

HUMANITARIAN RESPONSE PLAN

MYANMAR

HUMANITARIAN
PROGRAMME CYCLE
2023
ISSUED JANUARY 2023



About

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

PHOTO ON COVER

A woman feeds her daughter a nutritious meal with ingredients grown in her backyard in eastern Shan, 2022. Credit: UNICEF

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Foreword

Two years on from the military takeover, calls continue to grow for an end to the unrelenting violence that is terrifying communities and necessitating a scale-up of humanitarian response across the country. However, the immediate outlook remains bleak with conflict continuing to rage, public services in disarray, and inflation worsening the financial distress of communities.

One-in-three, or 17.6 million people, are now in humanitarian need, up from 1 million people at the start of 2021. Increasing numbers of people are now facing daily protection threats and are living in fear amid the violence sweeping the country. With surging displacement, the resources of host communities and those on the move are being rapidly depleted. Nutritious food is becoming more scarce and increasingly unaffordable due to inflation. Parents are worrying about their children's future prospects after years of interrupted schooling, while the sick are continuing to miss out on medicines and life-saving treatment because of health service interruptions. Stateless Rohingya people continue to face restrictions on their movement that have left them almost completely dependent on assistance for survival.

This dire situation requires a focused programme of humanitarian assistance and demands a greater commitment from donors than was seen in 2022. The humanitarian community has shown its commitment to stay and deliver but just 35 per cent of requested funding was received last year, tying the hands of humanitarians even when they demonstrated capacity and willingness to do more. Aid organizations are estimated to have reached more than 4 million people with assistance by year's end – four times the reach two years ago. This impressive result was achieved through a complementary mosaic of assistance by different organizations in different areas, with a heavy reliance on local partners supporting their own communities. However, the reality is that underfunding and access restrictions meant that humanitarian assistance was not as predictable, sustained or multi-sectoral as planned in 2022 and did not reach as many people in conflict areas as hoped with the required depth of support. The sobering human consequences of continued underfunding in 2023 are laid out in more detail on pages 25-32 of this HRP.

The 2023 Humanitarian Response Plan is a product of hundreds of hours of consultations with humanitarian partners and affected people whose voices ring through loud and clear. It is an evidence-based and people-centered blueprint for action that requests \$764 million dollars to reach 4.5 million people who are most in need of life-saving support. The Plan is heavily prioritized and makes a compelling case for a more robust donor contribution to the response. After an exceptional expansion into urban areas in 2021 and 2022 due to the severe impacts from COVID-19, the 2023 humanitarian response is more focused on responding to severe needs in conflict-affected rural areas. The restarting or scale-up of some paused development programmes has meant that those with needs in urban areas can be transitioned back to resilience-focused assistance under the complementary Socioeconomic Resilience and Response Plan (SERRP). A comparative table showing the complementarities and connections between these two plans and an outline of future country-wide, nexus-sensitive planning approaches is included on pages 131-136 of this document.

In addition to improved funding, the success of the Plan depends on a new fit-for-purpose coordination structure; a renewed commitment to more strategic, safer and fairer partnerships with local organizations; robust advocacy towards removal of administrative and legal bottlenecks affecting the humanitarian partners; expanded access avenues secured through principled engagement with all sides; and enhanced accountability to affected people (AAP) – all priorities highlighted in the recent Peer-2-Peer (P-2-P) report on Myanmar's humanitarian operation which are being prioritized for action in 2023 and beyond.

There is little doubt the year ahead will be another challenging one for crisis-affected people and for the aid workers responding to their needs. Millions of lives are depending on our continued solidarity with those in need and I encourage all of us to consider how we can do more to step up and do more to reduce suffering during the difficult days ahead.

Ramanathan BALAKRISHNAN
UN Resident and Humanitarian Coordinator a.i.
Myanmar

Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
17.6M	4.5M	764M	219

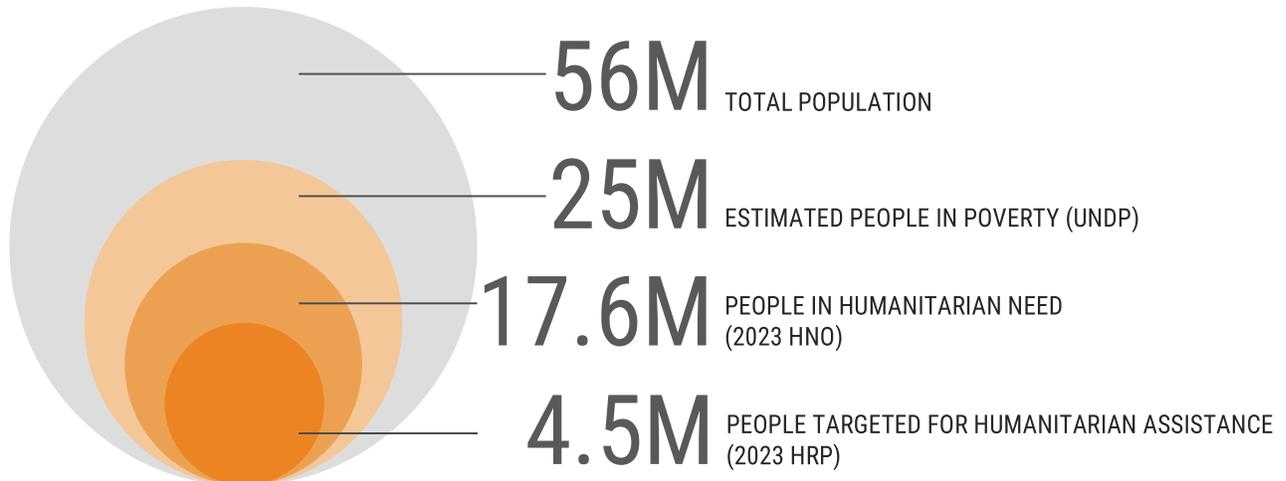
The Myanmar Humanitarian Response Plan requests US\$764 million to reach 4.5 million people prioritized for life-saving humanitarian support (52 per cent women, 32 per cent children and 13 per cent with disability).

The people of Myanmar have entered 2023 facing an unprecedented political, socioeconomic, human rights and humanitarian crisis with residual needs persisting from previous years, and new needs flowing from security and conflict dynamics since the military takeover on 1 February 2021. Almost half the population is thought to be living in poverty in 2023, wiping out the impressive development gains made since 2005.¹ The number of people on the move as a result of conflict and depleted coping capacity has sky-rocketed in 2022 and stands at 1.5 million at the start of 2023.² Price hikes, severe inflation, movement restrictions, armed conflict and violence have forced

many of the most vulnerable people to resort to crisis or emergency coping strategies to buy food and other basic supplies, often negatively impacting on their safety, well-being, and dignity. This multi-dimensional humanitarian crisis is now affecting the whole country, posing grave protection risks for civilians, limiting access to services and deepening food insecurity.

The grim outlook outlined in the HNO makes a scaled-up, context-adapted humanitarian response essential in 2023 to prevent loss of life and reduce suffering. This response will be delivered through coordination architecture that is more fit-for-purpose as recommended by a 2022 P2P review of the response. A new HCT Localization Strategy and workstream, also recommended by the P-2-P report, will be central to response delivery in 2023.

People Targeted



The UN SERRP will also have a critical complementary nexus role to play in 2023 by preventing more people from slipping into humanitarian need by addressing the root causes of the crisis, targeting those who are impoverished and at-risk but not yet in humanitarian need, supporting people to build their resilience and recover from humanitarian situations, and pivoting available development resources to reach those with urgent needs whom humanitarians are not able to reach due to funding constraints through different kinds of support. Nexus interventions under the SERRP will complement the HRP by increasing access to services and strengthening the communities' socioeconomic resilience, as well as contributing to preventing people from slipping into situations where they must rely on humanitarian assistance for survival.

After a broader urban and rural response was implemented in 2022, addressing the humanitarian consequences and most severe economic impacts of COVID-19, as well as the conflict, the humanitarian response strategy in 2023 follows a slightly narrower geographical scope of action. In agreement with the development community in Myanmar, the HRP in 2023 will focus predominantly on people in need in rural areas, essentially transitioning the significant caseload of vulnerable people in peri-urban and urban areas to development partners for more durable support through programming focused on resilience, prevention, and improved living conditions.

The HRP is strategically aimed at providing life-saving assistance to those immediately affected by shocks, including people who are displaced, as well as those who are acutely crisis-affected and have humanitarian needs. The response will aim to alleviate suffering for people facing acute vulnerabilities such as mental and physical disability; those using dangerous coping strategies; internally displaced people and returnees; and those living in households headed by women, children, or the elderly. There is a heavy emphasis on addressing food insecurity in the Response Plan given the worsening national trends and enormous needs revealed in the HNO analysis for 2023. Protection responses and advocacy are a top priority that will be implemented through systematic information collection, protection monitoring and analysis, guided

by the HCT's newly updated Protection Strategy. The focus will be on identifying people with specific needs and reaching the most at-risk with life-saving and emergency protection services that reduce the adoption of negative coping strategies and improve people's safety and dignity.

In 2022, humanitarian partners demonstrated their ability to scale up their response in the difficult new operating environment reaching at least 3.9 million people³ out of the 6.2 million people targeted for assistance in the HRP by September using adopting flexible response modalities to ensure continuity of operations. However, this assistance has not been as multi-sectoral or as weighted towards new conflict areas as planned due to gross under-funding and heavy access constraints.

Despite a shrinking space for the humanitarian response, operational partners continue to have presence and capacity across the country and are committed to staying and delivering a well-coordinated life-saving response amid increasingly challenging circumstances in 2023. With all clusters (except Logistics) fully activated nationally, humanitarian organizations have gone to great lengths to expand their footprint into areas of new need and are reaching increasing numbers of people affected by the expanding conflict. In addition to established partners who have demonstrated the scope to expand their existing response, a major effort is ongoing to link up with new partners, particularly local organizations, to increase access and reach, especially into hard-to-reach, conflict areas. At the start of 2023, 219 operational cluster partners stand ready to provide life-saving assistance to people in need, a significant increase from the 130 partners operational in quarter 1 of 2022.⁴

In 2023, humanitarians will continue to try all viable avenues to deliver assistance and alleviate the suffering of affected people, recognizing that there are some areas that are easier for certain actors to reach than others - especially at-scale. Those who are in-country will continue working to keep an internal window of access to affected people open - often by supporting local partners working heroically in the

deep field - while simultaneously coordinating with those who are delivering assistance through remote modalities. Expanded humanitarian access, especially to conflict-affected areas, is vital to delivering on the HRP's aims and partners will continue to employ a principled approach to access negotiations. To deepen access in all areas of the country and enable humanitarian organizations to deliver assistance, the revitalized Humanitarian Access Working Group (HAWG) will guide analysis, access and civil-military coordination and advocacy.

Alternative delivery approaches, including cash, remote and private sector modalities will continue to be explored to reach more people in the constrained environment. In line with standard global approaches, humanitarians will continue to engage with all sides to secure access to people in need of humanitarian support and raise protection concerns with parties to the conflict. Such engagement is a practical necessity to ensure staff can safely enter conflict areas to deliver assistance. Politicization of this practical humanitarian engagement and instrumentalization of humanitarian actors in 2022 has put staff in danger and there are concerns about the safety of aid workers in this highly charged environment. To ensure no one is left behind, humanitarian workers in Myanmar must be allowed to do their jobs free from restrictions and harassment, in line with all the protections afforded to them under International Humanitarian Law (IHL).

Despite the predominant public discourse, humanitarian focus group discussions (FGDs) with affected people in different parts of the country over the past year have consistently suggested that the most vulnerable people want humanitarians to continue with our existing work to meet their urgent and immediate needs, whatever way they can. These less visible but very vulnerable people who are receiving vital assistance continue to tell humanitarian actors that their help is a lifeline and that they are fearful of it stopping.

The response will continue to emphasize the importance of enhancing AAP work, reinforcing Protection from Sexual Exploitation and Abuse (PSEA); preventing and responding to Gender-Based Violence (GBV); strengthening gender, mental health and psychosocial support (MHPSS); and promoting and delivering on disability inclusion. Humanitarian systems will be strengthened through dedicated technical working groups on these areas, as well as other cross-cutting and thematic topics. Cash will play an increasingly important role in the restrictive operational environment as a means to get assistance to people in need. Cash coordination will be scaled up in 2023 with an in-depth review planned on the feasibility of moving to a genuine multi-purpose cash approach, encompassing the breadth of the humanitarian response in 2024.

Crisis Context and Impact

Political and security context

Myanmar's transition from military dictatorship to democracy made modest progress under the National League for Democracy (NLD), which came to government after the 2015 election. However, under the constitution, the military still retained significant power with 25 per cent of seats reserved in the parliament and guaranteed control over key security ministries. Deeply-rooted and complex challenges around social cohesion across ethnic divides, human rights, democratic institutions, peace, and security continued to threaten the country's political and social development and excluded key groups from exercising their rights. Most notable was the 2017 crisis in Rakhine that saw more than 700,000 stateless Rohingya people flee to Bangladesh where they continue to stay in overcrowded camps.⁵

The NLD's landslide victory in the November 2020 general election was heavily challenged by the military. The situation came to a head on 1 February 2021 when the military took over power, dramatically changing the political, sociocultural, and economic landscape of Myanmar. Following a violent crackdown on peaceful protests, a new resistance movement emerged. An alliance of NLD politicians and a broader group of influential people formed an alternative National Unity Government (NUG) in exile which has since been declared a terrorist organization by the de facto authorities. People have resorted to both non-violent and violent means to counter the military through the Civil Disobedience Movement (CDM), the declaration of a "people's defensive war" by the NUG in September 2021, the establishment of People's Defence Forces (PDFs) across the country, and the creation of informal coalitions with Ethnic Armed Organizations (EAOs). On the other hand, the military has increasingly relied upon pro-military networks of armed civilians commonly known as 'Pyu Saw Htee' to support their efforts and expand reach where they do not have their own forces or have insufficient presence.⁶

It has now been nearly two years since the Myanmar Armed Forces (MAF) declared a state of emergency and reinstated control under a de facto authority named the State Administration Council (SAC). The state of emergency has been extended on a rolling basis (currently until 1 February 2023). A 9 February 2021 order against freedom of assembly under Penal Code 144 has not officially been lifted in 127 townships.⁷ With limited avenues for political dialogue, the international community has partially looked to the Association of Southeast Asian Nations (ASEAN) as a way of facilitating engagement and humanitarian access. However, the ASEAN process aimed at resolving the political crisis in Myanmar and providing humanitarian assistance through an agreed five-point consensus, has faced challenges. A prisoner release in November of 2022 which saw four high profile international detainees freed was welcome but there remain many thousands of other Myanmar political prisoners detained in jails for their criticism of the de facto authorities. A general election in Myanmar is expected to be held in 2023 however there remains uncertainty and concern around any future election taking place in the current environment.

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

Access to services and assistance

Disregard for International Human Rights Law (IHRL) and IHL by parties to the conflict is becoming increasingly common, and the operating environment for humanitarian workers has remained extremely volatile, with attacks on education and health facilities

and personnel, despite the special legal protections that apply. On 21 December 2022, the UN Security Council adopted resolution 2669 in which it expressed its deep concern about the situation and called for the immediate end to all forms of violence in Myanmar and urged restraint, the de-escalation of tensions and the release of all prisoners. In reiterating the necessity for full, safe and unhindered humanitarian access, the Council underlined the need for scaled-up humanitarian assistance to all people in need in Myanmar and the need to ensure the full protection, safety and security of humanitarian and medical personnel.⁸

Education

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

Similar to the previous year, the re-opening of schools in June 2022 for the 2022-2023 academic year happened against a backdrop of general stiff resistance to the military takeover. Many teachers had previously joined the CDM on the one hand, and on the other, community distrust of the public school system under the de facto authorities had increased. Many teachers were either arrested, jailed, or dismissed from service by the de facto authorities – causing an immediate staffing challenge across the public and formal education system. More families withdrew children from public schools and formal education streams and sought engagement in non-formal education opportunities at the community level. As such, there has been a surge in demand for alternative education services. Communities are struggling to meet this demand amid a general scarcity of almost all essential resources, including money, infrastructure, and trained personnel, as well as insufficient teaching

and learning materials. Such informal education systems are at high risk of being targeted by the MAF, including physical attacks, the arrest of teachers or students, or the confiscation of learning materials.⁹

Increased poverty is affecting the capacity of communities to cover the cost of alternative education and the risk of children being sent to work instead of to school is rising as family finances become increasingly stressed. The rapidly increasing numbers of displaced children, especially those living in informal displacement sites, is creating logistical challenges for the continuation of emergency education services in many parts of the country. Stateless children, whether in IDP camps or living in their own villages and towns, face restrictions on their movement and poor access to services, including education, due to the lack of legal status. For these children, progress on policies to address barriers to quality education have been placed on hold by the de facto authorities since February 2021.

Health

Myanmar has a long history of limited health care featuring understaffed, underfunded, and underequipped public and private hospitals, especially in rural and remote areas. Where previously protracted conflict had been affecting the provision of health services mainly in Kachin, Rakhine, and northern Shan, expanded conflict since the takeover is now disrupting the provision of life-saving care nationwide. Interruptions to public health programmes and services were further compounded by the pandemic, attacks on health care by conflict actors, and the post-takeover CDM where tens of thousands of civil servants, including in the health sector, went on strike to express dissent and opposition. Ethnic and community-based health organizations (EHOs) and alternative private services are working to cover gaps, but the response capacity is not commensurate with needs. Private providers are also too expensive for many people amid the current economic distress. Already in 2019 long before the current crisis, 76 per cent of health care spending was out-of-pocket – among the highest proportions in the world – and approximately 13 per cent of the households spent more than 10 per cent of their total income on health care - a level defined as

catastrophic health expenditure.¹⁰ This is only likely to have worsened amid the further breakdown of the public health system.

A decline in public spending on social services such as health in the 2021 fiscal year marked a reversal of year-on-year increases in spending by Myanmar governments since 2011. Restrictions by the de facto authorities on the import, transport and provision of medical supplies are also having a devastating impact on emergency and primary health care in conflict areas.

Operating context

Despite heavy challenges, international and local humanitarian organizations have remained committed to the delivery of assistance to all people based on needs and have stayed and delivered during the recent crises, reaching at least 3.9 million people by the end of September 2022 – a four-fold increase in people being supported before the military takeover. However, this assistance has not been as deep as planned due to severe underfunding, access constraints and attacks on humanitarian personnel, leaving considerable unmet needs, especially in hard-to-reach conflict areas. This is having a multiplier effect on needs in 2023. Humanitarian operational space continues to shrink amidst ongoing conflict, insecurity, and bureaucratic access constraints.

An ACAPS analysis in mid-2022 placed Myanmar at the highest ranking of humanitarian access constraints (“Extreme Constraints”) across three access dimensions, and listed Myanmar among three standout crises globally that had shown a marked deterioration regards to access of humanitarian agencies to people in need.¹¹ Additionally, Myanmar recorded the second highest number of aid workers killed globally in 2022, and the fourth highest number of aid workers injured according to the Aid Worker Security Database as of 27 December 2022.¹² ACAPS’ subsequent December 2022 analysis covering the preceding six months kept Myanmar at the highest level of “Extreme Constraints.”¹³

Heading into 2023, aid workers are deeply concerned about potential impacts of the newly passed organization registration requirements on their operating space and the delivery of life-saving humanitarian assistance by partners, potentially resulting in significant unmet needs. The humanitarian community remains committed to staying and delivering for the people of Myanmar, but as they stand, the new requirements are likely to mean that many people in need will miss out on the support they require to survive in 2023.

Economic context

Since the military takeover in February 2021 and the severe COVID waves the same year, Myanmar’s economy and financial sector have been unstable with a loss of jobs, as well as business and investor confidence, currency devaluation and rampant inflation. As of November 2022, the Myanmar Kyat had depreciated on the market by more than 54 per cent against the US dollar compared to the same time the previous year.¹⁴ Inflation has skyrocketed, estimated to have hit 16 per cent in 2022 before moderating to an expected 8.5 per cent in 2023 which is the highest in the region.¹⁵ Myanmar’s weakened economic activity and trade led to the country’s GDP contracting by an estimated 18 per cent in 2021.¹⁶ It is expected to have grown by a mere 2 per cent in 2022 with an anticipated expansion of 3 per cent in 2023.¹⁷ Estimates based on the latest available data indicate that poverty has roughly doubled compared to March 2020 levels, with about 40 per cent of the population estimated to be living below the national poverty line in 2022.¹⁸ This is close to the levels of poverty a decade ago.¹⁹

This lack of a significant economic recovery underscores the supply- and demand-side constraints that continue to impact on economic activity, including the sharp rise in the price of imports, partly attributable to the war in Ukraine, elevated levels of conflict, electricity outages, and persistent logistics and financial sector disruptions.²⁰ Fuel prices rose dramatically in 2022, driven largely by the Ukraine crisis, disrupting agricultural imports and fuel flows, as well as by domestic factors, leading to rising energy and food prices. International supply chain disruptions deepened the socioeconomic stress on

Myanmar households nationwide. Inflation is causing food affordability issues, with the average food basket 64 per cent more expensive than it was a year ago which severely affects poor households.²¹ Farmers are producing less food because they cannot afford agricultural inputs like seeds and fertilizer. Access to markets is also an issue with movement restrictions in place in many parts of the country.

The economic deterioration over the last two years badly hit the country's burgeoning private small business sector. In response to the uncertain business climate, many foreign investors suspended or canceled major building and infrastructure projects which would have created new jobs.²² An estimated 1.6 million jobs were lost in 2021. By mid-2022, there were still 1.1 million fewer women and men employed than in 2020,²³ although there are some early signs of stabilization in the garment industry as 2022 draws to a close. Policy shifts added to challenges for businesses, and at the individual level, households continue to face major constraints in accessing their own money held in banks.

Social context

Women have been hit disproportionately by the political and economic crises and their subsequent economic impacts due to social norms around work, disempowerment in the workplace and their traditional role in their households and communities. In Myanmar, women's work was already concentrated in lower-paid forms of employment, largely due to discriminatory social norms that restrict women to jobs considered "appropriate." Traditional norms about what women can and should do in Myanmar society present barriers for women to advance into certain professions and industries, as well as into positions of leadership within the labour force.²⁴ Considerable gender wage gaps had already been identified within several industries, with the average wages for female workers 29 per cent lower than male average wages based on an analysis from 2017.²⁵

When the military takeover and COVID-19 hit the country hard in 2020-21, an estimated 220,000 jobs (27 per cent of the total workforce) in the garment manufacturing industry alone were lost in 2021,

including employment in smaller enterprises down the value chain. Women accounted for nearly 9 in 10 of these estimated employment losses. Between 2020 and 2021, an estimated 730,000 women lost or left employment.²⁶ This is a decline of nine per cent, compared to seven per cent for men.²⁷ During this same period, female workers experienced working-hour losses of 19 per cent, compared to 17 per cent for male workers.²⁸ In the first half of 2022, job losses remained higher among women than men: total employment was an estimated 5.4 per cent below the levels for 2020, and 6.5 per cent lower among female workers.²⁹

Women who have lost employment may face limited options for income generation, increasing the chance they will rely on unsafe or informal work and making them potentially more susceptible to trafficking. Simultaneously, the worsening economic crisis has seen a high number of men facing unemployment. In some households, this may result in women playing a dual role in the household, both as caretakers of the house and income earners. Economic stress also potentially exposes women and children to higher rates of GBV in the home. Women are also being disproportionately impacted by coping strategies within families to survive this financial stress, particularly in terms of access to food.³⁰

A culture of both online social punishment and persecution, mostly by those opposing the military regime, is also affecting public discourse and attitudes to humanitarian assistance being delivered by aid organizations. Perceptions of complicity or affiliation with either side are frequently met with online "outing" or, in the worst cases, physical harassment, detention, arrest and attacks. Against this backdrop, humanitarian operating space is being heavily politicized by all parties who are increasingly viewing assistance through a transactional lens, rather than based on need and humanitarian principles. Humanitarian personnel must engage with all sides as a practical necessity to ensure staff can safely enter conflict areas to deliver assistance but political debate about such engagement is making humanitarian work much harder and is risking the safety of aid workers bravely assisting people in need. Several

civil society organizations (CSOs) and international non-government organizations (INGOs) remain the target of investigations by the de facto authorities, having had their offices raided, materials confiscated and leaders arrested on allegations of assisting anti-regime elements, ultimately affecting their delivery of assistance and increasing unmet needs.³¹

Ethnicity and religion are also important social factors in Myanmar life. Myanmar officially recognizes 135 distinct ethnic groups. Ethnicity remains the legal basis of the 1982 citizenship law, which introduces three categories of citizenship: citizen by birth or descent, associate citizen, and naturalized citizen.³² Only members of ethnic groups present in Myanmar prior to 1823 are eligible for citizenship by birth.³³ While it is legally possible for those who do not fit into one of these categories to obtain full citizenship by descent after three generations in Myanmar, in practice and due to discrimination, many of these people – including Rohingya people and those of Indian or Chinese origin – are restricted to the other categories of citizenship or denied citizenship altogether.³⁴ While ethnic conflict is not new to Myanmar – particularly in the country's northeast (Kachin, Shan) and southeast (Kayah, Kayah) where there are large Christian populations, and also in Rakhine where Rohingya people reside and where there are strong tensions with the Buddhist Rakhine population – the current conflict has added a new dimension, with many majority Buddhist Bamar areas now also affected by conflict and the current economic and political volatility.

Challenges around legal and policy frameworks

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

sexual orientation and gender identity and expression. This work has now largely been derailed by the military takeover.

Declarations of martial law and ongoing armed conflict raise particular concerns for people's access to services and protections, especially for children, given the suspension of legal safeguards provided under the Child Rights Law. This is of concern because the military justice system, unlike the civilian justice system, does not include any special measures or considerations for children. Since the military takeover, arbitrary arrest and unlawful detention of adults and children continue to be observed across the country. Children have been the victims of attacks, airstrikes and landmines, have been recruited as soldiers and have been detained in military interrogation facilities without any access to lawyers.³⁵ Prior to the military takeover, progress towards passing a Prevention of Violence Against Women (PoVAW) law, under development since 2013, stalled largely due to a changeover in the Government at the time, inconsistencies between the law and international legal standards, and a process fraught with issues and lack of consultation.

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

hard-to-reach areas seeking, among other things, civil documentation and/or redress for Housing, Land and Property (HLP) issues.

