![Gender in Humanitarian Action Working Group logo] **GENDER IN HUMANITARIAN ACTION WORKING GROUP (GiHA WG) Myanmar**

2024 GENDER PROFILE FOR HUMANITARIAN ACTION IN MYANMAR

Northeast, Northwest, Rakhine, Southeast.

Photo: UNFPA/2024

Cover: In the Ayeyarwady region, older community members and a township network committee discuss strategies for improving mental health, psychosocial wellbeing, and providing essential support.

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ABBREVIATIONS AND ACRONYMS

AAP	Accountability to Affected Populations
AoR	Area of Responsibility
CBO	Community-Based Organization
CCCM	Camp Coordination and Camp Management
CDM	Civil Disobedience Movement
CP	Child Protection
CPWG	Child Protection Working Group
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
CVA	Cash and Voucher Assistance
EAO	Ethnic Armed Organization
EIE	Education in Emergencies
GBV	Gender-Based Violence
GiHA	Gender in Humanitarian Action
HCT	Humanitarian Country Team
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
KIA	Kachin Independence Army
KII	Key Informant Interview
LGBTIQ+	Lesbian, gay, bisexual, transgender, queer, and other people with diverse sexual orientation, gender identity, gender expression and sex characteristics.
MHPSS	Mental Health and Psychosocial Support
MRE	Mine Risk Education

NFI	Non-Food Items
NGO	Non-Governmental Organization
PSEA	Protection from Sexual Exploitation and Abuse
SAC	State Administration Council
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WLO	Women-Led Organization
WRO	Women's Rights Organization

INTRODUCTION

Before 2021, the annual Gender Profile for Humanitarian Action in Myanmar assessed and addressed gender-related challenges in conflict-affected regions of the country. Following the military takeover in February 2021, the profile has taken on new urgency, highlighting the deepening gender disparities as the conflict continues.

The 2024 Gender Profile incorporates recent data on gender dynamics in the Northwest, Northeast, Southeast, and Rakhine, and reflects the rapidly evolving situation over the past 12 months. However, it is important to note that the ability to capture a comprehensive picture of these dynamics is increasingly constrained by the ongoing crisis. Limited access to affected regions due to conflict, security concerns, and movement restrictions hampers both quantitative and qualitative data collection efforts.

Despite the data limitations, existing evidence underscores the severe and disproportionate impact of escalating violence on women and girls. Widespread displacement, the collapse of essential services, and restrictions on movement have exacerbated pre-existing gender inequalities, limiting women and girls' access to education, health, and livelihoods—especially in rural and ethnic minority areas. The ongoing conflict and economic instability have further exposed women and girls to heightened risks, including gender-based violence (GBV), trafficking, and exploitation. This profile outlines these gendered impacts, providing an overview of needs, response efforts, and recommendations to better integrate gender considerations into humanitarian programming.

This profile also underscores operational challenges faced by humanitarian actors, including disrupted supply chains, restricted financial resources, and ongoing security threats. In northern Shan and Kachin regions, for example, increased conflict and the presence of landmines have severely hindered aid delivery, compounding the vulnerabilities of women and girls. Within this restricted environment, women's rights organizations (WROs), women-led organizations (WLOs), and community-based organizations (CBOs) play a critical role in delivering gender-responsive humanitarian aid. As international access remains limited, these local groups are often the first responders, providing life-saving services such as sexual and reproductive healthcare, GBV prevention and response, and livelihood assistance tailored to the needs of women and girls. Despite elevated risks, WROs and WLOs continue to partner with UN agencies and other humanitarian actors to advocate for the rights and protection of vulnerable populations, demonstrating resilience and commitment under challenging conditions.

However, the severe underfunding of the humanitarian response in Myanmar has created critical gaps, especially for vulnerable groups. In 2024, the Humanitarian Needs and Response Plan was only 34 per cent funded, restricting humanitarian partners' ability to reach the 5.3 million individuals targeted for humanitarian assistance out of more than 18.6 million in need.[1]

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[1] United Nations Office for the Coordination of Humanitarian Affairs. (2024). Myanmar Humanitarian Needs and Response Plan 2025 (HNRP) (released December 2024). OCHA.

https://reliefweb.int/report/myanmar-humanitarian-needs-and-response-plan-2025-december-2024

Receiving only a fraction of the necessary resources has hindered critical programs, including safe shelters, GBV response, protection, and food and health assistance, disproportionately affecting women and girls. This funding shortfall not only deepens existing vulnerabilities but also increases the long-term risks of poverty and insecurity, forcing aid organizations to make tough prioritization decisions that can further entrench gender inequalities.

Humanitarian actors have worked to mainstream gender considerations, including those targeting LGBTIQ+ individuals and persons with disabilities, across all sectors, from health and education to food security and shelter. Recent interventions include inclusive gender integration training for humanitarian actors, toolkits and checklists for gender-responsive humanitarian actions, gender-focused insights to inform the Myanmar flood response, strengthened protection mechanisms for survivors of violence, and the promotion of women's leadership in community decision-making. Efforts also aim to ensure gender equality and the empowerment of women and girls are central to humanitarian aid, disaster preparedness, recovery, and resilience-building, in alignment with the global Inter-Agency Standing Committee (IASC) Gender Policy.[2]

This 2024 Myanmar Gender Profile calls for urgent international support and coordination to address the worsening gender inequalities across the country. It advocates for enhanced efforts to ensure humanitarian programs receive support and are not only gender-sensitive but also gender-transformative, addressing the root causes of inequality and fostering long-term resilience. As the crisis deepens, a coordinated, gender-responsive humanitarian response is more critical than ever.

Women participating in the flood response in Kayin State in August 2024. Photo: WFP Myanmar/2024.

[2] Inter-Agency Standing Committee. (2024, March). IASC policy on gender equality and the empowerment of women and girls in humanitarian action. https://interagencystandingcommittee.org/sites/default/fil es/2024-03/IASC%20Policy%20on%20Gender%20Equality%20and%20the%20Empowerment%20of%20Women%20and%20Girls%20in%20Humanitarian%20Action.pdf

BACKGROUND

Since 2021, ongoing crises in Myanmar—including economic collapse, deepening poverty, and a worsening humanitarian emergency— have heightened protection risks and exacerbated vulnerabilities across all demographics, especially women, girls, persons with disabilities and LGBTIQ+ individuals.

The escalating conflict has intensified socio-political and economic challenges, creating a multi-layered crisis compounded by rising displacement, food insecurity, poverty, and the country's vulnerability to natural disasters. More than one-third of the population, approximately 19.9 million people, are in humanitarian need, including 10.4 million women and girls who face unique barriers to safety, essential services, and resources.

Gendered human rights violations

Since 2021, there have been extensive reports of human rights violations, including allegations of war crimes and crimes against humanity, such as torture, sexual violence, forced detentions, and damage to civilian properties. These violations are often gendered and disproportionately impact women, girls, persons with disabilities and LGBTIQ+ individuals. Women and girls face increased risks of sexual violence, forced marriages, and human trafficking, with some reports indicating that sexual violence has been used as a tool to degrade and exert control over women detainees. LGBTIQ+ individuals, often invisible in humanitarian responses, face heightened risks of harassment, discrimination, and violence.[3]

Displacement and vulnerability

Gendered violence extends to displacement camps and sites, where women, girls, persons with disabilities and LGBTIQ+ individuals experience unsafe conditions, limited privacy, and minimal access to safe spaces. Cultural stigmas surrounding LGBTIQ+ identities and entrenched gender norms that prioritize men's roles exacerbate barriers to healthcare, psychosocial support, and community acceptance. For many women, displacement has led to the "double burden" of household management alongside increased economic responsibilities.[4]

By the end of 2024, internally displaced persons (IDPs) exceeded 3.5 million,[5] surpassing the full-year projection for 2024. Displacement has been driven by the combination of escalating armed conflict, security threats, and natural disasters, along with the resulting breakdown of essential services.[6] Displaced populations experience severe shortages in essential items, including food, clean water, and medical supplies. The most affected are women, girls, and LGBTIQ+ individuals. Restrictions on women's mobility and rights to property, inheritance, and land registration are exacerbated in conflict zones, where female-headed households are increasingly common as men are killed, conscripted, or detained.

Women as resilient responders

Despite societal restrictions, women play critical roles in resilience building and community

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[3] Human Rights Council. Courage amid crisis: gendered impacts of the takeover and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.
[4] UN Women & UNDP. (2022). Gender-Responsive Conflict Analysis: Myanmar. March 2022.
[5] United Nations Office for the Coordination of Humanitarian Affairs. (2025). Myanmar Humanitarian Update No. 43. OCHA.

https://www.unocha.org/publications/report/myanmar/myanmar-humanitarian-update-no-43-reflecting-2024-and-preparing-2025
[6] OCHA. (2024). Myanmar HNRP 2025. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2025-december-2024

support. They lead humanitarian responses, provide relief, and support their families with minimal resources. WLOs and WROs deliver life-saving aid despite underfunding and severe access restrictions, particularly in conflict zones, which further hinder their capacity to provide targeted and sustained aid, exacerbating vulnerabilities in underserved regions.[7]

Gendered impacts of climate vulnerabilities

Myanmar's geographic susceptibility to climate risks adds another layer of crisis. The 2021 Global Climate Risk Index[8] ranked Myanmar as the second most vulnerable country in the world to extreme weather. It faces frequent cyclones, floods, and droughts, which disrupt agriculture, food security, and livelihoods. Women, who are disproportionately reliant on agriculture, face significant income threats and displacement, which further exacerbates gender-based vulnerabilities. The impact of Cyclone Mocha in May 2023, which affected over 3 million people, underscores the urgency of climate resilience and disaster preparedness, as natural disasters compound existing vulnerabilities in Myanmar's already fragile humanitarian landscape.[9]

In September 2024, severe flooding impacted more than one million people across 70 of Myanmar's 330 townships, including 600,000 women and girls, 270,000 children, 270,000 women of reproductive age, and nearly 13,000 pregnant women. Many of those affected were residing in internal displacement camps, and 67% of the affected camps reported safety risks for women and girls.[10]

Gendered caregiving roles restrict women's mobility and access to safety, shelter, and healthcare during emergencies. This situation is particularly dire for pregnant women, mothers, older people and their carers, and others who find it difficult to evacuate promptly or access healthcare when displaced.[11] Marginalized people, including women with disabilities, pregnant women, and breastfeeding mothers, face heightened vulnerability due to inadequate access to healthcare and protection. Recurring natural disasters make sustainable recovery difficult and heighten dependency on humanitarian aid, especially in conflict-affected areas with restricted humanitarian access.[12]

Structural gender inequality

Myanmar's deeply entrenched patriarchal structure, underpinned by concepts such as *hpon* (men's perceived spiritual superiority),[13] confines women to domestic roles and limits their access to education, healthcare, and economic opportunities. Land inheritance and property rights heavily favour men, and women often lack financial independence, with gender discrimination particularly evident in rural and conflict-affected areas. Women and girls with disabilities face compounded discrimination, struggling to access basic services in displacement camps.

[7] Human Rights Council. Courage amid crisis: gendered impacts of the takeover and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

[8] Eckstein, D., Künzel, V., & Schäfer, L. (2021). Global Climate Risk Index 2021: Who Suffers Most from Extreme Weather Events? Weather-Related Loss Events in 2019 and 2000-2019. Germanwatch. https://www.germanwatch.org/en/19777

[9] UN OCHA. (2023). Myanmar: Cyclone Mocha - Flash Update #3 (as of 14 May 2023). ReliefWeb. https://reliefweb.int/report/myanmar/myanmar-cyclone-mocha-flash-update-3-14-may-2023

[10] United Nations Myanmar. (2024, November). Gender-impact flash update No. 2: November 2024. United Nations Myanmar. https://myanmar.un.org/sites/default/files/2024-

11/GiHA%20Gender-impact%20flash%20update%20No.%202_Nov%202024_0.pdf

[11] UN Gender in Humanitarian Action Working Group. Gender Impact Flash Update: Myanmar Flooding No. 1, 1 October 2024. Available at: https://reliefweb.int/report/myanmar/gender-impact-flash-update-myanmar-flooding-no-1-1-october-2024.

[12] OCHA. (2024). Myanmar HNRP 2025. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2025-december-2024

[13] Human Rights Council. Courage amid crisis: gendered impacts of the takeover and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

Since 2021, ongoing conflict has contributed to shifting gender roles, with women taking on responsibilities traditionally held by men, especially in areas where men are absent due to displacement, conscription, or detention. Yet these shifts remain constrained by cultural practices that restrict women's ability to claim property or participate in the public sphere, reinforcing patriarchal structures and limiting women's potential as agents of change.

The need for a gender-responsive approach

Myanmar's intersecting crises—conflict, climate vulnerability, economic instability, and social inequalities—demand a gender-responsive approach to humanitarian aid, with an emphasis on meeting the needs of women, girls, persons with disabilities and LGBTIQ+ individuals. This includes:

- Prioritizing safe spaces, targeted healthcare, and protection against gender-based violence.

- Supporting WLOs and WROs with flexible, long-term funding to sustain and scale their essential work. Promoting gender-sensitive interventions that address the root causes of inequality and support resilience.

A comprehensive and inclusive humanitarian response that prioritizes the protection, empowerment, and inclusion of vulnerable groups is key to alleviating hardship, promoting gender equality, and creating pathways for sustainable peace and resilience.

Flooding in Bago region in September 2024. Photo: WFP Myanmar/2024.

METHODOLOGY

The 2024 Myanmar Gender Profile integrates qualitative and quantitative data to provide a comprehensive analysis of the gendered impacts of Myanmar's humanitarian crisis. In response to crisis, conflict and political instability, data collection methods were adapted to the security conditions, using online, phone, and in-person methods to ensure accurate and inclusive insights across regions.

The methodology involved the following key steps:

Secondary data and literature review

A thorough review of existing reports, research, and studies on gender issues in Myanmar was conducted. This included previous Gender Profiles, and reports from UN agencies, NGOs, and civil society organizations.

The review aimed to:

1. Consolidate data on gender-specific issues, such as access to services, GBV, participation in decision making, and education.

2. Identify trends, gaps and limitations in humanitarian response to inform future programming.

Primary data collection

To supplement the secondary data, primary data collection included:

- **Focus group discussions**: These were conducted with representatives of CSOs, the majority of whom were from WROs and WLOs. These discussions captured qualitative insights into the lived experiences of diverse demographic groups, focusing on access to services, changes in roles and responsibilities, and specific vulnerabilities.

- **Key informant interviews (KIIs)**: KIIs were conducted with stakeholders possessing specialized knowledge, including humanitarian actors at national and sub-

national levels. These interviews provided in-depth insights into gender-specific challenges, opportunities, and gaps in humanitarian programming.

- **Online and offline qualitative surveys**: Given the ongoing conflict and security constraints, an online qualitative survey was distributed using tools such as Kobo Collect, enabling respondents to provide input at their own pace. This method ensured wider participation, particularly in areas where in-person data collection was not feasible.

Table 1: Stakeholders consulted

Collection method	Respondents	Number of participants	Gender
Survey	WLOs / WROs/CBOs	20 submissions	Male: 35% Female: 60% Gender diverse: 5%
KIIs	WLOs / WROs/CBOs	13 individuals	Male: 15% Female: 85%
	Cluster / Sub-clusters	12 individuals	Male: 7% Female 93%
FGDs	WLOs / WROs/CBOs	3 organizations (19 individuals)	Male: 14% Female: 86%

Data collection and analysis tools

Tools for focus group discussions, KIIs, and surveys were developed in collaboration with UN Women Myanmar and select members of the Gender in Humanitarian Action (GiHA) Working Group who have expressed interest to be part of the exercise. These tools were pre-tested to ensure cultural appropriateness and accessibility for all participants. Adjustments were made based on feedback from the pilot sessions.

Sampling approach

A stratified random sampling approach was employed to ensure representation from across diverse WROs and WLOs. The sampling approach aimed to capture voices from a broad spectrum of the population, including different

regions, urban and rural areas, and vulnerable groups.

Data analysis

Qualitative and quantitative data were analysed to identify key gender trends, needs, and gaps.

Comparative analysis with the 2021 Myanmar Gender Profile was conducted to track changes over time, including shifts in access to services, safety concerns, and livelihood opportunities for women, men, and marginalized groups.

- **Qualitative analysis:** Thematic coding was applied to qualitative data to identify and categorize emerging patterns, enabling a deeper understanding of gender-specific dynamics and challenges.

- **Quantitative analysis:** To the extent feasible, quantitative data was analysed to uncover significant trends

Challenges and limitations

The ongoing crisis in Myanmar presents significant challenges to conducting comprehensive research. Limited access to affected regions due to conflict, security concerns, and movement restrictions constrains both quantitative and qualitative data collection efforts. Additionally, since 2021, the production of new research studies and surveys has sharply declined, making it difficult to obtain up-to-date, representative data. These limitations highlight the need to interpret the findings cautiously.

GENDER IN HUMANITARIAN ACTION IN MYANMAR

Building on earlier inter-agency initiatives, the GiHA Working Group in Myanmar aims to address gender-specific challenges faced by women, girls, men, boys, LGBTIQ+ individuals, and people with disabilities across clusters and sectors such as health, education, food security, protection, and WASH.

The working group coordinates efforts, provides gendered technical expertise, fosters knowledge-sharing, and delivers capacity-building training to embed gender considerations at every stage of humanitarian program cycle especially in planning, assessments, and program development. It also promotes the leadership of WLOs and WROs across the humanitarian response and encourages gender-inclusive decision-making.[14]

Key initiatives in 2024 included:

Expanding membership and increasing access to materials

- Invited more local and women-led CSOs to strengthen gender-specific technical support and better address Myanmar's growing gendered humanitarian needs.

- Reinvigorated the GiHA platform on the Myanmar Information Management Unit (MIMU) website to serve as the go-to site for accessing and sharing GiHA information and learning.

Launching targeted training programs

- Developed the gender training manual and facilitation guide to ensure readily available GiHA training materials for local organizations.

- Implemented training initiatives to enhance gender integration in humanitarian responses.

- Initiated collaborative consultations with WLO and organizations of persons with disabilities to capture their voices in the development of the yearly Humanitarian Needs and Response Plan (HNRP).

These programmes focussed on the needs of women, men, boys, girls, LGBTIQ+ individuals, and people with disabilities, emphasizing intersectionality and inclusivity under the UN's commitment to "leave no one behind" (outlined in the 2030 Agenda for Sustainable Development).

Developing tools and resources

- **Gender Observation Review Toolkit**: Developed in partnership with CARE, this toolkit adapts CARE's Rapid Gender Analysis (RGA) toolkit to the challenges of collecting data in crisis settings. It provides guidance for integrating gender considerations into humanitarian responses, including gender mainstreaming, capacity building, and gender-sensitive approaches.[15]

- **Gender Mainstreaming Checklists:** Sector-specific checklists, including for protection,

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[14] Gender in Humanitarian Action Working Group. Terms of Reference: Gender in Humanitarian Action Working Group (GiHA WG). 2024. Myanmar Information Management Unit (MIMU). https://themimu.info/sites/themimu.info/files/giha_public/2024_TOR_GiHA_WG_V2.pdf.

[15] GiHA Working Group. (2024). Gender Observation Review Toolkit. https://asiapacific.unwomen.org/en/digital-library/publications/2024/09/myanmar-observational-gender-review-toolkit

shelter, health, education, food security, and WASH.[16]

- **Gender Impact Flash Updates:** Updates on the Myanmar flooding (in October and November 2024), highlighting the unique impacts on women, girls, and marginalized groups, and providing actionable gender-focused insights for disaster response.[17]

Using gender analyses to inform programming

Humanitarian partners are also incorporating gender-responsive needs assessments, which collect sex, age, and disability-disaggregated data to tailor interventions effectively. These efforts include promoting gender-balanced teams to design inclusive programs and establishing confidential feedback mechanisms to safely report issues such as sexual exploitation and abuse. Additionally, sectors

such as nutrition incorporate gender analyses to address specific vulnerabilities and empower women in decision-making on food management.[18] In WASH programs, gender integration is prioritized through safety audits that assess protection risks and ensure gender-segregated facilities, creating safer environments for all.

Despite these efforts, challenges persist. Immediate humanitarian needs often overshadow long-term gender considerations. Access restrictions in conflict zones further complicate aid delivery, limiting opportunities for transformative interventions.[19]

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[16] GiHA Working Group. 2024. Myanmar Toolkit for Gender Mainstreaming in Humanitarian Action. https://asiapacific.unwomen.org/en/digital-library/publications/2024/09/myanmar-toolkit-for-gender-mainstreaming-in-humanitarian-action

[17] United Nations Myanmar. (2024, October 1). Gender impact flash update: Myanmar flooding no. 1. https://myanmar.un.org/en/280741-gender-impact-flash-update-myanmar-flooding-no-1-1-october-2024

[18] UN Women. (2024, July). One size doesn't fit all: Why gender matters in humanitarian response. https://asiapacific.unwomen.org/en/stories/feature-story/2024/07/one-size-doesnt-fit-all-why-gender-matters-in-humanitarian-response

[19] OCHA. (2024). Myanmar: HNRP 2024 – Addendum. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy

KEY POLICIES AND INTERNATIONAL FRAMEWORKS

Gender-responsive humanitarian action is guided by key policies and international frameworks,[20] including the IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action, updated by UN Women in 2024, which sets a standard for integrating gender equality into all preparedness and response activities.[21]

Key principles include:

Address the specific needs of all genders: Identifying and addressing the specific needs of women, girls, men, and boys in all their diversities. This includes systematic collection of sex, age, and disability-disaggregated data to inform context-specific intersectional gender analyses and responses.

Promote women's leadership and meaningful participation: Facilitate the active participation and leadership of women and girls, including those with diverse sexual orientations and gender identities (SOGIESC) at all stages of humanitarian action. Engage local WLOs and WROs in all aspects of crisis response and ensure their access to quality funding and support.

Prioritize GBV prevention and response: Integrate GBV prevention and response across all humanitarian sectors by establishing systems to mitigate risks, providing necessary services, and addressing the compounded vulnerabilities that women and girls face during crises.

