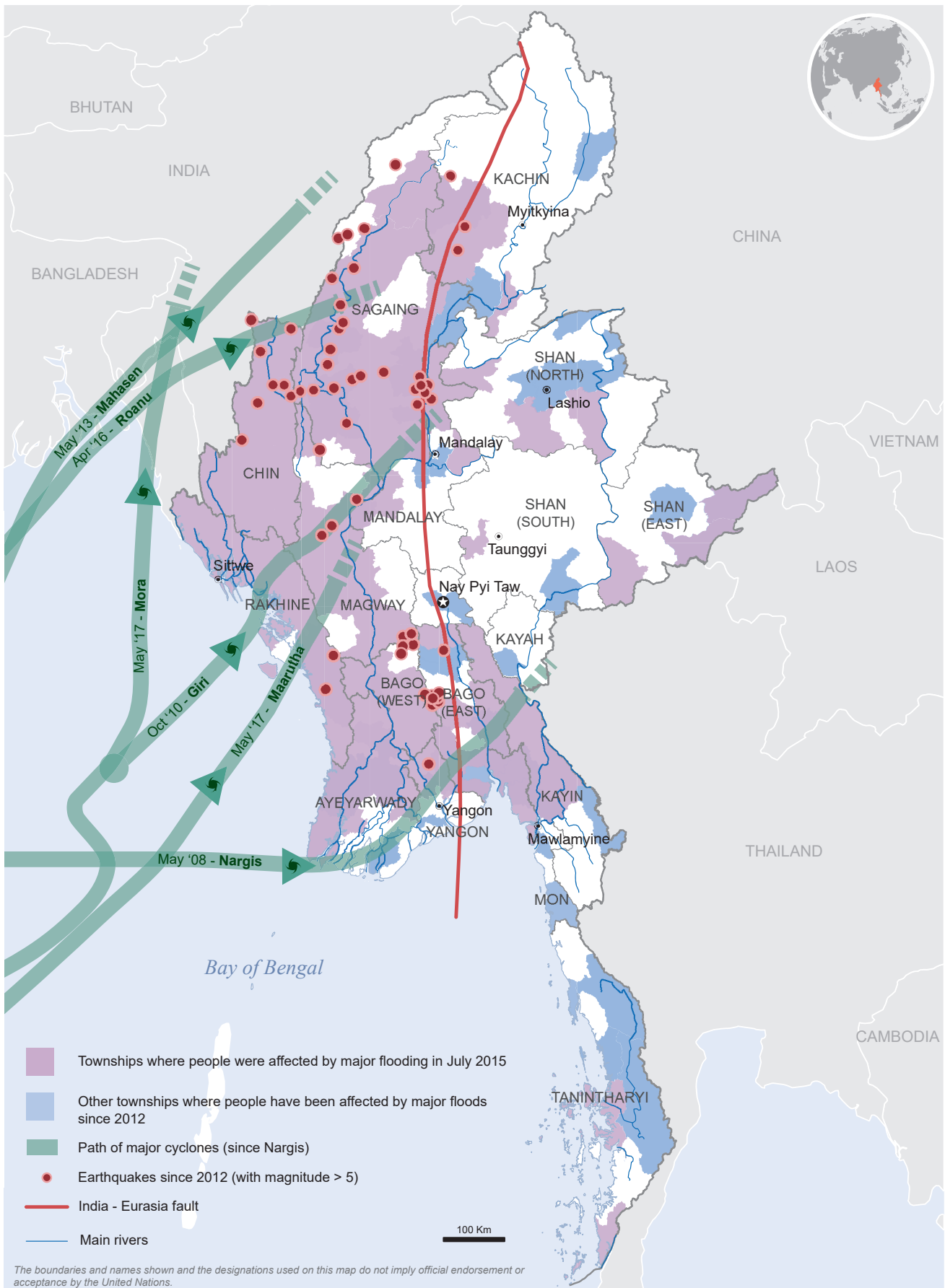
RAKHINE

A family having dinner in a displacement site in Rakhine State, 2021.

Photo: WFP/Htet Oo Lin



Myanmar disaster map showing the impact of cyclones, flooding and earthquakes



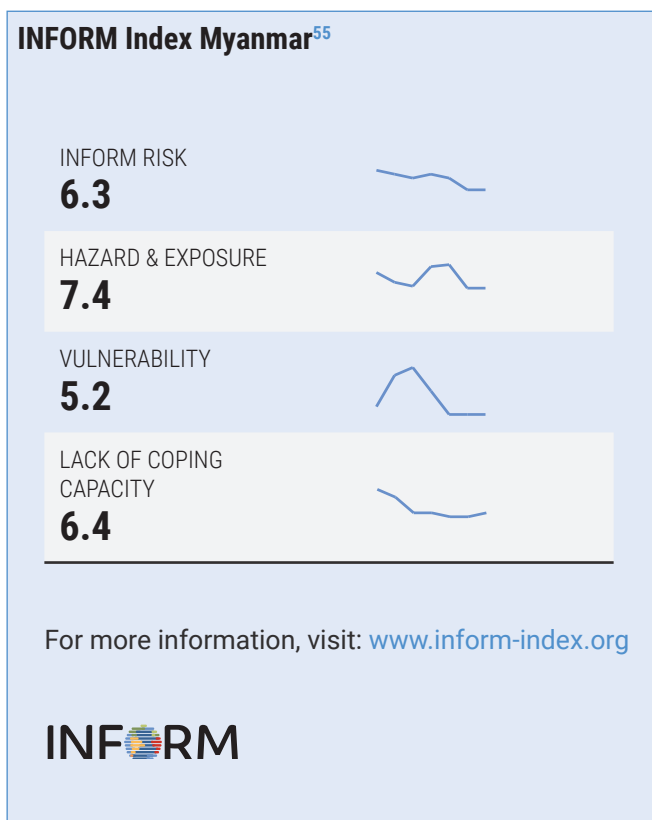
Disaster impacts

More than 13 million people have been affected by disasters in Myanmar since 2002, which included three category four 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 may have been 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 states and regions, 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 (eastern Shan, Kayin, Mon and Rakhine states as well as in Tanintharyi Region) and resulted in the loss of crops and increased food insecurity.⁵⁰

Myanmar will continue to face significant threats from natural disasters throughout 2022 and will have reduced capacity to cope with these shocks due to the current crisis. Myanmar’s monsoon season occurs from May to October, resulting in seasonal flooding that greatly impacts communities across multiple regions of the country, particularly Ayeyarwady, eastern and western Bago, Chin, Kayin, Rakhine, Sagaing and Tanintharyi. Mountainous areas within these regions 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.⁵¹ La Niña

conditions have developed across South East Asia with most models predicting this will persist until early 2022. The occurrence of La Niña conditions in Southeast Asia typically results in higher-than-average rainfall which may increase the risk of flooding.⁵² However, latest forecasts confirm that Myanmar is not currently at high risk of possible La Niña impact from January to March 2022, although the situation is being closely monitored. Average rainfall is still expected for the year. However, if significant rains are concentrated within a short period of time, some localized flooding is still likely.

An INFORM Risk Index Analysis was undertaken at 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 impact of the current situation has negatively impacted on the risk level and coping capacity across all townships; however, this information indicates areas that were already



INFORM – is a way to understand and measure the risk of humanitarian crises. It is an open source methodology for quantitatively assessing crisis and disaster risk. The INFORM model is based on risk concepts published in scientific literature and envisages three dimensions of risk: hazards & exposure, vulnerability and lack of coping capacity dimensions. The results are a risk profile for every country, which consists of a value between 0-10 for the INFORM Risk Index and all of its underlying dimensions, categories, components and indicators. At all levels of the INFORM model, a lower value (closer to 0) always represents a lower risk and a higher value (closer to 10) always represents a higher risk.

For more information, visit:
www.inform-index.org

at elevated risk and remains a useful guide to vulnerability hotspots in the worsening situation.

The states and regions that were considered as high or very high risk overall in the 2019 analysis were in Kachin, Kayin, Rakhine and Shan states. Townships in these regions 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 also scored highly with regard to risk to natural hazards.

The INFORM data also identified other states and regions that had high levels of vulnerability. Chin State and Ayeyarwady and Sagaing regions were considered as low risk overall, however, all scored highly on indicators related to socioeconomic vulnerability and vulnerable groups. The situation in Chin, Magway and Sagaing has since deteriorated dramatically with escalating conflict in 2021. Of note, many townships in Ayeyarwady also scored highly on risks to natural hazards. The least vulnerable areas were townships around Yangon, Bago and the Mandalay regions, however these have now become hotspots for violence since the takeover, as well as for COVID-19.

Coping capacity was also measured across the country at township level as part of the 2019 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 this area has faced significant interruptions to public services and systems in 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 2022. Nationwide there has been increased exposure to conflict-related hazards, an increase in vulnerability, and a decrease in coping capacity.

Impact on systems and services

WASH

The most recent national assessment on safe water access found that 59 per cent of the population lacked safely managed drinking water service.⁵³ It is not considered likely that the situation has improved in the intervening years and in fact may potentially have worsened as households face economic stress, potentially living in lower quality accommodation or further from services. Protracted displacement has resulted in further WASH needs in camps, where significant maintenance is required to ensure minimum standards are met. The escalation of conflict in previously stable areas and the resulting displacement pose challenges for the provision of basic services, particularly WASH, health and shelter in areas where people are displaced. Newly arrived IDPs report challenges in accessing safe water, dignified sanitation and hygiene items.⁵⁴ Another significant, but often overlooked issue faced by women and girls is related 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. New displacement and prolonged use of alternative education spaces means that additional WASH services will be needed. Poor access to WASH services also has a strong correlation with malnutrition as it exposes children to the risk of Acute Watery Diarrhoea (AWD) - a leading driver of malnutrition among under-fives. COVID-19 induced restrictions have resulted in unmet WASH needs in conflict-affected areas with residual impacts for 2022.

Health

The health needs of vulnerable people have become more pronounced since the military takeover and widespread protest action by many staff and the general public who are refusing to work for or use public health services run by the de facto regime. WHO estimates that Myanmar will see an additional 47,156 avoidable deaths in 2022 if the current level of service interruptions continues, including 33,000 deaths as a result of missed routine immunizations. The remainder would be as a result of missed neonatal, under-five and maternal health services, as well as screening and treatment for Tuberculosis, HIV and Malaria.

Repeated attacks on health care and the occupation of health care facilities by armed actors also reduced the options available and acceptability of seeking care through the public sector. These stresses on the health system and lack of acceptability of services have also disrupted routine immunization putting already vulnerable people at risk of future outbreaks of preventable diseases. Increasing numbers of IDPs as a result of worsening conflict have increased health needs at the same time as access for humanitarian providers has been reduced as a result of delayed travel authorizations, active conflict, COVID-19 restrictions and funding shortfalls. In 2021, the reduction in health service availability coincided with a deadly third wave of the pandemic which overwhelmed health services. With low vaccination rates and severely interrupted public, private and NGO health services, the risk of a severe fourth wave in 2022 remains high.

The immediate health needs of vulnerable people include emergency and trauma care, referrals for victims of conflict-related violence including landmines, explosive ordnance and sexual violence by armed actors, and primary care services aligned to the essential package of health services including sexual and reproductive, maternal, post-rape, new-born, adolescent, child health and psychological first aid (PFA). Among the most urgent needs is the re-establishment of routine immunization, strengthening disease surveillance systems, mental health and psychosocial support services (MHPSS), clinical care for GBV survivors, especially sexual violence survivors, rehabilitation, and assistive devices for people with different forms of impairments from both injuries and chronic diseases. COVID-19 testing, case management, infection prevention and control (IPC), vaccination, and Risk Communication and Community Engagement need to be mainstreamed into humanitarian health services in order to protect vulnerable communities.

The non-displaced stateless population continues to face serious health needs particularly as a result of their uneven access to services. Lack of legal documentation and their inconsistent inclusion in COVID-19 vaccination programmes.

Mental Health and Psychosocial Support

After a prolonged period of COVID-19 restrictions, conflict, political isolation and economic uncertainty are now taking a severe mental toll on the people of Myanmar. Conflict, frequent movement of armed actors in residential areas, use of explosives, gunfire, regular encounters with the various armed actors, imposition of martial law and similar rules, lack of civil documentation and severe limitations on freedom of movement that undermine access to basic services and livelihood opportunities all continue to traumatize displaced and crisis-affected people. As just one example, in the country's southeast, recent aerial reconnaissance has been exacerbating fear and anxiety among the people, prompting flashbacks to airstrikes experienced in Kayin in March 2021 and Kayah in May 2021. The proliferation of security checkpoints, increased patrols and random night-time home searches by the security forces have

also exacerbated feelings of insecurity within the community. Reduced opportunity for free expression and the limitation of safe space for the sharing of ideas is further undermining the mental and psychosocial health of the nation. The high death rate from COVID-19 during the devastating third wave of the virus in 2021 has left the nation reeling and in mourning for the lives and livelihoods lost. Children have also been denied the safe and supportive space of school and the routine of attending classes for the best part of 2020 and 2021, removing a layer of psychological protection at a time when stress and fear is high. Rohingya communities are also facing ongoing and residual trauma from events in 2012, 2015 and 2017 which collectively drove almost a million Rohingya people to seek safety in Bangladesh. For these reasons, MHPSS needs are a critical concern heading into 2022 for displaced and crisis-affected people, as well as the general population with psychological coping capacities now under severe strain.

Displacement is also impacting on people's mental and psychosocial well-being exacerbating feelings of insecurity and loss of identity. Internally displaced and conflict-affected people are anxious about their health and future and have moved into survival-mode. The pressure of keeping households afloat amid the spread of COVID-19, the burden of caring for sick and out of school children, and the worsening economic situation on top of regular household chores is putting women, particularly those in female-headed households, under enormous stress. Many female-headed households are having to prioritise earning an income over childcare, in turn forcing older children to look after younger siblings. Where there are constant troop movements and armed actors present near camps or villages, women and girls are often curtailing their own movement in fear. Women and girls are particularly likely to be adversely affected psychologically due to GBV incidents in displacement sites as well as sites of detention and conflict-affected areas where there is a heavy armed presence and will require continuous mental health and psychosocial support. Children, older people, PWDs, and those with pre-existing mental health problems may also require specialized MHPSS services that are difficult to facilitate in the current

environment. Stigma and discrimination related to MHPSS issues continue to be a barrier to people accessing services. There is also a lack of awareness in MHPSS needs at the community level. The need for MHPSS in local languages is growing and is largely unmet.

Education

Most children and young people in Myanmar have not been engaged in organized learning since March 2020 due to COVID-19 and the military takeover. While some schools had re-opened by the end of 2021 as the COVID-19 third wave started to wane, attendance has been low and schools are not open in all areas. This includes the ongoing closure of some community schools and schools operated by ethnic education providers in areas outside control of the de facto authorities, although they were able to remain open in 2020 and saw increased enrolment in June 2021. Further interruptions are expected in 2022 if a possible fourth wave eventuates or conflict escalates.

School closures have resulted in a learning crisis for Myanmar's 12 million school-aged children, as well as adolescents and young people attending informal, technical, and vocational education and training courses. With limited acceptability of services provided by de facto authorities and limited existing community capacity, greatly expanded access to alternative learning through open platforms and learning materials is urgently required to end the learning crisis, complemented by community consultations and support for locally-based solutions. This builds on existing, but smaller-scale, initiatives among education partners. Families are requesting support for home or community teaching and learning materials in nearly all locations. Communities and local partners play a vital role in continuing life-saving access to education and should be supported to provide this safely and according to agreed standards. The longer that access to education is disrupted, the more likely it is that children and young people will suffer irreversible, long-term negative outcomes – including, but not limited to, higher levels of mental and emotional distress, reduced earning potential, higher drop-out rates once classes resume, additional risks from child

labour and early marriage and the adoption of negative coping mechanisms.

Children and young people are exposed to higher protection risks without access to education. Girls are more likely to face early marriage, adolescent pregnancy and GBV. There is an increased risk of child labour especially at a time of economic distress, and boys face increased risk of forced recruitment into armed forces or armed groups. Inequities in learning opportunities, which later translate into greater societal inequities, are exacerbated during school closures. Those with better access to education are more likely to continue learning at home with parental support and necessary learning resources, while those who are disadvantaged – such as girls and children with disabilities – may be left out of education altogether.

The military use of schools and attacks on education facilities continue to make learning dangerous. These dangers may factor into parents' willingness to send their children back to school as classes resume. Engagement with parents and community leaders is critical to help children return to learning and re-establish schools or learning spaces as safe and apolitical places.

People affected by crisis prior to the COVID-19 pandemic and the takeover – predominantly in Kachin, Shan, Rakhine and southern Chin – now have even deeper needs due to the increased difficulty faced by children in accessing inclusive and quality primary and post-primary education in those areas. Students and learning spaces in areas already affected by emergencies prior to COVID-19 are particularly in need of improved and gender-responsive WASH facilities and supplies, greater capacity of caregivers and teachers to support children to learn at home and psychosocial support capacity. Residual child protection concerns carrying over from the lockdown must also be addressed. In areas outside the control of the de facto authorities, community schools and schools of ethnic education providers need support to meet the increased number of children attending, including with additional supplies, furniture, and space. While most children in Rakhine State will eventually return to schools under the SAC MoE, a large number

of Rohingya children still do not have access to quality government education and are reliant mostly on humanitarian services in camps and villages. For Rohingya children in nearly all of the 2012 IDP camps (23 of 26), their only access to education is through the primary-level temporary learning classrooms operated by humanitarian organizations. In northern Rakhine State, communities either rely on schools that have to be supplemented with community teachers or rely entirely on community-provided education.

Shelter, relief items and camp coordination

Following the February 2021 military takeover and the accelerated spread of COVID-19, shelter, non-food items (NFIs) 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 now being seen such as Chin, Sagaing, and Magway, 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 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 133,000 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 who have recently been re-appointed by the de facto authorities. This has become increasingly difficult due to COVID-19 and 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.