In its report to the Human Rights Council, the Independent International Fact-Finding Mission on Myanmar depicted the military as a perpetrator of conflict-related sexual violence (CRSV) for acts committed in 2017.³⁶ Historically, CRSV has been predominantly perpetrated by the military against women, girls, sexual and gender minorities, and men and boys from ethnic nationalities and minority groups in Kachin, Kayah, Kayin, Rakhine, Shan and elsewhere.³⁷ However, following the military takeover, reports of CRSV towards people in detention and of Bamar ethnicity started to emerge.³⁸ A long history of documentation by women's rights organizations across many parts of Myanmar has consistently identified the widespread nature of CRSV and lack of justice and accountability.³⁹

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

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

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

The worsening security situation increases the risk of sexual violence by parties to the conflict, as well as during aid distributions. Weak rule of law, lack of trust in judicial and law enforcement mechanisms, the lack of an impartial, effective civilian protection structures, and the absence of support systems for survivors of all forms of GBV, including CRSV, foster an environment where perpetrators of GBV and CRSV can operate without fear of repercussions, and where survivors do not seek help due to fear or lack of trust. Disruption to the formal justice sector has resulted in a greater reliance on informal justice systems.

People on the move

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

- The Northwest (Chin, Magway, and Sagaing) now hosts the largest number of IDPs across Myanmar, with close to 800,000 people taking refuge there as of 26 December 2022. From early January to end November 2022, the total number of IDPs in the Northwest multiplied by a factor of five (from about 150,000 in early January).
- The security situation in the Southeast (eastern Bago, Kayah, Kayin, Mon, southern Shan, and Tanintharyi) continues to feature ongoing armed clashes between the MAF and EAOs and/or PDFs, displacing an estimated 350,000 (as of 26 December 2022), the majority of whom were displaced following the resumption of armed conflict in March 2021.
- In Kachin and northern Shan, the ongoing armed conflict has newly displaced nearly 22,000 people since 1 February 2021 on top of the 100,500 people already in situations of protracted displacement since 2011.
- In Rakhine, an estimated 600,000 Rohingya people (including almost 130,000 Rohingya IDPs in central Rakhine and some 470,000 non-displaced stateless Rohingya people) mostly remain without identity documents and are subject to heavy restrictions on movement, limiting their access to livelihoods, and essential services. In Rakhine and southern Chin, new displacement as a result of the reignited AA-MAF conflict has further complicated the context and is driving escalating needs. As of 5 December 2022, AA-MAF clashes had resulted in the new displacement of 23,350 people since August 2022, taking the total number of IDPs from past and present AA-MAF conflict to 97,000.
- As of 26 December 2022, more than 49,800 had been displaced to neighboring India since February 2021.⁴⁰

The number of IDPs who have returned, resettled, or locally integrated in the first 8 months of 2022 is estimated to be around 305,600, although some who returned will have been re-displaced since and are likely to be in the future. Returns are far outweighed by new displacement, particularly in the Northwest and Southeast. At the same time, nearly 1 million Myanmar refugees are still living in huge, overcrowded camps in Bangladesh where there remain severe protection and

security concerns, with conditions not yet suitable for their safe and voluntary return to Myanmar.

Prospects of finding durable solutions seem isolated for most IDPs, and the escalation and continuation of conflict in 2022 presented serious setbacks to the modest return solutions being explored for protracted IDPs. Ongoing conflict, safety concerns and uncertainties, hamper the realization of durable solutions for IDPs in the foreseeable future although the humanitarian community continues to search for opportunities wherever safe. Insecurity and the presence or movement of armed actors in IDPs' home communities has compounded pre-existing challenges, in addition to landmine contamination, movement restrictions, lack of HLP rights and limited access to basic services in villages of origin. With isolated exceptions, available options for IDPs are mostly limited to local integration or resettlement in urban and peri-urban locations, benefiting a small number of people with the resources to sustain their lives in such a setting. The camp closure process being pursued by the de facto authorities remains of great concern with regard to humanitarian principles such as voluntariness, as well as the safety and dignity of IDPs and of the communities they plan to reintegrate into. The premature push for returns in some areas may pose various protection risks, including around people's physical safety and security as well as overall well-being and livelihoods.

Explosive ordnance (EO) contamination

Landmines, explosive remnants of war (ERWs), unexploded ordnance (UXO) and improvised explosive devices (IEDs) continue to pose severe protection risks and threats to civilians, including women and children. Even before the current crisis, Myanmar was already heavily contaminated with explosive ordnance after decades of internal armed conflict between the military and ethnic armed organizations. Now, with the spread of fighting, 12 regions and states are thought to be contaminated to some degree and this will be a deadly legacy of the conflict for decades to come.

- UNICEF monitoring of landmine and ERW incidents during the first 10 months of 2022 shows that the number of casualties reported countrywide (333

casualties as a result of 196 separate incidents) now stands at 117 per cent of the total reported casualties in 2021 (284 reported from 169 incidents).⁴¹

- In terms of regional breakdown, Shan accounted for 35 per cent of the total casualties followed by Sagaing with 16 per cent, Rakhine with 11 per cent, Kachin with 10 per cent and Chin with 9 per cent, respectively.
- The combination of the other areas (Bago, Kayin, Kayah, Magway, Mandalay, Mon and Tanintharyi) shouldered 19 per cent of the total casualties.
- Children represented 32 per cent of casualties from landmine/ERW explosions countrywide.

Infrastructure and technology

Banking sector

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

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

In August 2022, the CBM also issued new guidance reminding mobile money operators to comply with requirements under mobile financial service

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

In October 2022, the Financial Action Task Force (FATF) placed Myanmar on its list of high-risk jurisdictions (blacklist) due to “serious strategic deficiencies to counter money laundering, terrorist financing, and financing of proliferation.”⁴² As of writing, the full extent of the impact of the FATF listing and related enhanced due diligence measures, particularly those related to funding flows for humanitarian assistance, is still to be determined and remains highly dependent on any additional sanctions that may be imposed by Member States. There is potential for further de-risking by regional and global financial institutions and a loss of faith in Myanmar’s financial institutions, leading to delays in payments and increased documentation requirements.

Communications

Myanmar’s online space has been steadily shrinking since the military takeover, and in 2022, it has become one of the countries with the least internet freedom. In the Global Internet Freedom report, out of a total score of 100, Myanmar dropped from 17 points in 2021 to only 12 points in 2022. Myanmar’s score for internet accessibility out of a total of 25 dropped from 4 points in 2021 to 2 points in 2022.⁴³ Communities have experienced targeted internet shutdowns, creating communication blackholes that cut access to information and stifle dissent. Significant price hikes for data usage and phone calls, along with SIM card registration requirements, also hinder further communications.

In February 2021, the de facto authorities banned Facebook and WhatsApp, which were being used to organize demonstrations against the military takeover and instructed providers to block Instagram and

Twitter shortly after. Later, the de facto authorities blocked more than 200 websites under Section 77 of the Telecommunications Law as part of the military's campaign against what it claims is "misinformation." This campaign of censorship intensified over the following months. With the aim of bringing Myanmar's telecommunications sector under its control, the de facto authorities ordered the two companies operating in the country to hand over all their customer data.

Disruptions to internet connectivity and mobile networks across many parts of the country are frequent, especially in areas of conflict such as the Northwest and Southeast. The military imposed more internet shutdowns than any country last year, aside from India, with 15 blackouts according to Access Now.⁴⁴ In some areas such as Sagaing, the blackouts are ongoing. Regional shutdowns have been reported and continue across Chin, Kayah, Kachin, Magway, and Mandalay, where intense fighting between the MAF and EAOs and/or PDFs is ongoing. Recurring internet shutdowns have been recorded in at least 54 townships across the country.

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

People are often unable to transfer or receive funds as they are cut off from mobile payment services. People have limited ways to share health information or receive medical attention, in violation of their right to health, and risks of GBV have been exacerbated with reduced means to seek out online help. Meanwhile, children who were already unable to receive in-school education are being cut out of online means of learning, leading to an increasing number of school dropouts and reported cases of child marriage. Humanitarian actors who remain in the country

struggle to monitor and report on the situation and are often unable to communicate safely with each other to provide essential aid.

Natural environment and disaster risk

Myanmar has largely relied on natural resource exploitation to sustain economic growth, and serious environmental issues are emerging. There are growing concerns around the impacts of large-scale development, including deforestation, depletion of inland and coastal fisheries, land degradation, flooding and landslides, biodiversity loss, and the deterioration of water and air quality. Natural ecosystems such as mangroves and forests play an important role in mitigating against the effects of various hazards; however, Myanmar's landscape is changing. Satellite imagery indicates Myanmar to be one of the top ten countries globally for deforestation, with mangroves being an important protective ecosystem in coastal areas that is now disappearing even more rapidly than other types of forests.⁴⁵

Air quality is increasingly compromised, as industrial and mining discharge and urban waste bring new and increasing environmental health issues. Air pollution, a risk factor for death, is higher in Myanmar than in other countries in the region and is almost twice the average for Southeast Asia.⁴⁶ For Myanmar youth aged 5 to 14 years, particulate matter pollution is the leading risk factor for death among all risk factors, including malnutrition and other behavioural risks.⁴⁷

Already one of the most disaster-prone countries in the world, Myanmar is now ranked the second most affected country by the impacts of extreme climate events over the last two decades, based on the Global Climate Risk Index score.⁴⁸ Its location puts it at risk of heatwaves, flooding, and cyclones. The World Wildlife Fund projects the sea level along Myanmar's coast in the Southwest to rise between 20 and 41 centimeters by 2050, exacerbating existing levels of widespread flooding in coastal areas.⁴⁹

Changing climate and environmental degradation are influencing the frequency and severity of natural hazards in Myanmar and have the potential to severely affect life-sustaining agriculture. Extreme

flooding, which exceeds communities’ capacity to cope, has been more frequent over the past decade. An estimated 28 million people live in districts with a high risk of flood exposure in at least part of the district area, mainly along Myanmar’s coasts, the Ayeyarwady River and in Kayin. Cyclones and major storms are expected to become more intense as ocean temperatures increase, with residents of Rakhine anticipated to have a higher likelihood of being affected. Drought is another natural hazard that is becoming significantly more likely as a result of climate change. The Ayeyarwady Delta, Central Dry Zone, and Northern and Eastern Hill regions are more

likely to experience drought than other areas, whereas Kayah and Shan had the highest risk of negative impacts in recent periods of severe drought.⁵⁰ This may have serious consequences for agricultural output and the country’s capacity to feed itself.

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

AYEYARWADY

A woman and her 8-month old child receive micronutrient supplements as part of a community-based nutrition programme in Ayeyarwady, 2022. Credit: UNICEF/World Vision



Response by Strategic Objective

The strategic objectives (SOs) for the 2023 HRP have been developed to reflect the drastic deterioration and deepening of the humanitarian crisis in Myanmar, marked by a surge in violence that has prompted an unprecedented scale of civilian displacement and caused multi-dimensional impacts and disruptions including the loss of livelihoods, near collapse of critical health and education systems, and extensive damage to private properties and public facilities.

The 2022 HRP objectives were particularly focused on ensuring life-saving assistance reached those affected by conflict and disaster, while also maintaining a broader focus on assistance to vulnerable people in the wider community, including in urban areas who had acute humanitarian needs or were at risk of slipping into high levels of vulnerability due to conflict, COVID-19 and natural disaster. With the deterioration of humanitarian conditions, the 2023 SOs more heavily prioritize the most insecure populations, especially IDPs (both new and protracted), returnees, non-displaced stateless people and other crisis-affected people facing acute humanitarian needs.

The SOs have been re-ordered, to re-emphasize the centrality of protection to the response this year, amid worsening conflict. In 2023, partners will seek to identify, mitigate and address protection needs, prevent or reduce mortality, and ensure timely access to essential services to prevent deterioration of humanitarian needs among the worst-affected groups. The SOs are structured in such a way as to facilitate more aligned and less complex monitoring of the response in 2023 – something that had been challenging for many local partners in 2022. Throughout the development of the strategy, significant work has been done to ensure robust cross-sectoral planning for a more holistic and complementary response.

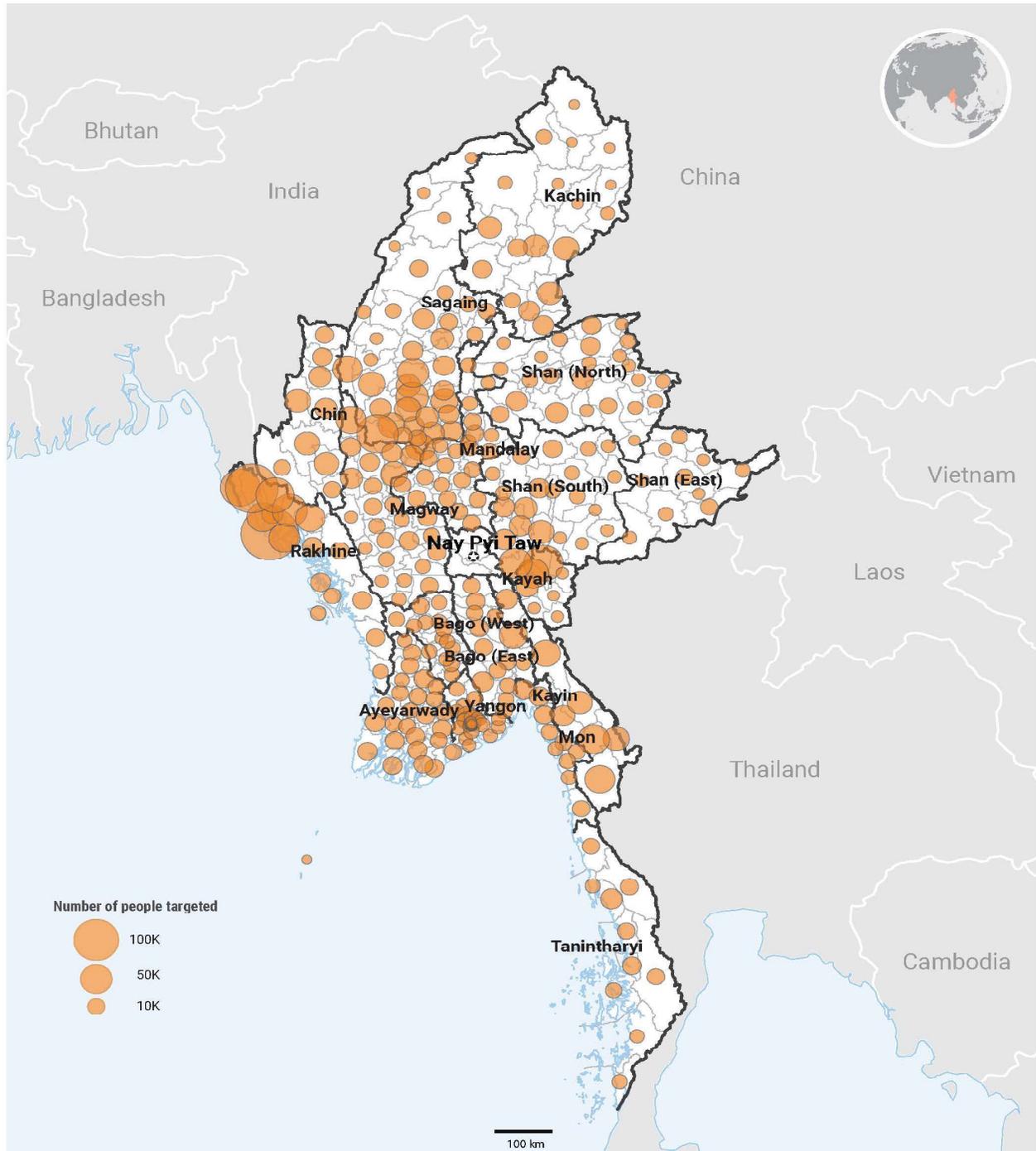
The number of people targeted for assistance under the three SOs is not cumulative. While people can fall under more than one SO, they will be counted only once towards the overall number of 4.5 million unique individuals targeted for assistance under the 2023 HRP.

STRATEGIC OBJECTIVE	PEOPLE TARGETED	REQUIREMENTS (US\$)*
S01 Protection risks and needs are identified, monitored, mitigated, and met for 2.1 million people, while the centrality of protection is upheld across the humanitarian response including through promotion of respect for human rights, international humanitarian law and humanitarian principles	2.1M	125M
S02 Suffering, morbidity, and mortality is prevented or reduced among 3.1 million displaced, returned, stateless and other crisis-affected people experiencing or at risk of food insecurity, malnutrition, and health threats	3.1M	350M
S03 At least 2 million displaced, returned, stateless and other crisis-affected people have safe, tailored, timely and dignified access to the essential services and support to ensure their survival and prevent deterioration of their humanitarian needs	2M	289M

* Coordination and Common Services costs have been split proportionally across the three strategic objectives.

Planned Response

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN (0 - 18)	WITH DISABILITIES
17.6M	4.5M	52%	35%	14%



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

HRP Key Figures

Planned Humanitarian Response by Targeted Group

More on page 115 - 117

POPULATION GROUP	PEOPLE IN NEED				PEOPLE TARGETED
	Q1	Q2	Q3	Q4	
IDPs (projection)	1.7M	2.1M	2.4M	2.7M	1.6M
Returned, resettled and locally integrated IDPs (projection)	0.3M	0.4M	0.5M	0.5M	183K
Non-displaced stateless people			0.4M		447K
Other crisis-affected people with humanitarian needs			14M		2.3M

Planned Humanitarian Response by Sex

More on page 116 - 117

	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% OF PIN TARGETED
Boys	2.7M	744K		28%
Girls	2.9M	818K		28%
Men	5.7M	1.4M		25%
Women	6.3M	1.5M		24%

Planned Humanitarian Response by Age

More on page 116 - 117

	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% OF PIN TARGETED
Children (0 - 18)	5.6M	1.6M		29%
Adults (18 - 59)	10.1M	2.4M		24%
Elderly (60+)	1.9M	459K		24%

Planned Humanitarian Response for Persons with Disabilities

More on page 116 - 117

	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET
Persons with disabilities	2.3M	602K	

Financial Requirements by Cluster

More on page 63 - 113

	FINANCIAL REQUIREMENTS (US\$)	# OF OPERATIONAL PARTNERS
Education	86M	75
Food Security	192M	71
Health	106M	72
Nutrition	48M	35
Protection	124M	77
Shelter/NFI/CCCM	88M	57
WASH	112M	45
Coordination	7M	219

Planned Humanitarian Response by Cluster

More on page 63 - 113

	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% OF PIN TARGETED
Education	3.8M	1.3M		35%
Food Security	15.2M	2.1M		14%
Health	10M	2.3M		23%
Nutrition	2.2M	590K		27%
Protection	11.5M	2.1M		18%
Shelter/NFI/CCCM	3M	952K		31%
WASH	5.2M	1.6M		32%

Historical Trends and New Methodology

Given the dramatic deterioration in the situation over the course of 2022, projections of displacement, anticipated conflict scenarios, the depth of needs in new areas, and the overall deterioration of the food security and livelihoods situation country-wide as outlined in the HNO, the HCT has continued using a broad national analysis of the humanitarian situation, needs and planned responses in Myanmar for 2023. The 2023 numbers reflect the unprecedented scale and humanitarian consequences of the current crises, especially for women and children and other vulnerable groups. The methodology and scope frame the situation in Myanmar as a whole-of-country, complex and multi-dimensional crisis, where there are grave protection concerns and risks, and food insecurity is deepening, requiring scaled-up humanitarian and development interventions to stop people slipping into more severe need, including acute malnutrition.

Several larger datasets are available and have been used to establish intersectoral vulnerability in 2023. A multi-sector needs analysis (MSNA) was conducted across Myanmar for the first time using a hybrid approach (in person and remote data collection) in late 2022 to inform planning. The joint Food Security and Livelihoods Assessment by FAO and WFP conducted in 2021, was again carried out in April 2022 and once more between August and September 2022 in 14 states and regions (Ayeyarwady, Bago, Chin, Kachin, Kayah, Kayin, Magway, Mandalay, Mon, Rakhine, Sagaing, Shan, Tanintharyi, Yangon). These datasets were combined with a range of other thematic (e.g. gender, AAP) and sectoral data sources to guide the understanding of needs and plan required assistance.

The continued use of this national frame, combined with the worsening situation on the ground, has resulted in the identification of an even greater number of people in need in the HNO 2023. It is important to note that the numbers for 2023 can be compared fairly well with the HNO 2022 numbers, as a similar

methodology has been used in both years. HNOs prior to 2022, however, did not assess or analyze needs in some of these new areas and population groups, because they were outside the HNO scope and thus no baseline data exists for these locations for comparison. While the situation has certainly seriously deteriorated since 1 February 2021, it is possible that at least some of the newly included needs may have existed in previous years.

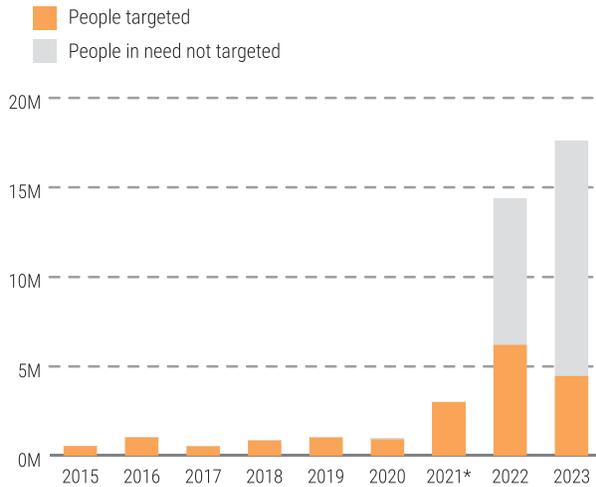
In terms of response trends, in 2022 partners demonstrated their capacity to scale up, reaching at least 3.9 million people from the HRP target of 6.2 million people by the end of September (final full-year figures will only become available in quarter one of 2023). This effort reflects the unprecedented expansion of need in 2021, which led to the HCT setting a drastically more ambitious target for the response in 2022 compared to previous years. The expansion shows the operation's commitment to identifying and working with new partners, mostly local organizations and organizations previously working under development and other pillars, to expand delivery. However, it should be noted that food security support still represented the bulk of this scale-up and there was less capacity and space to increase other forms of assistance on the same scale by other clusters in 2022. The assistance delivered was not as multi-sectoral or as weighted towards new conflict areas as planned due to underfunding and access constraints. The depth of assistance remained limited in many locations, with many partners unable to provide sustained and predictable aid. A lack of funding was a major additional factor with just 35 per cent of requirements received by year's end. This was only slightly more than the funding received in 2021 despite a roughly 14-fold increase on pre-takeover needs and a more than 6-fold increase in people being targeted for assistance. This lack of secure funding has made it even more difficult to procure and pre-position necessary supplies. It has also hampered

the efforts of organizations to internally scale-up with no guarantees of funding for core costs.

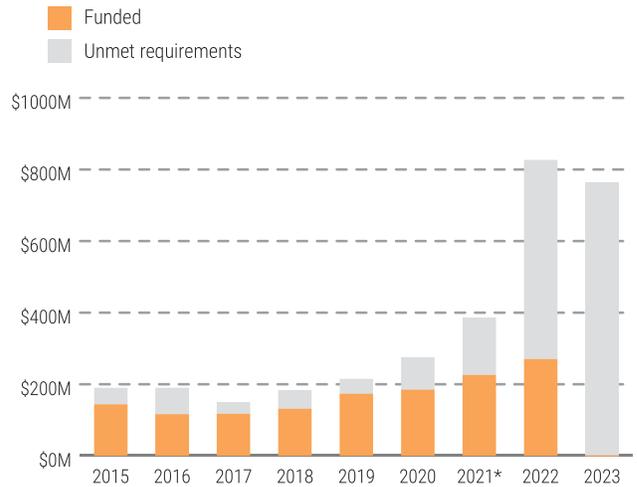
In 2023, humanitarian partners have tightened and re-focused their targets compared to 2022 for two key reasons. After a pause in many activities in 2022, development actors have re-grouped and are now scaling-up, supporting those who are at risk of slipping into humanitarian need with programming that is more appropriately focused on resilience, prevention, and improved living-conditions. The tighter target for the 2023 HRP is partially based on the assumption that development actors will continue to scale up, working through community partners, and will be

guided by the severity of need, targeting people facing multiple vulnerabilities. As such, the 2023 HRP focuses on emergency, life-saving responses in the most conflict-affected areas where needs are deeper and development action and access is more limited. Some critical preventative programming has, however, been retained in the HRP where relevant to the humanitarian population groups, such as children’s nutrition programming. The tightening of the response target also reflects the realities that both funding and access in 2023 are expected to remain increasingly constrained. With a series of mega-crises sweeping the world, donors have made clear that humanitarians must heavily prioritize their plans so that people in the

NUMBER OF PEOPLE IN NEED VS TARGETED FOR ASSISTANCE



FINANCIAL REQUIREMENTS (US\$)



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED (US\$)	% FUNDED
2015	541K	536K	190M	143M	75%
2016	1M	1M	190M	116M	61%
2017	525K	525K	150M	117M	78%
2018	863K	832K	183M	131M	72%
2019	1M	1M	214M	172M	80%
2020	986K	915K	275M	184M	67%
2021*	3M	3M	386M	259M	67%
2022	14.4M	6.2M	826M	291M	35%
2023	17.6M	4.5M	764M		

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

most severe need get more help, faster and for longer. Humanitarians have also been realistic about access in the now more heavily prioritized hard-to-reach areas. While humanitarians have demonstrated in 2022 that access to these conflict zones is possible, it is also more expensive and slower, reaches fewer people each time. Partners have planned in line with expectations that the financial and access challenges of 2022 will continue into 2023. Full year reach in 2022 will only be

confirmed after publication of this response plan but is expected to be around 4.3 million people. Amid the worsening conditions, reduced operating space and limits on funding outlined above, the HCT has decided to be realistic in aiming to slightly increase reach in 2023 to 4.5 million people.

KACHIN

A child gets water using a hand pump installed by community members in a new IDP settlement in Kachin, 2022. UNHCR/Hkun Ring



Part 1: **Strategic Response Priorities**

YANGON

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



1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

The 1 February 2021 military takeover unleashed an unprecedented political, socioeconomic, and humanitarian crisis on top of the continuing impact of the pandemic. The situation resulted in the escalation in conflict and displacement across the country, significant human suffering, and disruption to and reversal of many of the hard-won development gains over the preceding decade.

Nearly two years on, the situation remains bleak requiring a deeper response. Violence, including attacks and clashes, across Myanmar throughout 2022 had a severe impact on the physical and mental well-being of millions. Displacement surged in 2022. Nearly 1.2 million people remain internally displaced as a result of conflict and insecurity since the takeover, bringing the total number of IDPs in Myanmar to a staggering 1.5 million as of 26 December 2022. On top of this, the rapid depreciation of the Myanmar Kyat, inflated market prices, and banking restrictions have led to reduced food productivity and unaffordability, driving higher food insecurity.

In parallel with the escalation of conflict, displacement, and food insecurity, humanitarian access was further restricted in 2022. Administrative barriers for securing TAs, arrests and detention of humanitarian actors, intimidation, and harassment (both physical and virtual), and security checkpoints all constrained humanitarian access to people in need in 2022. Restrictions on telecommunications and internet networks further hindered timely and safe humanitarian access and assistance to people in need.