Foster intersectional approaches to gender equality: Address compounded inequalities faced by marginalized groups, including women and girls with disabilities and LGBTIQ+ people, ensuring inclusive and equitable responses.

Secure adequate financial resources for gender equality initiatives: Allocate dedicated funding for gender-targeted initiatives, including multi-year, unrestricted support for local WLOs, WROs, and organizations representing diverse gender identities. A portion of funds from humanitarian appeals and pooled funds, including rapid response funds, must be dedicated to advancing gender equality and the empowerment of women and girls.

Mainstream gender in humanitarian planning and programming: Embed gender considerations into the design, implementation, monitoring, and evaluation of all humanitarian interventions. Every humanitarian plan must include gender-targeted and gender-mainstreamed actions based on thorough gendered analysis and consultations.

Strengthen accountability to gender equality commitments: Create and uphold accountability frameworks to ensure adherence to gender equality strategies. Use tools such as the IASC Gender Accountability Framework to guide regular reporting, monitoring and corrective actions.

Build gender expertise and capacity: Ensure humanitarian teams have adequate gender expertise by providing Gender Advisors and technical support from the GiHA Working Group to ensure compliance with gender equality policies.

Empower women and girls: Address the root causes of gender inequality by facilitating access

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[20] Other important frameworks include UN Security Council Resolution 1325 on Women, Peace, and Security, emphasizing the participation, protection, and gender inclusion of women in conflict settings; CEDAW, which establishes international standards for gender equality and women's rights; and Sustainable Development Goals 5 and 10, which focus on achieving gender equality and reducing inequalities, including during humanitarian crises.

[21] UN Women. (2024, July). One size doesn't fit all: Why gender matters in humanitarian response. https://asiapacific.unwomen.org/en/stories/feature-story/2024/07/one-size-doesnt-fit-all-why-gender-matters-in-humanitarian-response

to education, healthcare, livelihoods, and decision-making roles for women in crisis response. Engage women and girls meaningfully and safely in the design of policies and programs. Coordinated and collaborative inter-agency work on addressing negative social norms that exacerbates vulnerabilities of women and girls increasing their protection risks in times of conflict and crisis.

Strengthen local WLOs and WROs
Prioritize support for local WLOs and WROs as key actors in preventing, preparing for, and responding to humanitarian crises. Ensure these organizations have leadership opportunities and are recognized as inclusive partners in humanitarian action.

AREA-SPECIFIC INSIGHTS

Northwest

The Northwest of Myanmar, comprising Chin State, Sagaing and Magway regions, is at the epicentre of one of the country's most severe humanitarian crises. Escalating conflict has led to mass displacements and the collapse of critical infrastructure. By November 2024, it accounted for more than 1.7 million internally displaced persons,[22] making it the most displaced area in Myanmar. Sagaing has experienced the highest concentration of displacement due to conflict, including airstrikes, and the destruction of civilian property, while Chin State has faced targeted airstrikes and shelling that has displaced thousands to remote areas or across the border into India.[23] Seasonal floods have further exacerbated existing vulnerabilities in the region.

Women, girls, and other marginalized groups bear the brunt of these crises, facing heightened risks of gender-based violence, exploitation, and lack of access to essential services. There are increasing reports of abductions, detentions, and arrests of civilians, particularly men. In some regions, the increased arrival of refugees—many of them women, girls, and elders from Rakhine and other regions—has raised concerns about the equitable distribution of resources such as water, land, and jobs as their numbers increase.

The worsening humanitarian situation is compounded by restricted access to aid, due to road blockages, attacks on humanitarian convoys, and military-imposed restrictions, which severely complicate relief efforts. [24] There is widespread fuel shortages and utility disruptions[25] and the region faces some of the harshest internet restrictions, with entire townships cut off and only limited mobile coverage in a few areas. Where the internet is available, heavy restrictions require VPNs to access apps and essential information.

There are limited WROs in Sagaing and Chin, with Chin-based groups making up only 1.2% of surveyed organizations (2022), struggling with severe safety and operational challenges amid Myanmar's political crisis.[26]

There are reports of violence against civil society leaders. Despite some grassroots efforts to support affected populations, traditional gender roles and security concerns continue to restrict women's participation in decision-making processes at household and community levels. This entrenched inequality, along with the ongoing conflict, exacerbates the vulnerabilities of women, girls, persons with disabilities and LGBTIQ+ individuals in the region.

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[22] UNOCHA. (2024, November 27). Myanmar humanitarian update no. 42. OCHA. https://www.unocha.org/publications/report/myanmar/myanmar-humanitarian-update-no-42-27-november-2024
[23] OCHA (2024). Myanmar 2024 HNRP https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-december-2023-enmy
[24] Ibid.

[25] Crisis24. (2024, June 7). Myanmar: Fresh internet restrictions imposed nationwide as of June 7 amid ongoing clashes in several states across Myanmar – update 7. https://crisis24.garda.com/alerts/2024/06/myanmar-fresh-internet-restrictions-imposed-nationwide-as-of-june-7-amid-ongoing-clashes-in-several-states-across-myanmar-update-7
[26] Petreski, M. (2022). A trend analysis study on the status of Women Civil Society Organizations in Myanmar. UN Women.

Gender-based violence and protection	• The ongoing conflict has exacerbated GBV, with increased reports of sexual violence, including gang rapes, sexual abuse, and killings targeting women and girls. Legal systems have collapsed, providing limited recourse for survivors, who also fear retaliation and social stigma.[27] • WLOs are hindered by access restrictions in conflict affected areas that prevent them from reaching remote areas to support survivors of sexual violence, leaving women isolated and vulnerable. • In displacement camps, male-dominated camp leadership, overcrowding, and unsanitary conditions are barriers to women and girl's safety and access to justice, increasing their risk of experiencing GBV, including sexual exploitation and abuse. • Displaced women and children, especially near borders, face high risks of trafficking, forced labour, and exploitation. • Economic hardship and insecurity have led to an increase in child, early and forced marriages[28] as families often view marriage as a means of financial relief or protection. However, it exposes girls to increased risks including physical or sexual intimate partner violence, and adolescent pregnancy, during which there is a high risk of complications.
Health	• Healthcare access is severely compromised, with 188 incidents of violence against healthcare infrastructure reported in 2023 compared to 118 in 2022. Most of these attacks occurred in Sagaing, Magway, and Mandalay regions.[29] • Approximately 70% of non-displaced stateless households and 40% of IDPs report difficulty accessing healthcare.[30] Women face significant barriers to prenatal, postnatal, and emergency obstetric care. • In 2019, Chin State had one of Myanmar's highest maternal mortality rates, at 357 deaths per 100,000 live births. Many women are forced to give birth in unsafe conditions, often without trained healthcare providers or necessary medical supplies.[31] Access to modern contraceptive methods is limited, with only 34.2% having access in Chin State in 2019,[32] with barriers to access being further exacerbated by disruptions in the healthcare system.

[27] In cases of redress for conflict related sexual violence, this is often in the form of monetary compensation to survivors for the harm committed rather than punitive justice, contributing to the survivors' increased reluctance to report the cases. For example, the UN Special Rapporteur reports that in Monywa, Sagaing Region, about one-third of reported cases are allegedly addressed through monetary compensation. See: UN Human Rights Council. Courage amid crisis: gendered impacts of the takeover and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

[28] Child marriage refers to any formal marriage or informal union of a child under the age of 18 with an adult or with another child. Forced marriage is a marriage in which one or more of the parties is married without their consent or against their will. See: Global Protection Cluster website. https://globalprotectioncluster.org/index.php/Child_Early_or_Forced_Marriage

[29] Safeguarding Health in Conflict Coalition. (2023). Critical condition: Violence against health care in conflict. Safeguarding Health in Conflict Coalition. https://shcc.pub/2023CriticalCondition

[30] OCHA. (2023). Myanmar 2024 HNRP. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-december-2023-enmy

[31] World Health Organization Regional Office for South-East Asia (SEARO). Myanmar Public Health Situation Analysis. 8 November 2022. Available at: WHO Myanmar and WHO South-East Asia.

[32] World Health Organization. (2023). Public health situation analysis: Myanmar. WHO Southeast Asia Regional Office. https://cdn.who.int/media/docs/default-source/searo/myanmar/documents/public-health-situation-analysis-myanmar-sear-who.pdf?sfvrsn=32d76c72_9&download=true

	• Mental health services, especially for survivors of sexual violence, are nearly non-existent, leaving many women and girls to manage trauma alone, without psychosocial support.
Water, sanitation, and hygiene	• Escalating conflict, access restrictions, funding shortages, and the need to engage with multiple armed groups are delaying WASH assistance and limiting the distribution of essential hygiene items, such as sanitary pads, increasing health risks for women and girls.
Food security & economic empowerment	• Ongoing conflict has disrupted the economy, cutting off displaced individuals from farmland and agricultural work, and critical income sources for families. In Magway Region, resource strain from the incoming displaced population exacerbates challenges related to water, land, and job availability. • Food insecurity has pushed many women into extreme poverty, leading them to resort to high-interest loans and harmful coping strategies such as exploitative informal labour, transactional sex, and risky migration. These vulnerabilities also increase women and girls' risk of exploitation from traffickers, who deceive them with job promises, leading to high-risk situations. • Traditional social norms prevent women from inheriting property. This restricts their access to economic resources and perpetuates gender inequality, further limiting women's resilience amid ongoing crises.
Education	• Conflict has devastated education, with schools destroyed or repurposed for military use, frequent power outages, and internet disruptions leaving up to 80% of children out of school in affected areas.[33] Displaced children, particularly girls, face further barriers due to inadequate infrastructure in camps and displacement sites. • Traditional gender norms often result in boys' education being prioritized, as girls are withdrawn from school for household duties or safety. • LGBTIQ+ youth encounter discrimination based on sexual orientation and gender identity, facing harassment and exclusion from educational opportunities, further restricting their access to learning.
Decision-making and participation	• Women play vital roles in supporting families and communities, leading grassroots humanitarian efforts, addressing GBV, and managing livelihood programs amid the conflict. Despite their contributions, women are often excluded from formal decision-making structures. • There are substantial barriers, including socio-cultural expectations, economic restrictions, and gender-based discrimination, which limit women's participation in political decision-making. Women continue to struggle to attain leadership roles and visibility in political organizations.[34] For example, the Interim Chin National Consultative Council in Chin State includes only one woman among 12 representatives, underscoring the difficulty in securing equitable representation for women in political processes.[35]

[33] OCHA. (2024). Myanmar HNRP 2024 Addendum https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy

[34] International Development Research Centre. Political Participation of Chin Women in Myanmar Spring Revolution. https://idl-bnc-idrc.dspacedirect.org/bitstreams/ff7ce988-005b-487b-82aa-179fa9b54b99/download

[35] Human Rights Council. Courage amid crisis: gendered impacts of the takeover and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

	• Efforts to involve women in community governance and peacebuilding in conflict-affected areas remain limited and are progressing slowly. In camps primarily led by religious institutions, women are assigned lower-level roles, while male leaders control decisions on resource distribution and humanitarian aid.
Security	• The spread of the conflict, including in Sagaing Region and Chin State has heightened insecurity, disproportionately impacting women, girls, women with disabilities and LGBTIQ+ individuals who face increased risks of violence, exploitation, and deprivation. Women face dangers at military checkpoints, including sexual harassment, arbitrary detention, and abductions for ransom, while LGBTIQ+ individuals, especially transgender women, endure humiliating and violent treatment. • Ongoing conflict has severely disrupted humanitarian aid access, worsening conditions for vulnerable populations already facing extreme hardship. • Forced conscription in both conflict and non-conflict areas is increasingly used to boost troop numbers, primarily targeting men but also extending to women, especially when male family members evade recruitment. This practice has imposed significant financial burdens on families, who are often forced to pay up to 100 lakhs to avoid conscription or to secure the release of detained relatives. In conflict zones, women are compelled into support roles, such as medical and educational tasks.

Northeast

For over 60 years, ongoing conflict in Kachin has fuelled widespread, long-term displacement.[36] Since late 2023, escalating fighting has triggered new waves of displacement across 11 of Kachin's 18 townships and intensified conflict since March 2024 added more than 400 new displacement sites. Since May 2024, the fighting has been getting closer to Kachin's capital, Myitkyina, impacting the movement of local communities, displaced people, and commodities, resulting in increasing prices and shortages of rice and fuel.[37] The area is rich in natural resources such as jade, which further complicates the conflict dynamics.[38]

In northern Shan, escalation of fighting that began in October 2023, resulted in the temporary displacement of 140,000 people. While a China-brokered ceasefire in January 2024 provided fragile respite to northern Shan, the region remains tense, with frequent armed clashes.[39]

Despite restricted access for international humanitarian actors since last year, local CSOs, WROs, and CBOs have stepped in to deliver essential support. This includes delivering cash assistance for essential items such as sanitary pads. A strong network of women's civil society organizations —14.3% based in Kachin and

[36] OCHA. (2024). Myanmar HNRP 2024 Addendum https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy
[37] Information provided by consulted stakeholders.

[38] ActionAid Myanmar. (2021). PSEA research full report. https://myanmar.actionaid.org/sites/myanmar/files/publications/PSEA%20research%20full%20report.pdf
[39] OCHA. (2024). Myanmar HNRP 2024 Addendum, https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy

20.2% in Shan in 2022[40]—has been instrumental in coordinating aid for conflict-affected communities. WLO and WROs, supported by the UN and partners, continue to assist displaced populations, combat human trafficking, and document human rights abuses amidst persistent communication challenges and the withdrawal of larger NGOs and UN agencies.

GBV and other protection concerns	• Violence remains prevalent, including intimate partner violence, and the use of sexual violence as a weapon is pervasive in conflict zones. • The collapse of the judicial system, access restrictions, and social stigma make it nearly impossible for survivors of GBV to seek justice. Cultural factors and power dynamics discourage survivors from reporting. Since July 2024, communication disruptions in Kachin have delayed GBV responses, hindering reporting and interventions. • In Ta'ang Areas (northern Shan State), the Ta'ang Political Consultative Council is reportedly developing a special action plan to address gender-based violence, aiming to create more formal justice mechanisms for these cases.[41] • Overcrowded, male-dominated IDP camps and sites increase sexual exploitation and abuse (SEA) risks for women and girls. Limited understanding of SEA, often reduced to physical violence, prevents recognition of non-physical exploitation, and barriers like fear of retaliation and community shame inhibit reporting. • In some regions, child marriage is normalized and often seen as a coping strategy, perpetuating cycles of sexual and emotional abuse. In Kachin IDP camps, a 2018 survey of 121 adolescents showed that over 20% of adolescent girls were married, often without access to adequate information to make informed decisions. This percentage is expected to have increased since 2021.[42] • Women in conflict-affected regions, particularly Kachin and northern Shan, face economic hardship, leading them to engage in informal and often dangerous work, such as mining and sex work. These activities increase their risk of exploitation, trafficking, and violence. Rising costs, reduced wages, and border-related trafficking risks further compound these challenges. • Trafficking, especially into China for forced marriages or sexual slavery, is a growing issue. In Northen Shan, online platforms such as "Date Girl" on WeChat are used to lure young women into exploitative situations. The overwhelming majority of women trafficked through Date Girl are aged between 15 and 22.[43] • LGBTIQ+ individuals face sexual violence, especially in detention settings, where soldiers and guards deliberately target them based on their gender identity or sexual orientation.[44]

[40] No recent survey has been carried out to assess the current state of CSOs in different regions. Petreski, M. (2022). A trend analysis study on the status of Women Civil Society Organizations in Myanmar. UN Women.
[41] Ibid.
[42] Women's Refugee Commission (2022). Child Marriage in Humanitarian Settings: Ethiopia, Lebanon, and Myanmar. https://www.womensrefugeecommission.org/wp-content/uploads/2022/05/Child-Marriage-in-Humanitarian-Settings_Ethiopia-Lebanon-and-Myanmar_5.2022.pdf.
[43] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.
[44] Ibid.

	• Conflict-related casualties in Shan State due to landmines reveal adult men face higher mortality, while women and girls are more likely to be maimed.[45]
Education	• Conflict and displacement in Kachin and northern Shan states have led to school closures and destruction, impacting access to education, especially for girls. Financial strain prevents many families from covering educational costs, resulting in higher dropout rates among girls, which heightens their vulnerability to early marriage, trafficking, and exploitation. • In Northen Shan, reports indicate that adolescent girls are dropping out due to tuition costs, forcing them to seek work in border areas as waitresses or domestic helpers. This increases their exposure to exploitation risks.[46]
Health	• Security concerns in northern Shan State have led to the relocation of health personnel, suspension of health services, and shortages in medicines caused by procurement, transportation, and funding issues. Incidents of damage to health facilities doubled from 15 in 2022 to 33 in 2023, with a significant increase following the escalation of violence that began in October 2023.[47] • Regions like Shan remain largely inaccessible to humanitarian actors. Despite this, local CSOs, WROs, and CBOs have sustained responses with volunteers, including those in IDP sites supporting sexual and reproductive health (SRH) activities and mobile clinics. • Conflict-affected areas face severe limitations in maternal and reproductive healthcare, resulting in unsafe birth conditions, limited access to contraception, and increased rates of unwanted pregnancies and unsafe abortions. Cultural taboos around family planning, especially in rural areas, worsen these issues. Northern Shan State had the highest adolescent birth rate in 2019, with 42 births per 1,000 girls aged 10 to 19, with rates expected to rise in the current conflict context. [48] • Displaced women, many of whom have experienced sexual violence, have limited access to psychological support services, deepening the health crisis in these areas.
Food security and economic empowerment	• Movement restrictions, inflated prices, and declining real wages—such as for female agricultural workers—have forced some women to borrow money, reduce food intake,[49] or resort to unsafe and high-risk work to support their families. In Kachin, the cost of basic diets has risen by 48%, further exacerbating these challenges.[50]

[45] Mine Free Myanmar. (2023). Landmine and explosive remnants of war contamination in Myanmar: 2023 report. https://minefreemyanmar.info/docs/lmreports/MB2023MYN.pdf

[46] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

[47] Safeguarding Health in Conflict Coalition. (2023). Critical condition: Violence against health care in conflict. Safeguarding Health in Conflict Coalition. https://shcc.pub/2023CriticalCondition

[48] World Health Organization. (2023). Public health situation analysis: Myanmar. WHO Southeast Asia Regional Office. https://cdn.who.int/media/docs/default-source/searo/myanmar/documents/public-health-situation-analysis-myanmar-sear-who.pdf?sfvrsn=32d76c72_9&download=true

[49] See also, UN Human Rights Council (2024). A/HRC/56/CRP.8: Human Rights Situation Report. https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session56/a-hrc-56-crp-8.pdf.

[50] International Food Policy Research Institute. (n.d.). Myanmar SSP research note 111. https://themimu.info/sites/themimu.info/files/assessment_file_attachments/IFPRI_Myanmar-SSP-RN_111.pdf

	• Women are increasingly crossing borders to find work opportunities, exacerbating their vulnerability to unsafe migration, trafficking, and discrimination due to lack of immigration status.[51]
Decision-making and representation	• In Kachin and Shan States, men dominate decision-making roles in village governance and camp management. This entrenched patriarchy limits women's roles and authority in leadership. • Some progress has been made, such as the Ta'ang Political Consultative Council adopting a 30% quota for women, appointing seven women among its 17 representatives, and establishing a ministry for women's and gender issues. However, these changes remain far from widespread across the region. For example, the Kachin Independence Organization, reportedly includes no women in leadership roles.[52] • Research in Lashio Township highlights persistent barriers, including social norms, movement restrictions, and language limitations, which restrict women's public involvement and decision-making power. Women have also raised the concern that participating more in public spaces will increase their risk of gender-based violence, including intimate partner violence, aggravated by drug use and economic challenges.[53]
Security	• In Kachin and northern Shan, the security situation remains volatile, with women and girls facing constant threats from armed groups, traffickers, and even within their own households. Displacement has further marginalized women's roles in society, as they are forced to navigate unfamiliar environments while trying to secure basic needs for their families.
Gender roles and norms	• Women in northern Shan and Kachin are largely confined to domestic roles, limiting their participation in public life and decision-making. Despite undergoing leadership training, many women lack the confidence to lead due to societal expectations.[54] These norms subordinate women, associating them with family honour and impure bodies, which perpetuates forced marriages and gender-based violence. • Armed conflicts in these regions have led to mass displacements, where traditional male-dominated land ownership hinders women, especially widows and those whose husbands are missing, from reclaiming their land due to lack of documentation.[55] • LGBTIQ+ individuals, particularly transgender people, experience severe discrimination and violence, with limited job opportunities. • Studies indicate that conflict is reshaping masculinity, with disabled and internally displaced men in Kachin facing stigma and feelings of low self-worth, often leading them to turn to alcohol.[56]

[51] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

[52] Ibid.

[53] CARE International in Myanmar. (2022). Rapid Gender Analysis on Power and Participation: Women Lead in Emergencies, Northern Shan State, Myanmar. CARE International. https://reliefweb.int/report/myanmar/rapid-gender-analysis-power-and-participation-women-lead-emergencies-northern-shan-state-myanmar

[54] Ibid.

[55] UN Women & UNDP. (2022). Gender-Responsive Conflict Analysis: Myanmar. March 2022.

[56] For example, see: Lawn and Naujoks in Myrttinen, H. (2022). Men, masculinities, and humanitarian settings: Literature review. UN Women.

Much needed dignity kits were distributed to women affected by flooding that began in September 2024.