Impact on humanitarian access

The COVID-19 and political crises are having a severe impact on people's ability to access services and the ability of humanitarians to reach people in need. A highly constrained access environment in 2021 because of COVID-19 restrictions, bureaucratic delays and increasing access denials since the military takeover has resulted in high levels of unmet multi-sector needs, particularly in conflict areas and this has had a flow-on effect for needs in 2022. Lack of sustained and consistent access is particularly detrimental for those requiring nutrition treatment. Once treatment is disrupted, people must re-start from the beginning for the nutrition treatment to be effective, often with deeper health complications and higher chances of morbidity and mortality second time around. As just one example of the impact of access constraints have been having on needs, partners in Rakhine report a surge in malnutrition (severe and moderate) cases among children and PBW/G in camps in September, October and November 2021 after travel authorizations were not issued or were delayed

in July and August. COVID-19 requirements made it impossible for humanitarian organizations to maintain a full range of services, particularly in the camps in central Rakhine where the de facto authorities limited assistance to a restricted list of 'life-saving' activities for much of the year. The restrictions are easing as 2021 draws to an end but there will be residual impacts into 2022.

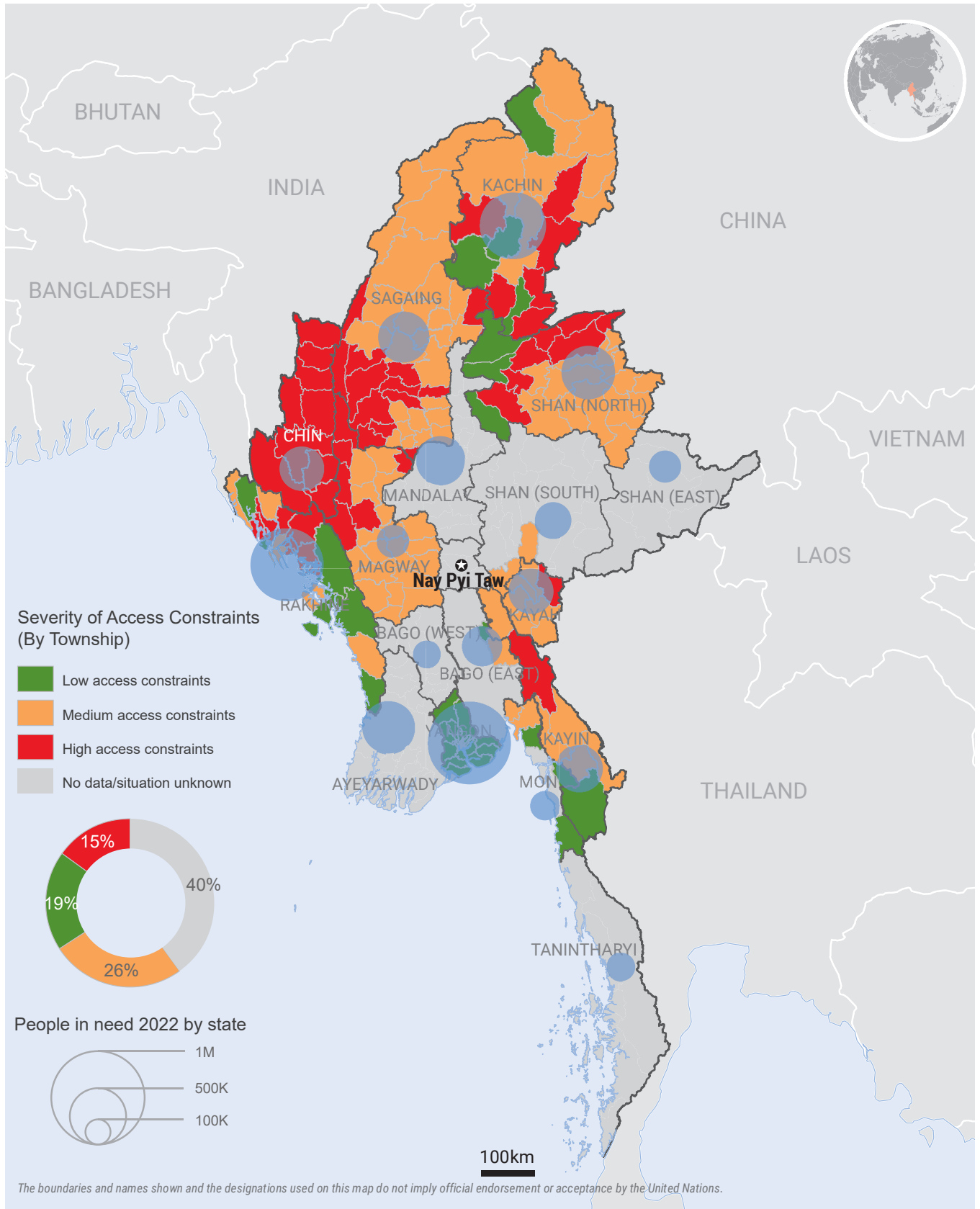
Across the response, these kinds of access constraints and the resulting unmet needs in 2020 and 2021 are directly contributing to escalating needs heading into 2022. Challenges faced by NGOs because of delays or problems with their expiring or expired Memorandums of Understanding (MoUs) and subsequent registrations may have a further severe impact on their capacity to meet needs. Increased reliance on local organizations due to hampered access for international humanitarian actors places additional burdens and security risks on CSOs who are providing many frontline support services.

People in need by access level

Thousands of people (K)

VULNERABLE GROUP	ACCESS LEVEL			
	HIGH ACCESS CHALLENGES	MEDIUM ACCESS CHALLENGES	LOW ACCESS CHALLENGES	UNCONFIRMED ACCESS SITUATION
IDPs	246K	169K	136K	5K
Returned, resettled and locally integrated IDPs	25K	39K	10K	
Non-displaced stateless people	71K	155K	244K	
Vulnerable people with humanitarian needs	1.7M	3.0M	3.2M	5.5M
Total	2.0M	3.3M	3.6M	5.5M

Humanitarian access overview map



1.3

Scope of Analysis

Given the dramatic deterioration in the situation over the course of 2021, the anticipated depth of needs in new areas, and the overall deterioration of the food security and livelihoods situation country-wide, the HCT agreed to adopt a broader national analysis of the humanitarian situation and needs in Myanmar in 2022. The 2022 numbers reflect the unprecedented scale and humanitarian consequences of recent events, especially for women and children and other vulnerable groups. This methodology and scope more 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 and development interventions to stop people slipping into more severe need, including acute malnutrition. Food insecurity has mostly been used as a proxy indicator for intersectoral vulnerability as this is the only sector with recent data that can be extrapolated nation-wide.

This change in approach, combined with a worsening situation on the ground has resulted in the identification of a much greater number of people in need in the HNO for 2022. It is important to note that the numbers for 2022 are not directly comparable to past years as a different and broader methodology has been used. Previous HNOs did not assess or analyse needs in some of these new 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 deteriorated since 1 February, it is possible that at least some of the newly included needs may have existed in previous years.

There will be a revision of the 2021 HNO by the middle of 2022, once additional data and clarity on conflict and COVID-19 trends is available. This will be especially important given the necessary reliance on food security data as a proxy for most needs in this analysis due to a lack of other assessments. The targets may increase further or reduce as a result of the revised analysis. In order to fill information and data gaps moving forward, the humanitarian community is planning to put more focus on monitoring of trends in 2022 to provide a comprehensive analysis of the needs in all sectors across the country. It is not yet clear whether monitoring information from this effort would be available in time for the mid-year revision, but it is envisaged this would certainly be available in time for the 2023 edition of the HNO. It is also envisaged that humanitarians will participate in a planned common needs analysis process with development actors in the first half of 2022. This will form the basis of the next Common Country Analysis and may feed into the mid-year HRP revision, if available.

Scope of Analysis Matrix

Population Groups

	IDPs	Returned, resettled and locally integrated IDPs	Non-displaced stateless people	Vulnerable people with humanitarian needs
Ayeyarwady	NO	NO	NO	YES
Bago (East)	YES	YES	NO	YES
Bago (West)	NO	NO	NO	YES
Chin	YES	NO	NO	YES
Kachin	YES	YES	NO	YES
Kayah	YES	YES	NO	YES
Kayin	YES	YES	NO	YES
Magway	YES	NO	NO	YES
Mandalay	NO	NO	NO	YES
Mon	YES	YES	NO	YES
Nay Pyi Taw	NO	NO	NO	YES
Rakhine	YES	YES	YES	YES
Sagaing	YES	NO	NO	YES
Shan (East)	NO	NO	NO	YES
Shan (North)	YES	YES	NO	YES
Shan (South)	YES	YES	NO	YES
Tanintharyi	YES	NO	NO	YES
Yangon	NO	NO	NO	YES



YANGON

A family having their lunch in an informal settlement in Yangon, 2021.

Photo: WFP

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 identified in this HNO to inform the joint response analysis in the HRP that will follow in January of 2022.

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). The joint analysis identified specific underlying factors with associated vulnerability characteristics 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 – Rakhine, the northeast, the northwest, the southeast and central Myanmar (Yangon and Mandalay).

Across all four population groups, children under age 5, unaccompanied and separated children, PBW/G, elderly people, PWDs and people with diverse sexual orientations and gender identities and expressions have specific needs. Needs linked to risks of GBV 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 are common across all groups (AAP) and protection needs cut across all locations and population groups.

Most vulnerable groups

Thousands of people (K)

VULNERABLE GROUP	TOTAL CASELOAD	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	LOCATIONS
IDPs	556K			30K	526K		Armed conflict, Inter-communal violence, Natural hazards	Eastern Bago, Chin Kachin, Kayah, Kayin, Magway, Mon, Rakhine, Sagaing, southern and northern Shan, Tanintharyi
Returned, resettled and locally integrated IDPs	74K			9K	65K		Armed conflict, Natural hazards	Eastern Bago, Kachin. Kayah, Kayin, Mon, Rakhine, southern and northern Shan
Non-displaced stateless people	470K				470K		Inter-communal violence, Natural hazards	Rakhine
Vulnerable people with humanitarian needs	52.8M	39.5M		7.3M	5.9M	151K	Armed conflict, Inter-communal violence, Natural hazards	Countrywide

Internally Displaced People

The number of IDPs within Myanmar substantially increased in 2021. Of the total 605,000 IDPs in Myanmar (of whom 32 per cent are women, 20 per cent are girls, and 18 per cent are boys), more than 235,000 have been displaced by armed conflict and unrest since 1 February 2021.⁵⁶ The majority of those displaced internally since 1 February, remain displaced in Southeast Myanmar, Kachin and Shan states. Additionally, more than 76,000 people have been internally displaced in Chin State, Magway and Sagaing regions since May 2021. The new displacement comes on top of the hundreds of thousands of people in protracted displacement in Rakhine, southern Chin,

Kachin, Kayin and Shan states. Current IDP numbers (as of 30 September 2021) have been used for planning purposes due to the fluidity of displacement and return patterns, although it is possible that net displacement numbers will increase in 2022. This possibility is analysed in the risk analysis section of the HNO and trends in this regard will be considered as part of the 2022 mid-year review.

Severity of needs among current IDPs correlates with levels of conflict, with 526,000 IDPs (95 per cent) in “extreme” and 30,000 (5 per cent) in “severe” severity categories respectively.

Commonalities across all IDP locations

While the underlying factors, nature of displacement, and associated needs and vulnerabilities of IDPs vary between geographical locations (see below), there are some commonalities in the overall critical problems faced by IDPs and their corresponding needs depending on the nature of displacement (protracted or new).

IDPs have experienced a **general deterioration in their living standards** due to impacts of the COVID-19 pandemic and the political crisis since 1 February. In particular, their ability to meet basic needs and access essential goods and services (including from humanitarian actors) has been undermined by a combination of factors, including border closures and internal movement restrictions due to COVID-19, rising fuel costs which caused a spike in transportation cost and commodity prices, devaluation of the Myanmar Kyat, higher banking fees, transfer charges and withdrawal limits, internet and phone blackouts that have limited access to mobile money payments and information on where to access assistance, the closure of shops, pharmacies and clinics, and the limited services available at the hospitals. This has further degraded already precarious access to essential services, including food, livelihoods, primary, sexual and reproductive health care, nutritional support, shelter, NFIs, WASH facilities, formal and non-formal education, protection, including child protection and GBV services, psychosocial counselling 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 healthcare has been particularly affected. Many IDPs face ongoing difficulties accessing private hospitals or clinics as an alternative to public sector services, as they either remain closed or 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** is being severely disrupted, creating and exacerbating existing protection risks. Ongoing conflict continues to undermine people's capacity to produce and access sufficient and 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. 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 PWDs) in decision-making about these sites. Better quality 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.

Newly arrived IDPs have reported challenges accessing **safe water and dignified sanitation and hygiene** items and facilities in informal settlements. For protracted displacement, renewed needs have emerged, with most WASH facilities in camps and displacement sites requiring significant maintenance to meet growing needs. The maintenance is not often possible in areas of highest conflict intensity leaving unmet needs. Limited access, unavailability of WASH supplies, and increased commodities prices are hampering the humanitarian response to needs, potentially prolonging suffering. IDPs are resorting to different coping strategies that negatively impact their

health, well-being and environment, including drinking water contamination due to open defecation.

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, 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 will be among the least likely to successfully re-start formal education once schools fully re-open, without targeted support from the humanitarian community. Humanitarian support is needed to ensure interruptions to education since 2020 and 2021 do not have life-long developmental consequences for students. Children who have been displaced since the military takeover are based in areas that are difficult to access and may have reduced access to the internet or phone, meaning online learning is not an option. As just one example of the kind of complementary work to address education needs planned under the SERRP, development actors are prioritising the provision of internet access for the continuation of alternative online learning. In the case of repeated displacement, few physical learning materials can be carried and exposure to different informal displacement sites presents a significant challenge to the learning continuity of students.

Forced recruitment is a significant protection risk associated with the prolonged closure of schools in conflict-affected areas. Children are at 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 and EAOs 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. This inhibits people's access to services and livelihood opportunities. Self-imposed limits on movement at night, organising night watches and food supply stockpiling are among the coping strategies being adopted by the affected community to counter concerns over community safety.

Instability and conflict, as well as the **erosion of fundamental rights** directly impact on the overall safety, dignity, physical and mental well-being of IDPs and are leading to **heightened protection risks**, with continued reports of civilian casualties, allegations of violations of international humanitarian law and Human Rights Law, arbitrary detention and widespread reports of extortion in affected areas. The presence of armed personnel within the 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, increases the risk of harassment and extortion, compromises resilience and reduces 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 GBV safety audits undertaken in 2021 highlight poor living conditions where women and girls do not have private spaces 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. Increasing numbers of IDP children have lost their care-givers as a result of COVID-19 and conflict, as well as parents being incarcerated for their participation in the CDM.

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 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 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.

Geographical dimensions of displacement

Displaced people in the Southeast: At the end of 2021, more than 230,000 people remained displaced across the southeast, with approximately 125,000 in Kayah, 26,000 in southern Shan, 71,000 in Kayah, 5,000 in eastern Bago, 2,200 in Mon state and 900 in Thanintharyi. Fluid displacement continues to be reported across the area, including renewed displacement of those who had temporarily returned to places of origin. Civilians from affected townships flee to nearby villages, forests, farms or other townships where local community networks and members support displaced people and often have their own needs due to depletion of their resources because of the economic situation, conflict and sharing with displaced people. Security concerns, including the use of landmines and explosive ordnance, are also stopping IDPs from meeting their basic needs. Access to services remains constrained resulting in unmet and worsening need; in particular, access to healthcare is highly constricted partially stemming from active conflict, political action against health services run by the de facto authorities and heavy restrictions on freedom of movement. In Kayah, for example, basic services, including healthcare and WASH, are in poor condition for IDPs in rural areas. Across the southeast,

new displacement, flooding and overcrowding of displacement sites are prevalent with a corresponding deterioration in sanitation and hygiene conditions. The most affected are elderly people, PWDs, women and children as they are more susceptible to diseases associated with poor sanitation and hygiene condition with an anticipated flow-on impact on malnutrition. Access to local markets continues to be a challenge, particularly in Kayah State and Bago Region, given the decreased functioning capacity. IDPs are experiencing a severe lack of livelihood and learning opportunities. Displacement has also occurred in Tanintharyi, a region that had not been significantly impacted by past fighting between EAOs and the MAF. IDP numbers increased dramatically in Tanintharyi throughout the second half of 2021 as a result of the fighting, with no displacement recorded in July, 900 people displaced by September and 6,800 by November. In September, a rapid protection assessment found that IDPs had urgent food, medical, education, and MHPSS needs and faced critical protection risks related to forced recruitment, movement restrictions, and mine risks.

Displaced people in Kachin and northern Shan: In Kachin and northern Shan, the ongoing armed conflict newly displaced a significant number of people since the beginning of 2021, adding to about 105,000 people already living in situations of protracted displacement before the start of 2021. Many of the people in protracted displacement have resided in these sites for a decade with little improvement in the severity of their needs.

In Kachin, around 97,000 people remain internally displaced, with the situation severely deteriorating since the military takeover after several years of relative calm. The armed conflict resumed in March 2021 bringing an end to the 21 December 2018 ceasefire and resulting in increased displacement, restrictions on movement, forced recruitment and diminished prospects for durable solutions for IDPs. In northern Shan where approximately 27,000 people remain displaced at year's end, the conflict dynamic is complex due to multiple actors being involved. Armed clashes continued in 2021, displacing the highest number of people since 2018. Almost 45,000 people have been temporarily displaced in 2021 for days

or weeks before returning home, representing a 550 per cent increase compared to 2020. Returns are increasingly difficult with many people now unable to go back to their village of origin, forcing most to live in camp or camp-like settings for more than six months. Many IDPs also remain trapped in host villages, rather than camps due to the ongoing fighting, where access challenges mean that needs are often unmet except through local partners who are now the backbone of the response in areas outside the control of the de facto authorities. In camps, IDPs have noted specific concerns due to the proximity of armed actors, creating additional worries among women and girls, as well as men and adolescent boys who fear forced recruitment, abduction, movement restrictions and poor access to basic services. Civilians are increasingly being killed or maimed by landmines and explosive ordnance. IDPs across all areas face worsening challenges in accessing food, healthcare, and education (school and mine risk) due to lack of income, delayed food deliveries because of access constraints, limited healthcare options and school closures, resulting in residual unmet needs that are deteriorating and being carried over into 2022.

Displaced people in the northwest: Violence and displacement have become new features of the environment across the northwest throughout 2021, particularly in the northern part of Chin State, as well as Sagaing and Magway regions. These areas were not covered by previous Myanmar HNOs and HRPs, but have become hotspots for conflict and emerging needs in the second half of 2021. More than 75,000 people are displaced in the region at the end of 2021 due to heightened clashes and armed violence, mostly in hard-to-reach areas. Acts of vandalism and destruction of private property and religious sites, arbitrary arrests, physical assaults, injuries, and civilian deaths are being reported, especially in the final quarter of 2021. As of mid-December 2021, over 1,230 houses and other public structures including churches had been burnt down in the country's northwest since 1 February 2021. These include 639 in Chin State, 390 in Sagaing, and 203 in Magway regions.