Evolution of needs 2022-2023

With no respite from violence in sight, 2023 is expected to be another deeply challenging year for the people of Myanmar. 2023 is expected to witness

continued political instability, ongoing or escalating armed civil and ethnic conflict, slow or stagnant economic growth and limited livelihoods opportunities, as well as continued interruptions and poor access to basic services, including education and health. This will result in nearly 18 million people being in need of humanitarian assistance during the year.

Continued or increased intensity and frequency of armed conflict will result in communities being displaced as a self-protective measure against the risk of targeted attacks or being caught in areas where armed clashes are occurring. Protection risks, especially in hard-to-reach conflict areas, are expected to continue, including increased EO risks, forced recruitment, human trafficking, and human rights violations. Agricultural disruptions due to conflict and displacement, contaminated land, and high input prices will heavily impact the national economy and food availability. The people of Myanmar will be confronted with continued elevated food prices, food insecurity and corresponding malnutrition. On top of this, natural disasters remain a recurrent threat with annual flooding across many parts of the country. Through it all, people will have reduced capacity to cope with these shocks due to the cumulative impacts of the current and past crises. Modest improvement in economic growth has been predicted, however inflation will continue to cripple households who are unable to afford food and other essentials. Continuing economic distress, loss of livelihoods and an ongoing cash crisis are likely moving into 2023. Access challenges and restrictions are expected to persist given the political situation, as well as the continued conflict, leaving unmet needs.

Conflict and violence are expected to remain the key drivers of humanitarian need and will result in more

communities being displaced. Based on an analysis of conflict and displacement trends, the Needs Monitoring and Analysis Working Group (NMAWG) has projected that an estimated 1.4 million people will be newly displaced in 2023, bringing the total projected number of IDPs to nearly 2.7 million people by the end of the year. Total returnees (from previous years and new in 2023) are projected to reach a total of 512,000 people by the end of 2023 but will be far outweighed by new displacement.⁵¹ In particular, the Northwest and Southeast of the country will likely see continued conflict, as well as potentially Rakhine depending on the durability of the current informal ceasefire between the AAA and the MAF. Given these dynamics, new and protracted displacement will remain a key feature of the humanitarian situation throughout 2023, with displacement expected at similar or higher rates than 2022. Projections will be closely monitored throughout the year and responses recalibrated should actual numbers be higher or lower. IDPs will face precarious situations in the following locations:

- Kachin and northern Shan: The rate of returns will likely remain low; however, there is a fear of forced returns among IDPs in protracted camps. There is potential for spontaneous returns due to reduced humanitarian support in camps due to funding and access challenges, along with the loss of livelihood opportunities and agricultural land for IDPs.
- Southeast: Displacement is expected to expand to more urban, populated locations. Communities note that natural resources (such as bamboo, timber, and firewood) are almost exhausted, which could later lead to conflict between host communities and IDPs.
- Northwest: Severe access restrictions may push people into deeper need, as resources are already very scarce for IDPs with food and medicine shortages in many locations reaching saturation point. More communities may be forced to seek safety in the jungle, where it is difficult to access and provide assistance. Further destruction of villages will prevent people from being able to return home.
- Rakhine and southern Chin: IDPs from the AA-MAF conflict remain worried about return due to EO contamination and lack of livelihoods. More

displacement may be seen depending on whether the current ceasefire holds. The plight of the stateless population is unlikely to improve unless significant policy changes are introduced changing the legal status of Rohingya people and their freedom of movement.

As we enter 2023, a steadily increasing number of people have exhausted their coping capacity and are at risk of or have already slipped into urgent need of assistance. Hardship, driven by conflict and insecurity, price shocks as a result of inflation, and movement restrictions, has forced the most vulnerable people to resort to crisis or emergency coping mechanisms to access food and other basic needs. The economic situation facing many households is forcing people to make incredibly tough decisions about spending priorities and assets that can be sold. In 2022, six out of seven people reported that they have been forced to resort to negative coping strategies to survive, such as taking on debt to pay for food, affecting their capacity to manage future shocks. Households adopting emergency coping strategies such as taking high risk jobs, migrating in search of opportunities, and selling productive assets such as working animals, houses and land, increased in 2022 to 21 per cent, from 15 per cent in 2021.⁵²

According to the fourth round of the FAO/WFP Food Security and Livelihoods Assessment conducted in August and September 2022, female-headed households are more reliant on negative coping mechanisms than their male counterparts and will require specific response attention:

- Borrowing food is more common among female-headed households than male-headed households (21 per cent vs. 16 per cent).
- More female-headed households reported limiting portion sizes in the week prior to the data collection than male-headed households (19 per cent vs. 15 per cent).
- More female-headed households had been forced to sell household assets than male-headed households (51 per cent vs. 43 per cent).
- More female-headed households were relying on their savings to meet their food needs in the month

prior to the data collection than male-headed households (76 per cent vs. 69 per cent).

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

The humanitarian situation and human rights crisis caused by the military takeover will continue to have severe and long-lasting impacts on the mental health and psychosocial well-being of people, in particular children, persons with disabilities, the elderly and those facing multiple vulnerabilities. Internally displaced and conflict-affected people are reportedly anxious about their health and future and are becoming increasingly focused on survival. Living in a perpetual state of fear is taking a psychological toll on the population, especially women and children.

Scope of action and response priorities

In 2023, the HRP prioritizes emergency life-saving responses for 4.5 million acutely vulnerable people with humanitarian and protection needs as a result of the above shocks and the deteriorating political, humanitarian, and socioeconomic situations. In 2023, this work will require operational partners to navigate a complex environment featuring challenges related not only to the worsening security and armed conflict, but also a banking and liquidity crisis, disruptions to logistics and supply chains, increasing restrictions at checkpoints, and administrative and bureaucratic impediments.

Given the available funds, access constraints and partner capacity, clusters have applied a strict prioritization approach. The strategic focus of the 2023 HRP is to relieve immediate suffering among the most severely affected groups with an emphasis on conflict-affected areas. This means the majority of the response will proportionally target IDPs, returnees,

resettled, and locally integrated IDPs, non-displaced stateless people, and host communities. Similarly, hard-to-reach, rural areas and those with the most severe needs will be prioritized over urban areas, such as Mandalay, Nay Pyi Taw, and Yangon (which made up a significant portion of the 2022 target due to COVID-related impacts), while taking into consideration realistic potential reach given the current access and capacity constraints. Essential services and support will be provided to ensure the survival of the most vulnerable populations and to prevent further deterioration of their humanitarian needs. This prioritization of locations and certain types of support has been heavily guided by the views expressed by affected people as outlined in the HNO. Compared to the 2022 HRP, the health response is more ambitious in 2023 given the gradual disintegration of the public health system and the increased need for alternative service provision.

Addressing people's protection needs remains critical, requiring enhanced respect for humanitarian principles, IHL and IHRL, as well as attention to community-based protection mechanisms. The integration of protection mainstreaming is a cross-cutting objective among clusters in 2023 and the cost of this work has been fully and transparently integrated into the HRP calculations by all clusters for the first time.

It is hoped that other crisis-affected people and those in urban areas who are not targeted for humanitarian assistance will receive priority nexus or development support, particularly social safety-net assistance, improved living standards support, and resilience-building activities aimed at tackling people struggling to cope amid economic distress. Progress with the scale-up of nexus and development programming under the SERRP will be closely monitored and a mid-year stock-take will look at whether needs are adequately being funded and met under this umbrella. If not, then the HRP scope will be re-evaluated. Similarly, depending on progress against targets, operating challenges and capacity, the mid-year reporting process will identify the need for any course corrections and inform settings for the second half of the year.

Clusters considered the severity and urgency of needs across the country, prioritizing those in the most severe categories, where they had capacity to respond. The basis for this analysis was the Joint Inter-sectoral Analysis Framework (JIAF) from the HNO. The JIAF looks holistically at the needs facing people in Myanmar and measures the severity of these needs, informed primarily by two nationwide assessments - the MSNA and the Food Security and Livelihood Assessment. There is a clear correlation between those areas and sectors with the highest severity of need in the HNO, and the highest exposure to active conflict, and those prioritized for assistance in the 2023 HRP.

Amidst reduced access and capacity, partners have planned for a more heavily localized response. Through a new Localization Strategy that is under development following the P-2-P review of the response in 2022, the HCT and ICCG will explore avenues for more equitable partnerships in 2023, including ways to avoid risk- and

cost-transfer to local partners. This includes, but is not limited to:

- Organizational support to local partners so they are better equipped and trained for work in complicated and sensitive settings, as well as boosting their scope to meet normative expectations more fully.
- Financial support to cover their core staffing and/or security-related expenses.
- Working towards equitable partnerships principles, mutually agreed between donors, recipient agencies, organizations and implementers.

Population groups and lenses of analysis

Nearly one third of Myanmar’s population continues to experience severe humanitarian challenges. Humanitarian organizations estimate that more than 17.6 million people will be in need of some form of humanitarian support during 2023. The Plan focuses on four key population groups:

SHAN

Nursing mothers attend a nutrition counselling session on infant and young child feeding practices in eastern Shan, 2022: Credit: UNICEF



- IDPs
- Returnees, resettled and locally integrated IDPs
- Non-displaced stateless people
- Other crisis-affected people with humanitarian needs

Among these population groups, needs are generally most severe among IDPs and the non-displaced stateless people in Rakhine, particularly in locations most affected by armed conflict, although pockets of severe need occur across all population groups. Underlying gender dynamics, which are often compounded by poverty, displacement status, ethnicity and other factors, create additional vulnerabilities among women and girls.

Geographically, needs of people in these population groups in Kachin and northern Shan, Rakhine and southern Chin, the Northwest, Southeast, and rural areas have been prioritized. Humanitarian organizations have identified humanitarian needs at critical levels among these groups, in these locations due to armed conflict and insecurity, displacement, heightened vulnerability to natural hazards and other crises.

Where available, the HRP uses disaggregated data for these groups and applies protection, gender, age, disability, mental health and accountability lenses to its response planning for each group.

Geographical coverage and prioritization

The 2023 HRP continues to maintain a nationwide geographic scope given the unprecedented increase in humanitarian needs since 1 February 2021. This follows the JIAF analysis in the 2023 HNO, which showed humanitarian needs in every state and region of the country. Ongoing hostilities across Myanmar continue to endanger the safety and well-being of civilians, particularly in the Northwest and Southeast. More than 1.5 million people remain displaced across the country, of whom nearly 1.2 million fled as a result of conflict and insecurity since the 2021 military takeover.⁵³ IDPs face severe vulnerabilities and have been prioritized for assistance where access permits. The Northwest continues to carry the heaviest new

displacement burden since the takeover with close to 800,000 displaced people as of 26 December 2022 – 53 per cent all IDPs in Myanmar. The Southeast hosts the second largest number of new IDPs, with 350,000 IDPs across the area. Rakhine remains an area of acute needs with protracted and new IDPs and stateless people in high need amid continued tension between the AA and the MAF despite an informal ceasefire. More than 300,000 people were already displaced nationwide when the military takeover happened, with many people living in camps and sites for more than a decade with high dependence on humanitarian assistance.

Proportionally, among the total 4.5 million people targeted to receive humanitarian assistance in 2023, the majority are in the Northwest (30 per cent of total target), followed by the Southeast (24 per cent) and Rakhine (21 per cent). This reflects the 2023 prioritization of aid towards the most vulnerable groups with severe humanitarian needs, and strongly correlates with conflict hot spots during the second half of 2022.

Localized response

Towards more equitable partnerships with local actors

Due to heavy access restrictions and bureaucratic obstacles including a lack of visas for international personnel, the humanitarian response in much of Myanmar has become increasingly localized, with CBOs, CSOs and NNGOs being able to access communities through their local networks and relationships on the ground. The humanitarian community will therefore continue principled partnerships with CBOs and CSOs, while at the same time using a mix of response approaches depending on what is best suited for the respective area that needs to be accessed. All organizations cannot reach all locations, but through coordinated efforts, a complementary mosaic of assistance will be delivered again in 2023 by different actors in different places, reaching a growing number of people. Local partners, including Women CSOs⁵⁴ operating at the heart of their communities, are an invaluable and essential keystone of the Myanmar response and efforts have been underway since 2021 to localize coordination and

response mechanisms so that they are more suited to the organizations delivering the bulk of assistance. Some practical measures have already been introduced in 2021 and 2022 to promote inclusion, participation, and funding of national partners but more work is needed during 2023 and this has been set as an HCT priority.

Progress on localization of coordination:

- National humanitarian organizations and women-led organizations are now represented in the HCT through six national NGOs with the membership expanded in 2022.
- A national representative has been added as an observer at the ICCG.
- The Myanmar Humanitarian Fund (MHF) has supported the creation of an inter-cluster language support project hosted by IOM with support from OCHA that is allowing access to simultaneous translation of cluster meetings and translation of key cluster documents.
- Simultaneous translation was used for all HRP consultations across the country and sign-language was used for consultations with disability organizations.
- The MHF has set new direct local funding targets for 2023 and beyond, with flexible eligibility arrangements in place.
- More local sub-national cluster coordinators were recruited and trained in 2022 to support coordination in Myanmar language and this has been very constructive, however more work is needed to give more local ownership of

coordination forums and improve participation by local CSOs.

A dedicated HPC consultation session was held in August 2022 with 30 participants from local CSOs and NGOs across Myanmar using simultaneous interpretation and interactive technology to find out more about ongoing gaps heading into 2023. The session was an opportunity to discuss constraints and opportunities for further local scale-up. CSOs and NNGOs voiced their needs, including specific messages around funding and donor flexibility. In the sessions, CSOs and NNGOs suggested that:

- INGOs and the UN should strengthen their coordination with local mechanisms and informal networks as “intermediaries.” They noted that local CSOs/NGOs exist in every region who could respond rapidly through their networks and recommended that focal points of regional and local networks and CSOs be established to enhance engagement with international organizations.
- More direct funding should be provided to local partners and more space should be offered to local actors in funding allocations, along with the necessary technical support in proposals.
- More flexible, multi-year funding should be delivered through local intermediary actors and consortium leads, who have a broader network and working relationships with CSOs.
- More advocacy is required to secure avenues for more core funding. When local partners implement activities on behalf of INGOs and

Language and inclusion

Local organizations are at the heart of the humanitarian response in Myanmar, providing immediate assistance to people in need using their local knowledge, skills, networks, and comparatively more robust access. Language has been identified as a critical participation barrier for local organizations, and thus simultaneous interpretation in meetings and translation of critical documents from English to local languages (Myanmar and other locally relevant languages) and vice versa are crucial to ensuring the inclusion of local actors in coordination structures, enabling them to receive clear, timely and actionable information for effective humanitarian response to affected people. The MHF has provided resources to a language services project aimed at overcoming language barriers and creating effective communication channels by improving the ability of local actors to participate in national level coordination meetings held by various clusters, AoRs, and thematic working groups. The inter-agency translation and interpretation team of three interpreters and translators is hosted by IOM, with OCHA providing functional support and overseeing the work of the team throughout 2023.

the UN, they often have little or no overheads or opportunity for internal cost recovery. CSOs and NNGOs expressed that donor support is needed to strengthen institutional management and operational systems, not just immediate project costs. CSOs and NNGOs require additional support to cover core staffing expenses so that their organizations can more fully meet normative and coordination expectations.

- To facilitate greater involvement at the cluster level, increased funding should be provided for human resources to enable local organizations to have sufficient capacity to participate in coordination meetings and take on leadership roles more effectively. Local organizations requested for donors to commit to capacity-building in the areas of institutional management and operational systems.
- INGOs and the UN should be more flexible with their funding and reporting systems and procedures.
- Additional support should be provided to local organizations to cover security-related expenses. As frontline responders, they expressed that they need more organizational support to be better equipped and trained for their work in complicated and sensitive settings.
- Enhanced technical capacity building should be made available that supports and fosters understanding and application of humanitarian principles. Small frontline community organizations, women's organizations and CSOs, in particular, that have shifted their activities from development to humanitarian response in the current crisis, are the most in need of training on humanitarian principles, gender equality and empowerment of women in girls in humanitarian action, and on accessing humanitarian funding.

The need for more tailored capacity building support, inclusive coordination structures, equitable partnerships and leadership opportunities were all further highlighted in the 2022 P-2-P report on the Myanmar response and will be tackled in 2023 through a new localization workstream and HCT Localization Strategy. While the final elements of this strategy are still being agreed, topics are likely to align with the IASC Localization Guidance and will include a focus on delivery of coordinated capacity building, flexible funding opportunities, reporting expectations and data protection, leadership structures and pathways, duty of care considerations, risk-sharing vs risk-transfer to local partners, and security needs for national and local organizations.

Empowering women-led CSOs in a localized response

To ensure that Women CSOs understand principles around gender equality and empowerment of women and girls in humanitarian action and are aware of the coordination structures in place, UN Women collaborated with UNFPA under a CERF grant to develop and implement a tailored Capacity Development Plan for this specific group of organizations. The plan has already been rolled out to hundreds of aid workers through training sessions in 2021 and 2022 with very positive feedback from participants.

"Because of the trainings I am now providing more comments on how women and girls should be reflected in proposals that our organization is doing..."

"As a data manager, I d[id] not understand why SADD is needed and its relevance, the training made me appreciate and understand more my role and the importance of data/information I am collecting. I am now able to provide comments and suggestions to my program colleagues..."

"I will now be more involved in my organization's activities on women and girl's empowerment..."

The training plan is based on a CERF-funded survey which identified capacity building needs in the areas of protection, humanitarian coordination architecture, humanitarian funding and access. The aim is for Women CSOs to have a bigger role in the response which requires an enhanced understanding of the mechanics of supporting women and girls in humanitarian context, and therefore includes significant collaboration with the GBV and Child Protection Areas of Responsibility. It endeavors to ensure equal and meaningful participation of Women CSOs in humanitarian decision-making at national and sub-national level, supporting their transition from development work to humanitarian response. The training consolidates and aligns with the GiHA Community of Practice (GiHA CoP) Workplan priorities on gender capacity development and support for local organizations on other cross-cutting thematic areas like AAP and PSEA. It is also aligned with plans that will be further elaborated in the HCT Localization Strategy.

To date, the training has involved:

- Conducting 15 capacity building trainings among members of the GiHA CoP with their Women CSO partners across the country benefitting 500 people (322 women) across 334 organizations (UN, I/LNGOs, CSOs) including 162 women's organizations across the country.
- In June 2022, OCHA conducted a 1-day session on humanitarian coordination, including the Humanitarian Programme Cycle (HPC), the overall coordination architecture in Myanmar, access and information management with about 50 participants from various Women CSOs attending. Given the movement constraints, both trainings were facilitated online with simultaneous interpretation services in English and Myanmar language provided throughout. Sessions were interactive using mentimeter; while face-to-face training was facilitated in Sittwe, Rakhine.

Lessons Learned:

- Capacity building is a primary need and often the most overlooked when it comes to humanitarian response, especially on funding processes. These joint training activities provide technical support while building local Women CSOs' capacities and empowering meaningful participation in humanitarian action. Small frontline community organizations, Women CSOs, in particular, have benefited most from this training.
- The approach combines a range of training topics into a single package, using a gender lens to cover everything from the HPC to data management, and the use of the Gender and Age Marker to GBV in emergency settings, AAP, PSEA and Women Peace and Security. This consolidation avoids multiple training calls and has ensured accessibility through the use of modalities that are adapted to the current situation of limited mobility, internet access and power outages.

1.2

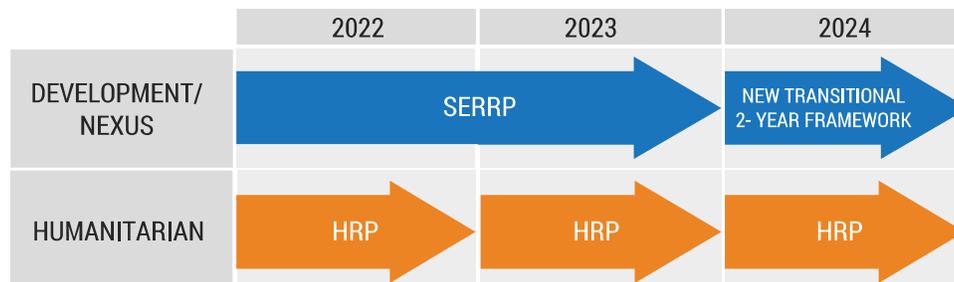
Nexus between Humanitarian and Development Planning

In the absence of a signed Sustainable Development Cooperation Framework, the UN SERRP remains the foundational document that articulates the broad framework for the UN Country Team’s (UNCT) engagement in Myanmar through until the end of 2023. It provides a strategic vision of key thematic areas of action, which define the UN’s core activities over an 18-month timeframe and focuses on longer-term resilience building and nexus activities that reduce peoples’ dependence on immediate life-saving assistance. A key focus of the SERRP is to minimize the number people slipping into acute humanitarian need due to the consequences of the crisis over time. While ongoing nexus and development activities will focus on the root causes of the crisis, humanitarians - as outlined in the complementary 2023 HRP - will continue to provide essential support to crisis-affected and vulnerable populations whose situation requires immediate protection, safety and health responses. The upcoming UN Transitional Cooperation Framework (to be developed in 2023 and operational from 2024), will also ensure strong complementarity with the 2024 HRP.

In line with the nexus approach, several key areas of convergence have been identified between the three strategic objectives foreseen in the 2023 HRP and the SERRP’s four strategic pillars.

- **The first Strategic Objective of the HRP** prioritizes immediate protection risks and needs, which are closely linked to the SERRP’s first and third strategic pillars which outline the need to strengthen household and community resilience through the provision of social protection and basic social services (Pillar 1), and the need to support civil society actors to promote access to justice, human rights, gender equality and democratic and civil space (Pillar 3).
- **The second HRP Strategic Objective** focuses on food insecurity, malnutrition, and health threats. It echoes the SERRP’s first, second and fourth pillars, which outline the need to strengthen household and community resilience through the provision of social protection and basic social services (Pillar 1); strengthen resilience of households, communities, and small and medium enterprises (SMEs) to economic impacts (Pillar 2); and strengthen access to essential health and nutrition services (Pillar 4).
- Lastly, **the HRP 2023’s third Strategic Objective**, outlining the need to support safe, tailored timely and dignified access to essential services, is complementary to the SERRP’s first and second pillars, which outline the need to strengthen household and community resilience through the provision of social protection and basic social services (Pillar 1); and to strengthen resilience of

Planning across the nexus



households, communities, and SMEs to economic impacts of the crisis (Pillar 2).

Interventions outlined under the HRP 2023 and the extended SERRP **converge** in several areas including protection, food security, nutrition, health, education, shelter, and WASH needs and **remain complementary** in others. While the underlying drivers of needs in both plans may be the same, the two Plans will focus on different groups of population with different urgency and depth of needs, with convergence in responses where possible.

For the HRP, the target includes populations located in crisis-affected areas assessed to be in urgent need of humanitarian assistance (i.e. displaced, returned, IDPs, non-displaced, stateless people). However, for the SERRP the focus is on broader vulnerable and impoverished groups and communities, with less geographic focus, but an emphasis on people who require support to access to basic services and strengthened socio-economic resilience. An essential focus for the SERRP is to target vulnerable or at-risk

populations to reduce the risk they will slide into situations where they must turn to humanitarian assistance for survival because the severity of their needs has worsened.

The heavy prioritization of the HRP target in 2023 also means there will be many who have been identified as having needs, but at a lower severity, who are unlikely to be reached by humanitarian action and could benefit from prioritized nexus action under the SERRP.

A key challenge in 2023 will be to reinforce the coordination mechanisms and structures between actors working in both sectors, with a key focus on articulating the peace component. The new fit-for-purpose humanitarian coordination architecture recommended by the P-2-P review team will support more systematic engagement and clearer opportunities for collaboration. A detailed comparison and account of the connection between the humanitarian, and development communities is attached as an annex at the back of the HRP.

MON

A woman - supported through a micro-gardening programme - harvests vegetables from her garden for private consumption and sale in the market in Mon, 2022. Credit: FAO



1.3

Strategic Objectives, Specific Objectives and Response Approach

The HRP is structured around three SOs and seven related Specific Objectives (SPOs), which, if realized, will guide humanitarian partners to reach a total of 4.5 million people with assistance. Together these objectives will save lives and address serious protection risks, improve the overall health and well-being of crisis-affected communities, and lift the dignity and safety of living conditions for affected people. The response will be sensitive to the unique needs of women, children and persons with disabilities and other populations of concern and will ensure effective accountability measures are in place across all locations where assistance is being provided. The activities listed under one strategic and/or specific objective can also support (directly or indirectly) cluster activities in another strategic and/or specific objective.

Given the extensive involvement of local humanitarian and some formerly development-orientated organizations in responding to new needs throughout 2022, partners involved in implementing the HRP will pursue the strategic objectives, while simultaneously maintaining linkages with activities across the humanitarian, development, and peace nexus through the SERRP. Opportunities for this work are nascent but present in the Northeast and Southeast, as well as Rakhine, where there is a stronger long-term presence of development and peace actors but opportunities for such durable solutions in 2023 will be heavily dependent on access and conflict trends. This Nexus response is aimed at mitigating against the effects of surging poverty since the events of 1 February 2021 and prevent people from falling into a more acute situations that require increased humanitarian assistance for survival.

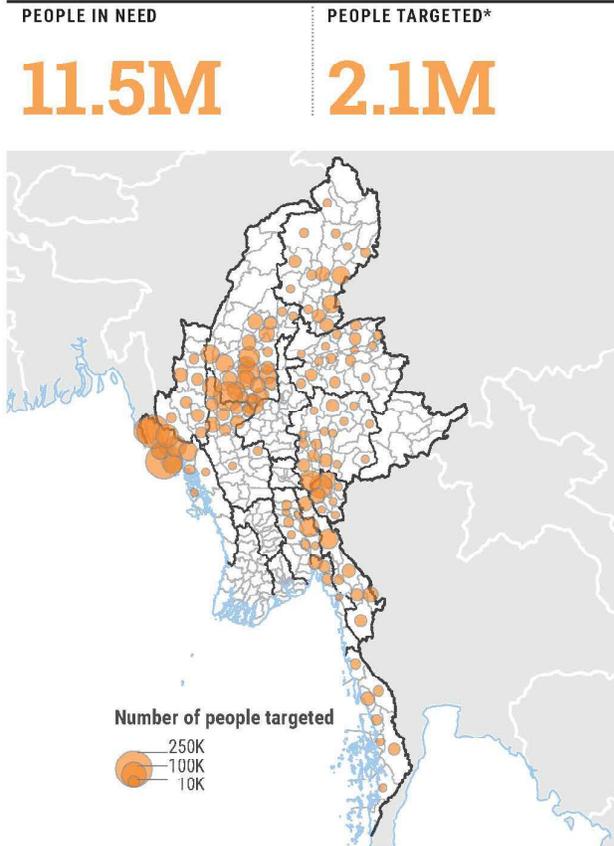
The Humanitarian response under the HRP will prioritize IDPs, returnees, non-displaced stateless people and other crisis-affected people who have the most acute humanitarian needs primarily in conflict-affected areas. The humanitarian response approach takes into consideration the significant access and civil-military coordination challenges faced by partners across the country. Concerted efforts will be made to de-politicize the humanitarian response and promote acceptance of humanitarian principles. This will be done through increased advocacy at higher levels with all parties to the conflict to promote compliance with IHL. To deepen access in all areas of the country and enable humanitarian organizations to deliver assistance, analysis, access and civil-military coordination and advocacy will be guided by the revitalized Humanitarian Access Working Group (HAWG), chaired by OCHA. Based on recommendations from the P-2-P report, the HCT is also considering how it can systematize higher level advocacy with parties to the conflict on access issues.