Rakhine

Rakhine State remains one of the most conflict-affected regions in Myanmar, with deep-seated intercommunal tensions and an ongoing conflict between the MAF and Arakan Army. As of October 2024, conflict has impacted 16 out of 17 townships—all except Munaung.[57] Since late 2023, the Arakan Army has made significant territorial gains, but they face immense governance challenges in an economically devastated region, relying heavily on Myanmar's central government for essential services such as electricity, communications, and banking.[58]

Inter-communal tensions and Rohingya vulnerabilities

The conflict exacerbates pre-existing inter-communal tensions, particularly for the Rohingya, who continue to face systemic discrimination, violence, and statelessness under Myanmar's 1982 Citizenship Law. In 2023, approximately 600,000 Rohingya remained in Myanmar, mainly in Rakhine State, living under severe restrictions on movement and with limited access to healthcare, education, and economic opportunities. Among them, 150,000 Rohingya live in open-air camps or villages under challenging conditions.[59]

Rohingya women, girls, and LGBTIQ+ individuals are especially vulnerable due to the denial of citizenship and basic human rights, exposing them to heightened risks of violence, exploitation, and abuse. The intensifying conflict deepens these hardships, making survival increasingly precarious for this population.[60]

Natural disasters and displacement

Rakhine is one of Myanmar's most disaster-prone regions, regularly experiencing cyclones and monsoon flooding. In May 2023, Cyclone Mocha severely impacted over 3 million people, escalating humanitarian needs and increasing violence and insecurity risks, particularly for women and girls. Coastal flooding and storm surges during monsoon season further endanger low-lying areas and villages.[61] These challenges disproportionately impact women, girls, and marginalized groups like the Rohingya, Mro, and Khamee.

Conflict and natural disasters have driven displacement levels in Rakhine to alarming heights, with 570,000 people displaced, including 389,000 newly displaced since November 2023.[62] Displaced populations, particularly women and girls, face serious obstacles in accessing essential services such as healthcare, education, and sanitation. Many reside in overcrowded camps or informal shelters, heightening their vulnerability to GBV and exploitation. The competition for scarce resources, including food and water, between displaced populations and host communities, often leads to heightened tensions and further

[57] United Nations Office for the Coordination of Humanitarian Affairs. (2024, October 10). Myanmar humanitarian update no. 41. OCHA. https://www.unocha.org/publications/report/myanmar/myanmar-humanitarian-update-no-41-10-october-2024

[58] International Crisis Group. (2024). Breaking Away: The Battle for Myanmar's Rakhine State. https://www.crisisgroup.org/asia/south-east-asia/myanmar/339-breaking-away-battle-myanmars-rakhine-state.

[59] Office of the United Nations High Commissioner for Human Rights. (2023, June). Durable solutions for the Rohingya crisis in Myanmar. https://www.ohchr.org/en/statements/2023/06/durable-solutions-rohingya-crisis-myanmar

[60] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

[61] United Nations Office for the Coordination of Humanitarian Affairs. (2024). Myanmar HNRP 2024 – Addendum. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy

[62] United Nations Office for the Coordination of Humanitarian Affairs. (2024, October 10). Myanmar humanitarian update no. 41. OCHA. https://www.unocha.org/publications/report/myanmar/myanmar-humanitarian-update-no-41-10-october-2024

marginalizes women and girls, who are responsible for securing these necessities for their families.

Humanitarian access and infrastructure damage

The conflict has caused extensive infrastructure damage, including arson attacks on homes and schools. Despite rising humanitarian needs, severe access restrictions persist, with only slight improvements in Sittwe. Road and waterway closures, local movement restrictions, and communication blackouts further isolate communities, impeding timely humanitarian responses.

Humanitarian actors face heightened challenges, including elevated prices and banking disruptions that make necessities unaffordable. Access to the Rohingya population in Rakhine remains especially limited due to access restrictions, with humanitarian organizations encountering bureaucratic and security barriers that hinder aid delivery.[63]

Role of women's organizations

WROs in Rakhine, which accounted for 7.1% of local civil society organizations in Rakhine in 2022,[64] play a crucial role in humanitarian aid. However, their operations are severely constrained by the ongoing conflict. Restricted mobility from airstrikes and displacement, poor phone and internet access, and a collapsed banking system hinder their operations, especially in GBV awareness, response and humanitarian interventions.

Many WROs have relocated to Yangon, while those that remain operate without official registration and limited resources, complicating their work further. Communication remains limited due to outages, with only a few alternative connections available. Additionally, landmines and air strikes have left many with disabilities, yet support for disability issues is scarce.

GBV and protection concerns	• GBV remains present in conflict areas, particularly in displacement camps and sites. Rohingya women and girls are especially vulnerable to sexual violence, trafficking, and exploitation,[65] with conflict-related sexual violence systematically used by both state and non-state actors as a tool of war.[66]
	• GBV is often under-reported due to fears of retaliation, cultural stigma, and the collapse of judicial systems. Many community members perceive GBV as a private family matter, rather than criminal, which hinders mobilization and advocacy efforts.[67]
	• Crisis-driven priorities such as food and safety often sideline women's issues and GBV advocacy. Many INGOs and NGOs have relocated to safer areas, leaving few services on the ground. A small number of women-led organizations continue to provide limited services, excluding health and legal support. Phone and internet disruptions, along with collapsed services, have hindered coordination.
	• Rohingya women and girls face significant risks of trafficking, often under the guise of marriage or employment. During dangerous journeys by sea or land to escape

63 United Nations Office for the Coordination of Humanitarian Affairs. (2024). Myanmar HNRP 2024 – Addendum. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy
64 Petreski, M. (2022). A trend analysis study on the status of Women Civil Society Organizations in Myanmar. UN Women.

65 UN Women & UNDP. (2022). Gender-Responsive Conflict Analysis: Myanmar. March 2022.
66 Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.
67 Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

	conflict, they are vulnerable to sexual slavery, domestic servitude, forced labour, and sexual violence.
	• Rohingya children in refugee and IDP camps face increased risks of child labour, including forced labour, due to school closures, discriminatory policies, and a lack of educational opportunities, exacerbated by ongoing violence in Muslim villages.[68]
	• Rohingya women, especially those advocating for Rohingya rights, face politically motivated online abuse both from within and outside their community, often being subjected to doxing, death threats, and dehumanizing language.
Education	• Conflict and displacement have led to widespread school closures, significantly limiting access to education for boys and girls. While some teachers have created informal learning spaces, these efforts are insufficient to meet the needs of displaced children.[69] Airstrike fears, financial constraints, and safety concerns exacerbate this issue, with families prioritizing boys' education, while girls are often kept at home or married off early.
	• Rohingya girls face additional discrimination in accessing education – they are more likely to drop out of school early or never be enrolled due to cultural norms within the Rohingya community, fears about girls' safety at and on the way to school, gender discrimination in schools, and financial costs.[70] Cultural norms often prevent girls from studying under male teachers, and there is a severe shortage of female teachers, particularly in rural and conflict-affected areas. The lack of educational opportunities puts girls at higher risk of early marriage and trafficking.
Health	• Healthcare services in Rakhine have been severely disrupted by conflict[71] and natural disasters, leaving many women, especially pregnant women, without access to essential medical care.
	• Since the conflict in 2021, many humanitarian actors have relocated to safer areas, leaving key medical staff absent from the field. Community mobilizers, who remain in the communities, can offer advice but are unable to provide medical treatment.
	• Rakhine has long faced low access to maternal healthcare, with only 40% of births in health facilities in 2019.[72] Limited antenatal care, malnutrition, and inadequate services have likely contributed to rising maternal mortality.
	• Rohingya women face systemic discrimination when accessing healthcare services, often experiencing verbal abuse in clinics and hospitals, particularly when wearing hijabs or niqabs, which discourages them from seeking care. Lack of identity documentation further restricts access, while military restrictions and Cyclone Mocha's devastation have severely limited critical maternal care.[73]

[68] U.S. Department of Labor. (2023). 2023 findings on the worst forms of child labor: Burma. https://www.dol.gov/sites/dolgov/files/ILAB/child_labor_reports/tda2023/Burma.pdf

[69] U.S. Department of Labor. (2023). 2023 findings on the worst forms of child labor: Burma. https://www.dol.gov/sites/dolgov/files/ILAB/child_labor_reports/tda2023/Burma.pdf

[70] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

[71] Safeguarding Health in Conflict Coalition. (2023). Critical condition: Violence against health care in conflict. Safeguarding Health in Conflict Coalition. https://shcc.pub/2023CriticalCondition

[72] World Health Organization Regional Office for South-East Asia (SEARO). Myanmar Public Health Situation Analysis. 8 November 2022. Available at: WHO Myanmar and WHO South-East Asia.

[73] Office of the United Nations High Commissioner for Human Rights. (2024). Report of the Independent International Fact-Finding Mission on Myanmar

	• Women with disabilities face additional barriers in accessing already severely restricted SRH services. Many facilities are not inclusive, and the limited availability of these services further marginalizes this group.[74]
Water, sanitation and hygiene	• Conflict and logistical challenges hinder the transportation of essential supplies such as sanitary pads, leaving them prohibitively expensive or unavailable in local markets. Women are increasingly open to using reusable sanitary materials, but the lack of water and suitable facilities for washing complicates their use. • Women are disproportionately affected by water shortages, often walking long distances to fetch water. Inadequate sanitation facilities in displacement camps lead to overcrowded and unsanitary latrines, leading many to resort to open defecation. Lack of proper lighting and separate, private sanitation facilities for women, contribute to their distress, insecurity, and increased vulnerability to GBV and health issues. • Lack of clean water contributes to outbreaks of waterborne diseases, including cholera and acute watery diarrhoea.[75]
Food security and economic empowerment	• Ongoing conflict and natural disasters have severely affected women's livelihoods, with diet costs rising 81% from mid-2023 to 2024, disproportionately impacting female wage earners due to lower wages.[76] Women are increasingly resorting to negative coping mechanisms including unsafe sex work and informal jobs including rice farming and domestic labour that expose them to exploitation, trafficking, and violence. • Stateless Rohingya in Rakhine face severe movement restrictions, limiting access to employment. Many rely on exploitative informal labour, further straining women, who often shoulder responsibilities for securing food, water, and sanitation. • Economic hardship forces many women and girls to migrate to neighbouring countries under the guise of marriage or employment, leading to exploitation risks. Migration to Yangon or abroad, especially to Thailand and Malaysia, is increasing, raising concerns about trafficking. • Traditional land ownership practices favour men, and the conflict has intensified these disparities, with humanitarian priorities sidelining documentation efforts, further disadvantaging women in securing legal land rights. Displaced Rohingya women face significant challenges in accessing land rights due to discriminatory practices and social stigma, making it difficult for them to secure or reclaim land after displacement.[77]

(A/HRC/56/CRP/8).https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session56/a-hrc-56-crp-8.pdf

[74] See also: United Nations Population Fund (UNFPA) (2022). Assessment of the Availability, Accessibility, Acceptability, and Quality of Sexual and Reproductive Health and Rights, Gender-Based Violence, and Mental Health and Psychosocial Support Services for Persons with Disabilities in Myanmar. https://myanmar.unfpa.org/sites/default/files/pub-pdf/assessment_of_the_availability_accessibility_acceptability_and_quality_of_sexual_and_reproductive_health_and_rights_gender-

based_violence_and_mental_health_and_psychosocial_support_services_for_per.pdf.

[75] UNICEF Myanmar. (2024). Myanmar Humanitarian Situation Report No. 7: Reporting Period 1 July to 31 August 2024. https://www.unicef.org/media/161986/file/Myanmar-Humanitarian-SitRep-31-August-2024.pdf

[76] International Food Policy Research Institute. (n.d.). Myanmar SSP research note 111. https://themimu.info/sites/themimu.info/files/assessment_file_attachments/IFPRI_Myanmar-SSP-RN_111.pdf

[77] UN Women & UNDP. (2022). Gender-Responsive Conflict Analysis: Myanmar. March 2022.

	• Restrictions on movement, compounded by the post-takeover security environment, have disrupted livelihoods for Rohingya women. Many rely on informal and precarious work, which increases their vulnerability to exploitation.[78]
Gender norms	• Women's participation in decision-making processes remains limited due to deeply entrenched patriarchal norms. While some women are involved in community leadership roles, their influence is often restricted by traditional gender roles that prioritize male leadership. Cultural and religious expectations within Rohingya communities additionally restrict women's roles in public and political life, which increases their vulnerability to exploitation and violence.[79] • There have been reports of "community policing" of women's sexuality in areas of communal tension, where women marrying outside their ethnic or religious groups face stigma and social ostracism. This is particularly prominent when non-Muslim women marry into Muslim or Rohingya communities, as they are seen as losing their ethnic identity, further deepening community divisions.[80] • LGBTIQ+ individuals in Rakhine face challenges in expressing their identities due to cultural norms and fear of discrimination. Many hide their identities to avoid stigma, and despite efforts to address these issues, community responses are often critical, making it culturally difficult to openly support LGBTIQ+ rights.

Southeast

Southeast Myanmar, encompassing Kayah, Kayin, Mon, and southern Shan states, Tanintharyi Region, and parts of Bago Region, remains one of the most conflict-affected regions in the country. Since 2021, fighting has escalated, characterized by intensified aerial bombardment and artillery shelling. Ethnic regions such as Kayah and Kayin, with their long history of resistance and marginalization, have borne the brunt of this violence. The conflict in these areas has caused the displacement of entire communities, compounded by the proliferation of landmines and unexploded ordnance, which continue to threaten civilian safety.[81] The conflict has led to a significant deterioration in public services, disruption of livelihoods, and a spike in violence, including GBV.

Flooding and landslides in Eastern Bago, Shan, Mon, and Kayin in October 2024 affected over 400,000 people, causing widespread destruction of homes, schools, and roads. These natural disasters compounded the humanitarian crisis, heightening needs in sectors such as WASH, health, and nutrition.[82]

Displacement and vulnerability
Ongoing conflict has caused repeated displacements, leaving women, children, and vulnerable groups without shelter or access to humanitarian aid. Displacement camps and sites are overcrowded and lack adequate

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[78] Institute on Statelessness and Inclusion. Rohingya women in post-coup Myanmar: A gender analysis of human rights violations and statelessness. https://files.institutesi.org/Rohingya_Women_in_Post-Coup_Myanmar.pdf
[79] Institute on Statelessness and Inclusion. (n.d.). Rohingya women in post-coup Myanmar: A gender analysis of human rights violations and statelessness. https://files.institutesi.org/Rohingya_Women_in_Post-Coup_Myanmar.pdf

[80] UN Women & UNDP. (2022). Gender-Responsive Conflict Analysis: Myanmar. March 2022.
[81] OCHA. (2024). Myanmar 2024 HNRP, https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy
[82] UNICEF Myanmar. (2024). Myanmar Flood Flash Update No. 4. UNICEF Myanmar.

infrastructure, exposing women to violence, harassment, and exploitation. In some cases, women and girls have been forced into exploitative labour or early marriages as a survival mechanism, highlighting the intersection of displacement, poverty, and gender inequality.

The conscription law has forced many young people to relocate to safer areas, particularly ethnic regions and Thailand, to avoid being conscripted.

Humanitarian access is heavily restricted by ongoing conflict, landmines, and increasing surveillance. Local women's organizations are critical first responders for displaced and conflict-affected populations. In 2022, women's civil society organizations were particularly active in Kayin (13.1%) and Mon (15.5%).[83] Ethnic women's organizations have also been coordinating other humanitarian groups to deliver essential aid—food, shelter, and medical support—to thousands.[84] Increasing surveillance, especially for internationally affiliated CSOs, highlights the need for better budget allocation and localization of services to support affected populations comprehensively.

GBV and other protection concerns	• The presence of armed groups and the breakdown of social structures have led to widespread GBV risks, including conflict-related sexual violence and trafficking. Women and girls, particularly in conflict-affected and displacement settings, face heightened risks. GBV and intimate partner violence are increasing, particularly among displaced populations and there are limited services available for survivors.
	• Women, particularly from ethnic groups in Kayah and Kayin States, face high levels of conflict-related sexual violence.[85]
	• Despite efforts by WROs to provide training, legal aid, and shelter for survivors, GBV services are often underfunded and organisations are hindered by the ongoing insecurity and lack of safe access to affected communities. There is also a critical need for more awareness-raising on GBV prevention, particularly among displaced populations.
	• In Kayin State, some cases of sexual violence are handled through the Karen National Union's judiciary system, in coordination with WROs. These organizations work together to resolve cases and support survivors.[86]
	• In Kayin and Mon States, trafficking for sexual exploitation and forced labour is a growing concern. The sex industry has emerged in cross-border areas, likely driven by the lack of economic opportunities and closure of trade routes in these regions, though official figures are unavailable. Reports from Myawaddy and other border areas highlight the involvement of underage girls in the sex industry, a situation exacerbated by poverty, lack of employment, and the breakdown of traditional protective systems.
	• Overcrowded and poorly equipped flood relief camps create unsafe environments. Small spaces, inadequate family allocations (particularly for adolescents and parents), and insufficient lighting put women and girls at risk.

83 United Nations Development Programme (UNDP). Poverty and household economy in Myanmar: The disappearing middle class. https://www.undp.org/myanmar/publications/poverty-and-household-economy-myanmar-disappearing-middle-class

84 Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.
85 UN Women & UNDP. (2022). Gender-Responsive Conflict Analysis: Myanmar. March 2022.
86 Ibid.

	• There has been a reported rise in teenage pregnancies and child marriages, largely due to limited access to SRH information. Many out-of-school youths rely on misinformation from social media, further compounding the issue.[87] • In Kayin State, children are commonly engaged in external work. Boys typically work in high-risk construction, while girls are employed in low-wage sectors like retail and domestic work, facing discrimination and abuse, especially in isolated environments. [88] • Traditional case management services often exclude LGBTIQ+ survivors, who face unique needs and limited access to appropriate support. Negative community perceptions and slow societal acceptance underscore the need for increased awareness and inclusion efforts.
Food security and economic empowerment	• The ongoing conflict has severely impacted livelihoods in Kayin, Mon, and Kayah, particularly for women engaged in agriculture, informal work, and small businesses. Armed disruptions and plantation closures have caused significant income loss. • Many households across the state depend on coping strategies such as borrowing, asset sales, and transactional sex. In Kayah, income dropped 50% in 2023 (the highest reduction by state across the country) and job losses were at 58%, with 67% of households lacking secondary income sources. Many families have been forced to cut food expenditures (52%) or sell assets (29%) to cope.[89] • Women in low-paying, informal roles, face added challenges in securing stable employment. In Kayin State, reports of increased job opportunities for girls in gambling and gaming centres have raised concerns. • In Myawaddy (in Kayin State) conscription laws and trade route closures have led to widespread unemployment, increased crime and drug trafficking, and a suspected rise in sex work. Overcrowding in towns has increased prices for basic goods. With young men fleeing conscription, local economies are impacted and women and the elderly face increased financial pressures and domestic tensions as they are left to manage the household economy. • IDPs in Kayah face severe challenges due to movement restrictions and inadequate conditions at relocation sites. Overcrowded and barren surroundings limit farming and job opportunities.[90] • Entrenched social norms contribute to gendered disparities in livelihoods and access to resources. Women are more likely to work in informal, low-paying sectors with limited decision-making power.

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[87] United Nations Office for the Coordination of Humanitarian Affairs. (2024). Myanmar HNRP 2024 – Addendum. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy

[88] International Labour Organization (ILO) (2024). Assessment of Child Labour in Yangon Region, Ayeyarwady Region, and Kayin State. https://www.ilo.org/publications/assessment-child-labour-yangon-region-ayeyarwady-region-and-kayin-state.

[89] United Nations Development Programme (UNDP). Poverty and household economy in Myanmar: The disappearing middle class. https://www.undp.org/myanmar/publications/poverty-and-household-economy-myanmar-disappearing-middle-class.

[90] United Nations Development Programme (UNDP). Poverty and household economy in Myanmar: The disappearing middle class. https://www.undp.org/myanmar/publications/poverty-and-household-economy-myanmar-disappearing-middle-class.

Decision-making and participation	• The conflict has led to notable shifts in gender roles, with many women assuming leadership positions in community-based organizations and humanitarian response efforts, including managing displacement camps and sites. This change is often driven by the absence of men who are engaged in armed conflict or fleeing to safety. • Despite these shifting roles, men continue to dominate decision-making in household and community settings, often leaving women hesitant to voice their opinions. The formal decision-making roles for women remain limited. • In Kayah State, the Kayah Interim Executive Council has two women among its seven leaders, but higher-level participation remains restricted despite a 30% female representation policy, due to cultural barriers and male resistance. In Kayin State, the Karen National Union is predominantly male-led, with only one woman on its 11-member Central Executive Committee as of 2023.[91]
Health	• Ongoing conflict has severely disrupted access to healthcare, particularly SRH services and essential medicines. Pregnant women face immense challenges accessing safe delivery services, due to movement restrictions and the destruction and occupation of health facilities by armed forces. • In Kayah and Kayin states, maternal mortality rates and adolescent pregnancy are a growing concern. The lack of access to adolescent and youth-friendly SRH services, information and healthcare facilities has led to a rise in teenage pregnancies and unsafe abortions. • Local organizations provide mobile clinics and SRH services in hard-to-reach areas, but coverage remains inconsistent.
Education	• Widespread school closures, displacement, and ongoing safety concerns have forced many girls to drop out of school, increasing their vulnerability to early marriage and child labour, including in Mon and Kayin states, where cultural norms prioritize traditional gender roles for girls and limit their educational opportunities, especially beyond primary school. • In Myawaddy, economic instability is forcing young girls out of school into work or early marriage, with some being exploited and lured into sex work. • The lack of schools in displacement camps and sites, combined with the economic necessity for children to contribute to household incomes, forces many into informal work, where they are at risk of exploitation. • While there is some access to primary education, secondary education remains inaccessible in many areas due to conflict. Children from IDP camps and sites are often required to move from villages to towns for schooling. Even when they attend school, cultural differences and discrimination hinder their ability to adapt, leading many to drop out and seek work elsewhere, sometimes leaving their families behind.

[91] UN Human Rights Council (2024). A/HRC/56/CRP.8: Human Rights Situation Report. https://www.ohchr.org/sites/default/files/documents/hrb odies/hrcouncil/sessions-regular/session56/a-hrc-56-crp-8.pdf.

ACCOUNTABILITY TO AFFECTED POPULATIONS

The analysis presented in this section is based primarily on insights gathered through discussions with women's rights organizations (WROs) and women-led organizations (WLOs), complemented by a review of existing research and reports.