Harvesting and other livelihood activities have been seriously disrupted, leaving IDPs unable to meet their

own needs and requiring urgent support in terms of food, healthcare, and other basic services. Several townships in the region have endured months-long internet and mobile phone blackouts depriving affected people of access to timely information, mobile banking and remote learning and health care. Access for humanitarian organizations remains severely constrained, complicating the ability to provide a precise analysis of needs and deliver the required assistance in a timely and sustained manner.

Displaced people in Rakhine and southern Chin: A total of 240,000 people remain displaced in Rakhine State and southern Chin at the end of 2021. Of these, more than 82,000 people remain displaced across both states because of earlier clashes between the AA and the MAF with some small-scale returns among IDPs continuing to take place in several townships. This is in addition to the 130,000 IDPs mostly Rohingya people hosted in protracted camps in Rakhine since 2012.

COVID-19 and the 1 February crisis have led to widespread use of negative coping strategies by displaced people in Rakhine and southern Chin as they struggle to survive in a worsening economic and social climate. These negative coping strategies include going into debt, pawning food ration cards, reducing food consumption, resorting to unsafe or high-risk migration leading to increased trafficking and smuggling, increased early and/or forced marriage, drug abuse, alcohol consumption and gambling. Informal "tax" collection and extortion from various actors have aggravated the situation. Stateless Rohingya IDPs across Rakhine State face restrictions in accessing civil documentation, basic services, livelihoods, and humanitarian assistance, a situation exacerbated by rising commodity prices and the socioeconomic impact of COVID-19. The lack of sufficient land in IDP camps and displacement sites, as well as the living situation for many of the 2017 IDPs in Maungdaw and Buthidaung who are staying in the dilapidated houses abandoned by refugees now in Bangladesh, are aggravating needs and elevating risks. Many Rohingya IDP women report feeling unsafe and are at risk of physical and sexual abuse by men when leaving their shelters at night, particularly while accessing public latrines. Land challenges

are resulting in overcrowding and a higher risk of disease outbreaks including COVID-19, although the pandemic has seen surprisingly few confirmed cases in Rakhine IDP camps and sites to date, which may be a result of limited testing capacity in Rakhine. Limited access to quality health care services and adequate hygiene facilities compounds health risks among IDPs, particularly women of reproductive age, and is resulting in regular outbreaks of acute watery diarrhoea, impacting primarily children under the age of five. Many IDP camps and villages in Rakhine face flooding every year because of their poorly chosen locations and limited site planning. Rohingya IDPs who have been displaced since 2017 in northern Rakhine and who are living in houses abandoned by refugees now in Bangladesh are also facing shelter challenges, especially during the rainy season because of damage that they cannot afford to repair. Water is unable to drain from some IDP sites in Rakhine and this floods low-lying shelters and latrines. In some locations, the shelters and the narrow, raised earth footpaths between them are the only parts of the camps which remain above water, making these sites a breeding ground for disease and a drowning risk for children.

In some areas, IDPs face intimidation and have been pushed to participate in return programmes, or relocation to shelters constructed by the de facto authorities without consultations with the community, and sometimes with offers of support on return. Some of the IDPs remaining in the displacement sites from the AA-MAF conflict have not yet expressed their readiness to return mainly due to ongoing safety and security concerns, including the risk of landmines, heightened presence of armed actors, as well as limited livelihood opportunities. It is critical that returns of this kind are voluntary and are planned using a 'do no harm' approach. The de facto authorities are also steadily preparing for the closure of many of the 2012 camps that mostly house stateless Rohingya people. This process is starting with the Kyauk Ta Lone camp in Kyaukpyu, where the process to date has not aligned with the spirit nor principles outlined in the 'National Strategy on Camp Closure' or the Rakhine Advisory Commission recommendations.

Returned, resettled or locally integrated IDPs

Opportunities for durable solutions for IDPs including return, resettlement or local integration have been more limited in 2021. While communities have been more focused on survival, COVID-19 has limited movement from one location to another, and large parts of the country have been affected by active conflict. While humanitarians support IDPs wishing to return to their home villages, it is critical that such movements are safe, voluntary and sustainable. This has been more challenging to support in 2021 with limits on the ability of humanitarians to assess and monitor conditions. Landmines are a barrier to safe return with the escalation of fighting. The numbers for IDPs who have returned, resettled, or locally integrated in 2021 are:

- Kachin and northern Shan: approximately 31,000 IDPs (of whom 32 per cent are women, 18 per cent are girls and 18 per cent are boys)
- Kayah and southern Shan: around 30,000 IDPs (of whom 30 per cent are women, 20 per cent are girls and 20 per cent are boys)
- Eastern Bago: 1,000 IDPs
- Rakhine and southern Chin, approximately 10,000 IDPs (of whom 33 per cent are women, 20 per cent are girls and 18 per cent are boys)

Of these, 95 per cent are in "extreme" and 5 per cent in "severe" categories of 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 impacted by COVID-19 and further compromised by the present political and economic situation.

People returning to their villages continue to be affected by ongoing conflict, increasing insecurity and instability, adversely affecting their humanitarian situation as access to livelihood opportunities and

basic services is severely limited. Many areas of return or resettlement remain physically unsafe due to the fluidity and dynamics of conflict in many regions, the continued presence of armed actors, and landmines and explosive ordnance threatening the physical and mental well-being of returnees. In Kachin, for example, returnees reported feeling 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 the military. There have been a number of cases of sexual violence against women and children perpetrated by armed actors in sites of detention and heavily armed and conflict-affected areas since the military takeover, reported by survivors and witnesses in local and international media.^{57 58} 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 impact on their psychosocial well-being, which is rarely adequately addressed due to limited access and services being available in return or resettlement areas. Notably, the uncertainty that comes from recurrent displacement can foster a pervasive sense of fear among vulnerable groups and impact on their willingness and ability to participate in society, access 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 escalation of conflict has presented serious setbacks to the modest return solutions being explored for protracted IDPs in Kachin, northern Shan and Kayin.

Although IDPs in Kachin had remained hopeful in the early days of the takeover, plans for self-initiated returns and relocations, those organized by local civil society and faith-based organizations, and/or EAOs dwindled as conflict intensified. Despite the challenges, small numbers of IDPs living in protracted sites may still be willing to pursue solutions, some through returns, and others through resettling in urban or peri-urban areas. 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 in northern Shan, displacement is often temporary, and many IDPs return to their villages of origin after days or weeks. Repeated displacement is also regularly reported. While some IDPs have returned to their villages of origin in some locations, IDPs generally remain concerned to do so because of the ongoing presence of security forces and land mine 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 Rakhine and southern Chin, the de facto authorities have 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, assistance has been inconsistent with that offered to past returnees. While most IDPs have indicated they wish to return to their places of origin when conditions permit, they continue to express concerns about the proximity of armed actors to their homes, the potential for further clashes, anticipated challenges to re-establishing themselves and resuming seasonal livelihood activities, and

landmine contamination both in villages of origin and agricultural areas.

The implementation of the National Camp Closure Strategy developed in 2018 initially started in early 2020. After a pause of nine months after the military takeover in February 2021, the de facto authorities resumed returns to Mantong Township in Shan State as a pilot project starting in October 2021. In the southeast, some protracted IDP camps, such as Myaig Gyi Ngu Camp in Hlangbwe Township, face premature closure by the de facto authorities. While some households were relocated from this camp, many have remained informally and still require humanitarian support, including food assistance, shelter, and healthcare. In central Rakhine, Rohingya IDPs in camps that have been 'declared closed' remain segregated and limited from accessing services and livelihoods, while plans for future closures have not been undertaken with meaningful community consultation or are occurring without concrete planning to address concerns about freedom of movement and access to civil documentation. Sustained advocacy is required to prevent returns and relocation which have not involved meaningful community consultations, to unsafe areas or to places without adequate services or viable livelihood opportunities. At the same time, adequate resources are required for protection monitoring and access to communities, as well as the provision of principled support and information to those contemplating or undertaking return or relocation, to ensure informed decision-making and facilitation of voluntary, safe and dignified IDP solutions.

Non-displaced stateless people

According to the 2014 census across most of Myanmar (some parts of Kachin, Kayin States 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 State 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 region - 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 region 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 which have been built in areas prone to landslides, which frequently cannot withstand torrential rains and heavy winds. The rainy season also exacerbates the risk of disease - such as hepatitis, malaria, dengue and chikungunya - in crowded camps that don't 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.⁵⁹

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. 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 relating to the determination of nationality - for instance, the Kokang ethnic minority group in northern Shan due to perceived affiliation with the Chinese.

- Low awareness amongst the general population on the citizenship legal frameworks and procedures
- Geographical isolation, notably those in remote locations and conflict-afflicted areas.
- Gender, 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.
- Complicated, lengthy and discriminatory, 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 nationwide "Flowerbed Project", which the de facto authorities launched in the second quarter of 2021.

Lack of civil and citizenship documents places affected groups at heightened risk of social, protection and health vulnerabilities, diminishes capacity to cope with crisis and shocks, and increases the potential for negative coping strategies (e.g. informal debt and assets sales) to be 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.

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 and basic services. Since February 2021, further restrictions have been imposed on some Rohingya IDP camps and villages (e.g., old reporting rules for camp access and travel authorization 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 healthcare, particularly because of the permissions and authorizations required. Since January 2021, most of those impacted 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 support the occupants' health, well-being, and physical safety, as well as ability to provide adequate privacy to reduce 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 de facto government clinics as a result of long-standing discrimination, marginalization and travel restrictions, may account for the poor health outcomes observed among Rohingya communities. Lack of primary healthcare in Rohingya villages, the high cost of accessing secondary health care in hospitals, and problems accessing tertiary healthcare in capital cities as a result of movement restrictions are all contributing to inadequate access to healthcare services among Rohingya communities. The consequences of these restrictions are sometimes extreme with delays in accessing healthcare 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 State 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 PBW/G 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, 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 that integrate sexual and reproductive health support, MHPSS, nutrition diagnosis and treatment, and GBV services. Lack of gender equality and women's empowerment has also contributed to the prevalence of intimate partner violence among the Rohingya community fuelling psychological suffering for survivors, children and related family members.

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. Children are at increased risk of being separated from their families, trafficked, exploited, sexually abused, neglected and mistreated.⁶⁰ With community networks disrupted by COVID-19 and the political situation, risks of psychological distress have 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. Conflict-related sexual violence against Rohingya people by armed actors remains a high risk given past documented abuses, particularly in northern Rakhine.⁶¹

AA-MAF clashes in southern Chin and Rakhine states 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. Despite the cessation of hostilities since late 2020, the protection environment in Rakhine remains fragile, with communities constantly fearing a resumption in hostilities, leaving Rohingya people in a more precarious situation. Rohingya people also face competing instructions, administrative directive and pressures from both the MAF and different armed actors including tax collection in exchange for movement and services.

Given the underlying factors, particular vulnerabilities and critical problems noted above, non-displaced stateless people are identified as the most severely affected group overall, with the majority – 68 per cent – categorized as experiencing 'extreme' needs and the remaining 32 per cent in the 'high' needs category.

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 and to secure the physical protection provided by safe shelter and secure tenure.

Other vulnerable people with humanitarian needs

Of the 14.4 million people in humanitarian need, 13.3 million or 92 per cent are within the largest population group of vulnerable people with humanitarian needs. This vulnerable people category is predominantly based on the overall analysis of food insecure people which looked at a combination of indicators including food consumption scores and coping capacity (livelihoods and economic vulnerability). The Food Security Cluster used a combination of available data from a number of recent assessments to build this national picture of trends with extrapolation and expert judgement used to fill data gaps. Where data was not available extrapolations were made between 'neighbouring' areas. The "rCARI" framework (Consolidated Approach for Reporting of Indicators of food security using remote data collection) was used. This is considered global best practice for assessing food insecurity when a full Integrated Food Security Phase Classification analysis is not available. In line with globally-agreed approaches, everyone in moderate or severe food insecurity is included in the number of people in need. These are split between the four HNO population groups, with the majority (13.3 million) falling under the vulnerable people category. The five states with the highest number of people in the moderate and in severe categories of food insecurity are: Yangon (1.9 million), Ayeyarwady (1.9 million), Shan East/North (1.4 million), Bago (1.2 million) and Rakhine (1 million). Vulnerable, food insecure people have been identified in both urban and rural locations. While more food-insecure people live in rural areas and

nearby villages, data suggests that urban residents have experienced the most significant deterioration in the proportion of moderately and severely food insecure people. Urban people are three times more likely to hold a primary job in manufacturing, construction or services, and other sectors that have been most exposed to job losses during the COVID-19 crisis. In urban and peri-urban areas, people have been plunged into financial crisis through significant job losses and business closures due to COVID-19, forcing them to adopt risky coping strategies to survive. Many public servants have also now given up their public service livelihoods to participate in the CDM. In rural areas, agricultural households are suffering and are increasingly unable to make ends meet because of increased input costs that have affected production and low farm-gate prices. Movement restrictions and explosive ordnance in conflict-affected areas are also limiting access to markets to buy and sell produce.

In the absence of comprehensive, multi-sector national assessment data, food insecurity has been used as a guide to other threats to people's well-being and living standards. 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 when they re-open 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.

The group of vulnerable people with humanitarian needs is largely split between the "severe" (7.3 million) and "extreme" (5.9 million) categories of severity of need. A much smaller, yet significant group of 151,000 vulnerable people with humanitarian needs from two townships in Shan State (Hsipaw and Pinlaung) falls under the "catastrophic" category.



KACHIN

Displaced people and children in a camp in Kachin State fetching water for their family, 2021. Photo: UNICEF/Minzayar Oo

Humanitarian consequences of the crisis

CONSEQUENCES FOR PEOPLE'S PHYSICAL AND MENTAL WELL-BEING

Rights and protection crisis

Widespread and evolving conflict continues to inflict physical trauma and mental distress, threatening the population's well-being. Conflict is driving civilian deaths and injuries, destroying life-sustaining civilian infrastructure and triggering displacement. Pervasive disregard for international law is leaving civilians with few options to secure their safety, as people continue to suffer from indiscriminate attacks and civilians are blocked from accessing protection services and life-saving aid, resulting in unmet needs. The risk and prevalence of conflict-related sexual violence in areas of increased militarization and in sites of detention is heightened.

Under the Women, Peace and Security agenda, and mandates from numerous United Nations Security Council resolutions relating to the prohibition of sexual violence in conflict, particularly, 1325 (2000), 1888 (2009), 1960 (2010) and 2467 (2019), the Special Representative of the Secretary General for Sexual Violence in Conflict has listed the Myanmar Armed Forces as a party that perpetrates conflict-related sexual violence since 2018. Now that the listed party is the de facto authority, they are able to act with impunity.^{62 63} Previous armed conflicts between the MAF and EAOs in different states and regions of Myanmar have continued or re-emerged since 1 February 2021. Credible reports indicate that multiple parties to armed conflict are not respecting their obligations to protect civilians under international human rights and humanitarian law. According to the Human Rights Council, the MAF has conducted attacks directly targeting civilians and civilian objects, carried out indiscriminately in flagrant disregard of civilians.⁶⁴

The use of lethal force against peaceful protesters and night raids on communities by security forces have

contributed to a willingness by opponents to take up arms, and armed elements (initially spontaneously and later via so called 'PDFs') have formed in many areas of Myanmar. Armed clashes between these groups and security forces have occurred in at least 12 states. Rising criminality, targeted killings and use of explosive devices by unidentified actors have also exacerbated insecurity. Since April 2021, there have been increasing explosive attacks on or close to infrastructure and buildings perceived as being military-affiliated. Some of the explosions were reported to have resulted in deaths or injuries.

Livelihoods are hampered, returns are being inhibited and humanitarian access is being reduced because of the ongoing threat of landmines and explosive ordnance which continues to kill and injure civilians. The ability of humanitarians to provide protection by presence has been undermined by a lack of access to conflict areas, leaving people with unmet protection needs in a high threat situation. The overall picture of needs is also limited in its nuance and granularity because assessments and monitoring have not been possible in many parts of the country, especially new areas.

Conflict-related rights violations and the diminishing rule of law have exacerbated the fragile protection environment beset by pre-existing unfavourable legal and policy frameworks and discriminatory practices. Crisis-affected communities - especially stateless people and IDPs - are unlikely to see meaningful improvement in exercising their rights, particularly where this relates to accessing civil documentation, citizenship and protection of HLP rights.

Deterioration in mental health and psychosocial well-being

In 2022 and beyond, Myanmar will face a mental health crisis with the well-being of affected people

under threat from prolonged stress and fear due to COVID-19, the military takeover, ongoing conflict and economic pressures.

Frequent movement of armed actors, use of explosives, constant fighting sounds, regular encounters with the armed actors, and the imposition of various conflict-related and unpredictable rules and regulations are contributing to the trauma being faced by affected people. The political crisis is taking an extreme toll on many sections of the community with incredible social pressure being applied to encourage solidarity with the CDM. Conflict, financial crisis and the pandemic are impacting people's mental health and psychosocial well-being, prompting feelings of insecurity and loss of identity and increasing the need for MHPSS services. Many children have been out of school for the best part of 18 months, with further interruptions likely into 2022. It has been distressing for children who are missing out on routine, learning and social interaction with their peers. This also has mental health and psychosocial consequences for parents who are now taking on extended care for the children and are shouldering the burden of home schooling in a stressed environment. COVID-19 and conflict-related travel restrictions and telecommunication shutdowns have also impeded access to MHPSS services for survivors of GBV and conflict-related sexual violence.

Rising food insecurity

With poverty projected to return to 2005 levels in 2022 and moderate and severe food insecurity on the rise. People's well-being is being 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), and their resilience and coping capacity is being undermined (such as by through the sale of livelihoods assets). A total of 13.2 million people or 24 per cent of the population are considered severely or moderately food insecure, with the vast majority (12 million) still in the moderately food insecure category. This presents a limited window of opportunity in 2022 to intervene and boost the resilience and coping capacity of these moderately food insecure people to prevent them slipping into the severe category where the health consequences are far

more serious and difficult to reverse. Prolonged poor nutritional intake can affect children's development and have life-long consequences for pregnant women and their babies.