Modalities for the provision of humanitarian assistance will remain flexible throughout 2023 given challenges associated with access, the procurement of supplies, the ongoing banking crisis, heavy reliance on local and remotely coordinated responders, as well as with the high levels of inflation and depreciation of the Myanmar Kyat.

In agreement with the development community in Myanmar, the HRP in 2023 will focus predominantly on people in need in conflict-affected areas, transitioning the significant caseload of vulnerable people in peri-urban and urban areas to the SERRP for nexus support through programming focused on resilience, prevention, and improved living conditions.

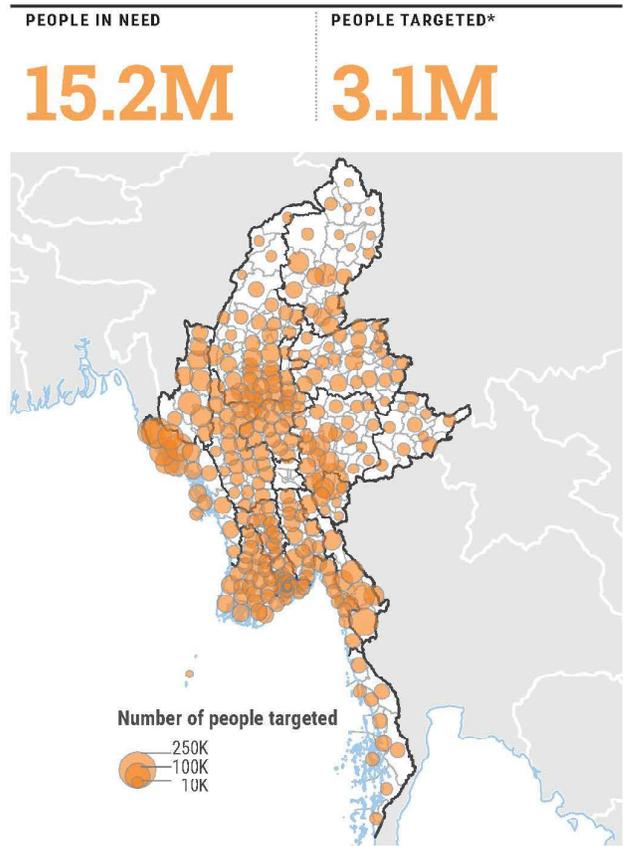
Strategic Objective 1

Protection risks and needs are identified, monitored, mitigated, and met for 2.1 million people, while the centrality of protection is upheld across the humanitarian response including through promotion of respect for human rights, international humanitarian law and humanitarian principles.



Strategic Objective 2

Suffering, morbidity, and mortality is prevented or reduced among 3.1 million displaced, returned, stateless and other crisis-affected people experiencing or at risk of food insecurity, malnutrition, and health threats.



Strategic Objective 3

At least 2 million displaced, returned, stateless and other crisis-affected people have safe, tailored, timely and dignified access to the essential services and support to ensure their survival and prevent deterioration of their humanitarian needs.



* Individuals who are in need and targeted for assistance may receive support under multiple objectives. Once double-counting is removed, the total people in need figure is 17.6m and 4.5m people are being targeted for support.

Strategic Objective 1

Protection risks and needs are identified, monitored, mitigated, and met for 2.1 million people, while the centrality of protection is upheld across the humanitarian response including through promotion of respect for human rights, international humanitarian law and humanitarian principles

PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN (0 - 18)	WITH DISABILITIES
2.1M	52%	34%	13%

Objective rationale and intended outcome

New and intensified conflict across Myanmar since February 2021 has been characterized by alleged and verified violations of IHL and IHRL, including targeted attacks on civilian populations and civilian infrastructure, the use of heavy weapons and aerial bombardment of civilian areas, forced recruitment of children, physical and sexual assault, and the use of civilians as porters among other credible allegations. Responses to protests and restrictions on free speech have been severe, including reports of arbitrary arrest, targeted killings and executions of those perceived as being politically associated with either side. Communities affected by armed conflict, particularly those who are displaced, face increased protection risks including child protection concerns related to neglect, exploitation, and abuse, and GBV. Humanitarian partners have also been directly targeted by armed actors, particularly education and health

facilities and workers, generating safety and protection concerns for staff and undermining the ability to meet needs. Consequently, SO 1 puts protection front and center of the humanitarian response, with mainstreamed activities aimed at preventing, monitoring, responding to serious protection concerns.

Activities under SO1 are designed to specifically target and prioritize IDPs living in camps or camp-like situations; non-displaced stateless people; returned, resettled and locally integrated IDPs; and other crisis-affected people with severe humanitarian needs living in high conflict intensity areas and host communities. Special consideration will be given to people who are exposed to specific protection risks due to armed conflict, families impacted by the destruction of houses and people at heightened risk of abduction, violence, forced recruitment, human trafficking and forced labour.

Strategic Objectives 2

Suffering, morbidity, and mortality is prevented or reduced among 3.1 million displaced, returned, stateless and other crisis-affected people experiencing or at risk of food insecurity, malnutrition, and health threats

PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN (0 - 18)	WITH DISABILITIES
3.1M	52%	34%	13%

Objective rationale and intended outcome

The deteriorating security situation across the country is exposing people to life-threatening harm, injury and health threats; is driving growing displacement; and is generating severe consequences for food security and nutrition. Ongoing difficulties in affordability of fertilizer, below-average rainfall, movement restrictions, displacement of farmers and farm workers, EO contamination of farmland, and insufficient and expensive fuel have led to challenges in crop production throughout 2022 and these are subsequently affecting the food production outlook into 2023. The price of food is also making it harder for families to buy what they need and many households are now going hungry. The multi-faceted effects of disrupted production, increased transport costs, global inflation, currency depreciation of the Myanmar Kyat, rising fuel prices, declining stocks, and supply chain constraints and inflation, are contributing to surging costs for food and non-food items, putting stress on household finances and reducing people’s ability to meet their basic needs. Commodity prices in conflict-affected regions have increased more sharply than elsewhere, leading to an increased risk of food insecurity, with nearly one in three people (28 per cent of the population) moderately or severely food insecure heading into 2023.⁵⁵ The consequences of protracted food insecurity include increased malnutrition rates at a time when malnutrition screening, prevention and treatment activities are heavily interrupted by conflict and access restrictions. This necessitates a continued large-scale food security and nutrition response with a focus on conflict areas.

Public health services have been heavily disrupted due to a combination of factors including attacks on and

occupation of health facilities in conflict, as well as the CDM and large-sale departure of health workers and people’s reluctance to seek care from public health services run by the de facto authorities, exacerbating long-term inequities. The health system remains politicized, affecting the return of the workforce and access to health care, particularly in conflict-affected areas. Administrative restrictions are obstructing and delaying the importation of medicine and medical supplies into Myanmar and their subsequent transport to conflict areas with devastating effects on primary health care in these locations. While the public health services are heavily disrupted, the cost of private health care is increasingly beyond the reach of impoverished crisis-affected households and overall access to health care remains severely constrained and fragmented, heavily relying on ethnic and community-based organizations who are not able to fully meet growing national needs. This necessitates a significantly expanded health response in 2023 with sound contingency planning to prevent pipeline breaks for key commodities.

The HRP activities under SO2 will focus on providing IDP and crisis-affected people adequate levels of food, and agricultural inputs to vulnerable farmers as part of livelihood support. A dramatic scale-up in humanitarian health activities aims to bridge service gaps, improving availability and accessibility of primary health care services to reduce and prevent suffering, morbidity, and mortality among internally displaced, returned, stateless and other crisis-affected people. This will be achieved by the timely provision of integrated humanitarian assistance that is sensitive to the needs of affected communities.

Strategic Objective 3

At least 2 million displaced, returned, stateless and other crisis-affected people have safe, tailored, timely and dignified access to the essential services and support to ensure their survival and prevent deterioration of their humanitarian needs



Objective rationale and intended outcome

The people of Myanmar have been enduring heavy interruptions to essential services for close to two years with dire consequences for their survival and dignity. More than 13 million school age children in Myanmar have had their education disrupted in multiple ways by the parallel political, COVID and economic crises. The use of schools and universities by armed actors, along with the subsequent targeting of these schools, places education in the crosshairs. As such, there has been a surge in demand for alternative education services. Communities are struggling to meet this demand amid a general scarcity of almost all essential resources, including money, infrastructure, and trained personnel, as well as insufficient teaching and learning materials.

In the areas with large-scale displacement, the need for shelter and relief items is reportedly high, while access is very limited to provide comprehensive site services. More than half of IDPs note they are living in unsafe shelter types. The 2022 MSNA also confirmed that access to safe water is still very low for the

most vulnerable population groups, especially among non-displaced stateless people, where almost half of households reported using unsafe water sources for drinking both during the monsoon and dry season.

To meet the needs of affected people, activities under SO3 will focus on providing safe, tailored, and dignified access to essential services to at least 2 million people in need of humanitarian assistance. HRP activities place emphasis on providing crisis-affected children and youth access to safe, inclusive, relevant quality education and empowering communities to support and sustain children’s safe learning opportunities. Emergency shelter items, repair kits, NFIs and camp coordination and management support aims at assisting IDPs and other crisis-affected people to have safe, dignified living conditions. To maintain health, dignity and protection of affected people, WASH activities will implement, operate and sustain quality water, sanitation and hygiene support and mainstreaming of WASH services in close consultation with affected communities.

STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE		POPULATION GROUPS	PEOPLE TARGETED FOR ASSISTANCE
S01	Protection	<p>960,000 people including boys, girls, women, men, persons facing life-threatening risks of abuse, neglect, violence, exploitation, injury, and severe distress have received targeted support through individual or community-based protection services to prevent, mitigate and respond to these risks.</p> <p>Increased number of communities reached by protection monitoring with particular focus in townships with exposure to armed conflict, violence and risks of forced return and work to increase respect for human rights, humanitarian law and principles including through capacity support and dialogue with duty bearers and responders to mitigate the effects of armed conflict on civilians.</p> <p>Collective actions on the centrality of protection are promoted by ensuring protection mainstreaming and integration including GBV mainstreaming, complaint and feedback mechanisms, PSEA, child safeguarding, explosive ordnance risk education, and psychosocial support across the humanitarian response.</p>	IDPs Returned IDPs Non-displaced stateless Other crisis-affected with humanitarian needs	2.1M
S02	Food Security	Food insecure internally displaced (1,470,000) and other crisis-affected people (366,000) have access to adequate levels of food, while vulnerable farmers (533,482) have access to agricultural inputs.	IDPs Returned IDPs Non-displaced stateless Other crisis-affected with humanitarian needs	2.1M
	Health	Improved availability and accessibility of primary health care services for 2.3 million internally displaced, returned, non-displaced stateless, and other crisis-affected people.	IDPs Returned IDPs Non-displaced stateless Other crisis-affected with humanitarian needs	2.3M
	Nutrition	Suffering, morbidity and mortality is reduced for 590,263 internally displaced, returned, stateless and other crisis-affected people experiencing or at risk of malnutrition and related food security and health threats.	IDPs Returned IDPs Non-displaced stateless Other crisis-affected with humanitarian needs	590K

STRATEGIC OBJECTIVE	SPECIFIC OBJECTIVE		POPULATION GROUPS	PEOPLE TARGETED FOR ASSISTANCE
S03	Education	More than 1.3 million crisis-affected children and youth have access to safe, inclusive, relevant quality education, while communities are empowered to support and sustain children’s safe learning opportunities	IDPs Returned IDPs Non-displaced stateless Other crisis-affected with humanitarian needs	1.3M
	Shelter/NFI/CCCM	A total of 952,157 displaced, returned, resettled, non-displaced stateless and other crisis-affected people with humanitarian needs receive emergency shelter items and repair kits, and emergency NFIs, ensuring the safety, dignity and privacy of their living conditions.	IDPs Returned IDPs Non-displaced stateless Other crisis-affected with humanitarian needs	952K
	WASH	Implement, operate and sustain quality, high standard water and sanitation services and good hygiene practices to maintain the health, dignity and protection of affected people, on the basis of risk-sensitive programming and consultation with communities for integrated/mainstreamed WASH services.	IDPs Returned IDPs Non-displaced stateless Other crisis-affected with humanitarian needs	1.6M

RAKHINE

An irrigation channel supported through a cash-for-work programme is delivering water to enable crop growth in Rakhine, 2022. Credit: FAO



1.4 Costing Methodology

Myanmar's 2023 HRP uses a unit or activity-based costing methodology. Each cluster has produced a cost-per-person estimate for each of its activities, which combines the cost associated with procurement of in-kind supplies, cash provision (where appropriate), and expenses associated with the physical delivery of assistance (logistics, staff, security and other overheads). The average unit cost for each activity is presented against the number of people targeted for assistance. Clusters note inevitable cost variations across target activities both within and between prioritized population groups and geographic locations. These individual activity costings are then multiplied by the number of people to be reached to produce an overall cluster cost-per-person that is comparable year-on-year and responsive to changes in the cost of operating in Myanmar in the current inflationary environment.

The 2023 HRP sets a target of 4.5 million people to be reached with assistance which is likely to be slightly higher than actual reach in 2022 once final figures are available from clusters during quarter 1 of 2023. This is lower than the target set in 2022, but is more focused on harder-to-reach conflict areas than last year and so is still ambitious given the increasingly challenging operating environment, access, conflict intensity, security threats, partner capacity and the global funding outlook.

At the same time, the cost of operating in Myanmar has increased significantly. The operating environment has become more demanding, requiring partners to both navigate the volatile security situation along with the scale-up of operations in parts of the country where they have little infrastructure. This includes the adoption of alternate delivery approaches to safeguard beneficiaries and staff, so that partners can perform effectively to minimize risks to affected communities.

All of these factors have an impact on cost and take additional time and resources to accomplish.

For 2023, sharp inflation has affected the procurement costs of various clusters depending on the type of items they use and availability in the local market. The cost of imported goods has risen exponentially with the devaluation of the Myanmar Kyat. This adds to the already complex logistics challenges. Clusters have therefore applied inflation rates of up to 40 per cent to their costings for 2023 depending on the type of items and activities. More details on this are available on each cluster's pages in the HRP.

In planning for 2023, clusters agreed to insert transparent costs dedicated to protection mainstreaming, ranging from 5 to 7 per cent of the total cost of their cluster's activities. The earmarking of these costs will go a long way towards securing a more robust focus on protection across all clusters and ensuring that appropriate resourcing for such activities is provided. The clusters also reviewed the need to integrate duty-of-care and core operating costs for local partners in their cluster costings but ultimately concluded that additional consultation was needed throughout 2023 to identify a more informed approach based on global best practices. This will now form part of the work down by the Localization Workstream and will be an element of the HCT's Localization Strategy.

Continuing with the wider focus on other crisis-affected people with humanitarian needs, the significant deterioration of people's needs and living conditions, and the national geographic scope applied to the HNO, the 2023 HRP requires \$764 million (a decrease from the \$826 million in the 2022 HRP) to target a total of 4.5 million people with life-saving assistance.

In reflection of the additional response complexities, inflation, and protection mainstreaming, the average cost-per-person for the 2023 HRP stands at \$170, which is significantly higher than the average cost-per-person of the 2022 HRP at \$133. This also reflects the reduction in economies of scale achieved in the peri-urban response after handing over the implementation of these larger-scale operations in easier-to-reach

areas of Yangon and Mandalay to development partners under the SERRP in 2023.

Below is a breakdown of trends in costs-per-person overall and by cluster for the past five years. A breakdown of individual costings per activity is provided as an annex on page 127 of this HRP.

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

CLUSTER	2019	2020	2021*	2022	2023
Education	130	150	161	63	65
Food Security	97	109	132	70	91
Health	36	70	50	56	46
Nutrition	81	120	143	60	81
Protection	40	47	43	58	59
Shelter/NFI/CCCM	96	112	113	80	92
WASH	62	71	54	64	69
OVERALL	228	325	129	133	170

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

1.5

Operational Capacity and Access

Planning scenario

With a dynamic and fluid conflict situation, changing climate patterns, and worsening socioeconomic conditions, it remains challenging to make accurate projections of humanitarian needs and the precise operating environment for humanitarian organizations in 2023. But there remains strong consensus that the year will see continued conflict, high displacement and suffering on a national scale and it is around this common outlook that the 2023 response has been planned. Common planning projections have been used for displacement (similar rate to 2022), returns (512,000) and disaster impacts (50,000 people affected) to standardize planning across sectors. This bleak scenario was developed through extensive consultations with more than 200 humanitarian partners at the national and sub-national level in September and October of 2022 to understand the situation aid agencies are seeing on the ground and their priorities for action in 2023. It also reflects and is responsive to concerns, needs and preferences expressed by affected people through various surveys, assessments, analyses and monitoring reports as outlined in HNO 2023.

Based on the agreed scenario, the 2023 response shifts gear away from the combined COVID and conflict responses of 2021 and 2022 which included considerable support for people in urban and rural locations. Instead, the 2023 Plan articulates a response geared towards addressing the deteriorating humanitarian situation in rural and conflict-affected areas and the ever-growing, critical needs of people affected by past conflicts and statelessness. The HCT grounded the 2023 HRP on a planning scenario that continues to see rising needs across the country due to multiple, intersecting threats but prioritizes resources on conflict areas and other locations where

there are more severe needs and limited other options for survival.

Escalating needs and the resulting imperative of a deeper humanitarian response in 2023 are being driven by worsening conflict, the lingering financial impact from COVID-19, rising food insecurity, a severely overstretched health system, disengagement from public education, complications related to the banking sector and a troubled economy, ongoing threats to the country's social fabric, and persistent marginalization of ethnic groups including stateless Rohingya people. The planning scenario sees an absence of improvement in political dialogue among parties to the conflict, an intensification of armed conflict in various parts of the country and a continued elevated rate of displacement, against the backdrop of planned elections.

This projection is already starting to manifest in January of 2023 with a continued deterioration in the humanitarian situation in Kachin, the Northwest and Southeast. Increased armed conflict across many different parts of the country is expected to continue triggering new displacement and humanitarian needs, with many people now being displaced multiple times, even after they have sometimes returned home.

The working assumption is that much of the increase in needs would be in areas that are currently harder-to-reach for many international and national actors in the short-term, although there will be concerted advocacy with parties to the conflict to reverse this in order to alleviate suffering. Clusters also foresee an ongoing need to identify and partner with more local organizations who have superior access and stronger connections with local communities, albeit with many associated risks. There is also a need to expand

alternative delivery modalities including cash transfers and work with the private sector.

Amid a worsening conflict situation, it is anticipated that there will be continued protection risks including forced recruitment, human trafficking, child labour and forced marriage as well as SEA risks against women, children, and vulnerable people. Landmine contamination is also expected to present additional challenges for affected people and humanitarian personnel. These challenges are expected to be compounded by the destruction of property in places of origin making opportunities for return and resettlement modest and geographically limited in 2023.

The HNO 2023 outlines potential risks to this common planning scenario on page 92 and the likelihood of these eventuating and undermining current response settings.⁵⁶ For example, the chance of another devastating outbreak of COVID-19 in 2023 is not considered very likely, however the impact would be severe if it did eventuate, requiring a course correction for the response.

The scenario also assumes that the economic situation will remain fragile in 2023, with persistent inflation and depreciation of the Myanmar Kyat, worsened by disruptions in international markets triggered by conflicts in other parts of the globe. Working in active conflict settings requires increased investment in the human and logistical resources to deliver a response in this environment, with safety and security expenses inevitably becoming higher the worse the conflict gets and the more safety measures are required. Heading into the planned election period, humanitarian space is likely to be further restricted through continued bureaucratic constraints, increased scrutiny of CSOs, INGOs and NNGOs and enhanced security measures.

The common planning settings used by clusters are premised on an assumption that development partners will continue re-engaging and will modestly expand their activities at the community level in 2023, presenting opportunities to transfer most urban caseloads out of the humanitarian plan, and

towards more nexus and resilience-style programming under the SERRP.

Operational Capacity

In the face of rising needs, humanitarians have stayed and delivered, maintaining a presence, exploring flexible delivery approaches, and expanding the overall capacity to reach more people than ever before in 2022 through a deepening network of local organizations assisting their own communities. This is visible through the number of people reached in 2022 – 3.9 million by September which equates to around 4 times the number reached before the takeover. This expansion is also proven through an increased number of organizations participating in the cluster system and represented in the HRP. A total of 219 partners were integrated into the response at the end of 2022 compared to 130 partners in the first quarter of the year. This includes: 11 UN agencies, 73 INGOs, 77 national NGOs, 50 CSOs, and CBOs, and 8 other organizations (including the components of the International Red Cross and Red Crescent Movement). It is important to note that there are a substantial number of local organizations who are working to address needs but who are not engaged in the cluster system. Continued efforts are underway to identify, connect with and engage more organizations in the national response, leveraging relationships, access, and local knowledge to further enhance the operation and better capture their substantial contribution to meeting needs, especially in conflict areas.

The humanitarian response in new areas will continue to be heavily reliant on local responders to meet the needs of the displaced population, who are seeking refuge in host communities or in harsh conditions including sheltering in jungles and forests. However, it must be noted that local responders' capacities are very stretched. Their limited human and financial resources are being rapidly depleted with severe challenges in mobilizing additional funds. Their staff are also shouldering an increasing burden of risk in delivering aid. The international humanitarian community is committed to supporting partners to protect staff delivering aid through enhanced advocacy with parties to the conflict.

OPERATIONAL PARTNERS

219

TREND (2017-2023)



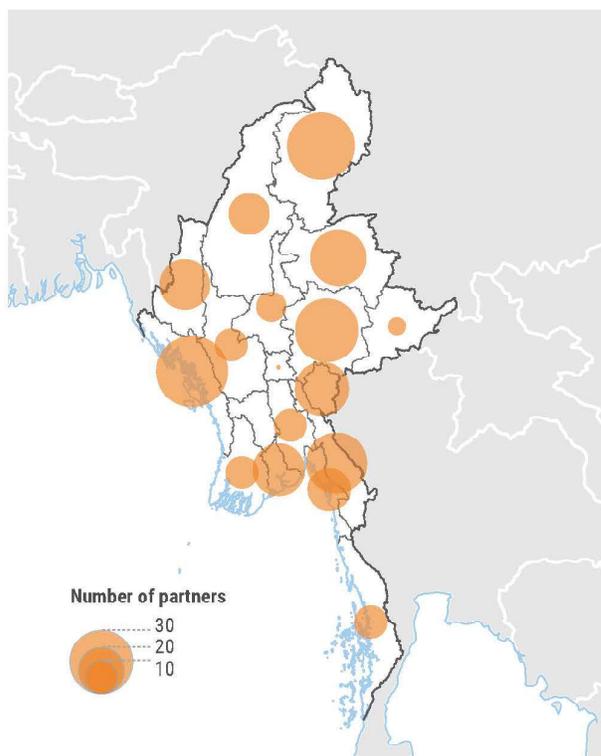
Partners by Location

STATE/REGION	PEOPLE TARGETED	NO. OPERATIONAL PARTNERS
Ayeyarwady	277K	16
Bago (eastern)	166K	16
Bago (western)	89K	1
Chin	184K	36
Kachin	212K	62
Kayah	182K	41
Kayin	260K	51
Magway	320K	16
Mandalay	183K	14
Mon	107K	27
Nay Pyi Taw	-	1
Rakhine	937K	69
Sagaing	818K	25
Shan (eastern)	47K	5
Shan (northern)	189K	44
Shan (southern)	276K	55
Tanintharyi	93K	16
Yangon	117K	39

Partners by Cluster

	PEOPLE TARGETED	NO. OPERATIONAL PARTNERS
Education	1.3M	75
Food Security	2.1M	71
Health	2.3M	72
Nutrition	590K	35
Protection	2.1M	77
Shelter/NFI/CCCM	952	57
WASH	1.6M	45

Partners by Location



Partners by Type

	NO. OPERATIONAL PARTNERS
Civil Society Organizations	38
Community Based Organizations	12
International NGOs	73
National NGOs	77
United Nations	11
Others	8

The HCT and ICCG retreats in early 2022 extensively discussed their partnerships and localization strategies with a focus on ensuring that local responders are better supported to deliver aid in a safe, agile, and context-adapted manner. This includes, where appropriate, technical support and capacity building for “non-traditional” or newly emerging humanitarian actors, CBOs or CSOs. This remains a work in progress and further efforts were encouraged by the recent P-2-P mission and will feature in the HCT Localization Strategy that is under development. Extensive efforts have already been undertaken by the MHF to provide flexible humanitarian funding for local actors to overcome eligibility and banking challenges. As a demonstration of the MHF’s commitment to localization, new targets for direct local funding have also been set by the MHF Advisory Board for the next three years (25 per cent in 2023, 40 per cent in 2024 and 50 per cent in 2025).

The 2023 planning scenario clearly indicates that humanitarian actors will likely continue to face severe access constraints across Myanmar, including staff safety and security, restrictions on movements, registration issues, delayed TAs, administrative obstacles such as problems with visas for international staff, and the confiscation of or slow customs clearance for humanitarian supplies. Decisions by individual organizations on their risk thresholds will be a major factor in capacity with several organizations suspending operations in conflict areas due to safety fears for staff. In the face of increased scrutiny and repeated attacks, assurances of staff safety and security from parties to the conflict will be critical to seeing these organizations resume their life-saving work. More support is needed to ensure the safety and security of frontline humanitarian workers including supporting secure communications and technology, providing safe places, and ensuring safety of families in the emergency situations.

Aid workers are deeply concerned about potential impacts of new NGO registration requirements on operating space and the delivery of life-saving humanitarian assistance heading into 2023. As they stand, the new rules introduced by the de facto authorities may mean that organizations

cannot effectively operate and risk crisis-affected communities missing out on the support they need to survive.