NEEDS AND KEY CHALLENGES

Nationwide

Fragmented support and capacity challenges: Despite notable progress, the national Accountability to Affected Populations (AAP) platform faces challenges in effectively supporting subnational groups. This results in inconsistent local actor involvement in decision-making and impacts engagement with affected populations.[92] Addressing resource and capacity gaps and increasing the participation of CSOs and NGOs through focused advocacy remain essential.[93]

Challenges in streamlining processes: Adapting global guidelines and protocols to Myanmar's local context is a complex and bureaucratic process, which has delayed efforts to establish a fully responsive AAP system.[94]

Underfunded initiatives: Severe underfunding for humanitarian support in Myanmar has reduced accountability efforts. Feedback mechanisms often lack sufficient budgets, resulting in delays or inadequate responses to community feedback and frustrating affected populations.[95]

Inconsistent efficacy of feedback and grievance mechanisms: Accessibility challenges have increased reliance on local and community-based organizations for service delivery, driving localization efforts like sub-granting and capacity building since 2022. However, the security situation has hindered organizations' ability to sustain effective feedback and grievance mechanisms, resulting in uneven functionality across organizations.[96] Short programme timeframes further limit effective AAP monitoring, making it difficult for local partners to sustain AAP initiatives and maintain consistent engagement with affected communities.[97]

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[92] Humanitarian Practice Network. https://odihpn.org/publication/achieving-impactful-localised-aap-in-myanmar-recalibrating-the-existing-approach/
[93] See also: AAP/CE Working Group. (2023, November). AAP/CE Working Group Meeting Minutes - November 2023. Myanmar Information Management Unit. https://themimu.info/sites/themimu.info/files/aap_public/AAPCE_WG_-_Meeting_Minutes_-_November_2023.pdf
[94] Humanitarian Practice Network. https://odihpn.org/publication/achieving-impactful-

[94] localised-aap-in-myanmar-recalibrating-the-existing-approach/
[95] Ibid.
[96] AAP/CE Working Group. (2023, November). AAP/CE Working Group Meeting Minutes - November 2023. Myanmar Information Management Unit. https://themimu.info/sites/themimu.info/files/aap_public/AAPCE_WG_-_Meeting_Minutes_-_November_2023.pdf
[97] Humanitarian Practice Network. https://odihpn.org/publication/achieving-impactful-localised-aap-in-myanmar-recalibrating-the-existing-approach/

Internet and communication blockades:
Frequent internet restrictions, communication breakdowns and surveillance hinder effective communication with affected populations. This not only delays responses to feedback but also limits program adaptability and weakens supervision and feedback mechanisms.

Cultural and social norms: Gender norms and cultural expectations restrict women's meaningful participation in feedback systems, consultations, and decision-making. Furthermore, cultural taboos discourage communities from sharing critical feedback due to fears that negative comments could jeopardize future support.

Raising awareness: While there are ongoing efforts to improve community understanding of feedback mechanisms, there remains significant gaps in community awareness of sexual exploitation and abuse (SEA). In a 2021 study in Kachin, northern Shan, and Magway, 52% of survey participants recognized exchanges for sex as SEA, yet only 6% identified sexual activity between aid workers and minors as abuse, and 95% viewed sexual relationships between aid workers and beneficiaries as acceptable. Despite efforts, SEA cases remain severely underreported due to lack of trust in and/or access to reporting channels, fear of retaliation, stigma, and doubts about confidentiality. This is particularly the case in rural and conflict-affected areas.[98]

Inclusion: Feedback mechanisms often lack accessibility, limiting participation for people with disabilities, while internet disruptions further hinder anonymous access, especially for women and girls with disabilities.

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[98] ActionAid Myanmar. (2021). Research on prevention and response to sexual exploitation and abuse in humanitarian settings in Myanmar: ActionAid. https://myanmar.actionaid.org/sites/myanmar/files/publications/PSEA%20research%20full%20report.pdf

Area-specific challenges

Rakhine	• **Access limitations:** Women and girls lack access to community feedback hotlines because men typically control phone ownership in households. • **Cultural norms**: In camps, negative feedback tends to focus on staff behaviour rather than issues with distribution due to a cultural reluctance to criticize assistance. • **Limited national-level support**: The subnational AAP working group in Rakhine has demonstrated effectiveness but needs more consistent support and resources from national AAP platforms.[99]
Northwest	• **Geographical isolation and limited access:** Isolation and ongoing conflict make it difficult to implement AAP consistently and create gaps in feedback mechanisms that prevent timely response to community needs. • **Inconsistent feedback systems**: In remote areas feedback mechanisms are often project-specific rather than collective, which limits the ability of local actors to address community concerns in a systematic way.
Southeast	• **Disjointed national coordination:** Fragmented coordination between national and subnational AAP mechanisms hinders efficiency, resourcing of subnational actors, and localization of AAP initiatives. • **Underfunded Initiatives:** Underfunding restricts the ability of local partners to carry out effective AAP initiatives and maintain consistent engagement with affected populations.[100]
Northeast	• **Delayed adaptation of AAP tools**: Access restrictions, lengthy procedures, and ongoing conflict have delayed efforts to adapt global AAP guidelines to the Myanmar context. [101] • **Access and security concerns:** In Shan and Kachin regions, access limitations caused by ongoing conflict have hindered the ability of humanitarian workers and AAP practitioners to reach affected communities. While online training has been used, it lacks the practical engagement of in-person interactions and is hindered by increasingly severe internet restrictions. • **Gaps in feedback mechanisms:** Despite localized efforts, feedback systems remain fragmented, leaving local partners and communities frustrated when their feedback is ignored or inadequately addressed. [102]

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[99] Humanitarian Practice Network.
https://odihpn.org/publication/achieving-impactful-localised-aap-in-myanmar-recalibrating-the-existing-approach/

[100] Ibid.
[101] Ibid.
[102] Ibid.

GOOD PRACTICE EXAMPLES

Nationwide

Enhanced coordination: The Accountability to Affected Populations and Community Engagement Working Group (AAP/CE WG) leads efforts to improve accountability and engagement in Myanmar's humanitarian response. Key initiatives include creating a Community Voices Platform for feedback, a common Complaints Response Mechanism, and coordinating resources through monthly interagency meetings.[103]

Decentralized AAP groups: Localized AAP operations in Central Rakhine, and subnational working groups in areas including Myitkyina and Lashio demonstrate the effectiveness of empowering local actors to directly engage with at-risk communities.[104]

Accessible community feedback mechanisms: Most humanitarian organizations have set up community feedback mechanisms, including hotlines, suggestion boxes, and forums, so that affected populations can voice concerns and receive information. Many also have confidential complaint management systems governed by Standard Operating Procedures (SOPs).

Capacity building: To strengthen accountability, humanitarian actors train staff and volunteers on AAP principles, fostering transparency, participation, and inclusivity.[105] Localized training sessions have been conducted in Lashio, Myitkyina, and Taunggyi, with online sessions available for the Northeast Region, reinforcing AAP skills despite security limitations.[106] A self-paced online AAP course is under review, incorporating feedback from various stakeholders. Technical support for local organizations is provided to aid engagement with the Community Voices Platform, with efforts to generate visual data and produce monthly fact sheets for stakeholders. A new call for proposals invites interagency members, including WROs, to apply for AAP grants, promoting inclusive mechanisms and community engagement.

Local and trusted communication channels: In regions where language or trust barriers exist, organizations have begun using local communication channels to engage with communities. This includes working with local leaders and using community radio stations to disseminate information and gather feedback.[107]

Increasing support for WROs and LGBTIQ+ groups: There is increased support for women-led and LGBTIQ+ organizations, which are enhancing AAP by facilitating women's access and active participation in program design through trusted community roles and partnerships.

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[103] AAP/CE Working Group. (2023, March). AAP/CE Working Group Work Plan. Myanmar Information Management Unit. https://themimu.info/sites/themimu.info/files/aap_public/Work_Plan_AAP_CE_WG_Work_Plan_AAP_CE_WG_Mar_2023_ENG.pdf

[104] Humanitarian Practice Network. https://odihpn.org/publication/achieving-impactful-localised-aap-in-myanmar-recalibrating-the-existing-approach/

[105] United Nations Office for the Coordination of Humanitarian Affairs. (2024). Myanmar HNRP 2024: Addendum. ReliefWeb. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy

[106] Humanitarian Practice Network. https://odihpn.org/publication/achieving-impactful-localised-aap-in-myanmar-recalibrating-the-existing-approach/

[107] OCHA. (2024). Myanmar HNRP 2024 – Addendum. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy

Improved insights: A survey on AAP is being finalized, coordinated by the PSEA Network, Protection Working Groups, and Regional AAP Teams. This survey aims to enhance PSEA reporting and improve community information access, strengthening complaint and feedback mechanisms.[108]

Strengthened PSEA network: The PSEA network is enhancing capacity and outreach nationally and regionally, providing tools, training, and a UNCT-led website with comprehensive PSEA resources. The PSEA Mobile App, developed by the PSEA Myanmar network, UNICEF, and ActionAid Myanmar, provides accessible training, resources, and a confidential reporting feature in English and Burmese, along with certificates and interactive tools for Android and iOS users.[109] A 2023 PSEA tabletop exercise for UNCT leaders promoted reflection on power dynamics and workplace accountability.[110]

Area-specific examples

Northwest	• **Community consultations in remote areas**: CSOs in Chin, Sagaing, and Magway conducted community consultations in geographically isolated areas despite the challenges posed by limited access. This represents a commitment to engaging with communities that are often left out of mainstream humanitarian consultations. • **Online training for local partners:** Due to security concerns, local actors received online AAP training, enabling them to build their capacity despite the inability to conduct in-person sessions.
Southeast	• **Decentralized AAP engagement**: Local task forces and subnational working groups are more decentralized and closer to the communities they serve. This allows for better coordination between humanitarian actors and local partners, helping to make AAP more relevant to community needs. [111] • **Health feedback mechanisms:** A community feedback mechanism was established, tailored for healthcare and SRH services such as mobile clinics. It includes post-distribution monitoring, case management, and regular client interviews.
Northeast[112]	• **Inclusive community consultations**: Despite geographic and security challenges, local CSOs conducted community consultations in Magway and Sagaing regions demonstrating commitment to include isolated populations in AAP processes. • **Localized AAP training**: Sessions held in Shan (Lashio) and Kachin (Myitkyina) with local partners and operational subnational clusters strengthened the knowledge and skills of local actors in community engagement and feedback mechanisms.

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108 Accountability to affected people (AAP). https://themimu.info/sector/accountability-affected-people-aap
109 UNICEF. PSEA Mobile App Presentation. https://themimu.info/sites/themimu.info/files/PSEA_Mobile_App_Presentation.pdf
110 Protection from sexual exploitation and abuse (PSEA) sector. https://themimu.info/sector/protection-sexual-exploitation-abuse-psea
111 Humanitarian Practice Network. (n.d.). Achieving impactful localised AAP in Myanmar: Recalibrating the existing approach. https://odihpn.org/publication/achieving-impactful-localised-aap-in-myanmar-recalibrating-the-existing-approach/
112 Humanitarian Practice Network. (n.d.). Achieving impactful localised AAP in Myanmar: Recalibrating the existing approach. https://odihpn.org/publication/achieving-impactful-localised-aap-in-myanmar-recalibrating-the-existing-approach/

	• **Tools validation**: Consultations in Shan (Lashio and Taunggyi) and Kachin (Myitkyina) were used to validate and adapt AAP tools, making them region-specific and relevant to displaced people and communities.
Rakhine	• **Effective Subnational working group:** The Central Rakhine Communication with Communities/AAP subnational working group demonstrated how decentralization and local engagement can make AAP more focused and responsive. This working group had enough resources and a direct connection with at-risk communities, allowing for more effective coordination and feedback loops. • **Sustained engagement with local partners:** In Rakhine, localized AAP efforts allowed for more consistent and sustained engagement with local partners and communities, contributing to a more relevant and responsive humanitarian approach. [113]

RECOMMENDATIONS

Nationwide

Increase resources for subnational AAP efforts: Allocate more funding to subnational AAP groups, to support region-specific, community-centred initiatives. This includes resources for training, establishing feedback mechanisms, and conducting gender-sensitive outreach.

Adopt flexible AAP frameworks: Develop consistent community feedback mechanisms templates and AAP frameworks across partner interventions. Ensure flexibility for subnational actors to tailor guidelines and tools to local cultural contexts and needs in conflict-affected and remote areas.

Strengthen gender integration: Promote gender-sensitive practices in APP guidelines to address cultural norms and barriers to women's participation. Strengthen partnerships with WROs to foster women's inclusion and provide safe, dedicated channels for gender-specific feedback. Include awareness initiatives to challenge and gradually shift restrictive social norms that limit participation, making it safer for women and marginalized groups to engage.

Focus on outcomes rather than processes: Shift AAP efforts from procedural tasks to outcome-driven activities that directly address community needs. Close feedback loops by implementing community-driven changes and set metrics for responsiveness, with an emphasis on timely, relevant outcomes. Use gender-sensitive indicators in monitoring to track intervention effectiveness for women, girls and LGBTIQ+ people.

Localize AAP training and capacity building: Empower local partners to respond effectively to community needs by simplifying and localizing AAP training to address the unique needs of women, men, boys, and girls. Incorporate gender sensitivity and ensure training is adapted to the local cultural context.

Enhance feedback mechanisms: Strengthen help desks, hotlines, and other feedback channels to respond more promptly to community concerns.

Address gender-specific barriers to participation: Recognize and address gender-specific barriers to participation, such as cultural norms, time burdens, or lack of access to information. This may involve scheduling consultations at times convenient for women,

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[113] Ibid.

providing childcare during meetings, or using female facilitators in culturally sensitive contexts. Ensure women's voices are prioritized in the design and implementation of AAP interventions.

Empower local women- and LGBTIQ+ -led organizations: Equitably fund local CSOs and women-led organizations to strengthen their leadership in AAP initiatives and ensure the provision of services that address gender-specific vulnerabilities, especially in conflict-affected regions. Promote their leadership in decision-making roles within subnational AAP groups, particularly in gender-sensitive protection and feedback systems.

Area-specific recommendations

Northwest	• **Expand localized AAP training** and reinforce subnational task forces with national-level coordination to ensure smooth implementation. • **Create safe, accessible feedback channels** for women, including women-only help desks to encourage open communication about their needs and concerns.
Rakhine State	• **Invest in strengthening the Central Rakhine AAP working group** and replicate successful coordination models. • **Prioritize GBV reporting in feedback systems** and support local women's organizations to ensure comprehensive services for survivors.
Northeast	• **Establish mobile or digital feedback systems** for remote communities, with offline options where internet is limited. • **Engage women and girls in consultations** using female facilitators and gather gender-sensitive data for more targeted responses. • **Expand the PSEA network** and integrate more local volunteers into SRH activities. Adapt AAP initiatives to account for the frequent re-displacement of populations.
Southeast	• **Decentralize AAP initiatives** and empower local actors with funding to lead programs aligned with community needs. • **Continue localizing interventions** and build capacity in women-led organizations to address regional gender issues, prioritizing reproductive health and GBV prevention. • **Use mobile technology**, radio, and trusted community liaisons to engage remote populations and gather feedback efficiently.

HEALTH

The analysis presented in this section is based primarily on insights gathered through discussions with women's rights organizations (WROs) and women-led organizations (WLOs), complemented by a review of existing research and reports.

NEEDS AND KEY CHALLENGES

Nationwide

Access and infrastructure challenges: Political instability has severely weakened Myanmar's healthcare infrastructure, particularly impacting women and children, with facility destruction and closures, regional disparities, and critical shortages of supplies and medicines, especially in areas such as Rakhine and Chin.

Shortages of skilled professionals and attacks on health care workers: There is a marked shortage of healthcare professionals, especially for maternal and child health services. Many skilled workers joined the Civil Disobedience Movement (CDM), reducing system capacity. In 2023, violence against healthcare in Myanmar escalated sharply, with 418 incidents—including health worker deaths, facility destruction, and kidnappings—mainly affecting Sagaing, Magway, and Mandalay, severely limiting access to essential services and medications.[114]

Maternal and child health risks: Maternal and infant mortality rates are worsening due to limited access to maternal and child health services, especially in rural and conflict-affected areas. Financial and safety barriers force many pregnant women to rely on traditional birth attendants. While maternal mortality improved from 340 to 250 per 100,000 live births between 2000 and 2017, this progress has been reversed due to destroyed healthcare infrastructure, displaced health workers, and increased security fears deterring women from seeking care. Adolescent girls (aged 15–19) face even higher maternal mortality (229 per 100,000 live births in 2019), driven by a high adolescent fertility rate (33 births per 1,000 girls). Disruptions in healthcare services likely increase deaths and health risks for mothers, women, children, and adolescents. [115]

Restricted access to SRH services: Restricted access to SRH services has led to more unwanted pregnancies, teenage pregnancies, unsafe abortions, and sexually transmitted infections. Rural and conflict-affected areas face added barriers such as high costs, travel risks, and cultural stigma. School closures have driven up adolescent pregnancy rates, while resistance to family planning limits women's access to essential services. Poor access to menstrual health products and sanitation increases health risks, while adolescents often lack youth-friendly healthcare options.

Financial barriers: Financial strain in Myanmar forces households, particularly those led by women, to borrow money or sell assets to

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114 Safeguarding Health in Conflict Coalition. (2023). Critical condition: Violence against health care in conflict. Safeguarding Health in Conflict Coalition. https://shcc.pub/2023CriticalCondition

115 World Health Organization. (2023). Public health situation analysis: Myanmar. WHO Southeast Asia Regional Office. https://cdn.who.int/media/docs/default-source/searo/myanmar/documents/public-health-situation-analysis-myanmar-sear-who.pdf?sfvrsn=32d76c72_9&download=true

afford healthcare.[116] The collapse of the public health system has made previously free services, such as childbirth and contraception, costly, limiting access for impoverished women and impacting food security.[117]

Social and cultural norms: Cultural and religious beliefs often restrict women and girls' access to healthcare and sexual and reproductive health and rights (SRHR) information, including family planning, while men are minimally engaged in family planning and empowerment initiatives.

Seasonal preparedness and disease risks: Increased flooding and natural disasters in several regions have severely restricted healthcare access due to blocked roads, damaged infrastructure,[118] and fuel shortages. Monsoon season preparedness faces further challenges due to funding gaps and restricted access.

Public health surveillance disruption: Surveillance systems, especially for communicable diseases, have been disrupted, compromising early detection and rapid response, which increases the risk of preventable disease outbreaks.

Intersectionality and inclusivity: LGBTIQ+ individuals and persons with disabilities face significant barriers to essential health services. Transgender people often encounter discrimination, limited access to gender-affirming care, and restricted access to HIV and hormone therapies, pushing many towards unsafe alternatives.[119] Persons with disabilities face additional barriers accessing to SRH, GBV, and MHPSS services due to physical, financial, and informational obstacles. Furthermore, many CSOs lack disability-inclusive strategies aligned with the Convention on the Rights of Persons with Disabilities (CRPD), further restricting access, especially for those in remote areas or with visual, hearing, or intellectual disabilities.[120]

[116] World Bank**.** (2024). Analysis of Access to Essential Health Services in Myanmar 2021-2023. https://documents1.worldbank.org/curated/en/09904052 4035028779/pdf/P18007318b279c0471b8691b0990b874f 62.pdf

[117] HCT Report Myanmar. Updated August 2024: Summary Overview of the Impact of the Conflict in Myanmar on Women and Girls.

[118] United Nations. Gender Impact Flash Update: Myanmar Flooding No. 1, 1 October 2024. Available at: https://reliefweb.int/report/myanmar/gender-impact-flash-update-myanmar-flooding-no-1-1-october-2024.

[119] See also: United Nations Population Fund (UNFPA) (2022). Mental Health and Psychosocial Needs Assessment of Myanmar's LGBTQI+ Community. https://myanmar.unfpa.org/sites/default/files/pub-pdf/mental_health_psychosocial_needs_assessment_of_ myanmars_lgbtqi_community.pdf

[120] United Nations Population Fund. (2023, June). Assessment of SRHR, GBV, and MHPSS services for persons with disabilities in Myanmar. Myanmar Information Management Unit. https://themimu.info/sites/themimu.info/files/documents /Report_Assessment_of_SRHR_GBV_and_MHPSS_services _for_Persons_with_Disabilities_in_Myanmar_UNFPA_Jun2 023.pdf

Area-specific challenges

Northwest	• Intense conflict has severely damaged facilities and disrupted essential services, affecting access to education, clean water and healthcare for women and children. Medical teams in Southern Chin report a complete lack of a 3-month medicine and supply stock (0% available).[121] Armed targeting of health professionals limits their ability to provide effective healthcare, with few partners offering mobile clinics of uncertain impact. • The conflict has exacerbated already low institutional delivery rates in Chin State (36% in 2019).[122]
Southeast	• Maternal and child health services are limited by conflict, poor infrastructure, and safety concerns. Adolescents and youth mostly lack targeted, youth-friendly services, receiving only general healthcare. • With 311,448 persons with disabilities in 2019 (51.2% women), only 1.9% of men and 4.3% of women with disabilities in Kayin State received non-household medical support, indicating a need for more inclusive strategies.[123] • Easy access to drugs among young men is a growing concern, affecting families and communities.
Northeast	• Geographic isolation, traditional norms, and restricted travel hinder healthcare access. Limited SRHR education and contraception resistance further hinder reproductive health outcomes. Youth face a lack of SRHR information, contributing to rising rates of teenage pregnancies and early marriages. • Funding shortages are forcing some organizations to halt services, raising concerns about which providers remain able to support medical, legal, and social referrals. • Escalating conflict has led to personnel relocations and activity suspensions, leaving essential services operating at minimal capacity. • Northern Shan State recorded the highest adolescent birth rate in 2019, with 42 births per 1,000 girls aged 10 to 19. Nationally, 1 in 50 girls in this age group gave birth, with rates expected to rise amid ongoing conflict.[124] • In 2019, northern Shan had 415,135 people with disabilities (54.6% women), yet medical services remain severely limited, particularly in remote, conflict-affected areas. Only 2.1% of men and 3.2% of women with disabilities receive medical support from household or external sources. Similarly, in Kachin (with 126,467 individuals with disabilities, of which 56% are women), only 2.5% of men and 2.8% of women with disabilities accessed non-household medical support.[125]

[121] OCHA. (20243). Myanmar 2024 HNRP, https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy

[122] World Health Organization. (2023). Public health situation analysis: Myanmar. WHO Southeast Asia Regional Office. https://cdn.who.int/media/docs/default-source/searo/myanmar/documents/public-health-situation-analysis-myanmar-sear-who.pdf?sfvrsn=32d76c72_9&download=true

[123] United Nations Population Fund. (2023, June). Assessment of SRHR, GBV, and MHPSS services for persons with disabilities in Myanmar. Myanmar Information

Management Unit. https://themimu.info/sites/themimu.info/files/documents/Report_Assessment_of_SRHR_GBV_and_MHPSS_services_for_Persons_with_Disabilities_in_Myanmar_UNFPA_Jun2023.pdf

[124] World Health Organization. (2023). Public health situation analysis: Myanmar. WHO Southeast Asia Regional Office. https://cdn.who.int/media/docs/default-source/searo/myanmar/documents/public-health-situation-analysis-myanmar-sear-who.pdf?sfvrsn=32d76c72_9&download=true

[125] Ibid.

| Rakhine | • The healthcare in central and northern Rakhine has severely declined, with 1.6 million people lacking hospital access and medicine stocks at 0%.[126] This impacts immunizations, essential medications, and access to safe water, with limited maternal and child health services available. |
| | • Rakhine reports high disability rates, but only 0.8% of individuals with disabilities receive medical support beyond household care.[127] |

GOOD PRACTICE EXAMPLES

Nationwide

Mobile clinics and telemedicine: Mobile clinics provide essential health services, including maternal care, to displaced, stateless, and conflict-affected populations in remote areas.