The consequences of price hikes are particularly serious in the current situation.⁶⁵ An assessment by WFP and FAO in nine states/regions in 2021 showed the burden these price rises are placing on household budgets.⁶⁶ The assessment showed that a third of households assessed were spending more than 70 per cent of their total expenditure on food. Almost half (46 per cent) of households reported that in the 30 days before the survey, they ate less than they should, 32 per cent only ate a limited diet made up of a few kinds of foods without diversity, and a third (31 per cent) were only eating unhealthy food without nutritious value. When asked about their needs in the next three to six months, two thirds (65 per cent) of households said they needed assistance, with food being the most mentioned need (57 per cent). More than 13 per cent of rural households report that since 1 February, they have been forced to sell crops they had stored to consume later, reducing their capacity to cope and meet their own needs in 2022. There is also a convergence of food security indicators in identifying a higher food insecurity among households affected by economic shocks, and farmers who harvested less (with a significant association between the decrease in area and crop production volume with food consumption deficits).

The agricultural sector is expected to contract as a consequence of the crisis, which is likely to have further severe impacts on food availability and farming incomes, affecting people's well-being and living standards, particularly among poor people in rural areas. Farmers have been affected by declining incomes because of lower farm gate prices for some products and higher prices for key inputs such as fertilizer and fuel. Due to limited access to and affordability of agricultural inputs and lack of access to casual workers, yields are expected to be low. The crisis has dramatically affected the main paddy agricultural season. Paddy is the most produced and consumed cereal in Myanmar and the decrease in yields will weaken households' food security,

making them more vulnerable to negative coping strategies. A serious consequence of the current crisis is interruption to transportation that is affecting the movement of produce and livestock around the country and thus contributing to price hikes. Banking disruptions and liquidity issues are further disrupting agribusinesses with 86 per cent of rice millers and 57 per cent of crop traders identifying the banking sector as the most critical business disruption.⁶⁷

Worsening malnutrition

More than two million children and women are now in need of emergency nutrition interventions, to protect their well-being. This sharp decline in nutritional status is a consequence of the surge in acute food insecurity, increased forced displacement, low access to health services physical accessibility and distance to nutrition services), poor access to water and sanitation, combined with poor maternal nutrition, high levels of stunting, low immunization coverage and a high overall disease burden.

Malnutrition is a severe threat to the survival of PBW/G, as well as young children under five. It is a consequence of poor diets, inadequate knowledge and resources, reduced availability of nutrient-dense food options, natural disasters, and scarce availability of and access to proper healthcare and nutrition services. Only four out of ten children under five and PBW/G can afford a diet that adequately meets their nutritional requirements. Over 1.3 million children and 727,000 PBW/G are in need of humanitarian nutrition assistance, out of whom 291,000 children of 6-59 months and 32,000 PBW/G require life-saving treatment for acute malnutrition in 2022. In a deteriorating trend from the beginning of the year, analysis extrapolating from food security data indicates a deteriorating situation of malnutrition in most of the conflict-affected areas due to food insecurity, disease outbreaks and unavailability of health services. Even before the COVID-19 pandemic and the current political crisis, acute malnutrition rates for Myanmar stood at 7 per cent GAM, 1 per cent SAM, and 6 per cent MAM. Food environments vary throughout Myanmar, depending on the diversity of ethnic groups, livelihoods, seasonality, conflict, and economic status. However, analysis of household

food consumption patterns shows that current diets are not meeting the energy and nutrient needs of the poorest households. In many cases, food allocation, in terms of quantity and the sharing of food between households, is not based on nutrient-density needs but on availability and perceived energy requirements and intra-household dynamics.

Children under five and PBW/G are at higher risk of death if their malnutrition situation is not addressed. SAM is a life-threatening condition requiring additional specialized nutrition supplies and medicines to avert morbidity and mortality. Children suffering from SAM are up to 11 times more likely to die than their non-malnourished peers; those suffering from prolonged undernutrition who do survive often become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities, affecting their education in the medium-term and their capacity to realize their full livelihoods and social potential in the longer-term. The World Bank estimates that globally, undernourished children are at risk of losing more than 10 per cent of their lifetime earning potential, affecting their future independence and contribution to the economy.⁶⁸ For those suffering as a result of chronic malnutrition (stunting), estimates suggest their earning capacity may be reduced by as much as 22 per cent. The most recent surveys (Myanmar Demographic and Health Survey of 2015-2016) conducted prior to the pandemic and the military takeover) showed that the prevalence of stunting was over 29 per cent for children under age 5, classified as high by global standards set by WHO. Stunting prevalence is high or very high in 14 out of 15 states and regions, with more than 1.2 million children stunted in Myanmar. Though national average prevalence of acute malnutrition (wasting) is 7 per cent for children under 5, in conflict-affected and hard-to-reach areas this amounts to over 10 percent, which amounts to high prevalence of acute malnutrition as per WHO classification. Among women of reproductive age (15-49 years old), 14 per cent are underweight, and more than 30 per cent have anaemia.⁶⁹

Health-care deficits

Access to healthcare and the overall health and well-being of the nation have been severely affected

by service interruptions and boycotts, posing a grave risk to people's survival. Conflict, COVID-19 and attacks on healthcare are all driving health needs and are preventing affected people from receiving timely access to safe, sufficiently-equipped health facilities and services.

The reduction in workforce in the public health sector through the CDM, and deteriorating trust in public sector services, compounded by repeated attacks on health care and occupation of health care facilities by security forces, have combined to reduce the acceptable options available for care though the public sector. Many people have been reportedly unable to access healthcare, as they were afraid to visit, did not feel comfortable accessing or were refused treatment by military hospitals, and they could not afford alternative private treatment. Health facilities, personnel, vehicles and supplies have been subject to direct attacks by a range of different parties to the conflict, in grave violation of the right to health. WHO recorded 275 attacks of health between 1 February and 30 October 2021, with 20 deaths and 60 injuries.⁷⁰ Multiple sources attributed the majority of incidents to security forces, including instances of shootings targeting health workers and ambulances assisting injured protesters.

The health system's collapse has had devastating consequences for Myanmar's COVID-19 response, and it remains under-equipped to test, monitor, treat, and prevent infections in the event of a fourth wave. During the third wave, fatalities mounted due to a lack of medical oxygen, as many patients were denied access to treatment at hospitals, and private sales of oxygen to individuals were banned. The political situation has also deterred many people from accessing life-saving COVID-19 vaccines which have been delivered through the de facto authorities to date.

CONSEQUENCES FOR PEOPLE'S LIVING CONDITIONS

Lost livelihoods

Myanmar's economy was crippled initially because of COVID-19 and then the military takeover which sparked mass worker strikes across many sectors, including banking, transport, and logistics. Banking has been

virtually brought to a standstill, severely limiting access to cash and rendering businesses unable to make or receive payments. Humanitarian organisations have also been affected by this banking and cash crisis, limiting their response capacity. Strikes by transport and logistics workers also disrupted essential imports and exports, triggering price increases for fuel and food. Internet restrictions have stifled the emerging digital economy, including mobile money, e-commerce, and online delivery services. The World Bank's Myanmar Economic Monitor⁷¹ estimated that the economy will contract around 18 per cent from October 2020 to September 2021. This has had a massive economic impact on households, with people being stripped of their livelihoods, reducing their living standards and leaving them unable to cope with the current and future shocks.

The United Nations Development Programme (UNDP)'s People Pulse Survey contacted 1,200 respondents in May and June 2021 and showed that the economic impact has been widespread. Households that reported a fall in their income faced a 23 per cent drop on average. Households living close to conflict have experienced a more considerable reduction (31 per cent) in income. More than two in five people (42 per cent) indicated that the income loss is due to a decrease in income from a household business. COVID-19 and political events have massively disrupted the non-farm business sector since 1 February 2021. The cities of Yangon and Mandalay, where many small businesses are located, have been COVID-19 hotspots and at the centre of recent political violence.⁷² In the FAO-WFP Agricultural Input Trader Survey in June 2021, almost all traders (96 per cent) indicated they were facing challenges in operating their business in the month prior to the survey. Rural distress is evident with almost three quarters (72 per cent) of rural households reporting a drop in income since 1 February 2021.

Job losses are widespread with 24 per cent of people surveyed reporting that they had lost a job since the COVID-19 restrictions began.⁷³ Job losses were higher in urban areas, and households living close to the conflict. Recent evidence from a Chamber of Commerce survey suggests that the takeover is

likely to produce a long-lasting social crisis, a general reduction in the purchasing power and standards of living of workers, and a dramatic increase in the unemployment rate.⁷⁴ In addition, the ILO released a report in July 2021 stating that employment contracted by an estimated 6 per cent in the second quarter of 2021 compared to the fourth quarter of 2020, reflecting 1.2 million job losses.⁷⁵ This situation is likely to have deteriorated further over the course of the remainder of 2021. Complementary activities are planned under the SERRP to address these systemic economic, employment and business issues while humanitarians urgently work to address needs threatening people's well-being, survival and safety (protection).

Remittances are a lifeline for millions of households in the developing world and Myanmar has been no exception. However, COVID-19 has resulted in many remittance-earning migrants returning to Myanmar where they have struggled to find work and provide the same level of support to their families, affecting their living standards. Since 1 February, bank and remittance services have been heavily disrupted by regulations, making cash transfers more difficult where people do continue to earn money overseas and want to send a portion home.

Impeded access to markets and reduced purchasing power

Markets in Myanmar have continued to function in most areas but at decreased capacity, and they are often unable to meet consumer demand due to transport issues, affecting people's ability to meet their own needs. The transport and logistics sector has been badly affected, with significant implications for domestic and international trade. Traders report various challenges in the current situation, including the confluence of rising fuel prices and transportation costs, shortages of supplies due to closures of the Thai border, severe oil shortages and difficulties with the banking system, including deteriorating exchange rates. Problems in supply chains are also reported, as transportation is delayed due to route closures or blockages, amongst other factors. Farmers are also reporting reduced yields which will affect food availability at markets. The percentage of retailers affected by shortages or delays in receiving orders

for products has increased significantly since 1 February. The impact of COVID-19 and the military takeover has pushed the price of staple goods higher and purchasing power down, diminishing people's ability to buy sufficient nutritionally dense food to meet adequate dietary requirements at markets.⁷⁶ In addition to financial barriers to accessing markets, other obstacles for consumers include insecurity on the way to market and measures restricting freedom of movement. PWDs also find market access challenging in many parts of the country due to physical barriers.

Reduced access to goods and services

COVID-19 and events since the military takeover have had a severe impact on living conditions in Myanmar, directly impacting people's access to services including quality routine healthcare, education, housing and markets with long-term consequences for the country's development. Effects on these systems are creating direct sectoral needs but are also likely to be driving intersectoral needs that reduce people's dignity, compound vulnerability and create self-reinforcing cycles of suffering. Development programmes have also been interrupted, affecting people's ability to recover and build their resilience. Daily life is now dominated by overwhelming worry because of the dangers of moving around conflict-affected areas, fear of catching COVID-19, the targeting of civilians and people perceived to be participating in the CDM and the financial stress facing many households. The devaluation of the Myanmar Kyat has reduced people's purchasing power when it comes to imported items and many people have been unable to access their own savings to fund their survival due to banking restrictions and a cash liquidity crisis. This has been particularly difficult for those who have lost or left their jobs in 2021 because of the political situation and business closures. Imported items are becoming harder to find due to the ongoing isolation of the de facto regime and bureaucratic delays at borders. Supplies of some key commodities are becoming scarce, including some medicines and health items which have been caught up in bureaucratic delays at borders. These customs issues are threatening people's access to life-saving care.

Inadequate access to clean water, sanitation and hygiene

Access to adequate WASH infrastructure is limited among vulnerable communities, creating significant risks around COVID-19. The crisis dynamics result in periodically increased demand for WASH NFIs and other personal hygiene and sanitation items. With children out of school, additional support is needed for WASH services in informal learning spaces, particularly in informal settlements.

Negative coping strategies include drinking water from contaminated sources and the practice of open defecation, especially among vulnerable people in informal settlements in urban areas who may not be able to afford to buy clean drinking water and pay for hygiene supplies and WASH services.

Inadequate access to shelter

Displaced people are increasingly being forced to live in sub-standard camps with inadequate, overcrowded situations because IDPs cannot afford to upgrade and repair their shelters or buy basic household goods. This is having particularly severe consequences for people's physical and mental health due to overcrowding and poor sanitation. Women-headed households, child-headed households, and households with elderly people and PWDs face the most serious consequences. Women and girls living in sub-standard and overcrowded shelters are particularly vulnerable. They tend not to feel safe in makeshift shelters, which do not offer privacy and protection from weather elements and increase the risk of GBV. IDPs living in protracted situations are in urgent need of more durable solutions, including sustainable shelter.

Education crisis

Among the almost 12 million children who have been affected by school closures, an estimated 4.8 million girls and boys and 383,000 young people across all of Myanmar's states and regions require immediate and sustained support, allowing them to return to learning through quality, inclusive, and protective educational opportunities. Most parents remain reluctant to send their children back to their 2019 schools now that most have re-opened because of the widespread resistance amongst communities

to the idea of giving a military-led education system legitimacy. Mass sanctions and arrest warrants issued against teachers, the military use of schools, and the targeting of educational facilities, including arson and IED explosions, are all contributing to safety concerns for parents, caregivers, and their children and young people. Not many communities currently have the ability to provide safe, quality, alternative local learning spaces for their children and the need for this is high. There is an immediate need to increase access to learning through open platforms and learning materials, complemented by community consultations and support. This will build on efforts of the Education Cluster to provide physical learning materials to children in conflict-affected areas since June 2020, but must be expanded in collaboration with development actors, to provide support to all in need and over a longer period to prevent long-term learning deficits. The longer that children and young people's access to education is disrupted, the more likely it is that they will suffer irreversible, long-term adverse outcomes – including but not limited to higher levels of mental and emotional distress, reduced earning potential, and harmful coping mechanisms.

All age groups have had limited learning opportunities, with lasting effects on their cognitive development and socioeconomic futures. The instability, particularly regarding access to education, will have a profound impact on the mental and emotional well-being of children and young people and their teachers and caregivers. Without access to education, children and young people have much greater exposure to protection risks.

CONSEQUENCES FOR PEOPLE'S COPING CAPACITY AND RESILIENCE

Reliance on dangerous coping mechanisms

People are rapidly depleting their emotional and financial reserves. The economic situation facing many households is forcing people to make heart-breaking decisions about spending priorities and assets that can be sold. Nine out of 10 households (89 per cent) report that they have been forced to resort to negative coping strategies to survive, affecting their capacity to manage future shocks. More than

half of households are adopting crisis or emergency level coping strategies that deplete their livelihoods assets (such as selling productive assets, reducing health and education expenditure, and engaging in high-risk activities) and, compared to 2020, there has been an increase in households relying on stress-level coping strategies, such as borrowing money and using savings. One in five households had insufficient food consumption as a result, with consequences for their well-being and future earning potential if protracted.⁷⁷ People have also been surviving in the face of falling income by reducing consumption of NFIs. The UNDP People's Pulse survey conducted in May and June 2021 showed that 68 per cent of people were reducing non-food consumption, up from 53 per cent when the COVID-19 restrictions began in May 2020. The situation is even more pronounced in conflict areas where reducing non-food consumption is a coping strategy for more than three quarters (76 per cent) of households. More than a quarter of households

(29 per cent) reported using savings to supplement their income, increasing to a third of people in urban areas. Almost 40 per cent of respondents who had relied on savings since 1 February said they now have no savings left. This situation was significantly higher in urban areas (47 per cent) than rural (34 per cent). Formal loans through banks have become less common since the banking crisis and are completely off-limits to stateless people as a coping strategy. People are increasingly selling assets to cover everyday living expenses. In May 2020, 11 per cent of households had sold assets to survive; 12 months later this had risen to 27 per cent. To cover living expenses since 1 February 2021, 68 per cent of people have sold gold or jewellery, one third of rural households have sold livestock and more than a quarter (27 per cent) of urban households have sold a motorbike. Such selling of income-earning assets has long term consequences for people's capacity to meet their own needs and is very difficult to reverse.