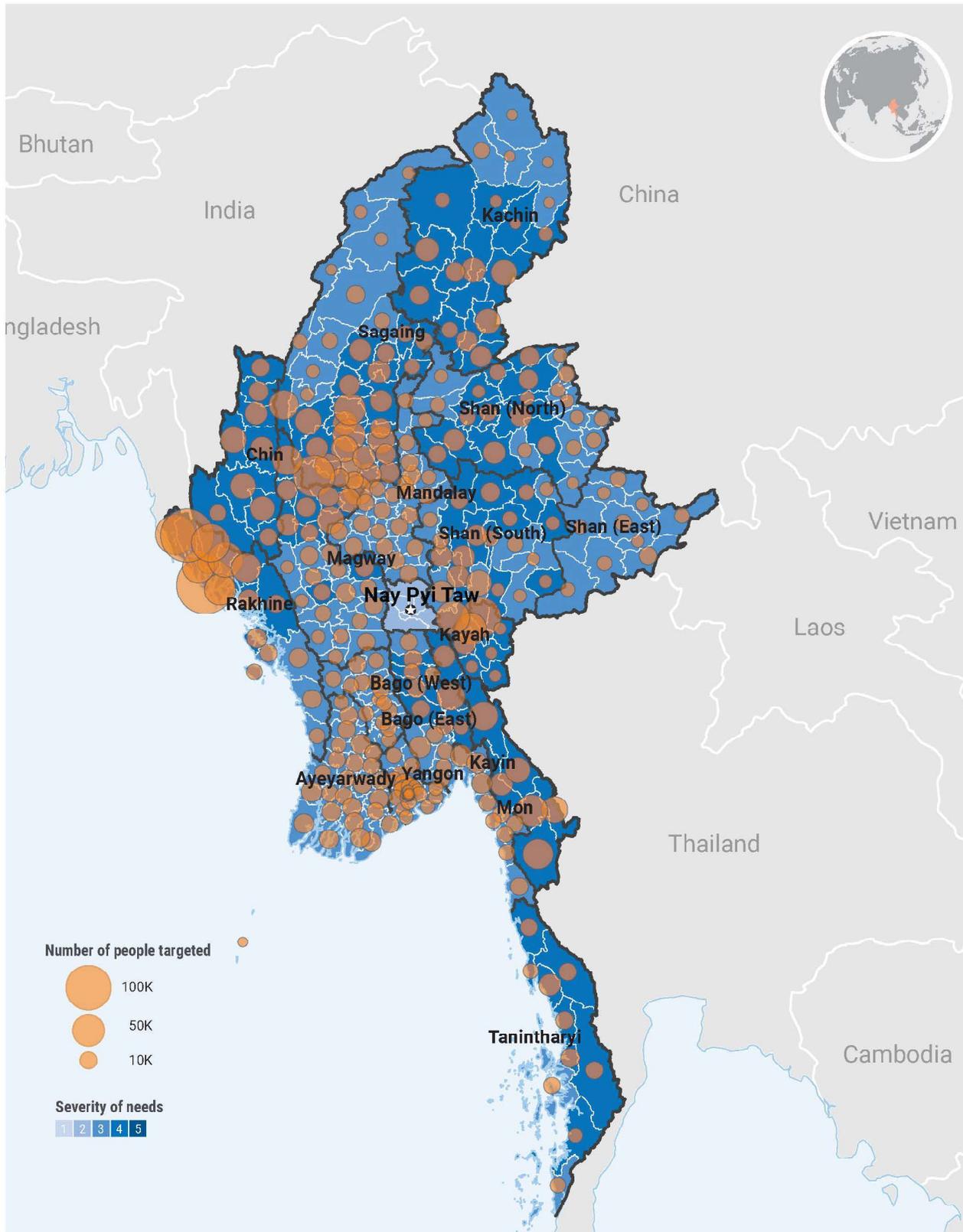
The HCT is nevertheless confident in the ability of the humanitarian community to meet HRP targets, but this will be dependent on access, removal of bureaucratic bottlenecks, identification of additional partners and sufficient funding. Both high and local level access advocacy will be further stepped up in 2023 with a view to expanding access. Key clusters have already demonstrated the capacity to scale up in response to the needs of people all across the country through the 2022 reach figures.

To maintain flexibility and operational responsiveness, humanitarians will need to continue investing heavily in context monitoring, risk management and principled engagement strategies, in particular with local actors. Humanitarians need to build capacity and ensure the safety of CBOs, CSOs, and civil society leaders who are being directly targeted as part of the conflict. Additionally, new and innovative approaches that encourage and support partners to not only ‘stay and deliver’ but also ‘enter and stay’ will be required as humanitarians are asked to take on increasing levels of risk in expanded locations. Humanitarians will continue to require adequate and predictable resourcing from donors to build relationships with communities, recruit and train staff and build nimble and responsive systems in areas where they have not previously had a presence or networks.

Access

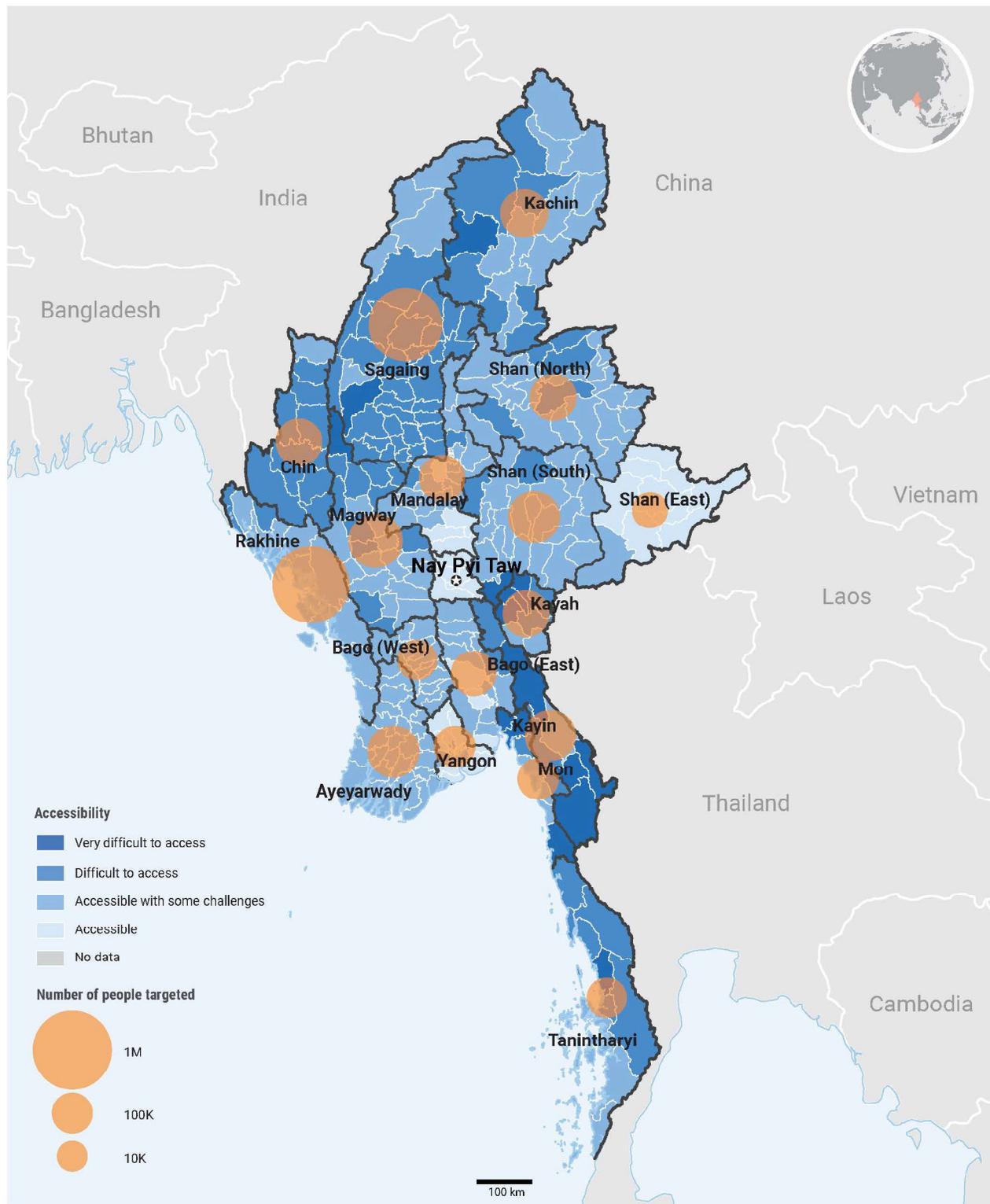
The access situation in Myanmar remains severely constrained by movement restrictions imposed by the de facto authorities, roadblocks by all parties, intensified hostilities and interference in humanitarian activities by armed actors. The complex and restrictive bureaucratic system, including for TAs, registration processes and visa issuance continues to either directly hinder or delay the delivery of life-saving humanitarian assistance. Such administrative and bureaucratic impediments on access are expected to increase further in 2023.

Severity of humanitarian needs and people prioritized for support



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

Humanitarian access overview



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

People targeted for assistance by access level

POPULATION GROUP	ACCESS LEVEL			
	VERY DIFFICULT TO ACCESS	DIFFICULT TO ACCESS	ACCESSIBLE WITH SOME CHALLENGES	ACCESSIBLE
IDPs	325K	859K	369K	1.3K
Returned, resettled and locally integrated IDPs	66K	76K	41K	0.8K
Non-displaced stateless people	-	126K	320K	
Other crisis-affected people with humanitarian needs	205K	645K	1.3M	163K
Total	596K	1.7M	2M	165K

Throughout 2022, access challenges and restrictions have increased across Myanmar. Based on the best available information from partners and response analysis,⁵⁷ access constraints are most severe in areas of active conflict – places where the needs are also most acute and displacement figures high. Similarly, access to rural areas, where most displaced people are located, has continued to deteriorate in 2022 with an increasing number of military checkpoints imposing tight security measures and extensive restrictions on movement across several states and regions.

An access severity analysis was carried out in November 2022 categorizing the severity of constraints on humanitarians reaching affected populations. The access severity analysis shows that as many as 2.3 million people who have been prioritized for humanitarian assistance in 2023 live in areas that are difficult to very difficult to access, mainly due to active conflict and military operations or the de facto authorities delaying or refusing TAs. This is particularly concerning given the depth and urgency of needs in these areas, which are currently home to 76 per cent of the displaced population. Efforts in 2022 to gain access to affected populations in these areas have largely focused on enhanced locally-led responses. Continued efforts in 2023 to push for more sustained access to these hard-to-reach areas will be imperative, both through continued investment in partnerships and through scaled up access advocacy. Importantly, nearly half of those being targeted for assistance in 2023 (2.2

million out of 4.5 million people) are either accessible or accessible with some challenges.

At the same time, staff safety and security remain of grave concern. Insecurity and active fighting, as well as contamination with landmines/UXOs, all present an immediate threat. Many organizations have been forced to temporarily suspend operations amid heavy fighting, including airstrikes, frequently resulting in relocation and withdrawal of field-based workers and volunteers on some areas. While the annual numbers are still being finalized, the Access Monitoring and Reporting Framework (AMRF) has recorded nearly 200 access incidents related to military operations and armed activity in 2022, including ongoing fighting, attacks with heavy weaponry, airstrikes, crossfire, and search operations. Intimidation and threats against humanitarian aid workers are also increasingly impacting on humanitarian space. The AMRF recorded more than 100 incidents of violence and threats against humanitarian personnel, facilities and assets between January and October 2022, including incidents of arrest and detention of aid workers, as well as confiscation of humanitarian aid. Globally, Myanmar recorded the second highest number of aid workers killed and the fourth highest number of aid workers injured in 2022 according to the Aid Worker Security Database, as of 27 December 2022.⁵⁸ Humanitarian aid workers, particularly Myanmar nationals, are at increasing risk of being exposed to violence, arbitrary arrest, harassment and intimidation. The humanitarian

community, through the Humanitarian Access Working Group (HAWG) will continue to assist partners on operational access challenges, including through developing risk analysis and mitigation resources and tools, exploring joint approaches to principled access and deepening engagement with parties to the conflict.

Access situation across the country

Northeast: In the Northeast (Kachin and northern Shan), access to some 105,600 displaced people in Kachin, including people displaced in protracted camps since 2012, remained limited in 2022. Access worsened following the surge in violence in the last quarter of 2022. Fighting between the MAF and the KIA in Hpakant, Momauk and Waimaw in Kachin and between the MAF and the TNLA and its allies in Kunlong, Muse and Kutkai in northern Shan has intensified since June 2022. In particular, fighting in Hpakant township has escalated since an airstrike on 23 October 2022, which led to wide-scale civilian casualties and displacement, prompting further restrictions on the movement of commercial and humanitarian actors on key access routes. In Kachin, most displaced people are in either hard-to-reach, remote, rural areas or areas under EAO control and administration where the de facto authorities restrict the access of humanitarian partners. Humanitarian partners estimate that half of the displaced population is in areas that remain largely inaccessible. In northern Shan, access to some 19,500 displaced people remains more sustained. However, moves by the de facto authorities to close IDP camps in northern Shan have raised concerns among the IDP population with regard to protection risks, and access to services and assistance in their villages of origin. Since 2017, international humanitarian organizations have largely been unable to reach camps in EAO areas hosting 45,000 people, relying on local actors to provide the required assistance.

Southeast: Access remains constrained across most parts of the Southeast. Armed conflict between the MAF and various armed groups has continued throughout 2022 in almost all states and regions. Overall, the access environment is exacerbated by the presence of multiple parties to the conflict, including the MAF, a number of EAOs, PDFs and other armed

groups. In southern Shan and Kayah, fighting between the MAF and the joint forces of Karenni Nationalities Defence Forces (KNDF) and PDFs has continued in several townships. Fighting between the MAF and the joint forces of Karen National Liberation Army (KNLA) and PDFs also continued across several townships in eastern Bago, Kayin and Mon involving airstrikes and artillery fire. At the end of 2022, the number of people remaining displaced by conflict and insecurity since the military takeover in February 2021 had increased to some 328,900 people. IDPs are sheltering in collective centres, informal displacement sites and host communities in various townships. Movement restrictions to townships in southern Shan and Kayah remain in place with an increasing number of checkpoints and tight security measures. In Kayah, access by humanitarian actors has mostly only been permitted to the urban areas of Loikaw. Further, in 2022, the de facto Shan State authorities prohibited access to Pekon, Pindaya and Ywangan townships in the State's south, while access was only granted to the urban areas of Hopong, Kalaw, Lawksawk, Loilen, Nyaungshwe and Taunggyi townships. Apart from Taunggyi urban areas, both national and international staff need to obtain TA to access town areas in other townships. In most of these areas, assistance is reaching people in need through local actors, sometimes supported by, and in partnership with international humanitarian organizations. However, in eastern Bago, a lack of humanitarian partners has meant that some 30,000 IDPs have reduced access to services and assistance.

Rakhine and southern Chin: In Rakhine and southern Chin access was further restricted in 2022 following the resumption of fighting between the AA and the MAF in August, causing dozens of civilian casualties and new displacement. Some 23,350 people were newly displaced in Rakhine and southern Chin due to the resumption of clashes, bringing the total number of IDPs from past and present AA-MAF conflict to about 97,000 when an informal and fragile ceasefire was declared near the end of the year. Some IDPs have since returned home, while others are waiting for the situation to further stabilize. This is in addition to the 130,000 mostly Rohingya IDPs who remain in protracted camps since 2012 who have severe needs

and are heavily reliant on humanitarian assistance for survival due to movement restrictions and protection threats.

Amid growing needs, humanitarian activities were severely hampered by additional access restrictions imposed in Buthidaung, Maungdaw, Rathedaung, Mrauk-U, Minbya, and Myebon townships in mid-September in connection with the AA-MAF conflict. Furthermore, in early November, just before the ceasefire, these restrictions were temporarily extended to Kyauktaw and Pauktaw townships. All communities across Rakhine have been greatly affected by these restrictions, while the delivery of critical humanitarian food and nutrition and medical supplies was heavily interrupted. Since the ceasefire, distributions have slowly re-started, and key roads and waterways have re-opened, however the opening of access has been slow and patchy. Meanwhile, efforts by the United League of Arakan (ULA)/AA since May 2022 to put in place a parallel registration and travel notification system for humanitarian actors in Rakhine resulted in additional interference in the implementation of some humanitarian activities in the state

Northwest: Access to affected people, including IDPs in the Northwest, remains the most heavily restricted of any area in the country. Fighting between the MAF, the Chinland Defense Force (CDF) and various PDFs, involving airstrikes, mortar fire and ambushes, continued throughout 2022. The region is home to 67 per cent of all new IDPs nationwide since February 2021 and the limited presence and access of humanitarian partners continues to raise major protection and humanitarian concerns. Nearly 800,000 people remain displaced in informal displacement sites across Chin, Magway and Sagaing with limited access to assistance and services. Both sides have a heightened security posture and heavy restrictions have been imposed by the de facto authorities on civilian movement and the transport of commodities. This has raised concerns about shortages and surging prices for food and medicine. The volatile security situation, as well as the lack of de facto TAs for humanitarian responders continue to hinder access to the affected areas. As elsewhere, local organizations, charity groups and religious networks have been key actors on the frontline of supporting people in need. However, local actors also faced increasing restrictions in 2022 and have reported incidents including security raids, arbitrary arrests and detentions, as well as household checks and other forms of violence, threats and harassment.

1.6

Protection from Sexual Exploitation and Abuse and Accountability to Affected Populations

Protection from Sexual Exploitation and Abuse

Formed in 2018, the Myanmar PSEA Network is tasked with implementing international commitments on PSEA including the Secretary-General's Bulletin (2003) and the IASC (Inter-Agency Standing Committee) PSEA Strategy. Activities are guided by the PSEA Action Plan that is updated annually. The Network functions under the auspices of the Resident Coordinator/Humanitarian Coordinator (RC/HC) supported by co-leads and reports directly to the RC/HC a.i. and the HCT. As Myanmar is a context with both an HCT and UNCT present, the Network informs both entities on progress with the PSEA Strategy and provides implementation updates on its Action Plan.

The Network is currently co-chaired by UN Women, UNFPA, and ActionAid Myanmar with rotational leadership to be implemented from 2023. Secretariat support is provided by the Inter-agency PSEA Coordinator and the national PSEA Coordinator. All Network documents including its Terms of Reference (ToR), Strategy and Action Plan are available publicly through the dedicated PSEA page on the Myanmar Information Management Unit (MIMU) website. The page has a wealth of resources in both English and Myanmar language, including translation of the IASC Six Core PSEA Principles, Survivor Fund Standard Operating Procedures (SOPs), an SOP on engagement of investigators, and an inter-agency reporting framework for SEA cases.

Building on progress made in 2022 and given the depth of SEA risks amid the ongoing conflict, the PSEA Network will continue to prioritize updating SEA risk assessments, strengthening sub-national PSEA network capacity, and continued rollout of the reporting framework to raise awareness and promote compliance. Actions will be undertaken through the

UNCT and HCT to promote accountability for SEA amongst senior leaders.

The PSEA Network will continue to tailor PSEA training programmes to ensure they are fully accessible and meaningful for local organizations with sessions all conducted with simultaneous translation. The purpose is to generate much-needed buy-in from local organizations to effectively implement the internal PSEA policies that are vital as the local response scales up. Localization efforts are aligned with the GiHA CoP and the AAP Working Group's strategy to build local capacity among Myanmar-led organizations, help understand the root causes of SEAH, and to improve access to complaints and feedback mechanisms.

The Network will continue to work closely with the GBV and Child Protection AoRs to ensure that timely referral, access to services and provision of support is available and that case managers are able to appropriately support SEA survivors. The network supports clusters to mainstream PSEA actions and messages in their activities. This work is intended to support the implementation of the UN Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse as well as to guide Network members to refer the SEA victims to needed GBV support services in a timely manner. It also aligns with the HCT's new Protection Strategy.

Accountability to Affected People

Over the past several years, efforts have been undertaken to expand AAP and its mainstreaming in the response across the country. Progress has been slower than planned due to resourcing and logistical issues, but during 2020 and 2021, humanitarian organizations laid the groundwork for enhanced

accountability through a mapping of the AAP landscape in-country, after which the national-level AAP and Community Engagement Working Group (AAP/CE WG) was established. During 2022, the AAP/CE WG had an expanding membership, including additional representatives from clusters to ensure a feedback loop. At present, nearly 40 organizations are active members of AAP/CE WG. The AAP/CE WG aims to support the embedding of AAP priorities, principles, and tools throughout humanitarian partners' work.

As local partners continue to play a growing role in the delivery of humanitarian assistance, it is critical to ensure contextualized AAP training materials are available in Myanmar language. In line with such efforts, in 2022 the AAP/CE WG developed and launched a face-to-face and online course on AAP in Myanmar language for humanitarian staff across the country. The WG also translated key global videos and resources on AAP for use in training and capacity strengthening. These local organizations are an invaluable resource for insights into the priorities and preferences of their communities, and therefore, fostering their understanding and application of AAP is an essential first step.

At the sub-national level, new AAP working groups were established in 2022 with the aim of strengthening collective accountability and community engagement in line with the national action plan. A Rapid Information, Communication, and Accountability Assessment (RICAA) is being rolled out through sub-national AAP working groups and protection networks as a collective and common service tool to engage at-risk communities and affected people across the country. The RICAA is meant to be used collectively by members of the sub-national AAP working groups and protection networks to avoid overlap and duplication of community consultations and engagement across agencies or organizations.

Towards a collective accountability mechanism

Gaps remain in order to better promote long-term AAP coordination, collective information collection and sharing, as well as follow-up action across the response. There is a clear need for more systematic and sustainable collection of AAP data

through an inter-agency mechanism. Mapping of the AAP landscape illustrated that while individual organizations, programmes and displacement sites are collecting feedback and complaints from affected people, collective analysis of data and trends is lacking. A collective AAP mechanism in Myanmar in 2023 and beyond is a priority to allow for better sharing of data across the humanitarian response (across organizations, sectors, clusters, and geographical regions) and facilitate more agile responsiveness to the needs expressed. During the first half of 2022, the AAP/CE WG supported consultations among members to gauge interest in a collective complaints and response mechanism and developed a concept note and standard operating procedures (SOPs) for the platform. A comprehensive action plan to address the need for more systematic and sustainable collection of AAP data through an inter-agency mechanism was also endorsed.

The AAP/CE WG continues to seek funds to develop and maintain the collective feedback and response mechanism for Myanmar. This support would help to increase accountability of humanitarian actors to affected communities and create clearer pathways for affected people to feed into a shared humanitarian response. It would also enable joint consideration of overall trends in perceptions, preferences and experiences of affected people, and shared identification of improvements.

In the interim, for the purposes of the HNO analysis and the 2023 HRP planning, OCHA analyzed a sample of 126 FGDs conducted by 8 organizations, AAP common platforms shared across 24 organizations, 53 post-distribution monitoring (PDM) surveys and assessments across 20 partners, consultations with more than 150 CSO representatives,⁵⁹ and 3 multi-sector assessments or online surveys. OCHA and the Technical Advisory Group on Disability Inclusion also held a dedicated consultation with 26 representatives from 8 OPDs, complete with both sign and Myanmar language interpretation, to further inform this analysis. A youth survey was also a key data source. While not comprehensive or statistically representative, this sample analysis provided a snapshot of the overall needs, preferences, and challenges being

communicated by affected communities and their desires regarding support. Planning has been done with these preferences at front of mind, particularly around the desire for more assistance to be delivered via multi-purpose cash which the ICCG has committed to transition towards by 2024. The focus on conflict-affected areas in the HRP and the response to rapidly diminishing coping capacity of host communities is further evidence of the humanitarian community's responsiveness to priorities expressed by affected people. Approaches to youth programming have also been heavily influenced by the views expressed by young people working as part of youth organizations, while the ICCG has again pledged to continue work on improving data collection on disability response – something proved challenging in 2022 and which was highlighted in the consultations with OPDs. A strategy to tackle the latter will be part of the agenda for the 2023 ICCG retreat in February.

To further enhance a more responsive and effective operational collective accountability mechanism, one of the priorities for 2023 will be to support existing or emerging sub-national AAP coordination platforms or networks and ongoing implementation of activities of various agencies focusing on two-way communication, community consultations, localization with emphasis on a more impactful community participation, diversity and inclusion, and improving of feedback mechanisms with an effective system in place.

The national AAP/CE WG will continue to advocate for a seamless approach to ensuring that effective community engagement remains front and centre of the response. Crucial to this will be ensuring that accurate and timely information is shared with at-risk communities and people in need, that their feedback is properly addressed, and their participation is prioritized. For 2023, the new AAP work plan and strategy will be tested, applied, further contextualized, and improved in real-time as partners respond to life-saving and evolving needs of affected communities.

AAP training and capacity development

A clear need has been identified around training and capacity development in AAP and this will be a focus for 2023. Following the events of 1 February 2021, local partners have played a growing role in the delivery of humanitarian assistance, and it is critical to further connect with these organizations on AAP priorities and principles so that these can underpin their work. These organizations are also deeply embedded in their communities and are an invaluable resource that can serve as a conduit for sharing insights into the priorities and preferences of the people they serve. Contextualizing of the AAP training components is needed to ensure that various agencies understand how to localize the essential components of AAP,⁶⁰ the type of AAP activities,⁶¹ and the effective systems⁶² that will support various community feedback mechanisms in place, and ensure they are highly functional and responsive.⁶³

Monitoring of cross-cutting response issues

Last year, the AAP/CE WG, the Gender in Humanitarian Action (GiHA) Workstream and the PSEA Network jointly developed four indicators related to AAP, GiHA and PSEA to be included by clusters in their regular monitoring and in any system-wide analysis efforts. The incorporation of these four indicators and reflection on the results for 2022 has prompted a renewed commitment to embedding AAP in the HPC, cementing it as a non-negotiable pillar of the humanitarian response. The AAP/CE WG has agreed to maintain these indicators in 2023, allowing for 2022 results to act as a baseline against which partners can work to improve for 2023.

The agreed indicators are as follows:

1. Percentage of affected people who can access safe feedback and complaint channels.
2. Percentage of affected people who feel that their opinions are considered in humanitarian decision-making.

3. Percentage of affected people who feel that the assistance received is appropriate and tailored to their needs.
4. Number of humanitarian workers reached by capacity-building sessions on response-wide accountability (including AAP, PSEA and Gender).

The first of these indicators is consistent with the IASC PSEA country-level indicator and will be measured through inputs from clusters as well as PSEA Network members. The second and third indicators focus on perceptions of affected populations regarding humanitarian assistance and will be measured through perception surveys planned for 2023. The fourth indicator focuses on capacity strengthening and reflects activities undertaken in several clusters

(including CCCM, Education, Protection and WASH) in addition to specific activities led by the PSEA Network and by a dedicated AAP training consultant. The last indicator highlights the priority of empowering local actors throughout the response which is especially important given the diverse needs of affected people, the nature of the response across Myanmar and difficulties around humanitarian access to and by people in need.

In 2023, resources are required to conduct perception monitoring to better understand the needs and preferences of affected people and tailor humanitarian response accordingly. Perception analysis is important to track the humanitarian community's collective

KAYIN

IDP children display cards showing their future ambitions during a career session in Kayin 2022. Credit: Save the Children



accountability to, and engagement with, affected people in line with the above indicators.