Community-based health interventions: The cascading approach in health training has empowered local partners to engage communities in hard-to-reach areas to manage health risks, detect and manage symptoms, and access health care. Women particularly benefit from these community-focused interventions, due to barriers to formal health services. NGOs also provide primary health care through service purchase agreements.

SRHR education and outreach: Organizations are enhancing access to SRHR by delivering youth-led sexuality education, engaging community leaders to reduce stigma, and involving religious leaders to foster support for reproductive health discussions. Partnering with local groups builds trust and cultural sensitivity, allowing SRHR programs to reach marginalized populations, including people with disabilities, by addressing physical and informational barriers.

Monsoon preparedness planning: Workshops enhance resilience and readiness for seasonal health challenges through training on communicable disease prevention, risk communication, and community engagement.[128]

Accountability to affected populations: The Health Cluster organized a workshop on Accountability to Affected Populations, focusing on inclusive and participatory approaches to ensure the needs of affected communities are prioritized in health interventions.[129]

Inclusive service training for providers: Some service providers have received training in disability-inclusive practices, enhancing their ability to deliver more sensitive and accessible services for people with disabilities. This includes understanding and respecting the unique needs of those with various disabilities. Certain regions and implementing partners have started adopting CRPD-compliant strategies, ensuring services align with the rights and needs of people with disabilities.

[126] OCHA. (20243). Myanmar 2024 HNRP, https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy
[127] Ibid.

[128] Myanmar Health Cluster. (2024). Myanmar Health Cluster Bulletin: Q2 2024. Myanmar Information Management Unit. https://themimu.info/sites/themimu.info/files/documents/Bulletin_Myanmar_Health_Cluster_Q2_2024.pdf
[129] Ibid.

RECOMMENDATIONS

Nationwide

Strengthen maternal and child health access through mobile clinics: Expand mobile clinics and community outreach programs to address financial and accessibility barriers, particularly in rural and conflict zones.

Increase health promotion and SRHR education and access: Strengthen community health programs by prioritizing health promotion and prevention strategies that are gender-sensitive and accessible in challenging, remote areas. Implement community-led SRHR programs to address cultural stigma, focusing on youth to prevent early pregnancies and ensure access to accurate information. Use existing community spaces, like schools and community centres, to deliver combined maternal, primary health, and SRH services.

Strengthen cross-border humanitarian aid: Secure cross-border aid for displaced populations, ensuring healthcare and reproductive services reach underserved border regions without empowering oppressive authorities. Strengthen humanitarian diplomacy to address the health impacts of service interruptions, engaging Myanmar's neighbouring countries to collaboratively mitigate the regional risks of unchecked disease spread.

Develop CRPD-compliant, gender-sensitive services: Ensure SRH, GBV, and MHPSS services for people with disabilities align with CRPD standards, emphasizing gender sensitivity and inclusive planning. Allocate adequate budgets to enhance inclusiveness of services. Where feasible, support improvement of healthcare facility accessibility through infrastructure audits, safe transport options, financial support, and raise awareness of available services to reduce barriers in remote areas.

Strengthen local capacity for health emergencies: Promote collaboration with local CBOs, CSOs, and ethnic health groups through capacity building and partnership. Provide targeted training in SRHR, GBV, and mental health for community volunteers and health workers, focussing on conflict-affected areas. This approach aims to empower local actors to respond to urgent health needs during emergencies.

Area -specific recommendations

Northwest	• **Deploy additional mobile clinics** and telemedicine services to address healthcare disruptions and ensure flexible health response programming.
Rakhine	• **Enhance the skills of women's community groups and organizations** previously trained in health awareness, empowering them to address gender-specific health issues. Equip these groups to lead community education and build local capacity for effectively sharing information on critical health topics.
Southeast	• **Expand community outreach** by building capacity and partnering with local WROs CBOs, and ethnic health groups to scale up gender-sensitive and youth-friendly health services • **Assess the feasibility of telemedicine services for maternal and child health**, including for delivering essential health consultations, mental health support, and follow-up care. Include assessment of the logistical, infrastructure and capacity challenges.
Northeast	• **Enhance MHPSS activities**, including provision of self-care instructions to communities. • **Integrate more local volunteers** into health promotion activities and adapt programming to the ongoing re-displacement of people by following them into new camps and displacement sites. • **Ensure flexible programming** that allows services to reach mobile populations.

NUTRITION

The analysis presented in this section is based primarily on insights gathered through discussions with women's rights organizations (WROs) and women-led organizations (WLOs), complemented by a review of existing research and reports.

NEEDS AND KEY CHALLENGES

Nationwide

Malnutrition and food insecurity: Conflict, inflation, and limited services have worsened malnutrition, particularly children under five, pregnant women, and lactating mothers. Diet costs have risen by 121-131% since 2021.

Climate shocks: Frequent flooding and natural disasters have led to severe food shortages, driving up prices and inflation and further limiting access to nutritious food for vulnerable groups including children and pregnant and lactating women. Women dependent on agriculture and small businesses are disproportionately impacted by the loss of farmland, marketplaces, and livestock, further limiting access to essential nutrients and intensifying food insecurity.

Gender norms: Nutritional care is culturally perceived as women's responsibility, and there is limited engagement of men in nutrition awareness raising.

Household dynamics and cash transfers: Male-dominated control over finances often diverts cash assistance from nutrition-focused spending. Many beneficiaries prioritize debt repayment and basic needs over nutritional quality due to severe economic constraints, which can undermine the intended impact on nutrition.

Regulatory restrictions: Government and banking constraints, especially in conflict zones, hinder cash assistance programs. Electronic cash transfers are complicated due to limited financial services options and data protection issues, while cash-in-envelope distribution is common but risky in volatile areas. Restrictions on funding, including geographic and modality limitations.

Health system limitations: Ongoing challenges in the health system affect screening, antenatal care, and treatment services, which are critical for supporting nutrition goals.

Referral system gaps: Limited or non-functional government referral systems for nutrition services complicate coordination and continuity of care for beneficiaries in need of additional services.

Area-specific challenges

Rakhine State	• Common diet costs increased by 81% (Q2 2023 to Q2 2024), disproportionately impacting women due to lower wages. • Security restrictions and limited banking and digital transfer options hinder food aid and the delivery of cash transfers,[130] forcing reliance on risky cash-in-envelope distribution.
Southeast	• Mothers give birth outside clinical settings, facing risks of anaemia and haemorrhage due to malnutrition. Conflict limits access to maternal health services, making nutrition support crucial for pregnant and lactating women. • Food insecurity worsens as households adopt coping strategies that reduce dietary diversity amid rising costs. [131]
Northeast	• In Kachin, diet costs rose by 48% in the same period. Female agricultural workers saw a further decline in real wages relative to food prices, impacting their ability to afford basic diets.[132] Increases are leading to the adoption of negative crisis or emergency livelihood coping strategies.[133]
Northwest	• In Chin, diet costs rose by 61% in the same period, significantly higher than other regions. Female workers in urban construction and agriculture saw wages fall far behind food price inflation.[134]

GOOD PRACTICE EXAMPLES

Culturally tailored social and behaviour change communications: Tailored nutrition and gender-focused messaging involve men and women to encourage joint decision-making and improve nutrition and financial access. Combined delivery methods, including household visits, phone coaching, community training, and digital cash transfers with social and behaviour change communication interventions proved effective, particularly in areas with mobile coverage.

Community health workers as frontline responders: Trained community health workers and community volunteers engage with communities to ensure swift response and information dissemination in high-risk and hard-to-reach areas.

Gender-sensitive cash transfers: Frequent, smaller cash transfers improve women's control over funds, enabling nutrition-focused spending and reducing economic pressure, which enhances women's well-being and caregiving capacity.[135]

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[130] International Food Policy Research Institute. Monitoring the Agri-food System in Myanmar. https://themimu.info/sites/themimu.info/files/assessment_file_attachments/IFPRI_Myanmar-SSP-RN_111.pdf

[131] UNDP. Poverty and household economy in Myanmar. https://www.undp.org/myanmar/publications/poverty-and-household-economy-myanmar-disappearing-middle-class

[132] International Food Policy Research Institute. Monitoring the Agri-food System in Myanmar. https://themimu.info/sites/themimu.info/files/assessment_file_attachments/IFPRI_Myanmar-SSP-RN_111.pdf

[133] UNDP. Poverty and household economy in Myanmar https://www.undp.org/myanmar/publications/poverty-and-household-economy-myanmar-disappearing-middle-class

[134] Ibid.

[135] See also: Myanmar Nutrition Cluster. (2023). Myanmar Workshop Brief Report: Cash and Voucher Assistance (CVA) for Nutrition. Nutrition Cluster. https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2023-10/Myanmar%20Workshop%20Brief%20Report_CVA%20for%20Nutrition%20%282%29.pdf

RECOMMENDATIONS

Nationwide

Strengthen multi-sectoral coordination and integration: Strengthen coordination between the Nutrition and Cash Working Groups at national and sub-national levels. Integrate cash and voucher assistance (CVA) with other sectors (e.g., Food Security and WASH) to address nutrition needs holistically. Consider establishing data-sharing agreements and SOPs to strengthen referral pathways between CVA and nutrition interventions, enabling seamless beneficiary information transfer and continuity of care.

Expand cash-based and livelihood support: Secure funding to expand cash assistance linked with vocational training. Focus on supporting the economic empowerment of women-led households affected by displacement through partnerships with local organizations in agriculture, handicrafts, and small-scale trade.

Enhance gender-sensitive nutritional support for pregnant and lactating women: Prioritize maternal health services, therapeutic food distribution for children, and community-based nutrition programs, particularly in hard-to-reach and conflict-affected areas where aid is limited.[136]

Ensure gender-sensitive cash transfer design: Ensure women's control over cash transfers through frequent, smaller disbursements to improve household nutrition. Implement monitoring and risk assessments to prevent misuse and unintended treatment extensions.

Advocate for long-term funding: Advocate for multi-year funding to sustain CVA programs, allowing for more impactful, long-term support, especially for maternal and child nutrition, which shows the best results with extended exposure.

Nutrition-sensitive market analysis: Conduct market assessments to understand food consumption patterns, cultural practices, and specific barriers to nutrition. Use the analysis to tailor CVA interventions to local contexts.

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[136] United Nations Office for the Coordination of Humanitarian Affairs. (2024). Myanmar HNRP 2024 – Addendum. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy

Area-specific recommendations

Rakhine	• **Expand food security initiatives** targeting food-insecure households with vocational training, cash-based assistance, and therapeutic food for children and pregnant women.
Southeast	• **Enhance mobile maternal health services** and provide essential nutritional support to pregnant and lactating women in conflict zones. • **Empower women's cooperatives** and community businesses to support local food security.
Northwest	• **Establish women-led groups,** including mother support networks and nutrition volunteer teams. • **Build capacity of community volunteers** to detect malnutrition cases and provide referral support.
Northeast	• **Enhance food security programs** for vulnerable households by prioritizing vocational training, cash assistance, and nutritious support for children and pregnant women.

FOOD SECURITY AND ECONOMIC EMPOWERMENT

The analysis presented in this section is based primarily on insights gathered through discussions with women's rights organizations (WROs) and women-led organizations (WLOs), complemented by a review of existing research and reports.

NEEDS AND KEY CHALLENGES

Nationwide

A trend towards feminization of poverty: By the end of 2023, nearly half of Myanmar's population (49.7%) lived below the poverty line, doubling since 2017. The poverty gap widened to 24.4%, disproportionately affecting women-headed households, which are 1.2 times more likely to be poor. Over half of Myanmar's children live in poverty, with conflict zones experiencing deeper economic hardship and inequality.[137] The escalation of conflict has exacerbated pre-existing food insecurity by reducing access to markets, food, and livelihoods, and making food unaffordable. Production and transport interruptions in conflict areas have also heavily impacted availability. [138]

Income sources and unemployment: Female labour force participation has dropped significantly since 2015. Women constitute 70% of those not in education, employment, or training (NEET).[139] Child labour remains an issue, with 8% of children aged 12–14 working at least 14 hours per week due to economic strain. [140]

Reliance on wage labour: Female-headed households rely more on waged labour (43%), than male-headed households (37%). Male-headed households, which are more dependent on agriculture (30% versus 20% for female-headed households), report greater reductions in income than their female counterparts. [141]

Limited access to microfinance: Women, who constitute most microfinance clients, are disproportionately affected by disruptions in

[137] United Nations Development Programme (UNDP). Poverty and household economy in Myanmar: The disappearing middle class. https://www.undp.org/myanmar/publications/poverty-and-household-economy-myanmar-disappearing-middle-class.

[138] See also: World Bank**.** (2024). Myanmar Agriculture and Food Security Sector Monitoring Report. https://documents1.worldbank.org/curated/en/099082624043085874/pdf/P5014751c07ffe045180f21334822f648e8.pdf

[139] World Bank. (2024). Development Reversed: Poverty and Labor Markets in Myanmar. Poverty and Equity Global Practice, Equitable Growth, Finance and Institutions Vice Presidency, East Asia and Pacific Region. World Bank. https://www.worldbank.org/

[140] International Food Policy Research Institute (IFPRI), Myanmar Strategy Support Program. (2024). Findings from the sixth round of the Myanmar Household Welfare Survey (June – November 2023). Strategy Support Program Working Paper 53.

[141] United Nations Development Programme (UNDP). Poverty and household economy in Myanmar: The disappearing middle class. https://www.undp.org/myanmar/publications/poverty-and-household-economy-myanmar-disappearing-middle-class.

this sector.[142] The loss of access to microfinance services puts women at greater risk of economic insecurity.[143]

Female-headed households: Conflict and displacement have shifted family structures, leaving many women as heads of households. However, restrictive cultural norms and inheritance laws limit their access to land and assets, heightening their vulnerability and constraining income opportunities, especially in rural and displaced areas. Food insecurity has also worsened women's mental health, increasing anxiety, stress, and depression as they struggle to provide for their families.[144]

Impact of climatic shocks: Heavy monsoon flooding has damaged infrastructure and agriculture, impacting 19% of households and disproportionately affecting women in small-scale farming and informal work. Loss of income sources, limited aid, and heightened food insecurity have made recovery and financial independence difficult, especially for pregnant and lactating women and children.[145]

Limited coordination: Limited regional coordination between the Nutrition Cluster and Food Security Cluster hinders a comprehensive response to food insecurity challenges.[146]

Migration as a coping mechanism: Rising unsafe migration for work, food and fleeing conscription, exposes women to trafficking and exploitation.[147] Remittances from migrants help stabilize household incomes, reducing poverty risk for 22% of households in 2023 and offering economic relief in high-cost regions.[148]

Area-specific challenges

Rakhine	• **Poverty and food insecurity:** Approximately 80% of the population lives below the poverty line. Climatic shocks, especially flooding, have worsened food insecurity and economic hardships. • **Income instability:** Many households report income instability due to reduced work hours and wage reductions.[149] • **Gender-based job segregation:** Women face limited employment opportunities, with certain roles being designated for men, job advertisements favouring male applicants, and being excluded from using certain tools.
Northeast	• **Conflict-driven migration:** As men face increased of conscription or farm from armed groups, women in Kachin are increasingly seeking employment abroad, often illegally, to financially support their families. This exposes them to exploitation and separates them from their children.

[142] The exit of Pact Global Microfinance Fund (PGMF)22 in June 2023 See: World Bank. Myanmar Economic Monitor: Livelihoods under Threat, June 2024. World Bank Group, 2024.

[143] World Bank. Myanmar Economic Monitor: Livelihoods under Threat, June 2024. World Bank Group, 2024.

[144] HCT Report Myanmar. Updated August 2024: Summary Overview of the Impact of the Conflict in Myanmar on Women and Girls.

[145] Gender Impact Flash Update: Myanmar Flooding No. 1, 1 October 2024.

[146] Nutrition Cluster. (2023, October). Myanmar workshop brief report: CVA for nutrition.

https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2023-10/Myanmar%20Workshop%20Brief%20Report_CVA%20for%20Nutrition%20%282%29.pdf

[147] HCT Report Myanmar. Updated August 2024: Summary Overview of the Impact of the Conflict in Myanmar on Women and Girls.

[148] International Food Policy Research Institute (IFPRI), Myanmar Strategy Support Program. (2024). Findings from the sixth round of the Myanmar Household Welfare Survey (June – November 2023). Strategy Support Program Working Paper 53

[149] Ibid.

		• **Child labour:** In Shan State, 14.4% of children aged 12–14 have been employed at least 14 hours in any week in the past three months.[150] • **Risky income alternatives:** There are reports of women turning to risky options, including multi-level marketing schemes, gambling (such as Kyar Phyant operations), and smuggling, which exploit their financial vulnerabilities. • **Food insecurity:** Northern Shan is experiencing significant deterioration in food security, with grave potential implications for malnutrition.
	Southeast	• **Occupation and displacement:** Mon armed groups occupying rubber plantations have forced workers to abandon their jobs, leading to business closures and significant economic repercussions if access via forest roads remains blocked. • **High poverty:** Kayah has a poverty rate of 87%, the second highest nationally, with 49% of households reporting employment loss and 30% reporting at least one unemployed household member.[151] The region also has the highest prevalence of farmers reporting operational difficulties, particularly in accessing agricultural inputs like seeds and fertilizers. Many farmers in Kayah are withholding their harvests for home consumption due to concerns about future food availability.[152]
	Northwest	• **Market access challenges:** In Chin, movement restrictions have hindered women's physical access to markets, making food procurement even more challenging,[153] and transportation of commodities have been restricted into the State since late August.[154] • **Flood impacts:** Sagaing, with a poverty rate of 80%, has suffered significant damage to agriculture and infrastructure due to flooding.[155] • **IDP strain:** Sagaing has one of the highest IDP concentrations in the country (45% in 2023), heavily dependent on humanitarian aid, causing food self-sufficiency challenges.[156]

[150] International Food Policy Research Institute (IFPRI), Myanmar Strategy Support Program. (2024). Findings from the sixth round of the Myanmar Household Welfare Survey (June – November 2023). Strategy Support Program Working Paper 53.

[151] ibid.

[152] World Bank. (2024). Myanmar Agriculture and Food Security Sector Monitoring Report. https://documents1.worldbank.org/curated/en/099082624043085874/pdf/P5014751c07ffe045180f21334822f648e8.pdf

[153] UNDP. Strengthening food security in Myanmar: A roadmap for localized action. https://www.undp.org/myanmar/publications/strengthening-food-security-myanmar-roadmap-localized-action

[154] UN OCHA. (2024, October 10). Myanmar humanitarian update no. 41. OCHA. https://www.unocha.org/publications/report/myanmar/myanmar-humanitarian-update-no-41-10-october-2024

[155] International Food Policy Research Institute (IFPRI), Myanmar Strategy Support Program. (2024). Findings from the sixth round of the Myanmar Household Welfare Survey (June – November 2023). Strategy Support Program Working Paper 53.

156 World Bank. (2024). Myanmar Agriculture and Food Security Sector Monitoring Report. https://documents1.worldbank.org/curated/en/099082624043085874/pdf/P5014751c07ffe045180f21334822f648e8.pdf

GOOD PRACTICE EXAMPLES

Nationwide

Flexible cash-based interventions for women's financial independence: Programs provide unrestricted cash transfers to address urgent needs, and conditional transfers for livelihood support, helping women establish small businesses and move beyond dependency on food aid. These approaches improve the sustainability of interventions.

Livelihood programs for displaced women: Partnerships with local organizations provide vocational training in skills such as weaving, tailoring, and small-scale farming, empowering displaced women to generate income and rebuild their lives.

Integrated nutrition and livelihood support: The Nutrition Cluster integrates cash transfers with livelihood initiatives, such as home gardening and livestock farming, to improve food security while strengthening the sustainability of the initiatives.[157]

Rakhine	**Integrating GBV prevention with economic support:** Cash transfers and vocational training programs in Rakhine and Chin integrate GBV prevention measures, creating support networks and safe spaces while building women's resilience through economic empowerment. [158]
Southeast	**Economic empowerment programmes:** In Mon state, programs focus on empowering women through small business development with community support, particularly in food production and handicrafts, creating a model for sustainable local economic development.