CHIN

Displaced children in Chin State's Paletwa and Samee townships receiving stationery, 2021. Photo: The Global Family



1.5

Number of People in Need

Key figures

PEOPLE IN NEED	FEMALE	CHILDREN(0 - 18)	ADULTS(18 - 59)	ELDERLY(60+)
14.4M	52%	35%	57%	8%
WOMEN	MEN	GIRLS	BOYS	WITH DISABILITY
34%	31%	18%	17%	13%

People in need by population group and state

STATE	BY SEX FEMALE MALE (%)	BY AGE CHILDREN ADULTS ELDERLY (%)	WITH DISABILITY (%)	IDPS	RETURNED, RESETTLED AND LOCALLY INTEGRATED IDPS	NON- DISPLACED STATELESS PEOPLE	VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	TOTAL PIN
Ayeyarwady	51% 49%	35% 57% 8%	17%				1.9M	1.9M
Bago	52% 48%	34% 57% 9%	13%	3K	1K		1.2M	1.2M
Chin	52% 48%	46% 47% 7%	21%	23K			288K	311K
Kachin	48% 52%	36% 58% 6%	9%	104K	27K		579K	710K
Kayah	50% 50%	41% 54% 5%	11%	80K	20K		170K	270K
Kayin	51% 49%	41% 52% 7%	17%	59K	1K		486K	546K
Magway	54% 46%	32% 58% 10%	17%	11K			828K	839K
Mandalay	53% 47%	32% 60% 8%	10%				775K	775K
Mon	52% 48%	37% 54% 9%	15%	1K			368K	369K
Nay Pyi Taw	51% 49%	37% 54% 9%	11%				38K	38K
Rakhine	52% 48%	37% 54% 9%	17%	222K	10K	470K	845K	1.5M
Sagaing	53% 47%	35% 57% 8%	10%	21K			882K	903K
Shan	50% 50%	38% 56% 6%	9%	31K	15K		2.2M	2.3M
Tanintharyi	50% 50%	40% 53% 7%	12%	1K			363K	364K
Yangon	52% 48%	29% 63% 8%	12%				2.4M	2.4M
TOTAL	52% 48%	35% 57% 8%	13%	556K	74K:	470K	13.3M	14.4M

People in need by severity phase and location

STATE	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Ayeyarwady	Vulnerable people with humanitarian needs	6.2M	4.3M		1.2M	691K	
Bago	IDPs	3K				3K	
Bago	Vulnerable people with humanitarian needs	4.9M	3.8M		1.0M	152K	
Bago	Returned, resettled and locally integrated IDPs	1K				1K	
Chin	IDPs	23K			1K	22K	
Chin	Vulnerable people with humanitarian needs	494K	206K		102K	186K	
Kachin	IDPs	104K			29K	75K	
Kachin	Vulnerable people with humanitarian needs	1.7M	1.2M		253K	326K	
Kachin	Returned, resettled and locally integrated IDPs	27K			9K	18K	
Kayah	IDPs	80K				80K	
Kayah	Vulnerable people with humanitarian needs	232K	62K			170K	
Kayah	Returned, resettled and locally integrated IDPs	19K				19K	
Kayin	IDPs	59K				59K	
Kayin	Vulnerable people with humanitarian needs	1.5M	1.0M		70K	416K	
Kayin	Returned, resettled and locally integrated IDPs	1K				1K	
Magway	IDPs	11K				11K	
Magway	Vulnerable people with humanitarian needs	3.9M	3.0M		586K	243K	
Mandalay	Vulnerable people with humanitarian needs	6.6M	5.8M		700K	75K	
Mon	IDPs	1K				1K	
Mon	Vulnerable people with humanitarian needs	2.0M	1.6M		225K	142K	
Nay Pyi Taw	Vulnerable people with humanitarian needs	1.3M	1.3M		37K		

STATE	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE				
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Rakhine	IDPs	222K				222K	
Rakhine	Vulnerable people with humanitarian needs	1.9M	1.1M			845K	
Rakhine	Returned, resettled and locally integrated IDPs	10K				10K	
Rakhine	Non-displaced stateless people	470K				470K	
Sagaing	IDPs	21K				21K	
Sagaing	Vulnerable people with humanitarian needs	5.6M	4.7M		598K	284K	
Shan	IDPs	31K				31K	
Shan	Vulnerable people with humanitarian needs	6.4M	4.2M		486K	1.6M	151K
Shan	Returned, resettled and locally integrated IDPs	15K				15K	
Tanintharyi	IDPs	1K				1K	
Tanintharyi	Vulnerable people with humanitarian needs	1.5M	1.1M		93K	270K	
Yangon	Vulnerable people with humanitarian needs	8.6M	6.2M		1.9M	500K	
	Total	54M	39.5M		7.3M	6.9M	151K
					Total PiN		14.4M

People in need by cluster

Education

PEOPLE IN NEED

FEMALE

CHILDREN (AGE <18)

ADULTS (AGE 18-59)

ELDERLY (AGE 60+)

PERSONS WITH DISABILITIES

5.4M

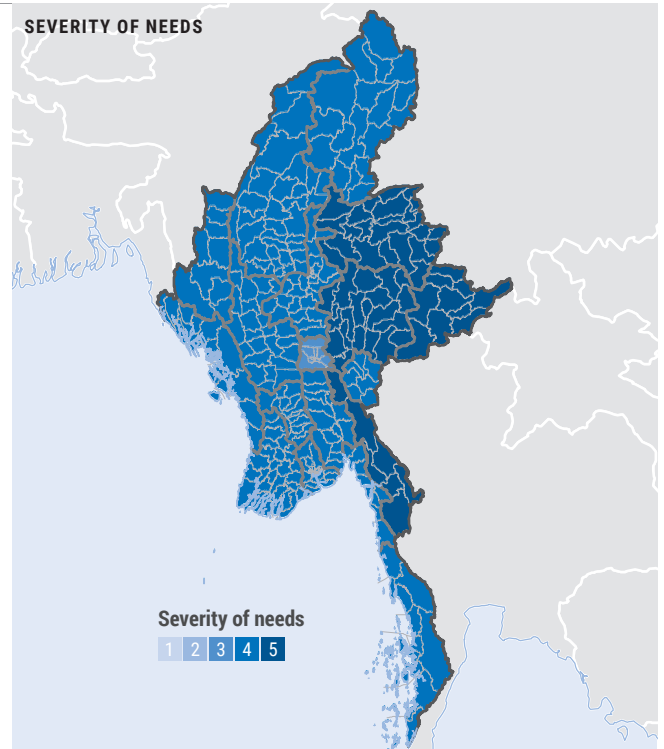
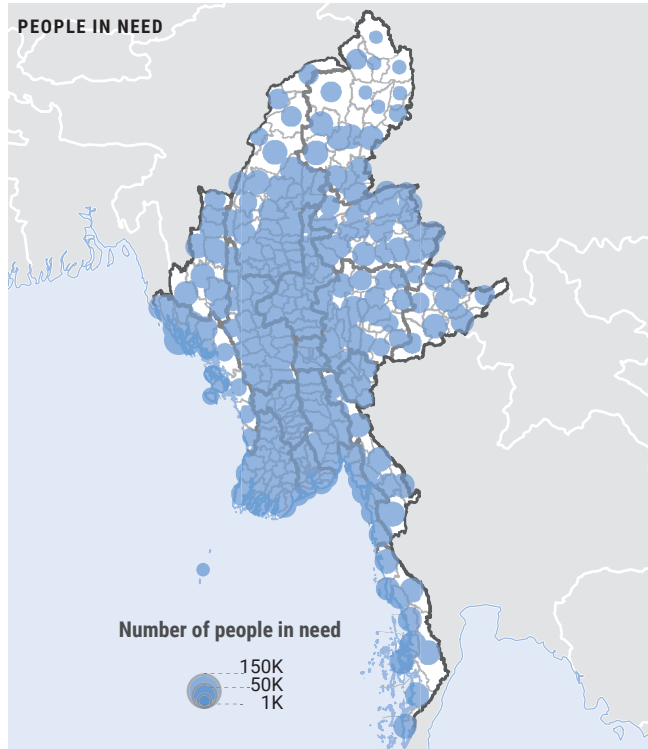
51%

90%

10%

0%

17%



Food Security

PEOPLE IN NEED

FEMALE

CHILDREN (AGE <18)

ADULTS (AGE 18-59)

ELDERLY (AGE 60+)

PERSONS WITH DISABILITIES

13.2M

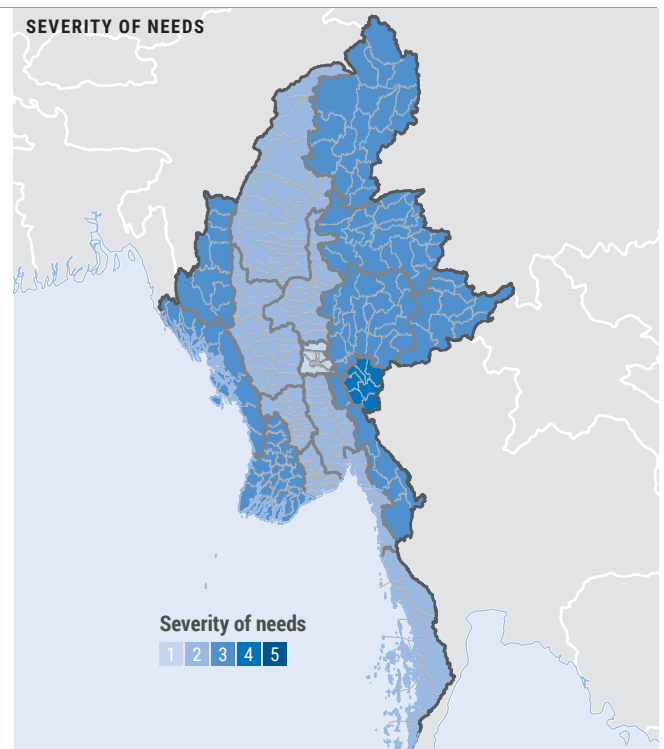
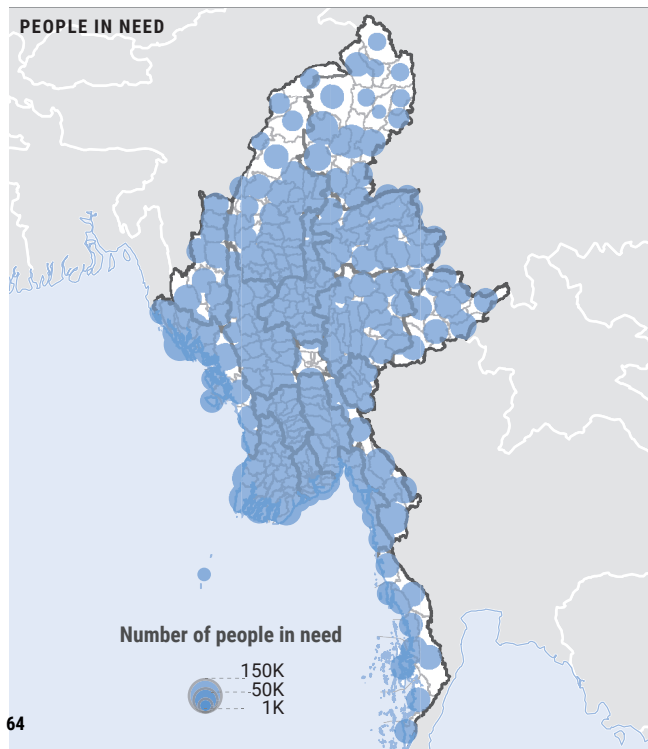
52%

35%

57%

8%

13%



Health

PEOPLE IN NEED

FEMALE

CHILDREN (AGE <18<)

ADULTS (AGE 18-59)

ELDERLY (AGE 60+)

PERSONS WITH DISABILITIES

2.5M

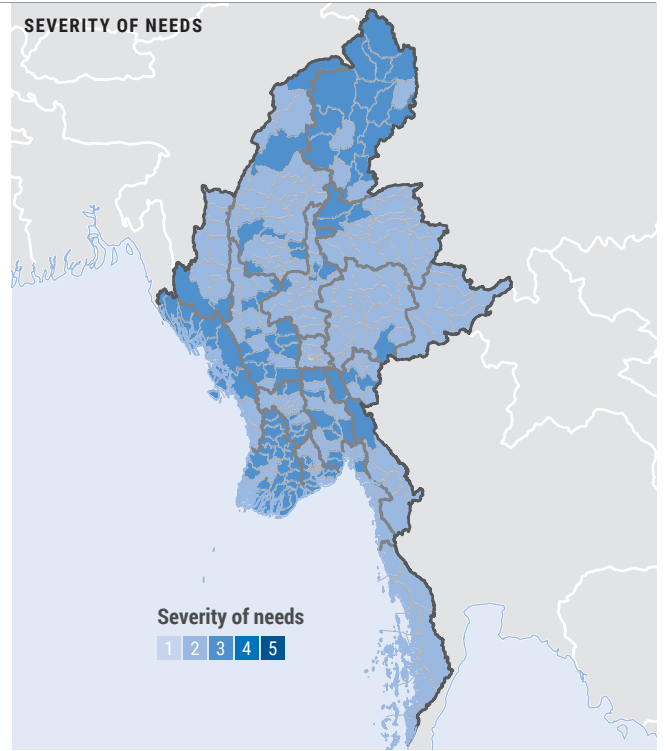
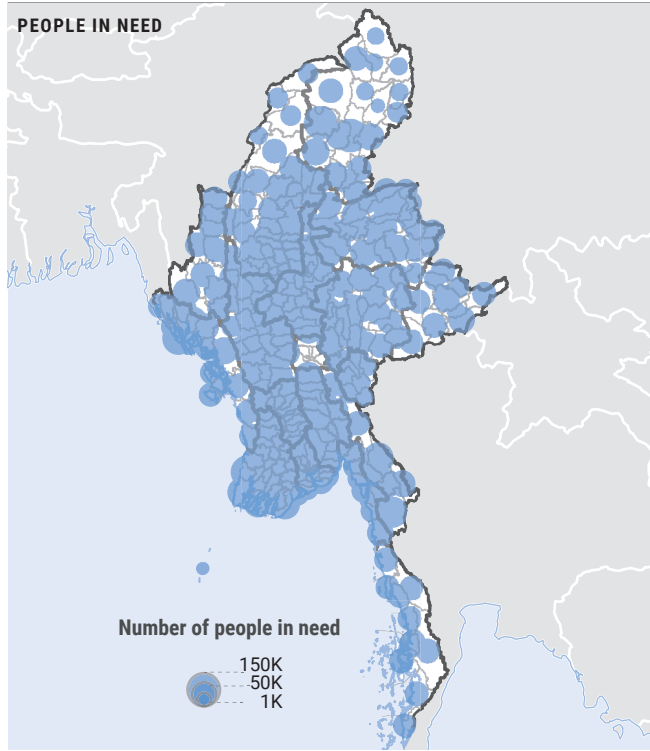
52%

35%

57%

8%

13%



Nutrition

PEOPLE IN NEED

FEMALE

CHILDREN (AGE <18<)

ADULTS (AGE 18-59)

ELDERLY (AGE 60+)

PERSONS WITH DISABILITIES

2.0M

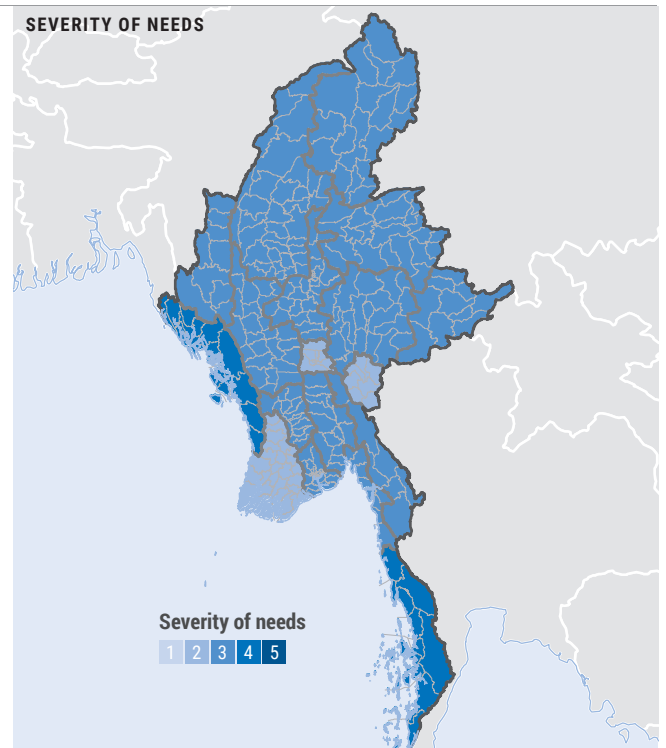
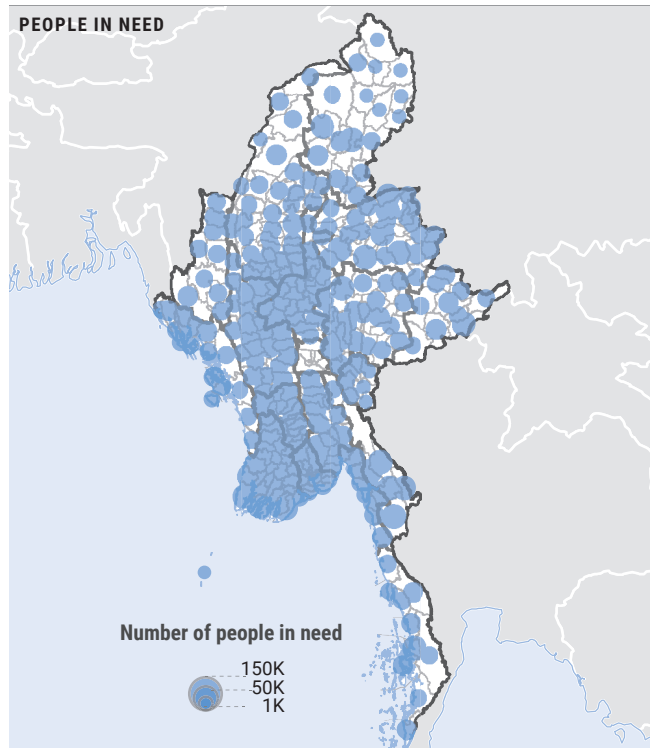
52%

35%

57%

8%

13%



Protection

PEOPLE IN NEED

9.4M

FEMALE

51%

CHILDREN (AGE <18)

35%

ADULTS (AGE 18-59)

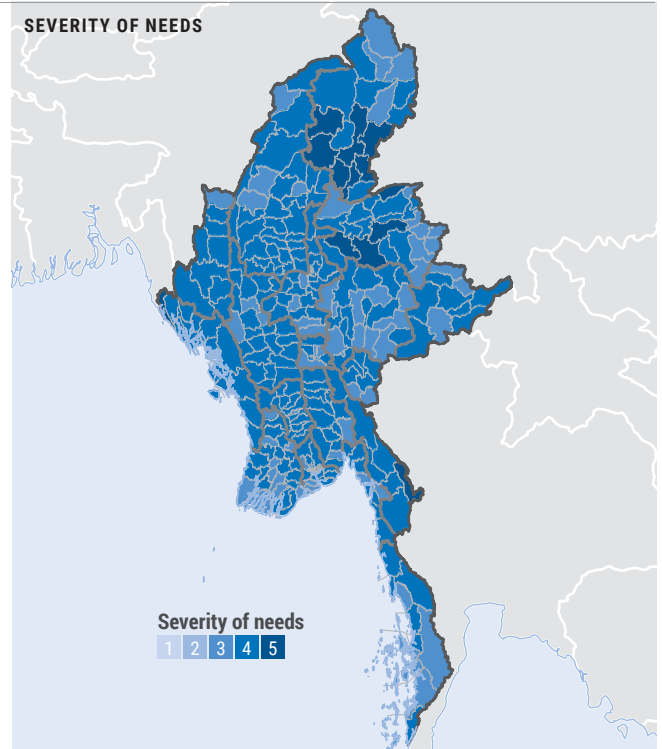
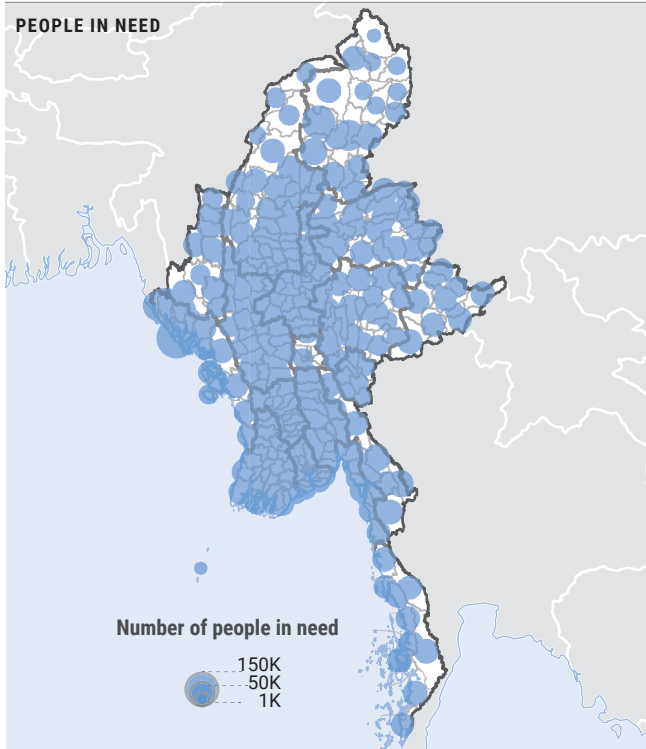
57%