Dedicated support

There is a need for a sustainable approach to AAP, which will require more Myanmar CSOs and NGOs to be engaged and take on leadership roles moving into 2023. Dedicated staff are required to ensure the institutionalization and sustainability of AAP objectives, including through capacity-strengthening support for the expanding AAP/CE WG membership and more robust coordination of the implementation of the AAP/CE WG overall strategy and workplan. The use of the local language in documents and meetings also needs to be supported.

In 2023, an international AAP specialist and two dedicated national staff have been resourced to work towards the development and operation of a collective feedback and response mechanism and a collective AAP dashboard representing the voices of affected communities to inform strategic decision-making. Having dedicated coordination and IM support will contribute to the facilitation and provision of awareness campaigns, advocacy support and AAP training, inter-agency assessments such as perception surveys and risk analysis, and inter-agency community engagement. With this additional support available in 2023, the AAP/CE WG aims to strengthen linkages between national and sub-national working groups, including identifying referral pathways, and identifying AAP common data points, including by feeding data and information into the humanitarian programme cycle.

AAP challenges

In 2023, a key challenge will be how to ensure that accountability and engagement mechanisms and initiatives are accessible to the high number of people in need, particularly in areas of the country that previously did not have a humanitarian presence and where access and communications are challenging. This also requires commitment to ensuring communications to and with affected people are tailored to their diversity in language, literacy, and individual characteristics, to ensure inclusion and comfort in utilizing them.

While understanding the needs of affected people is vital for an effective humanitarian response, the current context presents numerous challenges. Access constraints and the risks affected people face in speaking out are two of the most significant factors limiting what can be achieved around data collection, accountability, and engagement. Securing adequate funding to carry out the safe, collective AAP work also poses a considerable challenge.

Also crucial is the inclusive process of monitoring and sustaining the current operational sub-national activities of AAP. The creation of field-level working groups, networks, and task forces are all dependent on the interest, capacities, and resources of certain clusters, agencies, and implementing or operational partners. While this may work locally and contextually, it also may undermine the overall strategic and operational goal of mainstreaming the collective AAP in humanitarian action if not properly coordinated and managed.

Youth perspectives on response

Through interviews with youth humanitarian networks and responders across Myanmar, young people report that they have fast become primary responders in many areas where access by larger organizations is not possible. This connection means that many of these youth humanitarian networks are able to understand the current needs of IDPs and other local dynamics in ways that other organizations cannot. Despite this unique access, these young aid workers and responders emphasized that they are underequipped and underfunded for the kind of work they are undertaking and are in need of humanitarian capacity building.

Youth responders say they face significant personal hardship reaching and delivering aid to IDPs in the most challenging areas. For example, responders say they frequently go hungry themselves as they travel to IDP sites; that they are at high risk of being arrested or attacked by combatants in the course of their activities; and that they are exposed to trauma and personal economic uncertainty without psychosocial or livelihoods support. Youth responders noted they feel excluded from more established humanitarian networks, the broader information shared there, and the funds that are channeled through them.

Youth responders want to be recognized for their effective, cost-efficient networks and ways of working. In fact, among surveys of more than 2,000 young people across Myanmar, 88 per cent said they felt that international programs often cause unintentional harm when they implement humanitarian work without relying on the expertise of local youth networks who are uniquely positioned to provide advice.

To address this, youth networks requested that they be supported to integrate their informal and organic systems with more formalized international humanitarian structures. U-Reporters⁶⁴ want humanitarian organizations to listen to the voices of young people and collaborate more closely with them when delivering assistance. Youth networks also gave the following feedback on ways the current humanitarian response can help ensure meaningful participation of young people:

- Develop and apply targeting selection processes based on thorough youth-actor-led context and conflict (sensitivity) assessments.
- Support LGBTQIA+ youth responder networks in communicating the particular risks and needs associated with people with non-binary gender identities and in asserting the importance of their work in the current political and humanitarian crisis.
- Drop any requirements for visibility (e.g. logos) and in-person workshops or monitoring in partnerships with youth humanitarian actors.
- Recognize and help youth responders identify and reduce the significant physical (as well as emotional) personal hardship they go through.

1.7

Cash and Voucher Assistance

An August 2022 food security assessment of 200 people (127 women and 73 men from Kachin and northern Shan) on gender and GBV issues around cash-based transfers people noted a wide range of benefits. In the survey, 96 per cent of women and 92 per cent of men said household relationships were more peaceful after receiving cash assistance; 87 per cent of women and 45 per cent of men said they knew about available services to respond to cases of GBV; 80 per cent of women and men reported they had received a GBV awareness session(s). Similar assessments often indicate that cash assistance is the preferred assistance modality of beneficiaries and local implementing partners. However, cash assistance still makes up only a relatively small amount of the overall humanitarian response in Myanmar. For example, cash makes up only 15.7 per cent of the food sector response.⁶⁵ While cash assistance constitutes a minority of support delivered overall, in hard-to-reach locations, it is outsized and often the predominant type of assistance.

It is globally widely accepted that Multi-Purpose Cash (MPC) assistance is often the most effective way of meeting the multi-sectoral needs of affected people. In Myanmar, households targeted for assistance in the HRP spend, on average, 65 per cent of their monthly income on food, which means households also spend a significant amount of money on meeting other sectoral needs, including health, fuel, and relief items (NFIs).⁶⁶ As such, a transfer value that is more accurately aligned the full range of people's needs makes strategic sense.

In late 2022, the CWG and OCHA held consultations on the state of MPC assistance in Myanmar. During the meeting with Cluster Coordinators, it was determined that while many partners are already distributing considerable amounts of *unrestricted* cash

assistance equivalent to sectoral needs or based on available funds, *a more systematic MPC approach*, set against people's minimum or survival needs is rarely being used. There is often a lack of uniformity across agencies regarding shared objectives to meet multi-sectoral needs, common transfer values, and outcome measurements. Therefore, the CWG and the ICCG have agreed to work together in 2023 to provide a more systematic basis for MPC assistance across the response including clarity on targeting, geographic focus, and links to the overall outcomes and objectives of the HRP, with a view to more systematic implementation in 2024. The CWG will also provide training on how partners can use the endorsed Minimum Expenditure Basket (MEB) and Survival Minimum Expenditure Basket (SMEB) and work towards aligned outcome monitoring. In addition, the prioritization of expanded market price monitoring, through the establishment of a Joint Market Monitoring Initiative (JMMI), depending on available funding, will support the reliability of the MEB and SMEBs that will underpin the transition.

In the interim, partners that wish to implement MPC assistance are encouraged to provide immediate relief assistance and unconditional cash transfer values set against either the MEB or SMEB. By using the MEB or SMEB as the benchmark for what a household needs, partners should conduct needs assessments to determine the ability of a household to meet those needs. Thus, informing a transfer value of either the entire gap or a percentage of the gap.

Part 2: Response Monitoring

RAKHINE

Unconditional cash grant distribution to recipients in Rakhine, 2022. Credit: FAO



2.1 Monitoring Approach

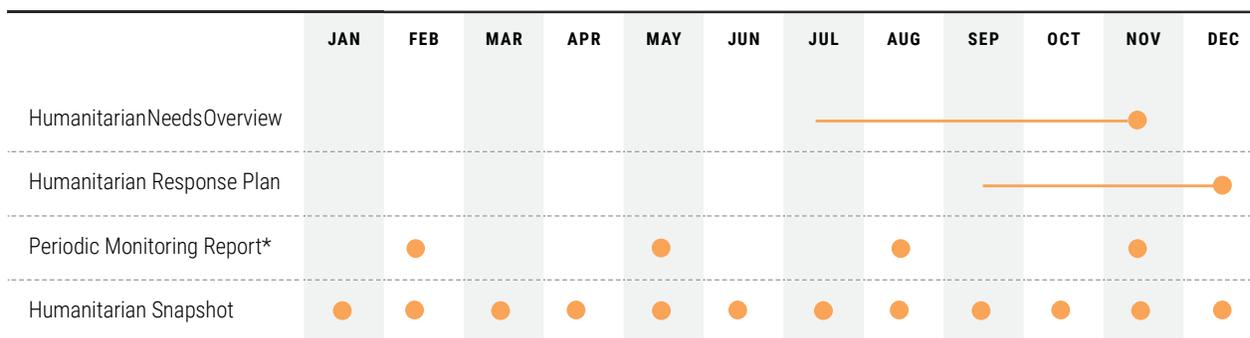
The overall monitoring of the humanitarian response will be based on the nationwide targets, objectives and indicators set by clusters and agreed to by the HCT in this HRP. The ICCG will take primary responsibility for ensuring that monitoring activities are completed, including regular reporting on the implementation of cluster response plans, progress on cross-cutting issues and analysis of challenges being faced. For the 2023 HRP, the quarterly reporting cycle, started in 2022, will be maintained following positive feedback from donors and clusters. This will encompass a detailed report completed at the middle and end of the year that outlines cluster achievements, challenges, and recommendations for course correction. A more concise dashboard on interim progress will be published for quarter 1 and quarter 3. Additionally, clusters will develop or continue producing a range of reports on the activities of their partners throughout the year, with several clusters moving to monthly instead of quarterly reporting cycles. Clusters will discuss improved alignment of internal reporting deadlines during the annual ICCG retreat planned for February.

OCHA will continue producing its monthly humanitarian updates (sitreps) with inputs from clusters highlighting

nationwide needs, response, gaps and constraints, with flash updates utilized to highlight sudden changes in humanitarian need and context as needed. Public websites, including ReliefWeb and MIMU, will be utilized to disseminate various information products to a wider audience.

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

Humanitarian Programme Cycle Timeline



* The Myanmar response conducts quarterly HRP monitoring with a dashboard published for Q1 and Q3 and a full progress report at mid-year and year-end. These are usually published about 8 weeks after the end of the quarter.

Priorities for 2023 include:

- Maintaining a quarterly monitoring reporting cycle
- Monitoring displacement and returns figure against projections to facilitate response course corrections if required.
- Aligning internal cluster reporting deadlines, guidance, and information requests to partners as recommended by the P-2-P review.
- Implementation of a monitoring framework that is national and incorporates all clusters with expanded inputs from local partners.
- Ensuring adequate information gathering and analysis capacity across all affected regions of

Myanmar, with a particular focus on hard-to-reach areas covered in the 2023 HRP.

- Completion of cluster-specific and multi-sector needs analysis to inform the mid-year review of the 2023 HRP and 2024 HRP.
- Ensuring sufficient mechanisms are in place for monitoring and reporting on violations of IHL and IHRL in line with the new HCT Protection Strategy.
- Continued use and enhancement of the ICCG Information Sharing Protocol to improve confidence in data security and promote reporting.

SHAN

Food distribution in an underserved rural community, southern Shan, 2022.
Credit: UNOPS/LIFT



Part 3:

Cluster Objectives and Response

KAYAH

IDP children read landmine education booklets at a temporary shelter in Kayah. 2022. Credit: UNICEF



3.1 Overview

The humanitarian community, working through the clusters, has developed an ambitious and heavily prioritized plan to address the escalating humanitarian needs of 4.5 million people in Myanmar in 2023. While needs have grown exponentially, clusters have been realistic in assessing how many people they can reach given the heavily restricted access, ongoing bureaucratic constraints, funding trends, and escalating conflict that are all persistent impediments to delivery. While the heavier prioritization has resulted in significant gaps between needs and response at a time of surging displacement, the HCT felt it was critical to highlight the full scale of the situation in the HNO, while offering a more pragmatic capacity-guided plan in the HRP, as encouraged by donors. Despite the obstacles outlined above, every cluster has identified opportunities to scale-up and expand reach to the increasing number of crisis-affected populations in conflict-affected locations, depending on access trends and funding support from donors.

The 2023 response strategy is predicated on the prioritization of critical and life-saving assistance to the most affected and vulnerable civilians who are bearing the brunt of the increasingly brutal conflict:

IDPs whose number more than doubled in 2022 alone; returnees, resettled, locally integrated people, non-displaced stateless people, and other crisis-affected people with elevated humanitarian needs. The tightening of humanitarian targeting is hinged on the realization of closer collaboration with development actors, delivering responses under the SERRP, who will be scaling up support to people with resilience needs, especially in peri-urban and urban areas that are enduring the impacts of the large-scale disruptions, socioeconomic shocks, and rising inflation triggered or aggravated by the ongoing political situation.

In line with the HCT’s commitment to the strengthening of national capacities, all clusters are planning enhanced support and training for local and community-based approaches to ensure service delivery in areas that are hard-to-reach for international organizations. Expanding these partnerships was a critical enabler for the response scale-up in 2022 and will continue to be so in 2023.

The Health Cluster, which aims to reach 2.3 million people in 2023, stands out in terms of scale-up of the emergency response to the heavily disrupted public

Planned Humanitarian Response by Cluster

	FINANCIAL REQUIREMENTS (US\$)	NO. OPERATIONAL PARTNERS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET
Education	86M	75	3.8M	1.3M	
Food Security	192M	71	15.2M	2.1M	
Health	106M	72	10M	2.3M	
Nutrition	48M	35	2.2M	590K	
Protection	124M	77	11.5M	2.1M	
Shelter/NFI/CCCM	88M	57	3M	952K	
WASH	112M	45	5.2M	1.6M	

health systems as a result of the attacks and clashes, CDM, and lack of funding in 2022. A further worsening of the impact of the large-scale departure of qualified staff and acute shortages of essential medicines and medical supplies is putting millions, including women and children, at grave risk.

The Food Security Cluster plans to reach 2.1 million people, prioritizing the most acutely vulnerable IDPs and other crisis-affected people who risk malnutrition without immediate and sustained emergency food and subsistence agricultural support to stave-off hunger and widespread acute malnutrition. A corresponding nutrition response, prioritizing 600,000 of the most affected and vulnerable people, including malnourished children and pregnant and nursing mothers, will be delivered by the Nutrition Cluster to mitigate against the risks of mortalities linked to moderate and severe malnutrition.

The Education Cluster will aim to deliver critical education in emergency services to some 1.3 million displaced and crisis-affected children, whose psychosocial, mental, and emotional development have been upended by the ongoing crisis and the pandemic, forcing nationwide school closures, damage to schools and boycotts.

The Shelter/NFI/CCCM and WASH clusters will support some 900,000 and 1.6 million people respectively, mostly new and protracted IDPs across camps, and other acutely vulnerable people to access critical services including potable water, sanitation and emergency shelter to protect them from safety

threats and extreme weather conditions and mitigate against the risks of deadly waterborne diseases such as cholera.

Despite the tightening in targeting across the response more broadly, the Protection Cluster aims to marginally increase emergency support to 2.1 million people in 2023 (up from 2 million in 2022) in recognition of the deteriorating protection environment, escalating displacement and the impact the economic crisis is having on living standards of people, increasing the risk of negative coping practices.

Protection programmes and mechanisms will be mainstreamed across all cluster response activities in 2023 in demonstration of the humanitarian community's commitment to delivering an efficient and transparent response that is accountable to affected people. Increased focus will also be put on joint analysis, improved coordination around data collection and information management, as well as additional effort to facilitate local partners in their work, ensuring their analysis and contribution are fully captured and are informing the overall cluster and inter-cluster response strategies. All clusters strive to enhance the use of integrated, cross-sectoral approaches in the planning and delivery of the response, which is especially important in such a restrictive environment. OCHA will support the clusters in their ambition to significantly expand and prioritize their reach, thereby alleviating the suffering of Myanmar's most vulnerable people.

3.2 Response Analysis

Guided by the decisions of the ICCG and the HCT, the response framework maintains the expanded geographical scope of analysis agreed in 2022, to cover all states and regions across Myanmar. It looks at humanitarian needs using a broad lens to calculate the number of people in acute humanitarian need, primarily because of increased food insecurity and the increased adoption of negative coping strategies. The 2023 numbers – 17.6 million people in need – continued to reflect the unprecedented scale and depth of the humanitarian implications from recent events, especially on women, children, the elderly and persons with disabilities. This methodology frames the situation in Myanmar as a whole-of-country, complex and multi-dimensional crisis, where there are grave protection risks and food insecurity is deepening, requiring humanitarian interventions at-scale to stop people slipping into more severe need, including acute malnutrition.

Several larger datasets have been used in 2023 to establish intersectoral vulnerability. An MSNA was conducted across Myanmar for the first time in 2022 using a hybrid approach (in person and remote data collection). The joint FAO/WFP Food Security and Livelihoods Assessment was conducted in 2021, in April 2022 and again between August and September 2022 in 14 states and regions (Ayeyarwady, Bago, Chin, Kachin, Kayah, Kayin, Magway, Mandalay, Mon, Rakhine, Sagaing, Shan, Tanintharyi, Yangon) informing response planning. For the first time, the 2023 HRP has used common projections of displacement, voluntary returns and of disaster impacts to more accurately plan for the evolution of needs over the year ahead, learning lessons from 2022 when actual numbers of IDPs drastically outstripped the planning figures used.

The response framework is informed by a rigorous response planning and targeting exercise conducted at

national and sub-national levels (multiple sub-national workshops were held in different parts of the country seeking insights from more than 200 people who participated), is reflective of anticipated trends, incorporates a realistic assessment of response capacity and anticipates tighter access constraints. This planning process also considered the specific vulnerability characteristics of population groups, including issues around age, gender, disabilities, mental health and sexual orientation and exposure to negative coping strategies. As such, the main groups of people in need were identified as IDPs; returned, resettled and locally integrated IDPs; non-displaced stateless people; and other crisis-affected people with humanitarian needs.

In 2023, humanitarian partners have tightened their targets. This tightening partly reflects moves by development actors to scale-up after a pause in many activities in 2021-2022 during which time humanitarians exceptionally expanded their programming to ensure no one was left behind. In 2023, it is anticipated that development actors will be able to support those at-risk of slipping into humanitarian need through programming focused on resilience, prevention, and improved living-conditions. The tighter target for the 2023 HRP is based on the assumption that development actors will continue this scale-up, particularly taking on the peri-urban caseloads that were added to the HRP in 2022 in the immediate aftermath of COVID-19 which hit these communities especially hard. The 2023 HRP focuses more closely on emergency, life-saving humanitarian responses. Some very critical preventative programming is also included, such as children's nutrition programming, but the bulk of the resilience activities included in the 2022 HRP have now been transitioned to the SERRP for a nexus response. The tightening of the response target also reflects

the realities that both funding and access in 2023 are expected to remain increasingly constrained, while acknowledging that advocacy efforts will continue to reverse this. As of 31 December 2022, the 2022 HRP was just over one-third (35 per cent) funded. Partners have also planned in line with the reality that the current financial and access trends of 2022 will continue into 2023.

The HCT is keen to engage with a wider range of stakeholders in 2023 to advance and unblock implementation challenges, including greater national-level engagement on access advocacy. The response analysis and design take into account the reality that national and local organizations are at the forefront of efforts to reach people in need. The HRP emphasizes that work will be needed to adapt the response to be more inclusive and fit-for-purpose in these circumstances. Capacity-building of local partners will remain critical, as will careful management of security, protection and other risks pertaining to these same actors. A new fit-for-purpose coordination structure for 2023 and an HCT Localization Strategy that is under development will support and give shape to these efforts.

Response modalities and approaches

In 2023, response modalities primarily involve in-kind assistance, service provision and the direct distribution of physical cash. This follows severe cash liquidity shortages, strict cash withdrawal limits by financial service providers (FSPs) and their inconsistent delivery of services in 2022, which reversed the earlier expansion of CVA and a shift to digital delivery. Despite the operational challenges, significant steps are being taken in close consultation with affected communities to overcome banking difficulties and market access. Private sector solutions may also be considered as part of the response mix as appropriate.

In 2023, more than 60 humanitarian partners, in coordination with the CWG and the ICCG, will continue in 2023 to explore the possibility of launching joint multi-purpose cash programmes in line with the minimum expenditure basket and to jointly monitor the

communities' secure access to markets, as well as the price for both food and non-food items.

The humanitarian response will be underpinned by the principles of humanity, impartiality, neutrality and independence, with humanitarian actors engaging with all sides in a bid to raise protection issues and negotiate access to people in need. The overall humanitarian response strategy is guided by and based on adherence to and promotion of IHL and IHRL.

Disability inclusion and people with specific needs

The needs of women and men with disabilities, children, and older people are distinct and will be given targeted and sustained attention and support. These groups, and their capacities, are often neglected when designing and implementing humanitarian responses, and concerted effort is paramount when ensuring their active engagement is part of the inception and delivery of humanitarian responses.

The humanitarian community must strategically strengthen the collection, management, disaggregation, and analysis of information on the impact of conflict on persons with disabilities. Inclusion of persons with disabilities in humanitarian response planning at the earliest possible stage is critical to ensuring programmes are designed to suit their unique needs. This will be achieved by centering the voices of persons with disabilities to ensure the humanitarian response is effective and led by persons with disabilities, with an inclusive approach and an intersectional lens.

3.3

National Scale-Up and Sub-National Coordination

In light of the intensifying conflict and increasing humanitarian needs across the country, all clusters (except Logistics) remain activated countrywide. This was first approved in August 2021 with endorsement from the HCT, IASC Principals and the Emergency Relief Coordinator to increase response capacity. With the roll-out of clusters at the national level, the ICCG took on the task of strengthening both existing and new coordination structures at national and sub-national level. At the national level, all clusters will further enhance their efforts towards putting in place NGO co-leadership, following best practices of the Education and Food Security Clusters.

To date, humanitarian partners in the Northeast (Kachin and northern Shan) have ensured complementary and area-based coordination through General Coordination Meetings (GCM), the Area Humanitarian Coordination Team (AHCT) in Kachin, and sub-national ICCGs. Partners collaborate across both states on thematic areas to maximize collective reach. Operational coordination of humanitarian action in Rakhine to date has been carried out through geographically defined coordination bodies, i.e. the Maungdaw Inter-Agency Group (MIAG) and the Sittwe-based ICCG supported by other technical working groups, under the strategic leadership of the Rakhine Coordination Group and HCT respectively. Informed by strategic guidance from the HCT, the national ICCG and the Southeast Working Group (SEWG), a Southeast ICCG and sub-national cluster and technical working groups have been established to scale-up cluster coordination and better link up the operational response. At the state level, ad interim networks have been established, such as the Inter-Agency Coordination Groups (IACGs) in Kayin, covering also eastern Bago, Mon and Tanintharyi, and another IACG in Kayah, covering southern Shan as well, and continue to coordinate and inform local humanitarian

action. A new ICCG for the Northwest was also stood up in 2022 given the surge in displacement and expansion of needs and operations in this area. It has mostly conducted its coordination work remotely with support from colleagues in Sittwe and Yangon due to movement constraints.

In Rakhine and in the Southeast, the Rakhine Coordination Group (RCG) and the Southeast Working Group (SEWG) respectively seek to promote linkages across humanitarian, human rights, development, and peacebuilding constituencies. This is done through participation by development partners, INGOs, and UN agencies, enabling individual mandates to be followed as needed, while at the same time encouraging information-sharing and a more integrated overall approach. In the Southeast, the SEWG set up a small humanitarian secretariat composed of one representative each from the INGO Forum, OCHA and UNHCR in reflection of the increased focus on humanitarian response.

P-2-P mission – fit-for-purpose coordination

Following the HCT retreat in February 2022, the HC a.i. requested a P-2-P mechanism to support Myanmar through a review mission. The request was made in follow-up to the HCT's decision to trigger an in-depth review of the existing humanitarian coordination structure in Myanmar with the objective to make recommendations on a more fit-for-purpose design that is better able to effectively facilitate the humanitarian response in a severely restrictive and highly dynamic operating environment, with limited humanitarian funding. The P2P mission carried out a two-week virtual mission and held a series of consultations with more than 50 stakeholder groups, including clusters, CSOs, NGOs, working groups (both at national and sub-national levels), and affected communities. The mission made

key recommendations related to the challenging humanitarian context and access constraints, stronger engagement with local actors, funding shortages, the streamlining of coordination mechanisms at the sub-national levels, as well as a call for increased nexus coordination.

Based on the P-2-P recommendations and action plan, the HCT agreed to a series of prioritized recommendations and will implement these, inter alia, through workstreams on coordination and localization and other efforts. Several recommendations are already under implementation. Progress on the action plan will be tracked and presented via a regular agenda item at HCT meetings. Further discussions will be held on the main workstreams in preparation for the ICCG and HCT retreats in February 2023. At the HCT retreat a new fit-for-purpose coordination architecture will be endorsed replacing the arrangements outlined above from 2022. This will include a new Rakhine-wide cluster coordination arrangement with transition arrangements already under discussion between OCHA and UNHCR.

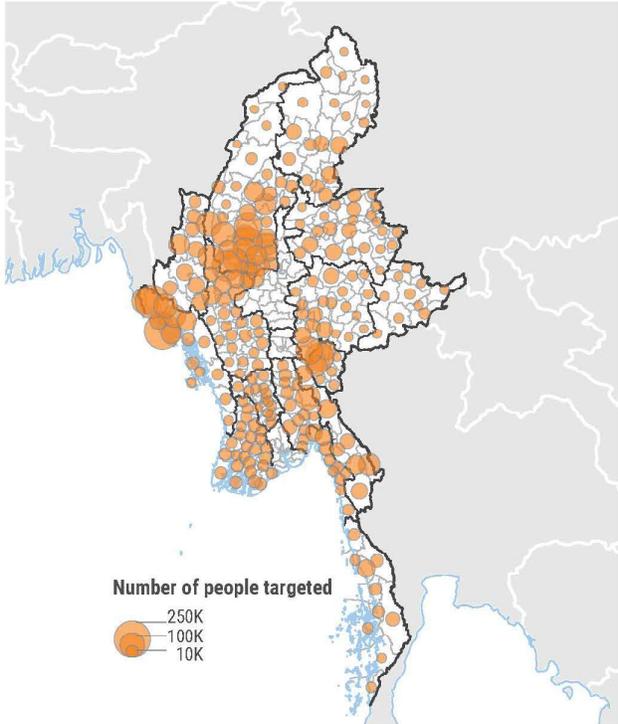
Sub-national coordination training

With several clusters expanding their response capacity through newly recruited sub-national cluster coordinators, OCHA's coordination and field support sections organized and conducted induction training on the fundamentals of humanitarian coordination. Altogether 40 sub-national cluster coordinators and focal points completed the training session on

coordination basics, the role of cluster coordinators and how they fit within the broader coordination structures, knowledge on HPC processes and information management products. The training was intended to build the capacity of sub-national cluster coordinators, with the overall objective of ensuring that they understand the structure and mechanisms of the humanitarian coordination system and can apply a comprehensive and holistic approach when responding to the needs of affected people in their areas. Sub-national coordinators involved in the training are pivotal to the coordination of humanitarian responses in their respective locations and are contributing to the country's humanitarian coordination system. Thus understanding the clusters' various functions and their role was of great importance for effective day-to-day coordination and function of clusters in both national and sub-national levels. The impact of this induction will help foster effective humanitarian response in line with core humanitarian principles, further enhancing the coordination among humanitarian actors and partners working together on the ground.