RECOMMENDATIONS

Nationwide

Increase direct cash assistance and livelihood recovery: Provide targeted cash assistance and livelihood opportunities for female-headed households and displaced women.

Improve access to information: Improve communication channels to ensure women and vulnerable groups are informed about available services, especially in hard-to-reach areas.

Empower women-led businesses with long-term community support: Provide direct support to women-led businesses and female-headed households. Focus on empowering women through entrepreneurial training and financial inclusion, equipping them to rebuild livelihoods and drive community recovery and economic growth.[159] Facilitate connections between local businesses, including women-led business, and local, regional, and international

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157 Myanmar Nutrition Cluster. (2023, October). Myanmar Workshop Brief Report: Cash and Voucher Assistance (CVA) for Nutrition. Nutrition Cluster. https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2023-10/Myanmar%20Workshop%20Brief%20Report_CVA%20for%20Nutrition%20%282%29.pdf

158 ibid

159 See: United Nations Development Programme. (n.d.). Poverty and household economy in Myanmar: The disappearing middle class. https://www.undp.org/myanmar/publications/poverty-and-household-economy-myanmar-disappearing-middle-class

markets to enhance product visibility and demand.

Increase vocational support for people with disabilities: Establish vocational training and peer support networks for people with disabilities, encouraging social inclusion and economic participation. These programs can reduce stigma, build confidence, and empower disabled men within their communities.

Expand inclusive cash-for-work programs: Design cash-for-work programs to engage men and women in community rebuilding efforts while gaining economic independence, with a focus on addressing the unique challenges faced by women in rural and conflict-affected areas.

Equip communities with skills for livelihood transitions: Provide skills training for community members to adapt to new forms of employment, such as digital work, sustainable agriculture, and small businesses. Involve women in the design and implementation of needs assessments to ensure their perspectives are considered.

Remove barriers to land and resource access for women: Involve displaced women in needs assessments to address barriers to land access, inheritance, and resource distribution.

Educate women and girls about financial risks and digital literacy: Implement education programs for women and girls on the risks of multi-level marketing schemes, gambling (such as Kyar Phyant operations), smuggling, and unsafe online practices in high-risk areas, where digital literacy can prevent financial losses that strain families and heighten risks of gender-based violence.

Improve remittance channels: Establish secure, low-cost remittance channels that are accessible to women in remote areas, paired with financial literacy/investment opportunity programs to empower female-headed households to maximize and invest remittances for lasting economic stability.

Develop early warning systems: Increase efforts to develop early warning systems for adverse weather events and implement climate-resilient agricultural practices.

WATER, SANITATION, AND HYGIENE

The analysis presented in this section is based primarily on insights gathered through discussions with women's rights organizations (WROs) and women-led organizations (WLOs), complemented by a review of existing research and reports.

NEEDS AND KEY CHALLENGES

Nationwide

Safety: The ongoing conflict in Myanmar has exacerbated pre-existing challenges in accessing clean water, maintaining sanitation, and ensuring adequate hygiene, particularly for women, girls, and LGBTIQ+ individuals.

Displacement camps, monasteries, and remote locations often lack gender-segregated, safe, and private sanitation options, exposing individuals to harassment and gender-based violence (GBV). Many camps rely on poorly maintained and overcrowded latrines, with limited women-specific facilities, compromising sanitation and forcing women to use unsafe alternatives.[160]

Menstrual management and hygiene needs: Economic hardship, supply chain disruptions, and transport restrictions have further compounded menstrual hygiene challenges. Women in conflict-affected areas often face severe shortages of sanitary products and resort to unhygienic alternatives, heightening the risk of infections and negatively impacts their reproductive health.

The destruction of infrastructure: The destruction of water systems has left communities without access to clean water. Women and girls are traditionally tasked with household water collection and navigating unsafe areas exposes them to GBV and conflict-related sexual violence. Military checkpoints and the presence of armed groups further restrict access to essential water supplies, disproportionately affecting the safety, health, and dignity of women and girls.[161]

Water scarcity in displacement camps: There is only limited access for conflict-affected populations and IDPs to on-site water, leaving nearly half exposed to conflict-related dangers when retrieving water.

Social norms and awareness: Cultural norms hinder open defecation progress, with unsafe disposal of children's faeces and a preference for traditional, unimproved water sources.[162] Some people also avoid treating water with chlorine tablets due to lack of knowledge and fears of adverse effects.[163]

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[160] HCT Report Myanmar. Updated August 2024: Summary Overview of the Impact of the Conflict in Myanmar on Women and Girls.
[161] Ibid.
[162] Win, C. Z., Jawjit, W., Thongdara, R., & et al. (2024). Towards more sustainable water, sanitation, and hygiene (WASH) projects in Magway Region, Myanmar.

Environment, Development and Sustainability, 26, 22149–22173.https://doi.org/10.1007/s10668-023-03727-7
[163] WASH Cluster. (2024). WASH challenges of forcibly displaced populations. https://www.washcluster.net/sites/gwc.com/files/2024-01/Shapna_WASH%20challenges%20of%20forcibly%20displaced.pdf

Area-specific challenges

Rakhine	• **Severe water shortages and overwhelmed WASH services:** High displacement rates have overwhelmed WASH services, causing acute water shortages. Sanitary pad bans worsen these challenges for women. The water scarcity and increase of acute watery diarrhoea cases are exacerbating pre-existing vulnerabilities. [164] • **Sub-standard WASH facilities in IDP camps:** Most IDP camps fall short of the SPHERE minimum standards in humanitarian response[165] relating to water supply, sanitation, and hygiene. There is insufficient water per person (less than 15 litres, some as low as 7.5 litres), overcrowded latrines (up to 136 people per latrine), and inadequate handwashing and waste management facilities. • **Unsafe and inaccessible communal latrines:** Camps rely on communal latrines that lack adequate privacy and safety for vulnerable groups. They are often positioned on hilly or sloped terrain, making them difficult to access—especially during the monsoon—and risking the contamination of nearby water sources. Sanitation maintenance is further hindered by a lack of ownership over shared facilities and reluctance to adhere to sanitation practices.[166] • **Cultural and practical barriers for adolescents and women:** Adolescents and young girls are hesitant to use communal bathing facilities due to cultural practices. • Several Rohingya IDP camps and sites experience severe summer water shortages due to limited surface water access, resulting in drinking water scarcity and prolonged collection times of 3–5 hours, which disproportionately affects women and children.[167] • **Restricted access to sanitary products:** Women and girls in conflict-affected areas struggle to access sanitary products, often prioritizing limited funds for food. Restrictions on sanitary products, high demand, and restricted market availability further limit access, leaving them without essential hygiene supplies in insecure environments.[168]
Northwest	• **Conflict-driven delays in humanitarian aid:** Escalating conflict and SAC-imposed restrictions hinder the delivery of humanitarian aid, with funding limitations and the need for engagement with a widening array of armed groups delaying WASH assistance. Restrictions limit hygiene kit distribution, particularly for essential items like sanitary pads, leading to health risks for women and girls.
Northeast	• **Inflation and security challenges:** In Kachin, rising inflation and security concerns complicate WASH access, with high hygiene item prices and operational challenges impeding service delivery, leading to insufficient access to and distribution of menstrual health products including sanitary pads. • **Temporary nature of displacement sites:** Short-term displacement sites lack sustainable WASH infrastructure and community ownership. Access restrictions further challenge efforts to establish and maintain these sites compared to more

164 OCHA. (2023). Myanmar 2024 HNRP.
https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-december-2023-enmy
165 Humanitarian Charter and Minimum Standards in Humanitarian Response.
166 WASH Cluster. (2024, January). WASH challenges of forcibly displaced populations.

https://www.washcluster.net/sites/gwc.com/files/2024-01/Shapna_WASH%20challenges%20of%20forcibly%20displaced.pdf
167 Ibid.
168 OCHA. (2023). Myanmar 2024 HNRP
https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-december-2023-enmy

	permanent IDP sites and villages. This includes limited disposal options for sanitary pads.
Southeast	• **Overcrowding and water shortages:** Continuous conflict and displacement are exacerbating overcrowding in camps and displacement sites and host communities. Displaced populations, especially in jungle sites without running water, are facing severe water shortages and struggling to maintain personal hygiene and cooking needs, often resorting to buying water.[169] • **Increased waterborne disease risks:** Limited safe water access heightens the risk of waterborne diseases, with underfunding restricting responses to acute watery diarrhoea and skin diseases, forcing communities to rely on contaminated sources.

GOOD PRACTICE EXAMPLES

Nationwide

Private spaces for washing and drying: Gender-segregated WASH facilities have been constructed in some IDP camps, incorporating input from women to prioritize privacy and safety. Furthermore, private washing stations with water and soap offer safe, discreet spaces for women and girls to wash reusable hygiene products, helping prevent stigma and promoting better hygiene.

Gender-sensitive WASH distribution: Humanitarian organizations have prioritized vulnerable groups, including by distributing hygiene kits and sanitation facilities specifically tailored for women and children in IDP camps/sites and flood-affected areas.

Hygiene kit adaptation and disposal management: Partners are adapting hygiene kits to include reusable menstrual products in water-accessible areas, reducing reliance on disposables. Advocacy for menstrual cups, while culturally challenging, continues with training on use and care to support sustainable adoption. Installing disposal bins and establishing waste management protocols in

camps help maintain hygiene and privacy, reducing risks of open defecation and unsanitary conditions.

Safety audits for gender-sensitive planning: Preliminary safety audits were conducted in IDP camps to identify risks and integrate gender-specific needs into WASH planning, underscoring a commitment to gender-sensitive and protective WASH interventions in humanitarian efforts.

Decentralized resources management: The decentralized WASH approach in camps involves using locally available technologies and materials. This enables communities to independently manage, maintain, and repair facilities, promoting sustainability and local ownership.[170]

Innovative water supply solutions: Although still limited due to logistical challenges, efforts to introduce water supply systems, such as solar-powered taps that can be operated by women and girls, show a positive focus on gender-sensitive, accessible technology.

169 OCHA. (2023). Myanmar 2024 HNRP. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-december-2023-enmy

170 Win, C. Z., Jawjit, W., Thongdara, R., Gheewala, S. H., & Prapaspongsa, T. (2024). Towards more sustainable Water, Sanitation and Hygiene (WASH) projects in Magway Region, Myanmar. Environment, Development and Sustainability, 26, 22149–22173. https://doi.org/10.1007/s10668-023-03727-7

Community engagement through awareness sessions: Partners are conducting awareness sessions on how to use the WASH kits purify water, and practice safe hygiene practices. Messaging on GBV and sexual health rights are included on the sessions to provide added protection. Menstrual health and hygiene sessions create supportive spaces for women and girls, while including men in campaigns helps reduce stigma and foster community support. To enable greater participation, some project schedules are aligned with agricultural cycles, allowing women to attend without compromising other responsibilities.[171]

Tracking inclusion indicators: Despite challenges in data verification, the WASH cluster is monitoring inclusion indicators to enhance accountability and better address needs, demonstrating a strong commitment to inclusivity among partners.

Gender-sensitive emergency response: The prioritization of women in emergency kit distribution, alongside ongoing discussions about gender mainstreaming in cluster and ICCC meetings, highlights a focus on gender equality in emergency WASH responses.

Comprehensive training for WASH committees: WASH committees received training on operations, maintenance, and financial management. This equipped them to manage water tariffs, handle expenditures, and conduct regular maintenance, thereby fostering community autonomy in sustaining WASH facilities. [172]

Area-specific examples

Rakhine	• **Inclusion of disability needs**: The installation of inclusive WASH facilities, including Komodo seats, ramps, and rails, reflects a commitment to making sanitation services accessible to people with disabilities. Lighting and considerations for the needs of the elderly demonstrate a holistic approach to accessibility • **Reusable menstrual hygiene products:** Locally produced reusable pads and comprehensive kits (including buckets, soap, and hanging ropes) improve accessibility for women in high-need areas. However, the shortage of water remains a key challenge.

[171] Ibid.

[172] Ibid.

RECOMMENDATIONS

Nationwide

Expand gender-sensitive infrastructure:
Prioritize WASH projects that integrate gender-segregated facilities and enhanced security features in high-risk areas. Construct and maintain gender-segregated, private, and secure sanitation facilities in displacement camps and sites and rural areas to improve safety for women, girls, and LGBTIQ+ individuals, especially at night. Facilities should include adequate lighting, accessible entry points, and security measures. This should include WASH infrastructure in schools, including temporary learning centres, camps and healthcare centres.

Strengthen localized supply chains: Collaborate with partners to address logistical constraints, ensuring continuous access to hygiene essentials, particularly for women and girls. Promote the use of locally available materials to address supply chain issues in hard-to-reach areas, reduce dependence on external aid and support local economies.

Enhance inclusive community participation and ownership: Actively involve women, marginalized groups and vulnerable populations in WASH governance and decision-making processes, including in choosing technology and designing WASH facilities. Prepare WASH committees with disaster contingency plans and gender-specific emergency training to protect facilities and prioritize the hygiene needs of women and girls during crises.

Integrate gender-sensitive behaviour change activities: Address cultural misconceptions and gender-specific barriers by promoting tailored behaviour change activities. Emphasize improved water sources and sanitation practices through awareness campaigns that reach women, girls, and vulnerable groups, empowering them to adopt safer hygiene habits.

Improve menstrual hygiene management:
Improve access to affordable and hygienic menstrual products by supporting local production of reusable sanitary pads and menstrual cups, with appropriate training on usage and care. Additionally, incorporate waste disposal bins and protocols to support cleanliness and privacy. Collaborate across sectors with the Cash Working Group to explore funding initiatives that support menstrual hygiene management programs.

Strengthen water infrastructure resilience:
Rebuild and protect water supply infrastructure in conflict-affected regions. Where possible, install solar-powered water taps or accessible water systems to reduce reliance on distant water sources and minimize the risks associated with traveling to collect water.

Conduct regular safety audits: Perform regular, community-driven safety audits of WASH facilities to identify risks and ensure these facilities meet the needs of all genders and vulnerable groups, particularly women and girls.

Empower and equip WASH committees:
Provide comprehensive training to WASH committees on operations, maintenance, and financial management to foster self-reliance. Equip committees with resources and decision-making authority to manage water tariffs, handle maintenance, and allocate funds effectively.

Mainstream gender in distribution efforts:
Prioritize women in emergency kit distribution, considering their specific hygiene needs and the barriers they face. Integrate gender-sensitive messaging in awareness sessions, including GBV risk reduction, to foster a supportive environment for women and girls.

Ensure flexible scheduling for community engagement: Schedule WASH activities to avoid conflicts with local agricultural cycles and household responsibilities to allow women to participate fully. Encourage both men and women to participate in hygiene discussions to

reduce stigma and support sustainable behaviour change.

Track inclusion and gender indicators: Continue tracking WASH inclusion-related indicators, focusing on data reliability and accountability. Regular assessments can help identify evolving community needs, especially in marginalized groups, enabling timely adjustments in response strategies.

Support women's leadership in WASH governance: Prioritize initiatives that support and train women for leadership roles within WASH committees and governance structures. Ensure women's active involvement in decision-making processes at all levels, empowering them to contribute to the design, implementation, and management of WASH services. This approach will foster a gender-responsive WASH sector, enhancing the relevance and effectiveness of services for all community members.

Area-specific recommendations

Northwest	• **Enhance food security programs** for vulnerable households by prioritizing vocational training, cash assistance, and nutritious support for children and pregnant women.
Rakhine	• **Install safe, gender-segregated latrines that are accessible** to women, children, the elderly, and people with disabilities. • **Establish safe spaces for women and girls** to share information, provide feedback and discuss MHM. • **Localize MHM product** development.
Southeast	• **Develop sustainable water sources** for jungle camps, displacement sites, and communities with limited access to water. Prioritize emergency support for areas most at risk of waterborne diseases.
Northeast	• **Strengthen partnerships with local CSOs**, including WLOs, to deliver safe WASH services. Ensure contingency planning to address inflation and conflict-related barriers. • **Explore funding initiatives** that support MHM programs.

EDUCATION IN EMERGENCIES

The analysis presented in this section is based primarily on insights gathered through discussions with women's rights organizations (WROs) and women-led organizations (WLOs), complemented by a review of existing research and reports.

NEEDS AND KEY CHALLENGES

Nationwide

Declining enrolment: Access and quality of education have sharply declined, with significant drops in enrolment, especially for children in conflict zones.[173] Enrolment rates for children aged 6-22 have dropped from 69.2% in 2017 to 56.8% in 2023, highlighting a severe education crisis, especially in high school access and in conflict-affected areas. Overall, girls maintained higher net enrolment rates (65%) than boys (54%) and outperformed boys in literacy. Non-state school enrolment rose from 5% to 8%, mostly in wealthier urban areas.[174] There is a stark urban-rural gap, particularly in middle and high school attendance, with high-conflict areas showing the lowest rates.[175] In 2021, 148,000 school-aged IDPs (76,000 children aged 5-11 and 72,000 aged 12-17, equally divided by gender) faced substantial educational barriers.[176]

Safety and accessibility: Nearly 11.6 million children have missed school for more than a year, leading to learning gaps and reduced access to essential services. Many children lack access to safe, inclusive learning spaces due to insecurity, attacks, and the use of schools as military barracks. IDPs, especially in Rakhine, Kachin, and Shan, face barriers, including mines.[177] In conflict-affected areas, like Sagaing, Rakhine, and the Southeast, up to 80% of children are not attending school regularly (four or more days per week).[178]

Economic barriers: Rising education costs rose dramatically from 5% to 18% between 2017 and 2023, pushing many toward private schooling and tutoring. Less than 5% of children—primarily from affluent urban families—have access to online learning supplements.[179]

Decreasing funds: Despite rising demand nationwide, severe underfunding limits the

[173] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.
[174] World Bank. (2023). State of education in Myanmar: July 2023. https://thedocs.worldbank.org/en/doc/716418bac40878ce262f57dfbd4eca05-0070012023/original/State-of-Education-in-Myanmar-July-2023.pdf
[175] UN Women and ASEAN, ASEAN Gender Outlook: Achieving the SDGs for all and leaving no woman or girl behind, 2024, https://reliefweb.int/report/myanmar/asean-gender-outlook-2024
[176] Internal Displacement Monitoring Centre (IDMC) (2022). Informing Better Access to Education for IDPs. https://api.internal-displacement.org/sites/default/files/publications/documents/221114_IDMC_Informing-Better-Access-to-education-for-IDPs.pdf.
[177] Education Cluster. (2022). Education Cluster strategy 2022–2025. https://themimu.info/sites/themimu.info/files/edu_public/Education_Cluster_Strategy_2022-2025.pdf
[178] OCHA. (2023). Myanmar 2024 HNRP https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy
[179] World Bank. (2023). State of education in Myanmar: July 2023. https://thedocs.worldbank.org/en/doc/716418bac40878ce262f57dfbd4eca05-0070012023/original/State-of-Education-in-Myanmar-July-2023.pdf

education cluster's capacity to scale up assistance.[180]

Lack of qualified teachers: Even where education is accessible, quality has sharply declined as number of teachers have left or been dismissed due to involvement in the Civil Disobedience Movement. Many schools are dependent on untrained volunteers, diminishing education quality. Safety and financial challenges further deter teaching, while a lack of female teachers in some areas hinders girls' school attendance.

Gender disparities: While parents value education for both boys and girls, they often prioritize the education of boys due to cultural norms viewing boys as naturally inclined to leadership.[181] Economic hardships and gender norms, especially in rural areas,[182] disproportionately impact girls, leading to higher dropout rates, early marriage, and increased vulnerability, which curtails their economic opportunities and perpetuates poverty and gender inequality.

Inclusiveness and intersectionality: Children with disabilities encounter compounded access issues, worsened by inadequate educational resources and supportive facilities.[183] Many individuals with disabilities are further marginalized because they lack national registration cards and essential communication devices.

Area-specific challenges

Rakhine	• Children in Rakhine experience relatively high enrolment in government-run schools.[184] However, Rohingya children, particularly girls, face severe barriers to education, including exclusion, segregation, and a shortage of female teachers. This restricts their access to formal government schools, leading to overall reliance on community-led education. These challenges lead to high illiteracy rates and increase girls' vulnerability to early marriage and trafficking.[185]
Southeast	▪ In Kayah State, due to safety concerns and political instability, school attendance remains extremely low. In conflict-prone and inaccessible areas, children and youth are especially disconnected from both formal and alternative education systems.[186] Even where schools are operational, security concerns deter attendance, especially for girls. Schools affiliated with EAOs have seen an increase in enrolments.
	▪ In Mon State, growing instability has increased robberies and disappearances, deterring children from attending school. In many cases, families are sending boys to Thailand for work while prioritizing girls' local schooling.

[180] OCHA. (2023). Myanmar 2024 HNRP, https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-addendum-enmy

[181] See also: International Development Research Centre (IDRC). A Qualitative Study of Parental Perceptions of Barriers and Enablers of Girls' Education In Monywa, Myanmar Khin Thida Nyein; Thida Htay; May Zin Oo; Khin Mar Cho. https://idl-bnc-idrc.dspacedirect.org/server/api/core/bitstreams/34b6fcd8-7958-4862-9228-680d248a9b36/content

[182] HCT Report Myanmar. Updated August 2024: Summary Overview of the Impact of the Conflict in Myanmar on Women and Girls.

[183] Education Cluster. (2022). Education Cluster strategy 2022–2025. https://themimu.info/sites/themimu.info/files/edu_public/Education_Cluster_Strategy_2022-2025.pdf

[184] Ibid.