ELDERLY (AGE 60+)

8%

PERSONS WITH DISABILITIES

12%

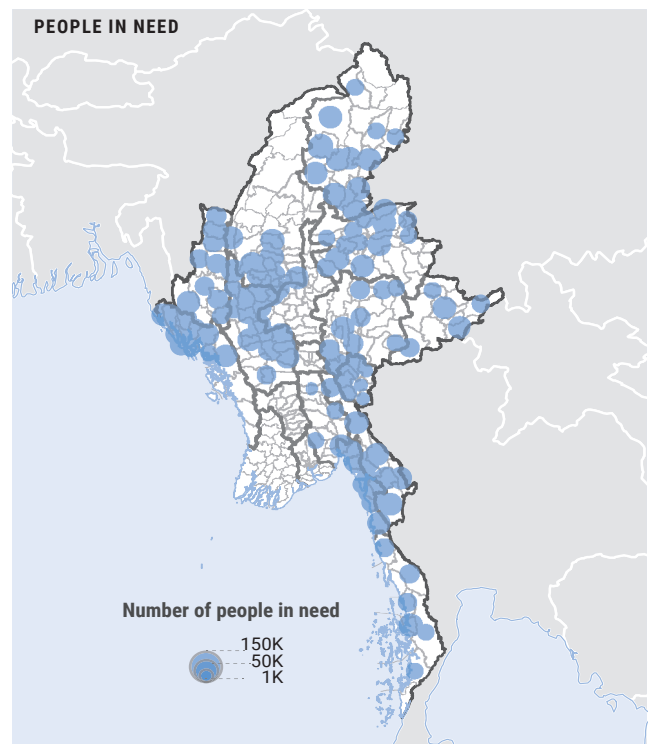


Protection sub-clusters

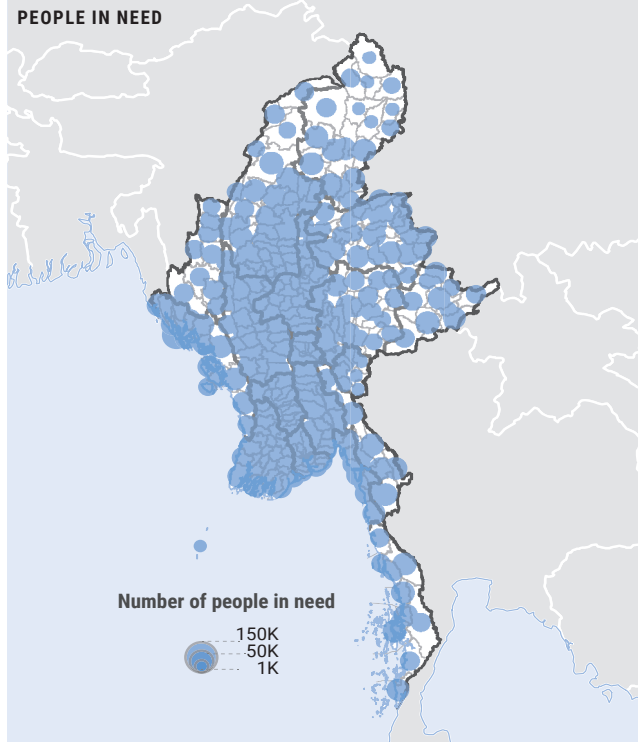
People in need breakdown

STATE	BY SEX FEMALE MALE (%)	BY AGE CHILDREN ADULTS ELDERLY (%)	WITH DISABILITY (%)
Child Protection	15% 85%	70% 27% 3%	10%
GBV	97% 3%	12% 80% 8%	12%
Mine Action	55% 45%	35% 57% 8%	12%

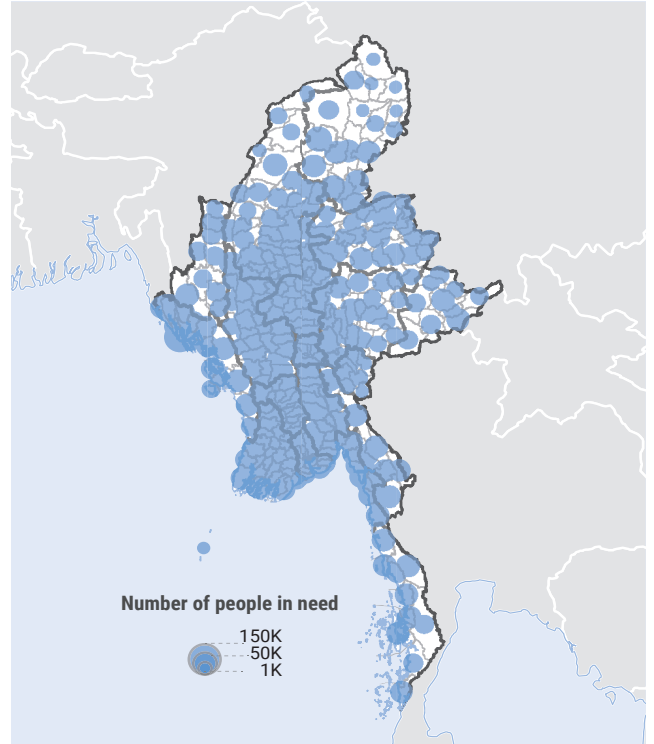
Child Protection



GBV



Mine Action



Shelter/NFI/CCCM

PEOPLE IN NEED

FEMALE

CHILDREN (AGE <18)

ADULTS (AGE 18-59)

ELDERLY (AGE 60+)

PERSONS WITH DISABILITIES

1.7M

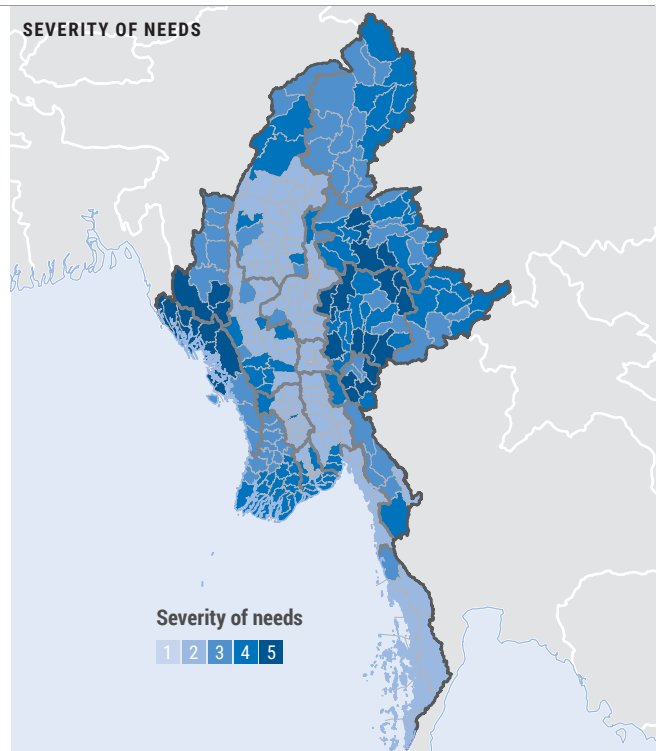
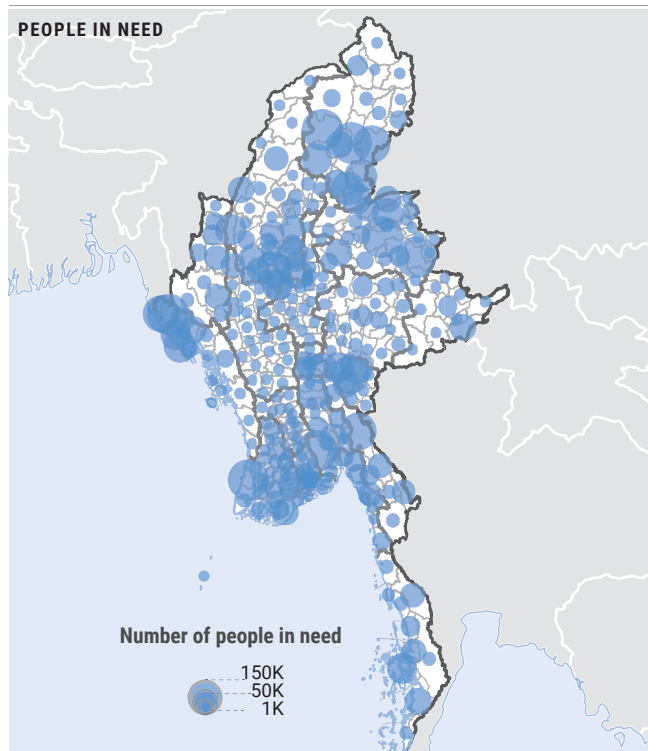
51%

35%

57%

8%

12%



WASH

PEOPLE IN NEED

FEMALE

CHILDREN (AGE <18<)

ADULTS (AGE 18-59)

ELDERLY (AGE 60+)

PERSONS WITH DISABILITIES

5.5M

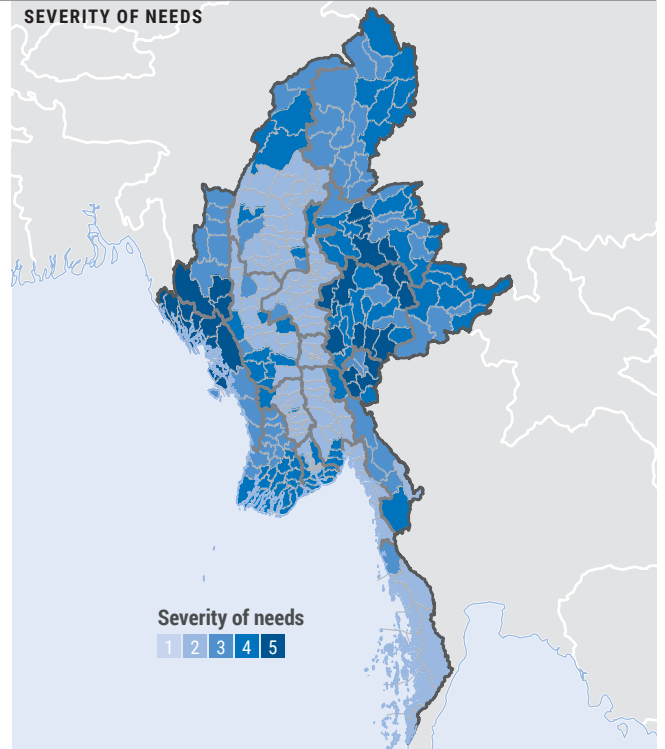
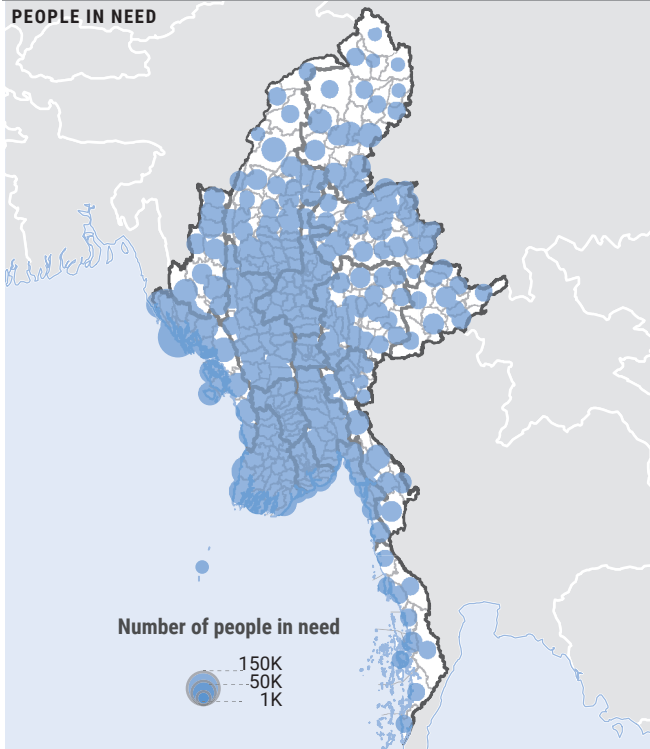
52%

37%

55%

8%

14%



Part 2:

Risk Analysis and Monitoring of Situation and Needs

RAKHINE

A Rohingya woman sitting inside her shelter in Sittwe, Rakhine State, 2021.
Photo: OCHA/Hnin Thiri Naing



2.1 Risk Analysis

Scope of risk analysis

The JIAF results firmly established the necessity to expand the scope of the HNO analysis to the entire country. This section will examine developments that are projected to impact on needs in Myanmar throughout 2022, 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.

2022 analysis scenario

Throughout August and September 2021, the humanitarian community held discussions at various levels on the needs and contextual outlook for 2022. Building on the outcomes of the HPC Analysis Group consultations, the ICCG and HCT reviewed and agreed on the main elements of the most likely scenario to unfold in 2022 and the repercussions on the humanitarian conditions and humanitarians needs and subsequently response planning. The 2022 Myanmar INFORM risk analysis further substantiated and enriched the scenario development.

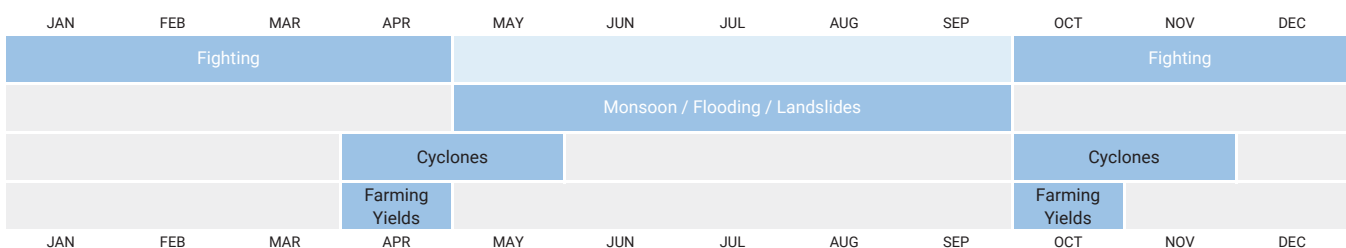
The overall outlook for 2022 is gloomy. Key drivers that are expected to negatively impact on the lives and livelihoods of people in Myanmar include a further deterioration of political instability, escalation and spread of armed civil and ethnic conflict throughout

the country, a continued economic downturn, accelerating poverty, as well as interruptions and poor access to basic services. In parallel, people of Myanmar will be confronted with continued elevated food prices, continued rising food insecurity and corresponding malnutrition, as well as a potential new wave of COVID-19 infections. New and protracted displacement will continue to be a key feature of the humanitarian situation throughout 2022. 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. Access challenges are expected to persist in line with the continued conflict, leaving unmet needs. On top of this, natural disasters remain a recurrent threat with annual flooding across many parts of the country. On a positive note, at this stage La Niña is not expected to pose a significant risk for Myanmar in 2022. 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.

Risks to our analysis and planning assumptions

All 2022 calculations are based on the joint analysis and planning assumption that the current security, conflict and political situation is likely to worsen in the

Seasonal events



year ahead. However, the situation for 2022 is dynamic and uncertain with a range of risks that could upset these assumptions. In analysing risks, it is important to examine the likelihood of a risk materialising and its possible severity, against the impact it might have on humanitarian conditions and needs. The below risk analysis table provides a succinct overview of the scoring of potential risks (and limited opportunities) that go beyond the planning scenario, considering both their likelihood and impact. For example, while the humanitarian needs overview already assumes that a typical level of flooding will occur in 2022, this risk analysis considers the implications of a severe flood. As another example, there will almost certainly

be many small earthquakes in 2022, as there are every year mostly in rural areas, but this risk analysis considers the impact of a major quake over magnitude seven, near an urban centre.

Some or all of these may materialize during the course of 2022, 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 if they were to eventuate. As part of the already agreed mid-year revision of the HRP, the ICCG will reflect on these potential risks and their development from January to June as a guide to the direction of needs.