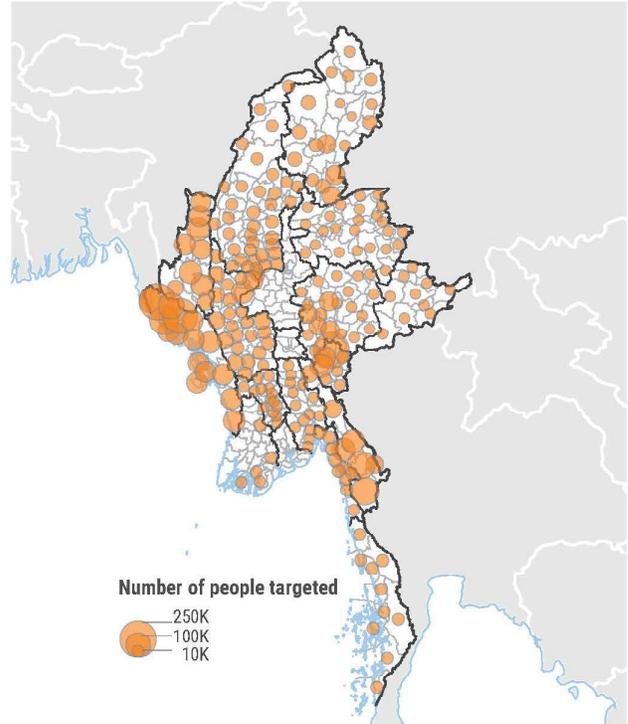
3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS(US\$)
3.8M	1.3M	86M



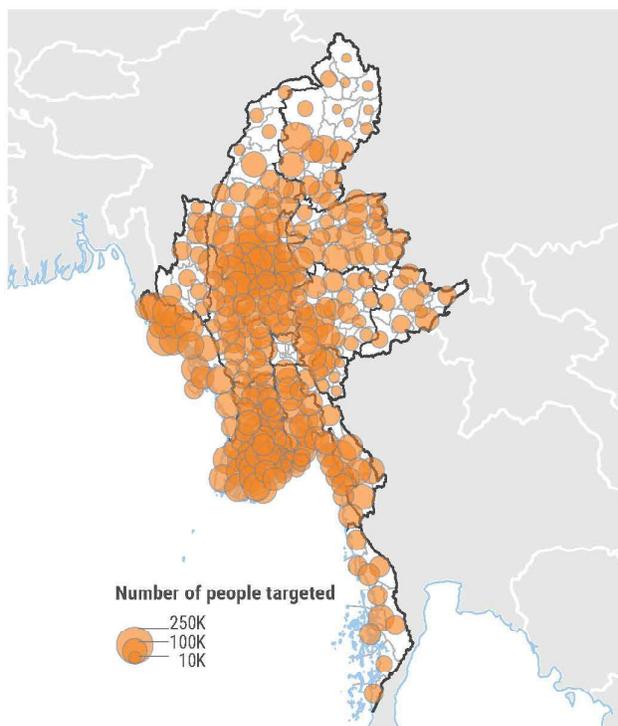
3.2 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS(US\$)
15.2M	2.1M	192M



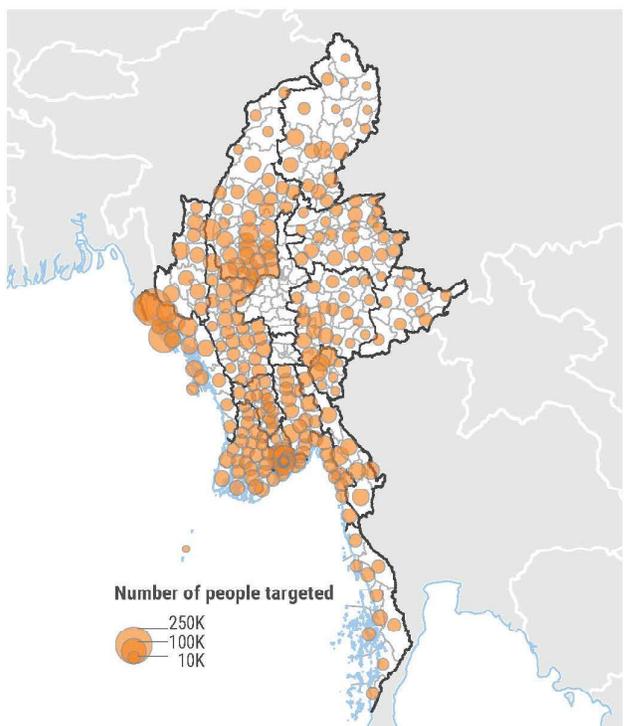
3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS(US\$)
10M	2.3M	106M



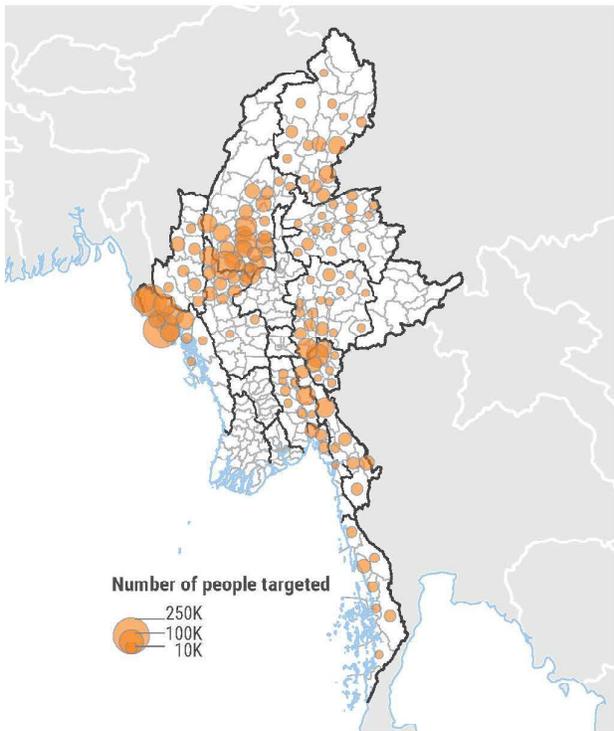
3.4 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS(US\$)
2.2M	590K	48M



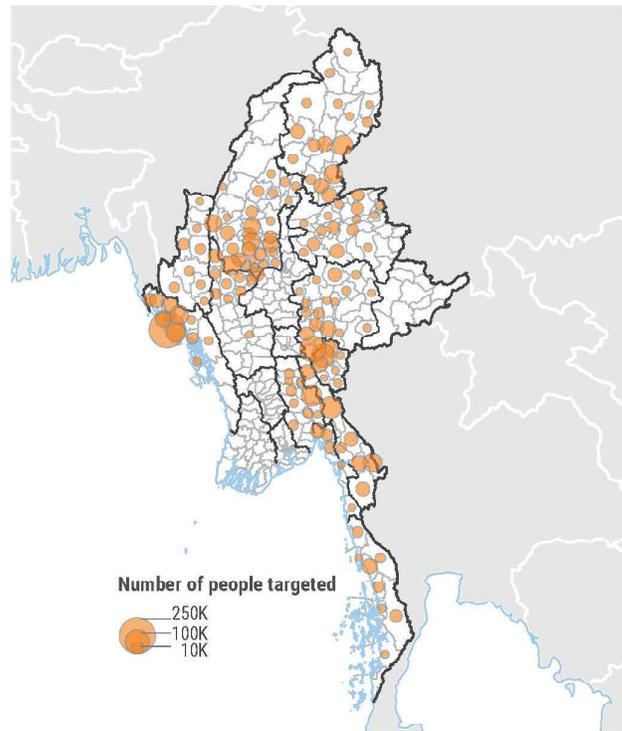
3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS(US\$)
11.5M	2.1M	124M



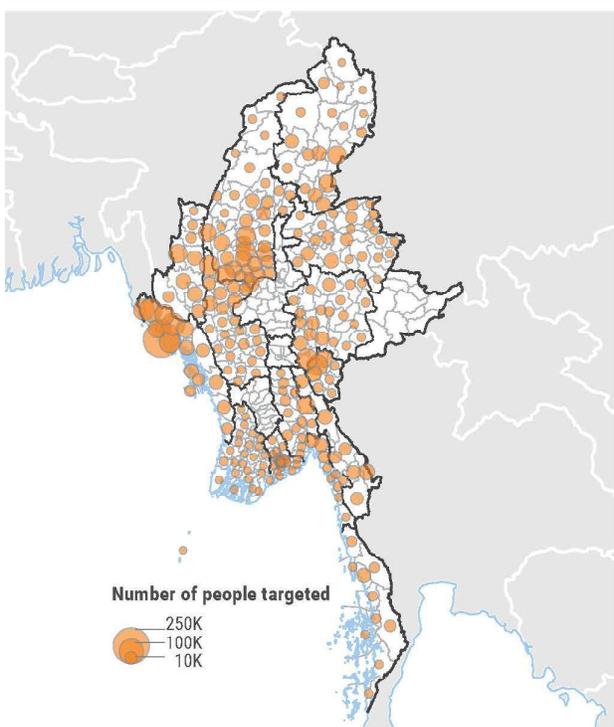
3.6 Shelter/NFI/CCCM

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS(US\$)
3M	952K	88M



3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS(US\$)
5.2M	1.6M	112M



3.4 Education



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN (0 - 18)	WITH DISABILITIES
3.8M	1.3M	51%	95%	15%
REQUIREMENTS (US\$)	COST-PER-PERSON (US\$)	PARTNERS		
86M	65	75		

Cluster objectives (COs)

CO1: Crisis-affected and other vulnerable children and youth including IDPs, returnees and stateless people with humanitarian needs have continued access to safe, inclusive, quality learning opportunities.

CO2: Crisis-affected and other vulnerable children and youth including IDPs, returnees and stateless people with humanitarian needs receive quality, protective, and inclusive education that caters for their mental health and psychosocial needs.

CO3: The capacity of communities and local/national education partners is strengthened to support safe and coordinated education that monitors and responds to identified needs and mitigates impacts of shocks and crises.

Response

Education in Myanmar has been severely affected by the multi-dimensional crisis, including the COVID-19 pandemic and widespread unrest since the military takeover of February 2021. Children have lost out on organized learning opportunities for a period of two academic years as a result of the pandemic-triggered school closures and conflict/instability from the crisis, including the departure of teaching staff as part of the Civil Disobedience Movement (CDM) and attacks on schools. Huge numbers of children are now on the move and require education support in displacement

sites – many of them in hard-to-reach locations. Myanmar’s economic crisis has placed pressure on households often forcing them to de-prioritize expenditure on some needs including education. This context has informed the cluster response framework and strategy for 2023 with millions of children facing life-long consequences from lost years of learning.

The overall cluster target of 1.3 million people (of which 561,389 girls and 508,975 boys) for 2023 is about a third of the 3.7 million people in need, with heavy prioritization of those in higher severity thresholds, as well as populations and/or locations that are considered most vulnerable due to a combination of factors such as displacement trends (new and protracted), systemic exclusion (statelessness), and access challenges, among others. It includes children being targeted to receive early childhood care and development (ECCD) support through to basic education, as well as some youth and adults (educators, caregivers, parents, PTA members). With the post-takeover trend towards alternative, non-state education, the cluster will work to support improved standards for vulnerable and needy children learning in these overburdened community-based settings, through the provision of resources and trainings for volunteer educators. Response capacity, access and coordination across the nexus have been considered in the Education Cluster’s 2023 HRP response strategy to ensure practicality and

alignment with the broader overarching education response frameworks.

The Education Cluster primarily targets conflict-affected children and communities: IDPs (55 per cent), non-displaced stateless people (11 per cent), returnees (6 per cent) and host communities/other vulnerable populations (28 per cent). Even though the HRP remains of national scale, peri-urban response (e.g. Mandalay and Yangon) and regions and states with lesser or limited impacts of conflict and displacement (e.g. Ayeyarwady) have been excluded in 2023, in line with the overall HRP prioritization strategy.

Whereas at the higher strategic level the 2023 Education Cluster response is to a large extent similar to the 2022 HRP, at the operational level, activities and indicators have been modified to reflect learnings and feedback from cluster partners in 2022, improving their usability. Particular attention is focused on life-saving education in emergencies activities to facilitate access to safe, relevant, inclusive and qualitative learning opportunities. Activities under the system strengthening component have been limited to only those relevant and essential to supporting education in emergencies (EiE) activities in the first line response category such as working with PTAs, and supporting capacity of local actors (partners, ethnic and monastic education providers, etc). At the strategic level, the 2023 HRP still aligns well with both the 3-year Education Cluster strategy and the overarching Joint Response Framework (JRF) ensuring convergence with nexus and development priorities.

Based on the contextual realities, localized operational modalities will continue to be preferred in 2023 - potentially on a higher scale than in 2022 - with community level partners continuing to drive actual assistance delivery because of access constraints. Therefore, the cluster will work to ensure that resourcing and capacity strengthening investments are made to support these frontline partners to ensure timely and quality response. A mixture of CVA and in-kind modalities of assistance delivery will be employed as feasibly within the local market dynamics and context, adopting that which is safest and most preferred by people receiving assistance. Teaching

incentives for volunteer teachers and educational cash grants to support some minority and vulnerable children's education are some of the activities that the cluster will prioritize through the CVA modality in 2023. Inclusion and gender considerations will be given specific attention in the education response including providing menstrual health and hygiene management support to adolescent school-going girls, supporting disability accessibility in learning spaces and mainstreaming protection in the overall response.

Education Cluster activities will include:

- Establishment/rehabilitation of temporary learning spaces (TLSs) that are accessible to all crisis-affected, displaced, returned and stateless children and youth, including those with physical disabilities.
- Providing and improving safe access to context-appropriate and gender-segregated WASH facilities in learning spaces.
- Providing and expanding safe access to qualitative and inclusive non-formal education opportunities for all displaced, returned, stateless and crisis-affected children and youth (ECCD and basic education).
- Providing individual, age/task-appropriate, and inclusive learning materials/education supplies for use by learners and educators (learners and educators' kits: notebooks, pencils, pens, backpacks, uniforms, etc).
- Equipping learning spaces with appropriate supplies (e.g. blackboards, furniture, chalk, etc).
- Providing CVA for education (based on feasibility and preference).
- Providing age and context-appropriate menstrual health and hygiene management information sessions and materials/supplies (sanitary pads/napkins/towels) to adolescent girls in learning spaces.
- Recruitment and retention of quality educators through the provision of incentives and appropriate remuneration.
- Provision of EiE-relevant capacity building support to volunteer and community educators (EiE, learner-centered pedagogy, socioemotional

learning, psychosocial support, disaster risk reduction, child protection, child safeguarding, etc).

- Providing inclusive age and context-appropriate supplementary open learning materials and resources to displaced and other conflict-affected children and youth to support their education.
- Training of educators and/or parents/caregivers in effective use of supplementary learning materials.
- Strengthening the EiE response capacity of CSOs, NNGOs, ethnic, monastic and local partners (covering EORE, PSEA, advocacy, coordination, resource mobilization, contingency plans, AAP, etc).
- Providing capacity development support to education committees/PTAs to actively participate in education services in their respective communities.

Integrated programming, multi-sectoral responses and inter-cluster linkages

Child Protection AoR: The Education Cluster will collaborate with the CP AoR to mainstream child protection into education, to the extent possible within the context, to ensure safe access to education and consideration of children's psychosocial support needs. This collaboration will support linkages between education and child protection services through TLSs and child friendly spaces (CFSs), incorporating CP-oriented training like safeguarding and referral mechanisms in the teacher/educator training packages. This collaboration will also support joint advocacy on access to legal services and documentation including civil documentation for stateless and other crisis-affected children to promote access to essential services including education.

Mine Action: The Education Cluster will collaborate with the Mine Action AoR to increase children's awareness on mine risks, IEDs and other explosives to safeguard them both within and outside school environments.

WASH: The Education Cluster will work closely with the WASH Cluster to improve the learning environment through basic WASH-in-school activities. This collaboration will also explore opportunities to

support schools through community-based WASH interventions.

Food Security: The Education Cluster will work with food security colleagues to ensure alignments between activities across the HRP and SERRP; for example, targeting same communities with food assistance (HRP) and school feeding/gardening programming (SERRP) for better impacts and outcomes on the food security status of the target groups. Also, where possible and relevant, food production could be included in business/technical skills training for youth.

GBV: The Education Cluster will collaborate with the GBV AoR to increase awareness among children and teachers on the risks of GBV, and how to respond to GBV disclosures and the relevant referral pathways for appropriate support services.

Cost of the response

The Education Cluster 2023 HRP total financial requirement is \$86 million to reach 1.3 million people with support. The funding will enable the provision of basic facilities, supplies and capacity to facilitate access to education in emergencies at an average cost-per-person of \$65, a slight increase compared to 2022.

In the absence of specific inflation monitoring data for education response inputs, and also considering that all materials can be sourced from local (in country) markets, an estimated 3 per cent inflation rate was applied to the costing – translating to \$2.5 million – which is low compared to other clusters. Due to the nature of education activities, protection is already organically embedded in the cluster's activities but an additional 2 per cent was further factored into the costing to cater for any increased need due to the potential changes in context, amounting to \$1.7 million.

Monitoring

The Education Cluster Monitoring Tool (ECMT), as endorsed by the Global Education Cluster, will be the main tool to track the Education Cluster response in 2023. Local context adaptations will be made to

the tool in 2023, largely informed by lessons learnt in 2022. Response data and trends will be collected and analyzed to produce quarterly reports. Various response reporting products generated from the ECMT will be processed and shared with stakeholders and partners on the cluster website (hosted by MIMU) via dashboards.

In terms of capacity building, the Education Cluster will undertake a partner capacity mapping exercise and work with stakeholders to prioritize and address capacity gaps and needs. To improve reporting, the Education Cluster will organize ECMT orientation workshops (in local languages) for all partners at hub level to facilitate active participation, especially by local partners. Also, orientation workshops on the cluster website and dashboards will be organized at hub level every quarter. Various trainings will be organized throughout the year guided by the results of the partner capacity mapping exercise to build capacity on key mechanisms essential for qualitative response.

Capacity, gaps and limitations

The Education Cluster response for 2023 is set against a backdrop of immense needs in the country. Many parents were unable or unwilling to continue their children's education in formal schools run by the de facto authorities and switched to the community-based non-formal education stream which has since become overburdened by the imbalance between demand and supply. The country faces insufficient education staffing both in the formal and non-formal education streams, after 30 per cent of the professional teachers were dismissed due to their involvement with the CDM. Armed clashes in various parts of the country have increased, causing more instability and displacement of people including children. The economy is going through difficult times, with high inflation and hike in the prices of basic commodities and services, reducing the available household spend on education.

The Education Cluster has a sizable number of registered and active partners. However, from reporting, not all registered cluster partners are actively responding or reporting their activities. Whereas there is willingness and zeal to respond across UN Agencies, INGOs, and local partners, many partners face practical

logistical and bureaucratic challenges which limit their operations, impeding the cluster's capacity to respond at-scale to the immense needs and gaps.

Funding is one of the major impediments for the Education Cluster response. As of quarter 4 of 2022, the data available on the Financial Tracking System (FTS) showed that the education response was only funded at 8.9 per cent of the \$91 million required to support 1.4 million people targeted for assistance. The impact of the funding deficit is reflected in the low coverage amidst the increasing needs. The under-achievement of the 2022 HRP response means heightened education needs and vulnerability will flow into 2023, exposing those with unmet needs to high protection risks and likely use of negative coping mechanisms.

The pre-existing gaps and unmet needs from 2022 increase the pressure from and burden of the 2023 Education Cluster response. While the Education Cluster's 2023 HRP funding outlook looks more optimistic than 2022, with pipeline funding from donors such as Education Cannot Wait (ECW) and Global Partnerships for Education (GPE) already on the way, the annual allocations from these pools are still very small in comparison to the severity of the situation and number of people in need.

Access impediments severely hampered the response in 2022 and are projected to become even more difficult in 2023 due to anticipated conflict trends, requiring ongoing flexibility and localized responses. Access challenges have forced changes in delivery modalities, with the cluster largely working through implementing partners – CSOs and NNGOs with solid field-level networks. While this modality has supported substantial assistance delivery to people in need, it has come with some challenges, especially given the limited technical capacity of some partners to deliver responses at the expected standards. Additional bureaucratic measures such as TA requirements for aid staff to visit field locations and project sites have impeded partners' operations and ability to respond. With the new organization registration requirements announced in late 2022 and ongoing conflict likely to mean continued restrictions in

various parts of the country, it is feared the education landscape will worsen in 2023 requiring a robust humanitarian response.

Links to development programming

Humanitarian-development collaboration in the Myanmar education response will continue to be strengthened to manage the learning crises facing students and increase resilience to minimize and prevent short and long-term consequences from the disruption to education services. This is reflected in the alignment of the Joint Response Framework (JRF) and Cluster Strategy, including the shared priority areas such as access, quality, system strengthening, among others. The 2023 cluster response framework is aligned to the above two main guidance frameworks.

The humanitarian Education Cluster participates in the Education Sector Representative Group (ESRG) on the development side, facilitating efficient flow and exchange of relevant information between humanitarian and development streams. Harmonization of structures has been conducted between the cluster and the ESRG, allowing the cluster structures on common areas of interest, such as teacher capacity building, to operate with the required agility, while sharing information on plans and progress to avoid duplication. A demonstration of this coherence is the processing of the incoming GPE Education Sector Program Implementation Grant (ESPIG) project (being handled by the ESRG) which will also benefit the humanitarian Education Cluster response in 2023.

SHAN

IDP children attend a community-based school in northern Shan, 2022.
Credit: Save the Children





3.5 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN (0 - 18)	WITH DISABILITIES
15.2M	2.1M	52%	36%	15%
REQUIREMENTS (US\$)	COST-PER-PERSON (US\$)	PARTNERS		
192M	91	71		

Cluster objectives

CO1: More than 1.4M crisis-affected, IDPs including 728,000 females and 672,000 males have equitable access to sufficient, safe and nutritious food through in-kind and/or cash assistance.

CO2: More than 360,000 non-displaced vulnerable people (187,000 females and 172,000 males) with humanitarian needs have equitable access to sufficient, safe and nutritious food through in-kind and/or cash assistance.

CO3: Urgently restore, protect and improve livelihoods of more than 533,000 crisis-affected people (277,000 women and 255,000 men) by rehabilitating agricultural production,⁶⁷ restoring/protecting productive assets, and rebuilding or creating income-generating activities to prevent use of negative (and potentially irreversible) coping mechanisms.

Response

The political context of Myanmar has become very unstable in 2022 with an escalation of the armed conflict in almost all regions and states of the country. The economic crisis, linked to both global inflation due to the Ukraine crisis and the devaluation of the Myanmar Kyat, is reducing people’s purchasing power making food items even more unaffordable, where they are available.

The overall goal of reaching 2.1 million people with assistance through Food Security Cluster activities is a conservative estimate based on the current understanding of access, capacity and coordination with development actors and interventions under the SERRP umbrella. To avoid funding duplication of similar activities under HRP and SERRP, a strict distinction has been made. Thus, Cluster activities proposed under the HRP are complementary to and coordinated with those set under the SERRP. In situations where activities are similar under both HRP and SERRP, their geographical coverage will vary with humanitarian programming more focused on rural areas in 2023. The Food Security Cluster is primarily targeting conflict-affected persons and host communities in conflict-affected areas. The cluster has a clear goal to extend programme coverage into new hard-to-reach areas in 2023. Even though the HRP remains national, peri-urban response (e.g. Yangon, Mandalay) and regions and states with limited impact of conflict/displacement (e.g. Ayeyarwady, western Bago) have been transferred under the SERRP where more resilience-oriented support is planned.

The cluster will strive to provide life-saving food and/or cash assistance as appropriate, and emergency agriculture and livelihood support. Hotspots such as the Northwest, Southeast, and Rakhine, where the security situation has dramatically deteriorated in

2022, will constitute a major focus in 2023, although access is a major challenge in these areas. Specific attention will be given to Sagaing which currently hosts the highest number of IDPs.

Protracted displacement, armed conflict, inflation, and the hike in prices of essential food items, fuel and agricultural services and inputs (e.g. fertilizers) have all negatively affected the food production as indicated by the FAO/WFP Round 4 assessment which showed a major decline in land being cultivated and the produce harvested. This is resulting in an increased use of “emergency and stress” coping mechanisms. The cluster expects that the most vulnerable and marginalized people will be particularly impacted, especially newly displaced people and host/non-displaced communities.

The cluster will provide emergency food/cash assistance primarily to displaced and non-displaced people in conflict and displacement areas, and hard-to-reach locations. To bridge gaps with development action under the SERRP, the cluster will also provide emergency agriculture and livelihood support to target groups in conflict-affected areas where development actors are least expected to respond (e.g. the Northwest). These emergency agriculture actions are essential to maintaining food availability in the target areas.

For all activities, the cluster will strive to mainstream COVID-19 prevention measures, including the provision of hygiene and personal protective equipment (PPE) to mitigate against the risk of spread among people assisted, communities and staff.

Cluster partners will scale-up efforts to access communities and populations in hard-to-reach areas controlled by EOAs throughout Myanmar, acknowledging that securing TAs remains a challenge, as well as the inherent safety and security concerns associated with accessing these locations. The cluster will continue to advocate for safe access and will work through local or community-based organizations to provide food assistance, restore and protect agricultural livelihoods for displaced and the most vulnerable crisis-affected people, including people

with mobility constraints, the elderly, persons with disabilities and the chronically ill. The cluster will also target communities affected by natural disasters.

Specific needs of persons with disabilities, the elderly, women, girls, boys will be considered in the design and provision of assistance. Where possible, women, particularly female-headed households, will be engaged in livelihood opportunities, promoting gender-transformative and non-household-based activities through a consultative approach that advocates for women’s economic empowerment. Pregnant and lactating women and children under five years of age will be targeted for assistance in coordination with the Nutrition Cluster.

The cluster will strive to deliver a significant part of assistance through CVA where the appropriate conditions prevail, including safe access to functioning markets and vendors. Where feasible, digital cash transfers will be preferred to reduce safety and security risks and bring further efficiencies. However, this will depend on the availability of cash and associated financial services, as well as sufficient protection risk mitigation measures being in place in connection with the new KYC regulations for e-cash service providers.

The Food Security Cluster activities will include:

- Food distribution (in-kind and CVA). For acute emergency situations, particularly in the case of a natural disaster, high energy biscuits/ready-to-eat rations will be considered as a first response. Where feasible, fortified rice will also be included.
- Provision of emergency agricultural inputs, e.g. seeds, fertilizer, tools, and home gardening/machinery (in kind/voucher/cash), emergency support to livestock through animal feed and health care to restore and protect livestock productivity.
- Multi-Purpose Cash linked to the Myanmar Minimum Expenditure Basket (MEB).
- Awareness and technical training on agriculture, food processing, food safety/hygiene and conservation.
- Provision of digital and financial literacy training to enhance understanding and engagement in

livelihood activities by women and assisted people more broadly.