[185] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

[186] Education Cluster. (2022). Education Cluster strategy 2022–2025. https://themimu.info/sites/themimu.info/files/edu_public/Education_Cluster_Strategy_2022-2025.pdf

	▪ Eldest daughters often take on precarious jobs due to lack of support, while boys and young men drop out or flee due to ongoing conflict, resulting in high and hard-to-measure dropout rates.
Northeast	▪ In Kachin and Shan State, enrollments have increased in schools affiliated with EAOs as families in government-controlled areas transition to ethnic education systems for safety and community alignment. This shift has created a need for additional teachers and resources in these ethnic education systems. ▪ Limited access to secondary education forces children, especially from Kachin State IDP camps and sites, to migrate to urban areas, where cultural barriers and discrimination often lead to dropout.[187]
Northwest	▪ In some of the most conflict-affected areas, such as Sagaing, up to 80 per cent of children are not attending school regularly (4 or more days per week). A similar trend has been observed in Rakhine and the Southeast Region.[188] ▪ In Chin State, education infrastructure in areas like Kan Pat Let and Min Tat townships has been severely damaged. Self-help schools are replacing formal institutions, and traditional beliefs favour boys' education over girls', leading to significant gender gaps.

GOOD PRACTICE EXAMPLES

Nationwide

Inter-cluster collaboration: The Education Cluster coordinates with the Health, WASH, and Protection clusters to deliver improved and integrated education support, including psychosocial care, WASH facilities, and protection interventions.

Community and partner capacity: Local partners and communities are being supported to manage safe, inclusive education spaces. Efforts focus on strengthening local and ethnic education providers and implementing inclusive, gender-sensitive education initiatives.

Providing essential learning packs: Essential learning packs have been distributed to more than 9,700 students (including nearly 5,000 girls) to ensure education continuity. Additionally, 28 teachers (including 21 women) have received support to increase their capacity to address post-disaster educational challenges.[189]

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[187] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.
[188] OCHA. (2023). Myanmar 2024 HNRP, https://reliefweb.int/report/myanmar/myanmar- humanitarian-needs-and-response-plan-2024-addendum-enmy
[189] Ibid.

Area-specific examples

Southeast	• Self-help schools, developed with community organizations in Mon State, offer a viable alternative for students in areas where government schools are inaccessible. These schools maintain smaller, flexible classes and integrate security measures to protect students. • Contingency plans for educational response and support have been established, particularly in IDP camps and sites and areas affected by armed conflict. However, resource constraints remain a barrier to implementing these plans effectively.[190]
Northwest	• Humanitarian organizations have established safe learning environments and mobile schools equipped with essential materials, creating secure education opportunities, especially for girls in unsafe areas.
Northeast	• In Shan State, NGO-led scholarships for girls reduce the economic burden on families, while community-based mentorship programs further support girls' retention by encouraging family engagement in the value of girls' education.

RECOMMENDATIONS

Nationwide

Increase funding for education access in conflict zones: Allocate resources to establish or enhance safe learning spaces and mobile schooling, including informal education facilities, in conflict-affected areas. Prioritize protection and the restoration of school infrastructure, with specialized programming for girls and children with disabilities.

Incorporate gender sensitivity into education: Collaborate with local NGOs to create policies that support equitable access to education across all levels, including informal opportunities for education, with a particular focus on girls.

Provide economic support programs: Introduce conditional cash transfers or subsidies for families in rural and impoverished regions to offset the rising costs of education. Develop financial support programs that prioritize girls' education, especially in households where economic constraints may lead to early marriage.

Address teacher shortages: Expand volunteer teachers training programs. Partner with local groups to ensure all teachers are prepared to handle the unique needs of conflict-affected and displaced children.

Increase support for local, gender-sensitive education: Fund and support local schools, particularly those in ethnic minority and conflict-affected areas, to ensure gender-sensitive education that accommodates girls' specific needs. Prioritize hiring female teachers in areas where cultural norms prevent girls from attending schools with male teachers.

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[190] Ibid.

Area -specific recommendations

Northwest	**Support community-led self-help schools** by providing materials, training for volunteer teachers, and integrating mental health support for students. Engage local leaders to challenge traditional norms that prioritize boys' education over girls.
Southeast	**Focus on inclusive learning** by establishing programs tailored to children with disabilities affected by conflict. Offer remote learning alternatives and vocational training for youth unable to access traditional schooling due to infrastructure issues. **Strengthen community protection** and integrate safety protocols for students commuting to school. Establish partnerships with local law enforcement to ensure safer routes to and from school, aiming to increase attendance by mitigating safety concerns
Rakhine State	**Address gender-specific educational barriers for Rohingya girls** by recruiting and training female teachers and establishing community-based educational facilities.

SHELTER, CAMP COORDINATION, CAMP MANAGEMENT AND NON-FOOD ITEMS

The analysis presented in this section is based primarily on insights gathered through discussions with women's rights organizations (WROs) and women-led organizations (WLOs), complemented by a review of existing research and reports.

NEEDS AND KEY CHALLENGES

Nationwide

Displacement and vulnerability: There are 4.2 million people needing shelter and non-food items (NFI) assistance and 11.5 million needing protection services.[191] Ongoing conflict and limited humanitarian access disproportionately affect women, girls, and LGBTIQ+ individuals in insecure, resource-scarce temporary camps and sites.

Climate-related displacement: Widespread flooding and climate-related displacement in the second half of 2024 exacerbated shelter needs and heightened risks for women-headed households, children, and people with disabilities, including GBV, child labour, and trafficking. Priority needs following the flooding included clean water, hygiene supplies, food, medicine, shelter, and cash aid, though relief efforts were hampered by climate impacts and resource limitations.[192]

Safety concerns: Rising GBV incidents in Myanmar's IDP camps and sites are driven by overcrowding, inadequate sanitation, and lack of privacy. Militarized camp management and traditional conflict resolution methods limit survivors' access to support, while poor camp conditions and inadequate sanitation and hygiene resources increase health risks and expose women and girls to conflict-related violence, particularly at armed checkpoints when collecting water. [193]

Lack of women representation: Male-dominated leadership in camp management persists despite efforts to promote women's inclusion in management as cultural and religious resistance remains a barrier.

Underfunded response: Insufficient funding restricts efforts to meet the increasing needs for shelter, NFI provisions, and camp management,

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191 Shelter/NFI/CCCM and Protection Clusters. (2024). Joint statement: Shelter, CCCM, and protection clusters. https://themimu.info/sites/themimu.info/files/documents /Joint_Advocacy_Statement_Shelter-CCCM-Protection_Cluster_23Jan2024.pdf

192 UNICEF Myanmar. (2024, October 7). Myanmar Flood Flash Update No. 4. UNICEF Myanmar.
193 HCT Report Myanmar. Updated August 2024: Summary Overview of the Impact of the Conflict in Myanmar on Women and Girls.

with only 26% of shelter, 23% of NFI, and 21% of protection needs funded as of October 2023. These shortfalls, alongside 35% inflation and logistical challenges, severely limit essential service delivery.[194]

Coordination gaps: Effective collaboration across national and sub-national levels remains challenging, with a need for improved harmonization among partners to avoid duplication of efforts and ensure comprehensive coverage.

Intersectionality and inclusivity: Despite increasing efforts, tailored humanitarian responses are challenging to implement consistently, often overlooking the specific needs of diverse groups like LGBTIQ+ individuals, people with disabilities, and the elderly in IDP camps and sites, where frameworks typically focus on traditional family structures, leaving these groups especially vulnerable.[195]

Area-specific challenges

Northeast	• **Shelter shortages**: With over 168 IDP sites hosting over 107,000 IDPs and 21,371 households, only 6% of shelter needs were met in mid-2024, while ongoing conflict increased the number of sites in late 2024.[196] Momauk and Waingmaw townships in Kachin face critical shelter shortages despite high IDP numbers.[197] • **Forced relocation:** As the conflict worsens, displaced people are relocating to safer areas, including prematurely returning to villages, but shelter and NFI support remain insufficient. • **Safety and accessibility:** Men and women face forced recruitment amid escalating airstrikes, shelling, and landmine threats. Many areas, particularly in the northwest, are inaccessible, with restricted internet requiring VPNs for essential communication. Blockades further hinder access to information and support.
Southeast	• **Flood impact:** October 2024 flooding in Mon and Kayin states impacted over 200,000 people, damaging homes, schools, and roads. This has escalated shelter and humanitarian needs across WASH, health, and nutrition sectors. Women are particularly affected, balancing caregiving and income-earning roles, especially in households where men are absent or deceased due to conflict.[198] • **Restricted access:** Movement restrictions and lack of registration compel local CSOs, WROs and INGOs to operate under a low profile or relocate. Those without connections face stricter regulations, often forcing relocation to maintain services.

194 Shelter/NFI/CCCM and Protection Clusters. (2024). Joint statement: Shelter, CCCM, and protection clusters. https://themimu.info/sites/themimu.info/files/documents/Joint_Advocacy_Statement_Shelter-CCCM-Protection_Cluster_23Jan2024.pdf

195 See also: Gender in Humanitarian Action Woking Group, & Gender-Based Violence in Emergencies Working Group. (2024). Charting a path for LGBTIQ+ justice in humanitarian response in Asia and the Pacific. Edge Effect, Outright International, ILGA Asia, Equal Asia Foundation.

196 Informal estimation of about 400 additional sites as of October 2024.

197 Shelter, NFI, and CCCM Clusters. (2024). Cluster analysis report: Kachin and northern Shan. https://themimu.info/sites/themimu.info/files/documents/Report_Shelter-NFI-CCCM_Cluster_Analysis_Report_Kachin.NShan_Aug2024.pdf

198 UNICEF Myanmar. (2024). Myanmar Flood Flash Update No. 4. UNICEF Myanmar.

Northwest	• **Humanitarian gaps:** 1.5 million displaced people across Chin, Magway, and Sagaing regions lack adequate humanitarian aid, facing urgent shelter and NFI needs.[199] • **Healthcare access:** Conflicts and destroyed infrastructure severely limit access to resources and health services. Women are particularly vulnerable to unsafe shelter conditions and a lack of health care. • **Geographic and political barriers**: In conflict-affected areas, geographic and political challenges significantly hinder the consistent delivery of aid. Remote and high-risk regions, such as IDP camps and displacement sites, often face delays or complete blockages in receiving assistance.[200] • **Urban internally displaced population:** Chin IDPs relocating to urban areas in search of better safety, healthcare, education, and job opportunities, face unique challenges, especially women. These include housing discrimination, language barriers, and reliance on low-wage informal work, creating financial and social strain, especially for female-headed households managing family needs.[201]
Rakhine	• **Barriers to assistance:** Large-scale displacement has left stateless individuals, especially women and children, facing barriers to assistance and safe shelter. Unaccompanied children, people with disabilities, and pregnant women face overcrowded shelters, limited water access, restricted clinic hours, and inadequate protection services, though feedback mechanisms are available in most camps. • **Funding and resource constraints:** Insufficient funding hampers shelter repairs, while inflation, market limitations, and security issues restrict the Cluster's ability to meet needs, leaving vulnerable populations at increased risk. • **Access challenges:** Geographic and political challenges in conflict zones, including electricity blackouts, banking restrictions, and risks to humanitarian staff[202] hinder consistent aid delivery to remote and high-risk areas, delaying or preventing access to IDP camps and communities.[203] Forced recruitment of humanitarian staff by groups such as the Arakan Army further disrupts safe service delivery.

[199] Ibid.
[200] Shelter, NFI, and CCCM Clusters. (2024). Cluster analysis report: Central Rakhine and Chin, April–June 2024. https://themimu.info/sites/themimu.info/files/documents/Report_Shelter-NFI-CCCM_Cluster_Analysis_Central_Rakhine_Chin_Paletwa_Apr-Jun2024_0.pdf
[201] International Development Research Centre. Factors Influencing Refugee Settlement to Urban Areas: The Case of Chin Refugees in Mizoram. https://idl-bnc-idrc.dspacedirect.org/server/api/core/bitstreams/954c6efb-564c-40e2-867c-01bb78743261/content

[202] United Nations Office for the Coordination of Humanitarian Affairs. (2024, October 10). Myanmar humanitarian update no. 41. OCHA. https://www.unocha.org/publications/report/myanmar/myanmar-humanitarian-update-no-41-10-october-2024
[203] Shelter, NFI, and CCCM Clusters. (2024). Cluster analysis report: Central Rakhine and Chin, April–June 2024. https://themimu.info/sites/themimu.info/files/documents/Report_Shelter-NFI-CCCM_Cluster_Analysis_Central_Rakhine_Chin_Paletwa_Apr-Jun2024_0.pdf

GOOD PRACTICE EXAMPLES

Nationwide

Strengthening community engagement and gender mainstreaming: Local organizations have enhanced camp leadership training by integrating GBV response systems and advocating for greater female participation in decision-making. Despite progress, cultural resistance and male-dominated structures remain significant barriers.

Women's economic empowerment initiatives: Small community grants have been implemented with local partners to support women's resilience and income-generation activities. However, the impact has been limited by funding and security constraints.

Strengthening PSEA in camps: A coordinated approach, led by community leaders, camp managers, and the PSEA Network, has strengthened SEA prevention and response. Actions include distributing information, education, and communication materials in local-languages, conducting regular SEA training for aid workers, and establishing confidential PSEA hotlines for reporting. This has improved reporting mechanisms and ensured survivor support**.**[204]

Increased collaboration with WROs as first respondents: Collaborating closely with WROs and WLOs in humanitarian responses improves women's voices in decision-making and addresses their specific needs in programming.

Promoting women's leadership in camp management: In camp management, there is a commitment to gender-inclusive leadership by integrating GBV referral systems and gender mainstreaming into training for camp leaders and management teams.

Conducting safety audits: Safety audits in displacement camps have highlighted risks such as poor lighting and unsafe sanitation facilities. These audits have driven targeted interventions to improve camp infrastructure and raise awareness of the specific safety needs of women and girls, contributing to a more secure environment despite ongoing challenges.

Prioritizing gender in humanitarian strategies: Key frameworks, including the Shelter/NFI/CCCM National Strategy (2022-2023),[205] Myanmar Basic Shelter-NFI Kit Guidance 2023,[206] and Shelter-NFI Cash and Voucher Assistance Guidance,[207] prioritize gender-sensitive, inclusive approaches in displacement settings. These strategies ensure equitable access to shelter and services, protect against GBV, and encourage inclusive decision-making. Key elements include privacy-focused shelter adaptations, and tailored cash assistance for women at risk, ensuring that shelter and NFI support meets the unique needs of women, girls, and other vulnerable groups across Myanmar's diverse communities.

[204] ActionAid Myanmar. (2021). Research on prevention and response to sexual exploitation and abuse in humanitarian settings in Myanmar: Full report. ActionAid. https://myanmar.actionaid.org/sites/myanmar/files/public ations/PSEA%20research%20full%20report.pdf
[205] Shelter, NFI, and CCCM Clusters. (2022). National strategy 2022–2023. https://themimu.info/sites/themimu.info/files/documents

/Core_Doc_Shelter_-_NFI_-_CCCM_National_Strategy_2022-2023.pdf
[206] Shelter Cluster. (2023). Myanmar basic shelter-NFI kit guidance. https://sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/Myanmar%20Basic%20Shelter-NFI%20kit%20Guidance%202023_230221_.pdf
[207] Shelter, NFI, and CCCM emergencies. https://themimu.info/emergencies/shelter-nfi-cccm

Area-specific examples

Southeast	Gender-inclusive leadership in camp management is promoted by integrating GBV referral systems and gender mainstreaming into camp leader training. These efforts aim to ensure women in established sites know how to access support channels.
Northeast	Humanitarian programming in this region prioritizes adaptability to frequent re-displacement. Mobile solutions, flexible support, and alternative communication methods, such as letter writing when access is limited, ensure aid delivery remains relevant. Regular safety audits and consultations with women help maintain responsive and effective aid delivery in an unstable environment.

RECOMMENDATIONS

Nationwide

Expand gender-specific aid and services: Expand flexible, gender-sensitive funding to ensure comprehensive shelter, GBV response, health, and economic empowerment services, especially targeting female-headed households and LGBTIQ+ individuals.

Enhance safe spaces: Enhance GBV Prevention and Response Efforts through safe spaces and tailored services in overcrowded shelters.

Promote women participation: Promote the participation of women in local protection structures, such as camp management committees, and support women community leaders in displacement settings.

Area-specific recommendations

Northeast	• **Implement adaptable humanitarian programming** in Kachin that prioritizes mobile solutions and flexible support to meet the needs of frequently re-displaced populations. • **Train and support local actors** for gender-sensitive GBV response, water and sanitation access, and legal aid.
Southeast	• **Enhance flood resilience and response capacity** through gender-sensitive early warning systems, safe shelter provisions, and increased community leadership opportunities for women.
Northwest	• **Allocate resources to address chronic food, health, and NFI shortages.** Extend collaboration with low-profile local CSOs/WLOs that have close community connections for targeted outreach.
Rakhine	• **Address the persistent gaps in shelter and services for internally displaced** individuals, specifically by improving water access, hygiene facilities, and safe spaces for women and children in IDP camps. • Continue improving participation of women in camp management structures.

PROTECTION

The analysis presented in this section is based primarily on insights gathered through discussions with women's rights organizations (WROs) and women-led organizations (WLOs), complemented by a review of existing research and reports.

NEEDS AND KEY CHALLENGES

Nationwide

Widespread explosive ordnance contamination: Explosive ordnance contamination, including landmines, unexploded ordnance, and improvised explosive devices, affects all 15 regions and states, restricting movement, hindering returns to affected areas, and increasing casualties. Both government forces and non-state armed groups deploy landmines, impacting civilians and infrastructure.[208]

Civilian casualties and limited victim assistance: In early 2024, civilian casualties from landmines and explosive remnants of war surged to 692 in just six months—66% of the total recorded in 2023. Women accounted for 10% of victims, with the highest rates reported in Shan, Sagaing, and Rakhine states.[209] Limited medical care and rehabilitation services, especially in rural areas, meet only 10% of the demand, leaving victims without adequate support as ongoing conflict further strains healthcare systems.[210] As returns to contaminated areas increase, the number of women and child victims is expected to grow further.

Lack of mine clearance operations: With no authorized international mine clearance operators and resistance from armed actors, demining efforts remain stalled. Explosive ordnance risk education is the main feasible intervention, while implementation of the full spectrum of mine action activities, (for example, including non-technical surveys, marking hazardous areas, and demining) has been significantly hindered by ongoing conflict.

Stigma and challenges regarding inclusion: Harmful beliefs linking disabilities to past wrongdoings perpetuate stigma, particularly disadvantaging women, and highlighting the need for broad-based education and the involvement of community leaders to promote respect and inclusion.

High mental health and psychosocial support (MHPSS) needs: Widespread violence, displacement, and exposure to trauma have led to high rates of depression, anxiety, and post-traumatic stress disorder among vulnerable groups, particularly women, children, and

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[208] See also: Mine Free Myanmar. (2023). Landmine and explosive remnants of war contamination in Myanmar: 2023 report. https://minefreemyanmar.info/docs/lmreports/MB2023MYN.pdf
[209] UNICEF. (2024). Landmines & ERW incident information: 2024 Q2 [Infographic].

https://themimu.info/sites/themimu.info/files/documents/Infographic_Landmines_ERW_Incident_Information_2024_Q2.pdf
[210] Landmine and Cluster Munition Monitor. (2023). Myanmar/Burma: Impact. https://the-monitor.org/country-profile/myanmar-burma/impact?year=2023

LGBTIQ+ individuals.[211] Limited MHPSS services and social stigma restrict access to care, especially in areas such as Rakhine and Sagaing, where displaced individuals urgently need support. There is an urgent need for culturally appropriate MHPSS services, especially for survivors of GBV.[212]

LGBTIQ+ individuals face high rates of mental health challenges, including anxiety, depression, and suicidality, worsened by discrimination, COVID-19 isolation, and limited access to mental health support services.[213]

Women face increased stress from rising household burdens and domestic violence as male relatives join armed groups, go missing, or die.

Men face societal expectations of masculinity, which discourage emotional openness and help-seeking, limiting their access to mental health services that could address trauma and reduce stigma.

Displaced men with disabilities are especially vulnerable, often facing stigma that excludes them from social and economic participation.[214]

Area-specific challenges

Northeast	• These regions report some of the highest landmine and explosive ordinance-related casualties (Shan 24%).[215] Limited clearance operations and restricted humanitarian access exacerbate risks, with children, women, and displaced individuals most vulnerable to explosive incidents. Movement is hindered, affecting access to agricultural land, healthcare, and other essential services. • Protection needs are critical in these states, where displaced populations face barriers to services and are susceptible to trafficking, forced labour, and GBV. MHPSS services are severely limited, and protection responses must address the compounded risks of violence, trauma, and psychological distress. • Achieving gender balance in mine action teams remains challenging due to cultural and security concerns, along with a limited number of women willing to undertake high-risk demining roles.
Southeast	• Restrictions on movement and safety concerns, including due to explosive ordinance, prevent women from accessing health services, while the ongoing violence impacts children's psychosocial wellbeing. Mobile MHPSS units and protection-focused initiatives are needed to provide timely, life-saving support.

[211] The 2022 study revealing that about one-quarter of the population experiences moderate to severe depression, particularly among younger individuals and those living in crisis-affected areas. See: World Bank. (2024). Analysis of Access to Essential Health Services in Myanmar 2021-2023. https://documents1.worldbank.org/curated/en/09904052 4035028779/pdf/P18007318b279c0471b8691b0990b874f 62.pdf

[212] See also: World Health Organization. Public health situation analysis: Myanmar. https://cdn.who.int/media/docs/default-source/searo/myanmar/documents/public-health-situation-analysis-myanmar-sear-who.pdf?sfvrsn=32d76c72_9&download=true

[213] Nearly 25% of LGBTIQ+ individuals report self-harming, and 15% have attempted suicide, with high levels of depression and anxiety. See: United Nations Population

Fund (UNFPA) (2022). Mental Health and Psychosocial Needs Assessment of Myanmar's LGBTQI Community. https://myanmar.unfpa.org/sites/default/files/pub-pdf/mental_health_psychosocial_needs_assessment_of_ myanmars_lgbtqi_community.pdf

[214] United Nations Population Fund. (2023, June). Assessment of SRHR, GBV, and MHPSS services for persons with disabilities in Myanmar. https://themimu.info/sites/themimu.info/files/documents /Report_Assessment_of_SRHR_GBV_and_MHPSS_services _for_Persons_with_Disabilities_in_Myanmar_UNFPA_Jun2 023.pdf

[215] UNICEF. (2024). Landmines & ERW incident information: 2024 Q2 [Infographic]. https://themimu.info/sites/themimu.info/files/documents /Infographic_Landmines_ERW_Incident_Information_2024 _Q2.pdf

GOOD PRACTICE EXAMPLES

Nationwide

Engaging local women in mine risk education (MRE): Some regions have successfully engaged local women to lead MRE sessions, reaching more community members, particularly other women and children. This gender-sensitive approach has increased MRE's reach and acceptance in high-risk areas, offering a replicable model for other states.