RAKHINE

A woman headed Rohingya family receiving cash assistance in Rakhine State, 2019. Photo: WFP



Risk Analysis Table

RISK / OPPORTUNITY	PLANNING ASSUMPTION	MOST LIKELY AREAS OR GROUPS AFFECTED	POTENTIAL HUMANITARIAN IMPACT	LIKELIHOOD	IMPACT	SCORE
SECURITY AND ARMED CONFLICT						
Escalation of armed conflict	The security situation deteriorates further, with armed conflict persisting throughout 2022 and intensifying either across or within select parts of the country. MAF may continue to mobilise and launch offensives against PDFs and EAOs including the use of heavy artillery and airstrikes. It remains possible that the disparate opposition armed groups could unify against the MAF and that the situation could develop into a nationwide civil war although this is considered less likely than a general escalation of the current trends.	<p>Border regions of the country where there is current conflict and strong presence of EAOs, including the newly emerging conflict area of the northwest (Chin and Sagaing).</p> <p>Women and girls are likely to be disproportionately affected due to an increase in conflict-related sexual violence and be at greater risk of sexual abuse and human trafficking.</p> <p>Children are likely to be increasingly impacted by grave violations in times of war as well as more vulnerable to abuse, neglect and exploitation.</p>	<p>The intensification of armed conflict would likely see an increase in civilian injuries and fatalities. Active ground hostilities, combined with shelling and air strikes, often in populated areas would threaten people's safety and well-being causing indiscriminate harm to civilians and cause severe damage to civilian homes and infrastructure, including schools and hospitals.</p> <p>Violations of international law are likely to escalate if conflict intensifies. Humanitarian access is also likely to be further constrained. Increased cross-border departures are likely to be seen.</p>	5	5	25
Increase in PDF attacks towards the de facto authorities and related retaliation	<p>There is an increase in clandestine attacks on the de facto authorities, as well as institutions and businesses that are perceived to be connected to or supporting them.</p> <p>This would likely involve the expanded use of explosives and assassinations. An increase in targeting of people deemed to be associated with supporters of PDF would be likely in response.</p>	Major urban areas including Yangon, Mandalay and other state capital cities.	<p>While de facto institutions would be the target, there would likely be an increase in civilian casualties and damage to civilian infrastructure.</p> <p>Reduced access to government services due to fears of attack.</p> <p>Tighter security check and movement restrictions that would hinder humanitarian access.</p>	4	3	12
Expansion of conflict dynamics beyond Myanmar's borders	The conflict deteriorates further and begins to involve additional external or regional actors, including through the political, financial and military backing of different parties to the conflict. This would possibly lead to a further intensification of the conflict.	All groups, nationwide	Increase in humanitarian needs of all affected communities. More deadly forms of conflict would be used and increased security measures would be imposed, affecting civilian movements. Services would be harder to access and humanitarian access to affected people would reduce.	2	5	10

RISK / OPPORTUNITY	PLANNING ASSUMPTION	MOST LIKELY AREAS OR GROUPS AFFECTED	POTENTIAL HUMANITARIAN IMPACT	LIKELIHOOD	IMPACT	SCORE
Conflict stabilisation and wholesale resumption of interrupted public services	The armed conflict stabilises across the country or in specific areas, improving safety and security. This could involve de-escalation of hostilities through the agreement of temporary ceasefires between the MAF, EAOs, and PDF groups.	Areas where conflict is currently occurring. All population groups.	<p>A reduction in hostilities would have positive impacts on affected communities, including a reduction in conflict-related civilian injuries and deaths, and damage to civilian infrastructure.</p> <p>A reduction in new displacement would be expected, and opportunities may arise for displaced communities to return to their places of origin.</p> <p>Humanitarian actors may have increased opportunity to reach crisis-affected communities safely to support them in recovery.</p> <p>Some economic and livelihoods improvements would be seen in affected areas as interrupted services and business activities resume.</p>	1	5	5
GOVERNANCE						
Worsening political instability	The volatile political situation in Myanmar further deteriorates with a return to daily clashes between protesters and security forces, potentially triggered by specific events. This may involve protests and civil disobedience with participants being targeted for arrest and detention. 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.	<p>Nationwide impact</p> <p>Security settings would likely be dialled up making everyday movements more dangerous for civilians across the country. Freedom of expression for all groups would be reduced.</p> <p>Women may feel less comfortable moving around, particularly through checkpoints.</p> <p>Stateless communities would be impacted by a lack of legal protections.</p> <p>Children would continue to experience negative impacts of school closures and disrupted education.</p>	<p>The worsening political situation would continue to impact people's access to services.</p> <p>Humanitarian access to affected people would most likely be further constrained</p> <p>Communities would have less access to livelihoods and be less able to meet their own basic needs.</p>	4	4	16

RISK / OPPORTUNITY	PLANNING ASSUMPTION	MOST LIKELY AREAS OR GROUPS AFFECTED	POTENTIAL HUMANITARIAN IMPACT	LIKELIHOOD	IMPACT	SCORE
ECONOMY						
Economic collapse	The economic crisis worsens, with dramatic currency fluctuations and ongoing shortages of US dollars and deviation of the Myanmar kyat greatly impacting on markets and businesses, as well as consumer prices.	<p>Nationwide impact.</p> <p>Vulnerable people already living in poverty and those at risk of being pushed into humanitarian need due to the economic crisis.</p> <p>Huge impacts for employers and those who rely on them for income. Rural communities would be further stressed as agricultural inputs are pushed out of reach.</p> <p>Children in families with low socio-economic resources would be least able to access flexible education arrangements. As protective safety nets dissolve and household vulnerabilities increase, children are likely to suffer from after-effects in the form of increased child abuse, neglect and exploitation.</p>	<p>Protracted economic crisis, along with continuous inflation and loss of job/livelihood opportunities will significantly increase the number of people living under the poverty line increasingly resorting on negative coping strategies and facing protection risks. This is likely to result in more people needing emergency assistance.</p> <p>Humanitarian programming would face financial challenges as a result of sudden fluctuations in currency, access to cash, and challenges in procuring supplies domestically.</p> <p>Cash availability remains a major challenge in the provision of the humanitarian assistance, if the banking system collapses and/or cash withdrawal limitations are re-enforced, it may</p> <p>compromise the capacity of food security partners to maintain a high share of cash-based assistance in their mix of interventions.</p> <p>Low availability of materials in the market would affect NFI shelter and WASH assistance. Increased prices, as well as cash crunch (protection)</p>	4	5	20
Trade problems	Due to a worsening armed conflict and political action by trade partners in opposition to the military takeover, Myanmar finds it increasingly difficult to trade effectively with other countries.	Nationwide impacts	Restricted trade would greatly impact businesses and employment. Affected communities would face greater challenges maintaining adequate living conditions and accessing supplies, potentially increasing their reliance of humanitarian assistance.	3	3	9

RISK / OPPORTUNITY	PLANNING ASSUMPTION	MOST LIKELY AREAS OR GROUPS AFFECTED	POTENTIAL HUMANITARIAN IMPACT	LIKELIHOOD	IMPACT	SCORE
COVID-19						
Deadly fourth wave of COVID-19	COVID-19 continues to spread across the country throughout 2022, with a fourth wave that overwhelms health services with a high infection and death rate due to low vaccination.	<p>Major urban centres of Yangon and Mandalay would most likely see the worst effects of another COVID-19 wave.</p> <p>Displacement sites and other areas with overcrowding and poor access to hygiene and sanitation would also be at high risk.</p> <p>Older people, people with disabilities, and people with pre-existing medical conditions would be most at risk of serious health implications and death.</p> <p>Resulting COVID-19 restrictions are likely to constrain businesses that are already reeling from events in 2021, pushing many vulnerable families to the edge emotionally and financially.</p>	<p>The impact of a fourth and additional waves of COVID-19 would most likely result in a high mortality rate among the population given low vaccination rates.</p> <p>Current health services would require strengthening and there would also be a need for additional services and preventative supplies, particularly for those displaced or affected by conflict.</p> <p>COVID-19 restrictions would greatly impact access to services, such as education, and support would be required for these to be undertaken via remote modalities.</p> <p>Humanitarian actors would need to continue programme deliver in a COVID-safe manner, including ensuring staff and beneficiaries have access to necessary PPE.</p>	4	5	20
COVID-19 stabilization	COVID-19 infection and mortality rates defy global trends and remain low in 2022 due to an increase in vaccination and preventative measures.	Nationwide positive impacts	<p>This would allow further relaxation of COVID-19 restrictions and increased free of movement.</p> <p>Domestic and international travel could return to normal and quarantine procedures would ease.</p> <p>Humanitarian access for the delivery of the full spectrum of interventions could be possible.</p>	2	5	10

RISK / OPPORTUNITY	PLANNING ASSUMPTION	MOST LIKELY AREAS OR GROUPS AFFECTED	POTENTIAL HUMANITARIAN IMPACT	LIKELIHOOD	IMPACT	SCORE
NATURAL HAZARDS						
Severe flooding	Above normal rainfall and heavy flooding occurs throughout the 2022 monsoon season (May-Oct), with related landslides, significant displacement and humanitarian needs.	<p>People impacted by armed conflict, particularly IDPs, in disaster-prone areas would be at greatest risk from above-average flooding.</p> <p>Mountainous areas in Kachin, Kayin and Chin states are at highest risk of landslides during severe flooding events.</p> <p>Particular risks for those living in low-lying displacement sites in Rakhine that are prone to flooding.</p>	<p>The occurrence of a large flood event, particularly in an area impacted by armed conflict, would generate humanitarian needs across all clusters/sectors both for those who are displaced and those who remain in their own homes.</p> <p>A response to a significant natural disaster would present access challenges for humanitarians in the current environment.</p>	3	3	9
Severe cyclone	Myanmar faces a severe tropical storm or cyclone (Cat 4 +) during the highest risk months - April to November	<p>The regions of Rakhine and Ayeyarwady are at greatest risk impacts from a cyclone and related storm surge. The high rainfall that would most likely follow could trigger substantial flooding, especially along the country's main river systems.</p> <p>People living along the coastline would be most at risk, particularly those in low-lying displacement sites in Rakhine. Movement restrictions for this group could hinder evacuations to safety.</p>	<p>Needs across all clusters/sectors would be exacerbated with people with disabilities especially vulnerable due to reduced mobility and accessibility issues.</p> <p>A response to a significant natural disaster would present access challenges for humanitarians in the current environment.</p>	3	4	12

RISK / OPPORTUNITY	PLANNING ASSUMPTION	MOST LIKELY AREAS OR GROUPS AFFECTED	POTENTIAL HUMANITARIAN IMPACT	LIKELIHOOD	IMPACT	SCORE
Severe earthquake	Myanmar experiences a severe earthquake at magnitude 7+ near a major population centre.	Mandalay Yangon are at greatest risks of earthquakes.	Needs across all clusters/ sectors would be impacted. Additional search and rescue support would be required with a high likelihood the disaster would exceed local response capacities. A response to a significant natural disaster would present access challenges for humanitarians in the current environment. Securing access to visas for surge international staff would be particularly challenging.	2	5	10
Tsunami hits the Myanmar coast	Myanmar is impacted by a Tsunami that causes damage to a major population centre.	Rakhine, Ayeyarwady, Mon and Tanintharyi are at greatest risks of a tsunami. People living along the coastline would be most at risk, particularly those in low-lying displacement sites in Rakhine.	Needs across all clusters/ sectors would escalate in affected areas.	1	5	5
ACCESS, OPERATING ENVIRONMENT AND RESPONSE CAPACITY						
Further tightening of humanitarian access and operating constraints	Humanitarian actors face additional access constraints beyond those already being experienced, further delaying or obstructing the delivery of life-saving humanitarian assistance. This could include restrictions on movement, delayed travel authorisations, visa delays or rejections, camp lockdowns, MOU delays or denials, confiscation of materials, legal action against NGOs, exclusion of unregistered organisations from banking services.	Access constraints would affect all population groups People in need in the border areas of Myanmar - that are most affected by armed conflict and have a less established humanitarian presence – are most likely to face increased restrictions. NGOs would be heavily impacted by ongoing issues with MOU processing and registration, effecting their access to funding and banking and their staff's safety. NGOs and their staff may also face a range of legal issues.	Humanitarian actors would increasingly struggle to be able to deliver assistance to people most in need due to the constraints they are facing. There is likely to be increased reliance on and risk transfer to local organisations in this kind of environment. NGOs without MOUs and registration may need to scale-down or suspend operations resulting in significant unmet needs.	4	4	16

RISK / OPPORTUNITY	PLANNING ASSUMPTION	MOST LIKELY AREAS OR GROUPS AFFECTED	POTENTIAL HUMANITARIAN IMPACT	LIKELIHOOD	IMPACT	SCORE
Increased attacks on humanitarian activities	Attacks against humanitarian activities escalate particularly towards health and education workers, along with more frequent occupation of facilities.	Areas of armed conflict	<p>Staff safety fears may force some organisations to withdraw their services in areas where attacks become more frequent. Increased safety measures imposed by aid organisations could delay or reduce the volume of assistance distributed. It could also mean increased risk transfer to local organisations.</p> <p>National staff may no longer feel comfortable working in conflict areas.</p> <p>Armed clashes and security incidents in urban and peri-urban areas could impact humanitarian activities as they are generally hubs for operational activity.</p>	3	4	12
Inadequate funding	Humanitarian actors have insufficient funding to scale-up the response as planned in the HRP.	Areas that were not covered by previous HNO & HRPs, including the northwest and southeast of Myanmar.	Humanitarian actors would find it difficult to extend their reach and reduce needs in locations that have not previously had extensive humanitarian presence. Funding shortfalls would have serious implications for needs in new areas with organisations unable to expand their sub-national footprint.	3	4	12
FOOD INSECURITY						
Food shortages	Food availability worsens as a result of poor yields at the end of the two main agricultural seasons (April and October 2022) due to a lack of seeds, fertiliser and casual workers.	<p>Vulnerable people with lower socio-economic resources.</p> <p>Agricultural communities.</p>	<p>Increased food insecurity and hunger among more vulnerable populations.</p> <p>Failure to intervene early to address shortages may compound needs and see an increase in humanitarian needs, including malnutrition.</p>	4	5	20

RISK / OPPORTUNITY	PLANNING ASSUMPTION	MOST LIKELY AREAS OR GROUPS AFFECTED	POTENTIAL HUMANITARIAN IMPACT	LIKELIHOOD	IMPACT	SCORE
DISPLACEMENT						
Unprecedented internal displacement	New displacement escalates to unprecedented levels as a result of armed conflict Durable solutions for displaced people become more elusive.	Areas impacted by armed conflict, especially along Myanmar's borders where the majority of IDPs are congregating. Areas with protracted displacement sites including Rakhine, Kachin, southern Chin, northern Shan.	Increased displacement would greatly increase humanitarian needs across all clusters, particularly shelter, NFIs, and WASH. Host communities would face an increased burden of supporting displaced communities, and would also require assistance.	5	4	20
Dramatic increase in cross-border departures	An escalation or intensification of conflict drives a surge in people seeking refuge in neighbouring countries, particularly Thailand and India.	Border communities, particularly in the country's southeast and northwest.	Communities that are forced across borders may face challenges accessing assistance unless they are formally recognised as refugees. IDPs may amass in isolated border areas in preparation for departure making where it is difficult to meet their needs.	3	4	12

2.2 Monitoring of Situation and Needs

A series of cluster-specific indicators have been developed to monitor and assess the development of humanitarian needs and conditions across Myanmar throughout 2022. These indicators will allow clusters to examine new and emerging needs across all parts of the country 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 planned mid-year HRP revision. Clusters are responsible for the collation of the data necessary for tracking these needs indicators, with the ICCG ensuring the completion of monitoring reports.

Indicators

INDICATORS	SECTORS	SOURCE
Food consumption score	FAO/WFP	Once a year
Livelihood coping strategy index	FAO/WFP	Once a year
# of boys and girls aged 6-59 months with SAM/MAM	Nutrition Program Report	Quarterly
# of PBW/G with MAM	Nutrition Program Report	Quarterly
# of protection incidents reported	PIMS	Quarterly
# of people newly displaced	Displacement tracking system	Monthly
# of landmine incident victims	Landmine incident monitoring	Quarterly
# of children without access to education spaces (de facto authority MoE schools, temporary learning centres, ethnic education, faith-based education)	Education partner reports;	S1-1-2
Informal data collected regarding enrolment	Bi-monthly	
# of attacks on education spaces	MRM (monitoring and reporting of 6 grave violations against children)	Monthly
# of attacks on health care	Surveillance system for attacks on health care, WHO	Ongoing
# of people with access to essential health services (disaggregated, when possible, based on various partner reporting)	Health Cluster Partners reports,	
Early Warning, Alerts and Response System (EWARS) database, Health Cluster	Bi-annually	
# of EWARS notifications verified for communicable diseases	EWARS database, Health Cluster	Ongoing
# of IDPs, returnees, stateless and vulnerable non-displaced people without access to shelter/NFIs	Shelter Cluster partners	Ongoing
% of people in need of social assistance	UNDP	TBC

Part 3

Annexes

RAKHINE

A humanitarian worker leading a psychosocial support session at a mobile clinic in Rakhine State, 2021. Photo: OCHA/Hnin Thiri Naing



3.1 Data Sources

Given the rapid deterioration of the humanitarian situation in 2021, the HCT has shifted to a broader, nationwide focus for the Myanmar HNO 2022. As explained in previous sections, the humanitarian community applied a vulnerability-sensitive lens to reflect the complex and multi-dimensional crisis and more accurately calculate the number of people in need. Where possible, clusters have used their own sectoral data sets for the analysis. However, in the absence of comprehensive multi-sector assessments, the severity of need and intersectoral vulnerability was calculated mostly using food insecurity as a proxy guide. Food Security has the most comprehensive assessments of any cluster at the national level and used a combination of available data from several recent assessments to build a national picture of trends. This has been heavily relied upon across the clusters as a guide to intersectoral vulnerability.

Food security data was not available for all states, so extrapolation was required between some 'neighbouring' areas. This is fully in line with the approach recommended globally, to transparently and logically use 'expert judgement' where there is insufficient data. The Food Security Cluster then used the 'rCARI' framework (remote Consolidated Approach for Reporting of Indicators) which is considered best practice for assessing food insecurity when a full Integrated Food Security Phase Classification analysis is not available. The rCARI approach assesses household food insecurity levels based two dimensions: 1) the current status of household food consumption, and 2) current coping capacity of households to meet future needs (assessed based

on economic vulnerability and adoption of livelihood coping strategies). The results categorize households into four groups as food secure, marginally food secure, moderately food insecure and severely food insecure groups. In line with global guidance, the latter two groups of households are included within the humanitarian caseload for food security and are a major driver of the increased intersectoral PiN.

A range of additional data sources have been utilized for the narrative analysis from outside of traditional humanitarian data sets. In particular, there has been extensive use of the results from recent UNDP Pulse surveys and poverty analysis. While Protection Incident Monitoring Systems (PIMS) data managed by the Protection Cluster has been used for much of the protection analysis, monitoring by other agencies and entities such as Office of the High Commission for Human Rights (OHCHR) is also used. 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 Data⁷⁸
- 2019 Myanmar Inter-Censal Survey
- Camp Coordination and Camp Management (CCCM) Cluster data on camp populations
- IDP tracking data produced by UNOCHA and UNHCR
- Data from the United Nations and its partners

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

CLUSTER	DATA SOURCES
Education	<p>Data on 2021 enrolment in public schools (informal)</p> <p>Education Cluster estimation of children attending other education systems</p> <p>Parent estimates of children not attending public schools in their area</p>
Nutrition	<p>Nutrition Cluster calculation of the proportion of children under age 5 (10 per cent) and PBW/G (6 per cent) based on national guidelines and evidence from nutrition assessments with children with SAM, MAM and PBW/Gs.</p> <p>Gender profile for humanitarian action: Rakhine, Kachin, Northern Shan and Kayin States, Myanmar (GiHA work stream, June 2021)</p> <p>Living in times of coup, conflicts and COVID-19 in Myanmar: impact on PWDs (Humanity & Inclusion, June 2021)</p> <p>Armed Conflict Location & Event Data (ACLED) data set</p> <p>PIMS data set</p> <p>UNICEF monthly update of landmine/explosive ordnance incidents</p>
Shelter/NFIs/CCCM	<p>Shelter/NFI/CCCM Cluster Displacement Database (daily, monthly and quarterly)</p> <p>Cluster analysis report and Camp profiles conducted in 2021</p>
Food Security	<p>Joint food security and livelihoods assessment by FAO/WFP conducted between August and September 2021 in nine states and regions (Kachin, Kayah, Kayin, Chin, Mon, Rakhine, Yangon, Shan East/North, Ayeyarwady)</p> <p>WFP survey from April-May 2021 for Bago, Magway, Mandalay</p>
Health	<p>WHO Public Health Situation Analysis (PHSA), Myanmar, May 2021</p>
WASH	<p>Myanmar Information Management Unit (MIMU) Vulnerability Assessment Data (Sept-Oct 2018)</p> <p>ACLED 2021</p>



KACHIN

A girl in an IDP camp in Kachin State, 2020. Photo: UNICEF/ Minzayar Oo

3.2 Methodology

In line with global guidance, the JIAF (Option B) methodology was used in Myanmar to analyse and calculate severity and number of people in need for 2022. 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 intersectoral 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, this

HNO has not included separate cluster pages in its narrative but rather has focused on presenting needs in a multi-sectoral way, mainstreaming protection, AAP, disability, PSEA, GBV, human rights and other considerations throughout.