Community-based mine action networks: In Rakhine and Kachin, local partnerships with women-led organizations have supported explosive ordinance risk education and assistance programs, tailored to local cultural and gender dynamics. These networks foster trust within communities, allowing more inclusive participation.

Using disaggregated data for targeted responses: National authorities collect sex and age-disaggregated data to plan and monitor mine action programs, enabling risk education and programming tailored to the needs of different demographics.[216]

Gender-sensitive MRE education: Partners developed gender-sensitive educational materials, including toolkits, visual aids, and an online safety education app, to address diverse risks for men, women, and children in conflict zones, IDP camps, and highly contaminated villages.[217]

Collaborative community approaches: The Mine Risk Working Group includes representatives from various ministries, local organizations, and ethnic organizations.

Peer-support networks for LGBTIQ+ individuals: In Yangon, organizations have successfully created peer-support networks for LGBTIQ+ individuals, providing mental health support, crisis counselling, and safe spaces for group discussions. This has alleviated isolation and mental health challenges within LGBTIQ+ communities in urban areas.

Mobile protection units in restricted zones: Mobile teams provide legal aid, psychosocial support, and emergency resources to IDP communities in high-risk areas. These units bridge gaps in static services and extend protection to areas where restrictions are particularly severe.

Area -specific examples

Northeast	**Integrated MHPSS and GBV response initiatives:** Programs that combine GBV response services with MHPSS support have been effective in conflict zones, including Kachin and Shan. These initiatives prioritize safe spaces and mobile clinics for women and girls, offering holistic care that addresses their immediate and longer-term psychosocial needs.

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216 Mine Action Support Group. Targeted Study on Gender in Mine Action. https://www.mineaction.org/sites/default/files/iacg-ma-me-targeted_study_on_gender.pdf
217 Ibid.

RECOMMENDATIONS

Nationwide

Recruit and train women in mine action: Partner with stakeholders, including women's organizations and ethnic community representatives, to promote gender-focused initiatives in mine risk education and victim assistance. Offer recruitment incentives, training, and support to engage more women in mine action roles.

Expand mobile MHPSS units: Scale up mobile MHPSS units to serve IDP camps and conflict-affected areas, and tailor the services to address the specific needs of women, children, and LGBTIQ+ individuals who face stigmatization. Provide targeted psychosocial support for men, recognizing societal expectations of masculinity and promote mental health services that reduce the stigma associated with help-seeking among men, addressing both trauma and the societal expectations that hinder emotional openness.[218]

Focus on risk education, demining, and safe livelihoods: Strengthen risk education, demining activities, and the development of safe livelihoods for populations in post- conflict areas, prioritizing the protection of women and children, as their risks may

Integrate MHPSS into community health services: Increase funding for community-based health and other services that integrate MHPSS, allowing for trauma-informed care to be more accessible to displaced and vulnerable populations.

Provide targeted mental health services for men: Provide psychosocial support tailored to men, focusing on reducing the stigma around mental health services. Services should include trauma counselling and support networks, helping men address the unique pressures they face due to cultural expectations. Facilitate peer support groups where men with disabilities can share their experiences and gain mutual support.

Enhance mental health and psychosocial support: Train health and other community workers in delivering culturally tailored MHPSS. Prioritize the unique mental health needs of women, children, and LGBTIQ+ individuals, who face higher rates of mental health issues due to ongoing instability. Integrate these services into existing community structures to improve accessibility and outreach.

Area-specific recommendations

Northeast	• **Support WLOs to provide MRE and protection services, ensuring culturally appropriate approaches**. Enhance coordination with local partners to expand outreach in these highly affected regions. • **Increase mobile clinics and specialized MHPSS programs** for women, children, and GBV survivors, especially in IDP camps and sites, and rural areas where static services are limited.
Northwest	• **Develop mobile units for mine risk education and mental health counselling,** focusing on young men and women in communities affected by landmine proliferation and violence.
Southeast	• **Promote gender-sensitive training for protection staff** in mobile and community-based units, focusing on the specific challenges of women and LGBTIQ+ individuals in these regions.

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[218] See: Myrttinen, H. (2022). Men, masculinities, and humanitarian settings: Literature review. UN Women.

GENDER-BASED VIOLENCE AND CHILD PROTECTION

The analysis presented in this section is based primarily on insights gathered through discussions with women's rights organizations (WROs) and women-led organizations (WLOs), complemented by a review of existing research and reports.

NEEDS AND KEY CHALLENGES

Nationwide

Increased GBV: Since 2021, incidents of GBV, including intimate partner violence, sexual exploitation, trafficking, early and forced marriage, and domestic violence, have sharply risen, especially in conflict zones and displacement camps and sites.[219] Girls who face unique threats due to both their age and gender are at additional risks.[220]

Conflict-related sexual violence: Both state and non-state actors use conflict-related sexual violence, particularly against ethnic minorities such as the Rohingya, to control communities, exploiting entrenched gender inequalities. Impunity and lack of legal support creates significant barriers for survivors seeking justice.[221]

Online abuse against activists: Politically motivated online abuse, especially targeting women and LGBTIQ+ activists, has increased dramatically. Abuse levels had escalated to 500 times the global average by the end of 2022, severely impacting victims' safety and psychological wellbeing. Social media platforms have largely failed to address the issue.[222]

Overcrowded displacement camps and sites: Overcrowding, inadequate lighting, and lack of secure facilities heighten GBV risks for women and girls. Male-dominated management and traditional community-focused resolutions often pressure survivors to avoid legal recourse, further limiting justice and support mechanisms.

Increasing intimate partner violence: Economic strain, job insecurity, forced conscription and shifting gender roles contribute to rising intimate partner violence. Alcohol and drug abuse exacerbate tensions in households already destabilized by displacement and conflict, leading to a rise in violence as established roles and power dynamics are disrupted.

Low reporting: Fear of retaliation, social stigma, and inadequate justice and protection infrastructure hinder accurate data collection on GBV and child protection, discouraging

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[219] See also: Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.
[220] Myanmar Child Protection Sub-Sector. Child Protection AoR Strategy 2024-2025. https://www.myanmarchildprotection.com/_files/ugd/545 6a3_e2eab695385f4b958f1ecb766272c37d.pdf
[221] Burmese Women's Union. (2023). Sexual Violence Against Women Under the Political Instability.

https://burmesewomensunion.org/wp-content/uploads/2023/06/Sexual-Violence-Against-Women-under-the-Political-Instability-ENG.pdf
[222] Myanmar Witness. Digital Battlegrounds: Politically Motivated Abuse Of Myanmar Women Online, https://www.myanmarwitness.org/_files/ugd/e8f7c0_48c d6d5a341b490b843d05baf7f8d0a7.pdf

survivors from seeking support.[223] The GBV and child protection AoR information management system includes only reported cases, with limited integration from all protection actors.

Limited access to services: GBV survivors' access to essential services has sharply declined due to limited international support and severe restrictions on local women's and LGBTIQ+ groups, impacting safehouse availability, counselling, and legal aid.[224] WROs remain the primary responders, offering limited safe spaces and psychosocial support despite military scrutiny, underfunding, security risks, and restricted movement, especially in conflict areas. Safety concerns for providers further complicate information access and delay critical support for survivors.

Widespread impunity: Myanmar's legal framework offers limited protections against sexual and gender-based violence, with a vague rape definition excluding marital rape and restrictive "race and religion" laws that curtail women's rights in marriage and reproductive choices. The de facto authority's influence over the judiciary, combined with inconsistent protections in ethnic-controlled areas, obstructs access to support and perpetuates cycles of abuse, with only limited alternative justice mechanisms available in conflict zones.

LGBTIQ+ individuals in Myanmar face criminalization under colonial-era laws and lack legal protections, creating an environment of impunity.[225] Alternative justice mechanisms provided by ethnic groups, while attempting to address these issues, remain limited and often inadequate.[226]

Increased child protection concerns: Conflict-affected areas in Myanmar face severe child protection issues, including displacement, child soldier recruitment, limited psychosocial support, and high rates of child labour.[227] Rising child marriage, often used to shield girls from conscription and poverty, restricts education and perpetuates poverty and gender-based violence.[228] Children are also being recruited into EAOs where they have family affiliations, in order to avoid conscription.[229]

Intersectionality and inclusion: LGBTIQ+ individuals remain un-consulted and underserved in protection programs, facing pervasive community stigma and discrimination. Services specifically targeting LGBTIQ+ survivors are critically lacking. Cases of sexual violence against disabled women and girls are rising, with limited support and societal biases impeding effective action, despite efforts to integrate gender, GBV, and disability inclusion into humanitarian programs.

Increased negative coping strategies: Escalating food insecurity, economic hardship, and displacement are driving women and girls toward harmful coping strategies—such as early marriage and transactional sex—raising their risks of exploitation, abuse, and trafficking, particularly in border regions like Shan, Kachin, and Kayin.[230]

Increased unsafe migration and trafficking risks: Women are at heightened risk of exploitation, including forced labour and sex

223 Ibid.
224 OCHA. (2023). Myanmar HNRP 2024. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-december-2023-enmy
225 Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.
226 Ibid.
227 International Labour Organization (ILO) (2024). Assessment of Child Labour in Yangon Region, Ayeyarwady Region, and Kayin State.

https://www.ilo.org/publications/assessment-child-labour-yangon-region-ayeyarwady-region-and-kayin-state.
228 Myanmar Child Protection Sub-Sector. Child Protection AoR Strategy 2024-2025. https://www.myanmarchildprotection.com/_files/ugd/5456a3_e2eab695385f4b958f1ecb766272c37d.pdf
229 OCHA. (2023). Myanmar HNRP 2024. https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-and-response-plan-2024-december-2023-enmy
230 HCT Report Myanmar. Updated August 2024: Summary Overview of the Impact of the Conflict in Myanmar on Women and Girls.

trafficking, as they migrate or are trafficked across borders under dangerous conditions.[231] Unsafe migration is increasing, including from non-conflict zones, partly due to conscription laws affecting young men.[232]

Increased climate related protection needs: Severe flooding in Myanmar from September 2024displaced many and increased protection needs, leaving over 270,000 children and 180,000 caregivers urgent needing child protection support.[233]

Severe underfunding: Severe underfunding of Myanmar's GBV response in 2024 has left 2.7 million people without critical protection

assistance. Only 8% of the $161 million target was met by Q1—a decline from 30% funding in 2023—hindering humanitarian groups' ability to support vulnerable populations, especially in conflict-affected.[234] Coordinated diplomatic efforts are needed to emphasize the urgency of protection amid ongoing conflict.

Social and cultural norms: Cultural norms and gender beliefs perpetuate GBV and child marriage, often discouraging women from leaving abusive relationships and placing girls at increased risk due to limited autonomy and family coping mechanisms that favour early marriage.[235]

Area-specific challenges

Northeast	• In northern Shan State, there are increasing reports of sexual violence by armed groups targeting women and girls with rape, forced marriages, and exploitation. The WeChat platform 'Date Girl' facilitates trafficking, particularly of young women (15–22) under false pretences for forced marriages, with trafficking incidents up by 20%.[236] • Sexual violence in Kachin State by both armed groups and SAC forces has been a long-standing tactic of war, affecting women and girls in Kachin and surrounding regions.[237] • The conscription law has driven early marriage rates higher, as parents fear conscription for daughters, exposing young brides to GBV, exploitation, and disrupted education. • Since August 2024, communication breakdowns in Kachin have delayed GBV reporting and response, impacting interventions and hotline access.
Rakhine	• Rohingya women, girls, and LGBTIQ+ individuals in Rakhine face severe GBV risks rooted in systemic denial of citizenship and human rights. Risks remain elevated amid renewed conflict between the Arakan Army and SAC forces, with incidents attributed to all sides of the conflict. Limited humanitarian aid has further increased the challenges faced by Rohingya women, who bear additional household responsibilities under difficult circumstances.[238]

[231] U.S. Department of State. (2024). 2024 Trafficking in Persons Report: Burma. https://www.state.gov/reports/2024-trafficking-in-persons-report/burma/

[232] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

[233] UNICEF Myanmar. (2024). Myanmar Flood Flash Update No. 4. UNICEF Myanmar.

[234] OCHA. (2023). Myanmar HNRP 2024. https://reliefweb.int/report/myanmar/myanmar-

humanitarian-needs-and-response-plan-2024-december-2023-enmy

[235] See also: Myanmar Child Protection Sub-Sector. Child Protection AoR Strategy 2024-2025. https://www.myanmarchildprotection.com/_files/ugd/5456a3_e2eab695385f4b958f1ecb766272c37d.pdf

[236] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

[237] Ibid.

[238] ibid.

	• Legal exclusion, displacement, and ongoing conflict heighten GBV risks for Rohingya women in overcrowded camps and displacement sites, exposing them to sexual violence and trafficking with little access to support or reporting mechanisms. Rohingya women report high harassment levels, including technology-based violence, while infrastructure and communication issues leave displaced survivors isolated, particularly in Northern Rakhine. • Conflict and economic hardship have fuelled trafficking of young Rakhine women to China for forced marriages, a trend exacerbated by the COVID-19 pandemic and the post-takeover economic crisis.[239] • Restricted phone and internet services, combined with a collapsed banking system, significantly limit organizations' capacity to connect with affected communities, staff, and partners in Rakhine. • Women report high levels of harassment on public transport, and technology-based violence (including online grooming and cyberbullying) is prevalent.
Southeast	• According to observations, intimate partner violence is on the rise. Child marriages are prevalent, driven by poverty and traditional structures. LGBTIQ+ individuals also face violence, with limited mental health and support services due to discrimination. • Economic insecurity post-takeover has increased trafficking risks, especially along the Thai border, with women and LGBTIQ+ individuals forced into informal labour or sex work, often recruited through social media. • WROs and CSOs play a critical role in addressing GBV, but restrictive policies in non-ethnic-controlled areas impede their effectiveness, underscoring the need for greater transparency and coordination. • In Kayin state, a significant number of children are involved in labour, particularly in agriculture and informal sectors. Children are frequently exposed to dangerous working conditions, including carrying, pushing or pulling heavy loads and working long hours in the hot sun, posing serious risks to their health and wellbeing.[240]

[239] Human Rights Council. Courage amid crisis: gendered impacts of the coup and the pursuit of gender equality in Myanmar. A/HRC/56/CRP.8, 1 July 2024.

[240] International Labour Organization. Assessment of child labour in Yangon Region, Ayeyarwady Region, and Kayin State. https://www.ilo.org/publications/assessment-child-labour-yangon-region-ayeyarwady-region-and-kayin-state

GOOD PRACTICE EXAMPLES

Nationwide

Tailored GBV SOPs: The GBV sub-cluster is developing GBV prevention, response and risk mitigation SOPs tailored to conflict regions. To support this effort, they are also updating GBV service mapping.

Community-based child protection and gender integration: The Child Protection Area of Responsibility (CP AoR) provides age- and gender-sensitive programs, such as life-skills training and peer support for adolescent girls, empowering them to mitigate violence against children (VAC) risks. CP AoR partners, supported by UN Women, integrate gender considerations across all phases of child protection programs, advancing community awareness about issues such as child marriage and GBV through joint advocacy with other sectors, including mine action.[241]

Disability-inclusive and women-led services: Some agencies have allocated dedicated budgets to ensure GBV supports meet the needs of people with disabilities. This includes transportation support, trained caseworkers, and mobile health services. Additionally, a dedicated helpline provides legal aid and sign language interpretation for women with disabilities.

Multilingual GBV helplines: A range of helplines offer GBV case management, legal advice, and support in ethnic languages including Rakhine and Kayin, ensuring accessible assistance across language barriers.

Community-led initiatives: Volunteer programs empower community members to take on child protection roles, providing case management support and enhancing safety in hard-to-reach areas. Partnerships with local CSOs empower these organizations to deliver GBV services and maintain referral pathways in ethnic-controlled areas.

Area-specific examples

Northeast	• **Mobile GBV services**: In high-conflict areas such as Kachin and Shan, mobile GBV units provide case management, psychosocial support, and GBV education. • **Women's rights organizations**: In restricted-access areas, WROs provide essential support for GBV survivors, including safe houses, legal aid, emergency cash assistance, sanitary items, and referral information.
Southeast	• **LGBTIQ+ support**: LGBTIQ+ organizations collaborate with local partners and women's groups to provide emergency relief, cash aid, and relocation services in conflict zones. • **Safe house in Taunggyi**: The Taunggyi safe house provides crisis counselling and legal consultations. It coordinates with INGOs to secure legal representation, using trauma-informed care. • **Community-based child protection**: Volunteer-led child protection groups serve as frontline responders, leading localized initiatives to address child safety risks including child labour, trafficking, early marriage, and recruitment by armed groups.

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[241] Myanmar Child Protection Sub-Sector. Child Protection AoR Strategy 2024-2025. https://www.myanmarchildprotection.com/_files/ugd/5456a3_e2eab695385f4b958f1ecb766272c37d.pdf

RECOMMENDATIONS

Nationwide

Enhance GBV service accessibility: Increase access to safe spaces, healthcare, legal aid, and psychosocial support services, especially in remote and conflict-affected areas. This includes establishing or strengthening safe spaces and confidential support services for survivors of exploitation and abuse, and providing mobile clinics. Partner with local WLOs and CBOs to reach vulnerable populations.

Strengthen community awareness and engagement: Conduct awareness campaigns to reduce the stigma surrounding GBV and encourage survivors to seek support. Engage local leaders and influencers to help shift community attitudes and foster a supportive environment for survivors.

Improve access in restricted areas: Increase resources for mobile protection and legal units to reach IDPs in high-risk areas. Invest in women-led organizations operating informally in these marginalized communities.

Ensure long-term funding and technical support for WLOs: Provide sustained, flexible funding and technical support to local women-led organizations to improve their capacity to deliver critical GBV services. Include training on case management, reporting protocols, and organizational resilience so these organizations can independently respond to evolving community protection needs.

Strengthen and streamline referral pathways: Strengthen referral pathways to ensure timely and coordinated responses for GBV survivors, including finalizing and adopting the SOP that is currently in draft form.

Expand disability and LGBTIQ+ access to GBV services: Allocate protected funding for disability inclusion in GBV and child protection programmes. Mandate accessible facilities and disability-trained caseworkers in GBV programs. Partner with community-led LGBTIQ+ organizations to provide case management, mental health support, and legal aid tailored to specific needs.

Integrate gender-sensitive and PSEA approaches in humanitarian programming: Ensure all humanitarian interventions adopt gender-sensitive approaches that prioritize the safety and dignity of women and girls, with specific strategies to prevent and respond to GBV. Advocate for PSEA to be integrated as a core component of humanitarian strategies, with dedicated funding for training, implementation, and monitoring.

Strengthen reporting and accountability mechanisms: Develop and promote accessible reporting mechanisms that protect survivor confidentiality and ensure accountability for GBV perpetrators. This includes working with community leaders to create safe reporting channels.

Strengthen community-based child protection responses: Ensure child protection community teams are gender-balanced and integrate child protection initiatives in existing community spaces, including temporary learning spaces. Provide gender-sensitive safe spaces, including safe spaces where women and girls can access protection, psychosocial support, and essential services.

Area-specific recommendations

Northeast	• **Establish or strengthen protective measures and reporting mechanisms** near border areas, to safeguard women and girls from trafficking and exploitation during displacement. • **Increase** camp management awareness on GBV and gender issues. • **Improve support for local CSOs and WLOs** in marginalized or non-government-controlled areas to develop culturally adapted GBV prevention programs, legal aid and case management services. • **Strengthen mobile response units** to deliver health services, legal aid, and counselling for GBV survivors in remote areas, overcoming challenging terrain and conflict zones.
Southeast	• **Increase funding for crisis intervention safe houses and legal support,** ensuring access to trauma-informed care and community-based counselling resources. • **Continue strengthening local child protection groups** in case management and data collection, with increased coordination with national agencies. • **Strengthen safe and accessible reporting systems,** prioritizing remote and rural areas where CSOs are the primary support providers.
Rakhine	• **Integrate GBV services into essential service provision** in camps, including separate and secure sanitation facilities and improved nighttime security. • **Train and mobilize local women and youth as part of community-based GBV response teams**. These teams can provide immediate support, raise awareness about GBV, and act as trusted points of contact for reporting incidents within Rakhine's diverse communities. • **Establish targeted PSEA awareness campaigns** within IDP camps and host communities, addressing heightened PSEA concerns arising from high displacement and ongoing inter-communal tensions. • **Leverage trusted local community leaders and CSOs** to improve participation and build trust. • **Create mobile and discreet reporting mechanisms** suited to the restrictive conditions within IDP camps. • **Establish additional safe spaces and provide psychosocial support** tailored for women and girls in IDP camps and host communities.
Northwest	• **Train women's groups to provide peer support and basic counselling** for GBV survivors. These networks can serve as initial support and referral points for survivors who may be hesitant to report to formal services. • **Encourage dialogue on GBV and child protection** in areas controlled by armed groups and support local mechanisms. • **Prioritize confidential and accessible reporting options** for GBV incidents in remote villages. These could include hotlines or local community centres where survivors feel safe to report. • **Engage local influencers and community leaders** to address cultural norms that may hinder GBV reporting.

GENDER IN HUMANITARIAN ACTION
WORKING GROUP (GiHA WG)
Myanmar