In Myanmar, the JIAF process was carried out through a dedicated HPC Analysis Working Group, established in August 2021 under the ICCG. The HPC Analysis Working Group was formed to strengthen the quality of analysis and ensure the development of an evidence-based HNO. Members of the HPC Analysis

Working Group were nominated by ICCG members with technical representatives and information management focal points from clusters and MIMU.

As a first step, the HPC Analysis Working Group adapted the analysis framework to the specific context, refining the scope of the analysis, and developed an analysis plan based on key questions needed to inform planning and decision-making. Informed by ICCG recommendations, the HCT agreed to adopt a broader, national analysis of the humanitarian situation in Myanmar in 2022. The geographic scope of the analysis thus focuses on the whole country. Within the nationwide scope, the HCT agreed that the following population groups would be considered for analysis in the 2022 HNO:

- IDPs
- Returned, resettled and locally integrated IDPs
- Non-displaced stateless people
- Vulnerable people with humanitarian needs

Within the agreed scope of the analysis, the HPC Analysis Working Group identified and collected baseline datasets on population groups and key geographical areas and 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 from previous years, as well as individual cluster-based surveys and data in hotspot areas. The following datasets were used:

- **IDPs:** The Shelter/NFI/CCCM Cluster provided the number of new and protracted IDPs in Myanmar. New displacement in 2021 came on top of existing situations of protracted displacement in Rakhine, southern Chin, Kachin, and Shan states.

A cut-off date of 30 September 2021 was applied to data used in the JIAF for subsequent calculations of people in need. More up-to-date figures have been included in narrative sections of the HNO, where available, to reflect the evolving reality on the ground.

- **Returned, resettled and locally integrated IDPs:** UNHCR provided the estimated number of returnees by township as of 30 September 2021.
- **Non-displaced stateless people:** UNHCR provided the number of non-displaced stateless people remaining in Myanmar as of 30 September 2021. These numbers are based on the best information available at the time of planning, noting limitations including lack of authorization to conduct assessments, inability to verify information independently, and other restrictions.
- **Vulnerable people with humanitarian needs:** The vulnerable people baseline was estimated considering a combination of vulnerabilities, such as PWDs, elderly people, children under age 5, PBW/G, security risks in hot spot locations and the overall food security estimates.

For the calculation of the people in need figure, given the challenging primary data collection environment in Myanmar and the lack of data, notably in areas not covered by previous HNOs, secondary data sources and remote data collection methods were used for the development of the 2022 HNO PiN estimates. For remaining data gaps, expert judgement methods were applied.

The HPC Analysis Working Group, 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 HPC Analysis Working group were used in place of primary assessment data.

The draft number of people in need was then discussed in five sub-national workshops covering Rakhine, the northwest, Kachin, northern Shan, and the Southeast. The workshops were aimed at gathering expert judgement to refine PiN estimates at sub-national level. A separate workshop was also conducted for members of the INGO Forum. 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 highest figures by township across the cluster indicators are used to build the intersectoral PiN. Food Security had the highest number of people in need in most locations with a total of 13.2 million in need nationwide. There are some exceptions though where other clusters exceed food security needs, further increasing the overall number. For example, 715,000 were identified beyond the food security PiN in Rakhine (health, protection, WASH) and 144,000 were identified beyond the food security PiN in Kachin (mostly health and protection). This additional 1.1 million takes the overall number of people in need to 14.4 million. Thus, the Food Security Cluster's analysis forms the backbone of the overall calculation, although it is not the only consideration.

Sectoral PiN Methodologies

Education

The Education Cluster PiN for those displaced, returned, resettled and locally integrated IDPs, and non-displaced stateless people maintained the same calculation method as the previous HNO, but added youth and parents/caregivers within the education PiN figure.

The number of PiN for vulnerable people requiring humanitarian support was calculated using the following data:

- Available data at state-level on enrolment in public schools in 2021 compared to 2019, and
- 2014 Census data

This data, validated by Education Cluster partner information in seven out of 13 states and regions, was used to estimate the number of children and young people who lost access to education due to a combination of COVID-19 and effects of the military takeover, and who also do not have household resources to recover this access. The number of educators, parents and caregivers needing support to return children and young people to quality education is also included in the PiN.

The number of educators included in the PiN was calculated using the standard student-teacher ratio of 40:1, so that one educator would require support (i.e., with capacity building) for every 40 children in need. A more limited number of parents and caregivers are included in this typology – this used the percentage of illiterate households from the census to calculate the number of parents who would require greatest assistance to support their children to continue learning.

The PiN calculation was made using: 1) informal data on 2021 enrolment in de facto authority MoE schools, 2) partner estimates of children attending other education systems, 3) parent estimates of children not attending public (MoE) schools in their area (to triangulate data source 1), and 4) proxy indicators from the 2014 census.

Food Security

Two different data sources are used to develop the cluster PiN:

- The joint food security and livelihoods assessment by FAO/WFP conducted between August and September 2021) in nine states and regions (Kachin, Kayah, Kayin, Chin, Mon, Rakhine, Yangon, northern and eastern Shan, Ayeyarwady)
- A WFP phone survey from April-May 2021 covering Bago, Magway, Mandalay – this assessment was more limited in scope and had a smaller sample size (meaning results are indicative only), but the same food security indicators were collected.

For the locations that were not covered in the assessments, best estimates were used based on neighbouring areas. For Sagaing, estimates from Chin and Mandalay were used, for Tanintharyi estimates from Mon, for southern Shan estimates from northern and eastern Shan were extrapolated.

The food security PiN was then calculated using the rCARI framework.

The rCARI assesses each household and give it a score based on two dimensions:

- The current status of households' food consumption (food consumption score) (50 per cent of the total score)
- 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

The baseline population figures used to estimate the PiN are the 2021 projections provided by UNOCHA, whereby the PiN is based on the total estimated number of moderately and severely food insecure people. As IDPs were under-represented in the assessments, they were considered as a separate group and added on top of the moderately and severely food insecure estimates.

Health

The health PiN is based on a combination of existing data and extrapolation based on national expert analysis. Indicators on the number of people with access to essential health services and confirmed EWARS events provided data about the type and scale of services needed by the population. These indicators have historically been reliable. The health PiN figures were calculated using the intersectoral baseline of vulnerable people established using moderate and severe food insecurity as a proxy. The WHO PHSA from May 2021 also informed the process.

Nutrition

The Nutrition Cluster based its PiN on a proportion of the total population based on national guidelines with the number of children under age 5 (10 per cent) and PBW/G (6 per cent). The cluster calculated the PiN based on available evidence from nutrition assessments of children with SAM and MAM, as well as PBW/G, and the JIAF established baseline of vulnerable people.

Protection

The Protection Cluster used the following reference documents in the calculation of people in need:

- Gender profile for humanitarian action: Rakhine, Kachin, northern Shan and Kayin states, Myanmar (GiHA work stream, June 2021)
- COVID-19, Coup d'Etat and Poverty: compounding negative shocks and their impact on human development in Myanmar (UNDP, April 2021)
- Living in times of coup, conflicts and COVID-19 in Myanmar: impact on PWDs (Humanity & Inclusion, June 2021)

- Protection from Sexual Exploitation and Abuse (PSEA) Risk Analysis Update (PSEA Network Myanmar, June 2021)
- Gender Equality and Social Inclusion in the governance of the Myanmar response to COVID-19: a rapid scoping (Centre for Good Governance, May 2020)
- COVID-19 and a coup: blockage of internet and social media access further exacerbate GBV risks for women in Myanmar (Sharma V, Oo PP, Hollaender J et al., BMJ Global Health 2021: 6)
- Abstracted vulnerability-related information from the inter-census data and other relevant sources.
- ACLED and PIMS data for determining the Protection Cluster severity.
- Child marriage and child labour data for analysing negative coping mechanisms affecting children (boys and girls)
- Mine incident monitoring to determine the intensity of the landmine incidents.

Shelter/NFI/CCCM

The Shelter/NFI/CCCM Cluster PiN was calculated using the aggregation methodology. Needs indicators were identified, and the dataset taken from cluster analysis reports and camp profiles. Severity scores were applied per township according to defined

thresholds for each severity class one to five. For IDPs, stateless people and returnees, only people in townships falling under severity three to five were considered in the PiN. For the other vulnerable crisis-affected people, only those living in locations where serious protection incidents were recorded in the ACLED database were included in the PiN.

WASH

The selection of needs indicators was made after reviewing many assessments including JMP, and MIMU 2019 inter-census household survey. However, the lack of recent assessment at household level was one of the limitations of the exercise.

The assessments analysed include:

- Vulnerability assessments
- 2014 Census Rural – Urban ratio township
- ACLED data 2021
- The number of people in the most vulnerable group was determined using a WASH indicator of per cent of households not having sufficient access to a functional and improved sanitation facility' which was overlaid with data on security hot spots.

The Joint Intersectoral Analysis Framework (JIAF)

Context		
Political	Economy	Socio-cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure



People living in the affected area

Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities



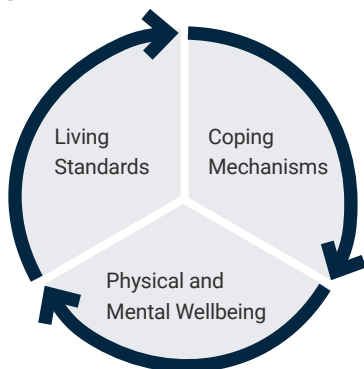
People affected

Impact		
Impact on humanitarian access	Impact on systems & services	Impact on people

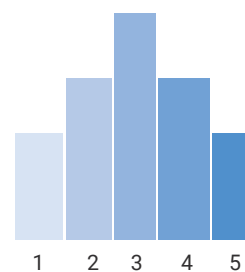


Humanitarian conditions

People in need



Severity of needs



Current and forecasted priority needs/concerns

By relevant age, gender and diversity characteristics

The JIAF severity scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1 None/Minimal	<p>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.</p> <p>Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets).</p> <p>No or minimal/low risk of impact on Physical and Mental Wellbeing.</p>	<p>Building Resilience</p> <p>Supporting Disaster Risk Reduction</p>
2 Stress	<p>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.</p> <p>Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall.</p> <p>Possibility of having some localized/targeted incidents of violence (including human rights violations).</p>	<p>Supporting Disaster Risk Reduction</p> <p>Protecting Livelihoods</p>
3 Severe	<p>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</p> <p>Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms.</p> <p>Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.</p>	<p>Protecting Livelihoods</p> <p>Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions</p>
4 Extreme	<p>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.</p> <p>Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality</p>	<p>Saving Lives and Livelihoods</p>
5 Catastrophic	<p>Total collapse of Living Standards</p> <p>Near/Full exhaustion of coping options.</p> <p>Last resort Coping Mechanisms/exhausted.</p> <p>Widespread mortality (CDR, U5DR) and/or irreversible harm.</p> <p>Widespread physical and mental irreversible harm leading to excess mortality.</p> <p>Widespread grave violations of human rights.</p>	<p>Reverting/Preventing Widespread death and/or Total collapse of livelihoods</p>

3.3 Information Gaps and Limitations

The rapidly evolving situation coupled with persistent insecurity, access and COVID-19 preventative measures posed significant challenges to information collection, including sex, age, disability disaggregated data, and planning and monitoring of responses in Myanmar in 2021. Ongoing restrictions on humanitarian access and continued insecurity have prevented humanitarian partners from carrying out regular comprehensive multi-sector needs assessments in many affected locations, particularly in non-MAF-controlled areas and areas 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 explosive ordnance at township level
- Prevalence data on violence against women and other protection risks
- General needs information in new conflict-affected areas

Education cluster

The volatility and sensitivity of the situation has required expert judgement to fill information gaps for education in the HNO. Discrepancies between official and unofficial reports on school attendance were taken into consideration. To understand where education critical activities are required, and to tailor them appropriately to each location, the Education Cluster is increasing its capacity for coordinated monitoring and data collection. An initiative to monitor access to learning in 2022 will use the network and presence of Education Cluster partners across the country to systematically understand whether and how children and youth are accessing learning opportunities.

Education Cluster partners are also supporting existing initiatives to monitor use of schools by parties to the conflict and other attacks on education. These initiatives will provide evidence to guide the Education Cluster needs analysis and response in 2022. The Education Cluster will also take part in multi-sector data collection efforts.

Food Security cluster

Both of the cluster's core surveys were conducted by phone due to inability to conduct in-person surveys at the respective times amid COVID-19 and security constraints. Conducting phone surveys has inherent challenges, primarily (1) who can be accessed (tends to be wealthier people in better connected areas, fewer women), and (2) restrictions on the length of survey, which can affect ability of enumerators to probe in the same way they might in person, as well as the quality of data that can be collected. Weighting can help to address the first type of bias, and both datasets were weighted by rural-urban populations and education of the head of households as a proxy indicator for better-off households. However, more remote areas, such as northern Kachin, or vulnerable people such as residents of Yangon's informal settlements, and IDPs were under-represented in the sample.

The timing of each survey was also a limitation. The FAO/WFP survey was conducted during the end of the lean season which may contribute to inflation of food insecurity, while on the flip side, the WFP survey in Bago, Magway and Mandalay was conducted from April to May making it slightly outdated in such a dynamic context.

FAO/WFP survey is representative only at the state and region level and estimates cannot be disaggregated at township level. 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. Naypyitaw was not included in the analysis due to lack of comparable data and expert judgement. In 2022, 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 cluster

EWARS remains the primary tool to monitor communicable diseases outbreaks, especially in the absence of reliable surveillance data from national authorities. EWARS will be complemented by individual partner reports to collect the data for access to health care. The COVID-19 situation will be monitored through the WHO dashboard which uses the published data from the MoH. The cluster plans to actively support and participate in multi-sectoral needs assessment and update the public health situation analysis (PHSA) in 2022. The health cluster will continue monitoring attacks on health care through the global WHO surveillance system for attacks on health care.

Protection cluster

Ongoing displacement tracking conducted by humanitarian partners across Rakhine, Chin, Kachin, northern Shan and the country's southeast continued to be the primary sources of data on the forced movement of people. The tracking system provided the majority of data for the indicators used in the intersectoral severity framework and informed the sector-specific analysis. For most assessments or monitoring undertaken in 2021, data was collected remotely through telephone and other online platforms and through key informant networks established by humanitarian partners meaning there are inherent deficiencies in the reliability of the data.

Improving access to and quality of data and analysis continues to be a priority for the Protection Cluster and its areas of responsibility in Myanmar. In addition to cluster-level data collection, multi-sector data collection (which the Protection Cluster will participate in) is required to improve the depth of analysis and better inform cluster planning and response. Another key component will be strengthening data collection directly from affected communities. Collection of information on people's needs and their assistance preferences, as articulated by affected communities themselves, will continued to be strengthened through complaint and feedback mechanisms.

Shelter/NFI/CCCM cluster

The cluster will be conducting shelter, NFI and CCCM data collection and will be developing CCCM site monitoring tools countrywide in 2022. The cluster is also considering developing camp profiles nationwide to cover and reflect indicative information from all the camps across Myanmar.

WASH cluster

The cluster has initiated state and regional coordination meetings and plans to continue to gather monthly data through the 3Ws survey for sectoral analysis of needs, gaps, and responses. WASH partners will coordinate and distribute reports on data collection and research activity in their respective intervention areas to the national WASH Cluster.

3.4 Acronyms

AA	Arakan Army	MHPSS	Mental Health and Psychosocial Support
AAP	Accountability to Affected People	MIMU	Myanmar Information Management Unit
AAPP	Assistance Association for Political Prisoners	MoE	Ministry of Education
ACLED	Armed Conflict Location and Event Data	MoU	Memorandum of Understanding
CCCM	Camp Coordination and Camp Management	NFIs	Non-Food Items
CDM	Civil Disobedience Movement	NLD	National League for Democracy
CSO	Civil Society Organization	NUG	National Unity Government
EAOs	Ethnic Armed Organizations	OHCHR	Office of the High Commission for Human Rights
EHOs	Ethnic Health Organizations	PBW/G	Pregnant and Breastfeeding Women/Girls
EWARS	Early Warning Alert and Response System	PDFs	People's Defence Forces
GAM	Global Acute Malnutrition	PIMS	Protection Incident Monitoring Systems
GBV	Gender-Based Violence	PiN	People in Need
HCT	Humanitarian Country Team	PoVAW	Prevention of Violence Against Women
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome	PHSA	Public Health Situation Analysis
HLP	Housing, Land and Property	PSEA	Protection from Sexual Exploitation and Abuse
HNO	Humanitarian Needs Overview	PWDs	Persons with Disabilities
HRP	Humanitarian Response Plan	SAM	Severe Acute Malnutrition
ICCG	Inter-Cluster Coordination Group	SEA	Sexual Exploitation and Abuse
IDP	Internally Displaced Person	SERRP	Socioeconomic Resilience and Response Plan (SERRP)
IEDs	Improvised Explosive Devices	UNDP	United Nations Development Programme
INFORM	Index for Risk Management	UNHCR	United Nations High Commissioner for Refugees
INGO	International Non-Government Organization	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
JIAF	Joint Intersectoral Analysis Framework	WASH	Water, Sanitation and Hygiene
MAF	Myanmar Armed Force	WHO	World Health Organization
MAM	Moderate Acute Malnutrition		
MHF	Myanmar Humanitarian Fund		

3.5

End Notes

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NEEDS OVERVIEW**
MYANMAR