- Support timely and quality food security assessments and coordination mechanisms.
- Messaging on benefits of nutritious diets.
- Nutrition messages to complement cash transfers as well as agriculture input provision.

Integrated programming, multi-sectoral responses and inter-cluster linkages

Food Security - Nutrition Cluster multi-sectoral responses: Food assistance will strive to provide 2,100kcal/person/day but also nutritious elements at minimum. This will require a top-up of more nutritious supplies (fruits, vegetables, fish, etc.), in addition to the standard food basket to ensure diversity of nutrients for a healthy diet. In coordination with the Nutrition Cluster, through joint monitoring activities, the Food Security Cluster will ensure the specific needs of key vulnerable groups (e.g. pregnant and lactating women (PLW), children under-5) are considered during food or cash assistance distributions. Specific groups (the elderly, children under-5, PLWs, persons with disabilities) may have additional and specific nutrition needs that this collaboration will strive to address during the food assistance.

Collaboration with the Nutrition Cluster will also support the development and implementation of nutrition-sensitive agriculture and cash programmes. This initiative aims at providing guidance to partners supporting agriculture and food security to ensure their programming contributes to improving assisted people's overall nutrition status.

Scaling-Up Nutrition (SUN)/ UN Nutrition (UNN)/ SUN Civil Society Alliance (SUN CSA)/ SUN Business Network (SBN); SUN multi-sectoral and multi-stakeholder coordination mechanism for nutrition. In Myanmar, non-governmental networks namely UNN, the SUN CSA and SBN remain active. SUN traditionally focuses on development and policy advocacy; however, these networks in Myanmar are working to strengthen Humanitarian-Development Nexus (HDN) for multi-sectoral nutrition considering the current and emerging

context in the country and the Food Security Cluster is ensuring strong engagement with their work.

UN Nutrition: The Food Security Cluster began engaging with UNN to strengthen the integration of nutrition into food security interventions. The Cluster Coordinator will continue to be part of the UNN Technical Coordination team for nutrition-sensitive food security components. In 2023, the cluster will contribute to the implementation of food-based dietary guidelines for PLW and U-5 children which were developed by UNN and its partners as part of messaging on the benefits of nutrition and optimal practices for achieving nutritional outcomes. By being part of UNN, the cluster can also request support in collaborating with other relevant sectors, as the UNN is facilitating nexus work around nutrition. The Food Security Cluster Coordinator plans to closely collaborate with the Nutrition Cluster Coordinator who is co-coordinating the HDN Nutrition Coordination platform together with the UNN-REACH National Facilitator.

SUN Civil Society Alliance: In 2023, the cluster will work with the SUN CSA to strengthen linkages between food security cluster members and the civil society organizations in nutrition-sensitive programming. SUN CSA is a catalyst for sustained public, political and financial commitments and action to address malnutrition in Myanmar, enabling a strong and coordinated civil society constituency to support further development and wider implementation of the nutrition agenda.

SUN Business Network: In 2023, the cluster will continue to be an active strategic partner of SBN to strengthen the connection and linkages between Food Security Cluster members and the private sector to support better nutrition programming and improvements. SBN aims at improving availability, affordability and accessibility (economic & physical) of safe and nutritious food for everyone, especially those vulnerable to nutritional deficiencies, by mobilizing and accelerating business actions for improving nutrition.

CWG: Continuous engagement with the CWG will ensure that the MEB is regularly updated and localized.

Education Cluster: School gardening and school feeding are two activities being implemented under the SERRP with relevance to both humanitarian clusters requiring strong coordination. The Food Security Cluster recommends, when and where possible, to target the same communities with food assistance (HRP) and school feeding and school gardening (SERRP) for greater impact on food security and mental well-being of the target groups and will work to provide advice on this across the HDN.

Protection Cluster: To ensure that protection is mainstreamed in Food Security Cluster interventions, collaboration with the Protection Cluster and its AoRs will be strengthened throughout 2023. A better understanding of data privacy and data protection will be promoted across all food security partners and activities, and the importance of PSEA will be emphasized. Food security partners will collect sex, age, and disability disaggregated data and promote

women's participation in programming decisions and modality for food assistance.

The cluster is aware that food or cash distributions may unintentionally contribute to GBV, and will continue to incorporate preventative measures, as well as promoting awareness on gender issues to mitigate against the risk of GBV and support gender transformative outcomes through food or cash assistance.

The Food Security Cluster will emphasize the need to integrate a comprehensive protection risk analysis at early stages of any project's implementation to ensure that the assistance is provided in the most appropriate and safest way (Do No Harm). A guidance for better integration of Protection in food security activities is being developed collaboratively by both the Food Security and Protection clusters.

Mine Action AoR: Rural communities are seriously affected by landmines and other UXO which is depriving them of the use of their lands (especially for farming). With the escalation of the conflict across the country, all States/regions are now affected by UXO, reducing access to land. UXO has a long-term impact on food production and food security as clearance is a complex and sensitive activity that is heavily controlled by the military and other armed groups. In the absence of widescale clearance work in Myanmar, in 2023, the Food Security Cluster will continue to collaborate with the Mine Action AoR on prevention by organizing Explosive Ordnance Risk Education (EORE) training for food security partners. In coordination with the Mine Action AoR, the Food Security Cluster will explore the capacity to enhance mapping of EO in agricultural areas. In affected areas, food security partners will adjust their food assistance, CVA, agriculture and livelihood intervention methodology to support people and their communities in a manner that guarantees their safety.

Shelter/NFI/CCCM Cluster: In 2023, the Food Security Cluster will collaborate with the Shelter/NFI/CCCM Cluster to follow up on displacement movements and to provide guidance to cluster partners on trends and needs. The Food Security Cluster will also work with the Shelter/NFI/CCCM Cluster on coordination of food assistance to ensure that necessary cooking utensils and energy/fuel are provided. Coordination will also focus on ensuring appropriate use of the assistance by people who are supported.

Collaboration on information: The Myanmar Information Management Unit (MIMU) is an important partner for the Food Security Cluster, especially in providing all necessary maps and location codes, enabling the cluster's 5Ws, gap analysis and partner presence maps across the HDN. MIMU is also a great resource for the cluster to access information, reports and data sets used to increase its understanding of the food security dynamics and trends across Myanmar. The MIMU website is also an important platform for the dissemination of Cluster products to ensure greater visibility. In 2023, Food Security Cluster will continue to support the Myanmar Information Management Working Group (MIMWG) led by MIMU.

Cluster collaboration will include technical support to the OCHA-led humanitarian IMWG to strengthen IMO's capacities in producing documents and other information products such as maps.

Cost of the response

The Food Security Cluster's funding requirement for 2023 is \$192 million. This amount covers emergency food assistance, emergency agriculture/livelihoods, inflation, and protection mainstreaming costs. The cost-per-person for 2023 across both the food and agriculture components combined is \$91 compared to \$70 last year as a result of inflation and the added cost-burden of reaching conflict areas. The cluster's cost calculation integrates an expectation of continuing inflation. WFP's September 2022 market monitoring⁶⁸ indicates that the average food basket has increased by 64 per cent since September 2021.

For food assistance, the standard ration for monthly in-kind assistance will consist of 13.5 kg of rice, 1.8 kg of pulses, 0.9 kg of oil and 0.15 kg of salt in line with the Sphere standard daily requirement of 2,100 kilocalories/person/day. The cluster plans to go above the Sphere standard by providing additional top-up to ensure access to nutritious and healthy diets (fruits, vegetables, fish etc.).

The price of cooking oil and mixed oil, both key components of the standard food basket, have respectively increased by 137 per cent and 127 per cent, rice by 53 per cent, chickpeas by 46 per cent and salt by 44 per cent from September 2021. As inflation has affected the various states and regions of Myanmar unevenly, costing for similar interventions varies from one place to another, even sometimes within the same state or region.

Cash-based assistance will be scaled-up where appropriate, considering access to functioning markets, security concerns, and beneficiary preferences. Cash entitlements will be determined based on the local market price of the standard food basket, inflation rates and transportation costs. The cluster continues to explore the expansion of digital transfers to reduce the risks associated with the delivery of cash, and to simplify delivery mechanisms,

although this is more complicated in the current context. In-kind assistance will continue where conditions are not conducive for cash transfers or based on affected people's preference.

Agriculture/livelihood interventions aim to restore, maintain and increase food production, and assist smallholder farmers, local fishing communities and livestock owners in acute need where development actors are less likely to intervene. This support will be provided via in-kind and cash and voucher programming. Implementation costs may vary depending on the type of intervention and on the state or region.

The cluster has used an overall inflation rate of 40 per cent in calculating the cost of response (similar to the 2022 HRP). Inflation accounts for \$53 million out of the \$192 million financial requirement for the cluster in 2023. Considering that some activities/items and regions and states are not affected in the same way by inflation, the cluster made efforts to calculate the impact in a meaningful way. Therefore, the inflation component of the cluster's costing is based on an estimate of the average impact of inflation throughout all activities provided by the cluster, and in the different states or regions of intervention.

The cluster has factored in 5 per cent of the financial requirement for protection mainstreaming. This represents \$6.6 million out of \$192 million. The cluster will work with its partners to integrate 5 per cent of funds for protection mainstreaming in their strategies and programming. Considering the scale of the action planned for 2023 (2.1M people targeted for support) and \$186 million for food security activities (cost of implementation plus inflation), the cluster has estimated that an additional 5 per cent (\$6.6 million) is required to fully cover protection mainstreaming activities, taking total requirements to \$192m.

Monitoring

A participatory monitoring approach will be implemented in close collaboration with local communities engaged in food security activities. For an effective response, it is essential to have a clear understanding of the magnitude and severity of food

insecurity, combined with an analysis of immediate and underlying causes and the impact of interventions. The connection between food security analysis and response will be enhanced through the expansion of existing food security monitoring and information management systems, and by strengthening links with response analysis at the state and township levels.

The cluster will collect data from partners using its 5W database, which will allow a close understanding of existing assistance and response gaps. Standard monitoring activities under the cluster include regular food distribution monitoring, on-site monitoring for cash-for-work, and post distribution monitoring (PDMs). Food security programme implementation is monitored through gender and age disaggregated data collected regularly by cluster partners (when possible).

Cluster monitoring ensures that the intended beneficiaries receive their full entitlements and support, and highlights issues of concern to be addressed through course corrections. Monitoring also typically includes the gathering of data on food utilization and the level of satisfaction with the assistance received. In collaboration with WFP and the Protection Cluster, the Food Security Cluster will work to organize training on community engagement mechanisms (CEM). CEM, through feedback and community discussion, supports the participation of all affected populations in decisions about assistance. It is used to receive and process concerns, respond to them, and to ensure that the cluster is accountable to those it is supporting, while being responsive to community feedback and requests for greater transparency, two-way communication, information-provision and community participation.

Capacity, gaps and limitations

The cluster acknowledges the large gap between the number of people in need of humanitarian assistance (15.2 million people) and current target (2.1 million people) which is a result of soaring needs and demands for heavy prioritization in a constraint funding and access environment. The status of access and capacity of Cluster partners will remain under continuous review with a view to expanding targets if plausible later in the year. The cluster will prioritize

support to those moderately food insecure populations who are most at risk of slipping into severe food insecurity. However, the available data and information in Myanmar is impeding more in-depth analysis of the geographical spread of the most vulnerable persons at township level.

The banking crisis and limited cash availability may impact on the ability of cluster partners to deliver planned assistance to people in need. In such situations, the cluster partners may have to provide the assistance in-kind. Importing some goods may be slower than usual as customs processes are now more complex. Inflation and exchange rates may also have negative impacts on the cost of activities in 2023 and will need to be closely monitored throughout the year. Targets and costs may need to be revised if operational costs increase.

While liquidity is less of an issue than it was in 2021/2022, concerns remain. The recent tightening of KYC regulations for cash transfers has implications for certain cash assistance mechanisms, notably mobile money. Agencies will have to assess their level of risk appetite to engage with the variety of protection and security risks this will likely entail.

Banking restrictions due to expired or pending registration and MOUs could limit the ability of partners to access the cash needed for distributions. Funding constraints and an artificially low official exchange rate will make it difficult for partners to raise cash transfer values at the rate of inflation.

The cluster has its national coordination group in Yangon (with dedicated human resources: 1 coordinator, 1 co-coordinator, 1 information management officer/IMO) and 3 sub-national coordination hubs in Rakhine, Kachin, and northern Shan. New areas (e.g. Northwest, Southeast) have been placed under the national Food Security Cluster until additional resources are available to strengthen coordination at the field level as envisaged under the new fit-for-purpose coordination architecture. In 2023, the Food Security Cluster plans to strengthen its presence in the northwest and southeast of Myanmar where the conflict has significantly escalated and

where humanitarian needs have steeply increased. The cluster is currently comprised of 42 NNGOs, 26 INGOs, and 4 UN agencies whose collective presence and operational capacity nationwide allows them to reach communities targeted for assistance when the right access conditions prevail, but this access varies and is not consistent from month to month.

In 2021, the Food Security Cluster reinforced its structure with an IMO position and an INGO co-coordinator elected for two years. In 2022, the Food Security Cluster has strengthened its capacity by adding a master IMO seconded by iMMAP. To go further and provide more in-depth food security analysis, the cluster is also looking to add a food security analyst to its team in 2023.

In 2022, the Food Security Cluster response was heavily centered around food assistance to non-displaced but vulnerable communities (peri-urban response) while support to agriculture/livelihoods was quite limited due to funding and access constraints. This geographical emphasis will shift in 2023 with heavier weighting towards conflict-affected rural areas in the response. It also remains crucial for partners to support agriculture/livelihoods activities, at least during the main agricultural season to ensure that food remains available in areas targeted for assistance and to make the cluster response impactful for beneficiaries and their communities.

Links to development programming

In 2023, the Food Security Cluster will continue to strengthen its connections with development actors and other non-emergency actors with the objective of better analyzing the evolution and trends in the food security situation in Myanmar and designing the most suitable food security response, including nutrition-sensitive agriculture.

The cluster will collaborate more closely with the Agriculture and Rural Development Coordination workstream which sits in the INGO forum, IFPRI and the private sector (traders in seeds, cereals, machinery, etc.), including the Myanmar Rice Federation, to gather information from a more diverse group of partners to develop enhanced food security analysis.

In 2023, the cluster will focus on emergency response with a limited overlap with the SERRP. Peri-urban response and the vast majority of the agriculture/livelihood activities will be solely implemented under the SERRP. Agriculture and livelihood activities under the HRP that also appear under SERRP will target the most conflict-affected areas, where development actors are less likely to intervene, removing any duplication.

The cluster will work to achieve greater collaboration between emergency and development actors to ensure that recipients of food/cash assistance are also receiving support for agriculture, livelihoods and school feeding with the goal of building communities' resilience under the SERRP.

KAYAH

An elderly IDP couple enjoying lunch together at their current home in Kayah, 2022. Credit: WFP





3.6 Health

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN (0 - 18)	WITH DISABILITIES
10M	2.3M	52%	33%	13%
REQUIREMENTS (US\$)	COST-PER-PERSON (US\$)	PARTNERS		
106M	46	72		

Cluster objectives

The Health Cluster works to reduce and prevent suffering, morbidity, and mortality of crisis-affected, displaced, returned and stateless people who are experiencing or are at risk of health threats across the three following cluster objectives:

CO1- Reduce and prevent suffering, morbidity and mortality through the timely detection of and coordinated response to 100 per cent of notifications for outbreaks for epidemic-prone diseases, such as malaria, diarrhea, acute respiratory infections, and vaccine-preventable illnesses.

CO2- Improve availability and accessibility of primary health services, among 403,036 displaced, 28,959 returned, 36,149 stateless and 1,824,267 crisis-affected people, through basic and complementary packages including maternal, child and adolescent health, sexual and reproductive health, MHPSS, health-related GBV services, illnesses such as tuberculosis (TB) and HIV, disability, emergency health for surgical care, trauma, and referrals.

CO3- Strengthen the capacity of 43 health partners on accurate and timely data collection and reporting for displaced, returned, stateless and crisis-affected people, disaggregated by age, sex, and disabilities, to inform decision-making.

Response

The number of people targeted for humanitarian health assistance in 2023 is set at 2.3 million (representing 23 per cent of all people in need), prioritizing the four most affected and vulnerable population groups: displaced, returned, stateless and other crisis-affected people, similar to the 2022 response strategy, although targets are substantially more ambitious. Two criteria were used to prioritize those people to receive humanitarian assistance.

First, a geographical lens was applied with rural and remote locations affected by conflict prioritized where people are most vulnerable and health systems are most limited (see the table below). Considering that the provision of essential health care services in the public sector has resumed to a certain extent in larger cities compared to the early days of the military takeover, populations in some urban areas specifically Nay Pyi Taw, Yangon, and Mandalay have been left out of the target for humanitarian response in 2023 but will continue to be supported under SERRP programming.

Secondly, a capacity filter was applied. The cluster looked at the capacity of partners to access people in need, using realistic funding projections and analysis of opportunities for scale-up of timely, predictable, appropriate, and effective response. Health Cluster partners are facing multiple bureaucratic challenges including the delays in obtaining visas for international

staff, directly impeding the scale-up of humanitarian assistance. Access to people in need is further limited by the restrictive TA process, and safety and security issues that include roadblocks, attacks on health

facilities, and increased use of landmines and other explosive devices posing serious risks for health staff and operations.

LOCATION	DISPLACED	RETURNED	STATELESS	OTHER CRISIS-AFFECTED
Rural	80%	30%	40%	25%
Urban (excluding Nay Pyi Taw, Yangon and Mandalay)	50%	20%	25%	15%
Nay Pyi Taw, Yangon and Mandalay	0%	0%	0%	0%

The Health Cluster will thus continue responding collectively to humanitarian emergencies to improve health outcomes of displaced, returned, stateless and other crisis-affected people in Myanmar, through timely, predictable, appropriate and effective coordinated health action

- The cluster is acting across all six core functions supporting service delivery, assessing and providing public health information, planning and establishing a health response strategy, monitoring and evaluating health response and building capacity and advocating for better outcomes.
- The cluster partners will be collectively working on establishing and strengthening alternative care, filling the gaps for access to primary health services among displaced, returned, stateless and crisis-affected people, while continuing to advocate for effective, safe and people-centered health care across the public sector.
- It is estimated that 240 clinics are required to fill current gaps nationwide: 150 are already established, leaving a gap of 90 clinics (mobiles and fixed) to implement basic and complementary packages for access to primary health services in communities. Kayah in the Southeast (30), Rakhine (20), Shan (14) and Sagaing in the Northwest (14) are most in need of clinics for primary health services.
- Primary health services will provide a basic package including maternal, child and adolescent

care, sexual and reproductive health, mental health and psychosocial services, GBV services, and a complementary package for TB, HIV, surgery and trauma care, rehabilitation and assistive device provision, and referrals. Other health actions shall include filling routine vaccination gaps for children under-5 years, timely detection and coordinated response to notifications of outbreaks for epidemic-prone diseases, continued coordinated response to COVID-19, and training and capacity building for health partners in the humanitarian response.

- Considering the severely constrained and fragmented health-care system, continued attacks on health facilities, and limited skilled workforce in the health system, coordinated actions by cluster partners will continue to be consolidated at national and sub-national levels for appropriate referrals and support to provide primary health services with a better continuum of care.
- The Health Cluster will use innovative approaches to open up and scale-up access to primary health services to communities and affected people, such as self-care interventions, task sharing, telemedicine.
- The Health Cluster will continue engaging meaningfully and effectively with local health implementing partners as part of its localization strategy, to facilitate better access to quality care.
- The Health Cluster will continue to expand the use of CVA modalities for service delivery strategies

in 2023, for better health outcomes. The CVA experience so far has been focused on access to secondary care such as supporting transport, meals and accommodation for patients and companions and strategic purchasing of services for COVID-19. The cluster is exploring further opportunities to overcome access limitations for affected people.

Integrated programming, multi-sectoral responses and inter-cluster linkages

- The Health Cluster will actively collaborate across clusters to advocate for safe access and service delivery to crisis-affected people and for multi-sectoral project implementation to improve collective outcomes.
- The Health Cluster will continue to leverage all available channels across clusters for actions, including supporting other clusters' efforts through technical guidance, provision of supplies and logistics, and conducting joint risk communication and community engagement activities.
- Coordinated health actions will be taken jointly with the Protection Cluster to ensure meaningful protection outcomes including timely, predictable, appropriate, and effective psychological first aid and other mental health and psychosocial services and GBV clinical care and prevention.
- Coordinated health actions will be strengthened jointly with the Protection Cluster to ensure emergency care and rehabilitation support to victims of landmines, explosive ordnance, ERW, and IEDs.

Cost of the response

The unit-based costing was used to estimate the cost of the cluster response for 2023. The costs are estimated across the key activities by using averages of previous humanitarian health project costs and global health data in consultation with the partners. The inflation rate was also considered in estimating the costs. An average of 25 per cent inflation was factored into each activity. Considerations for basic and complementary packages of primary health care, filling vaccination gaps, disease outbreaks response

and COVID-19 mainstreaming costing were also incorporated.

Despite these additional expenses being factored in, the Health Cluster's cost-per-person in 2023 is \$46, down from \$56 in 2022 as a result of a significant reduction in COVID-related activities in view of the expected reduced risk of COVID in 2023. The cluster also integrated psychosocial care into the primary health basic services package to avoid overlap between people being assisted, as well as a focus of rehabilitation trauma support activities to physical disability only.

Monitoring

- The sources for monitoring the progress of the Health Cluster response include, but are not limited to, individual partner reports, common reporting forms and online reports, disaggregated by age, sex and disabilities, for the population groups (displaced, returned, stateless and other crisis-affected people), and the early warning, alert and response system (EWARS).
- The Health Cluster will continue engaging with existing coordination platforms to promote inter-sectoral monitoring.
- Regular Health Cluster meetings, at national and sub-national levels, will be utilized to inform cluster members on reporting requirements and to advocate for and support the collection and reporting of disaggregated data, by age, sex and disabilities, for the population groups.
- Specifically, the cluster will organize training for health partners in accurate and timely data collection and reporting for displaced, returned, stateless and crisis-affected people, disaggregated by age, sex, and disabilities, to inform decision making.
- Number of people receiving primary health services will be compiled, disaggregated by age, sex and disabilities, for each of the population groups, to the extent possible, through individual partner reports and online reporting forms, and reported according to the HRP monitoring cycle.
- Verified EWARS notifications will also be compiled through the EWARS database and also reported according to the HRP monitoring cycle. Both

indicators (i.e. number of people receiving primary health services and the verified EWARS notifications) aim at reporting Health Cluster performance on the number of people in need that have been reached and number of EWARS notifications which have been verified for outbreak surveillance and timely and effective response.

Capacity, gaps and limitations

- The delivery of health services, especially complementary packages for primary health care, and life-saving care for trauma, requires a skilled workforce and appropriate equipment, supplies, infrastructure and funding – which were all challenging throughout 2022.
- Health Cluster partners are facing challenges in deploying additional international personnel to the country to scale-up humanitarian assistance, due to bureaucratic challenges in securing visas.
- Access to populations in need is further limited by the restrictive TA processes, and safety and security issues that include roadblocks, attacks on health care facilities, and increased use of landmines and other explosive devices.
- On the other hand, people are still reluctant to seek care from the public health services and are struggling to access to alternatives, such as private care with higher out-of-pocket costs in the economic downturn, exacerbating pre-existing imbalances.
- Accurate and timely health information to guide operational planning and response is severely limited since the military takeover.
- Existing partner capacity and expertise along with the MSNA outcomes informed the calculation of the PiN and target numbers. The new HRP target areas benefit from more developed public, private and EHO service delivery. However, access is projected to be more challenging in 2023. The cluster targets were discussed and agreed among cluster members at national and sub-national levels based on realistic capacity, funding, and access trends with a commitment to continue to explore the possibilities of further scale-up where and when feasible.

Links to development programming

- The Health Cluster has been engaging with development partners throughout 2022 by expanding the coverage of Health Cluster meetings to enable information sharing across the nexus. The cluster will continue the engagement with development partners in all relevant thematic areas including COVID-19 coordination forums.
- Most of COVID-19 activities related to capacity building, vaccination, diagnosis, surveillance, case management, formation and communication across Myanmar will be supported by development partners, while the humanitarian cluster is focusing on essential health services in fragile, underserved, conflict-affected areas by mainstreaming COVID-19 activities.
- Most of the vaccination campaigns through the Extended Programme for Immunization across Myanmar will be supported by development partners while the cluster is filling gaps in crisis-affected areas.

3.7 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN (0 - 18)	WITH DISABILITIES
2.2M	590K	71%	57%	13%
REQUIREMENTS (US\$)	COST-PER-PERSON (US\$)	PARTNERS		
48M	81	35		

Cluster objectives

The Nutrition Cluster objectives aim to reduce and prevent suffering, morbidity, and mortality among internally displaced, returned, stateless and other crisis-affected people experiencing or at risk of malnutrition, food security and related health gaps across Myanmar.

C01: The Nutrition Cluster intends to support some 72,264 vulnerable children (boys and girls) including IDPs, returnees, stateless and other vulnerable and crisis-affected children with acute malnutrition to access equitable and inclusive life-saving treatment and management services.

C02: A total of 26,686 pregnant and lactating women (PLW) comprising IDPs, returnees, stateless and other crisis-affected people with acute malnutrition to access equitable and inclusive life-saving treatment and management services.

C03: To respond with life-saving and preventative interventions among the 590,263 people targeted for assistance while mainstreaming protection by ensuring that protection risks are monitored, identified, mitigated and addressed for those targeted for support; upholding the centrality of protection; and promoting respect for human rights and humanitarian principles.

C04: To provide preventative nutrition support through infant and young child feeding, micronutrient supplementation and blanket supplementary feeding targeting children under five years and their caregivers.

C05: To provide preventative nutrition support for PLW through infant and young child feeding counseling, micronutrient powders supplementation and blanket supplementary feeding for those being supported.

Response

The Nutrition Cluster aims to reach a target of 590,263 people from a total of 2.2 million people in need. This includes reaching 338,375 children under five and 251,887 PLW at a combined cost of \$48 million. In the absence of quality, national-level nutrition data, a proxy severity classification from the food security assessment was used to calculate the Nutrition Cluster PiN and targets. The populations targeted for assistance consist of IDPs, returnees, stateless and other vulnerable crisis-affected children with acute malnutrition amid deteriorating humanitarian conditions across the country following the escalation of conflict including attacks and clashes.

The 2023 Nutrition Cluster PiN calculation was done using the Nutrition Humanitarian Needs Analysis calculation tool from the Global Nutrition Cluster. A reference baseline population from the food security assessment of 15.2 million was used as a proxy. Based

on this methodology, and considering the most recent, available, and representative assessments, including contributing factors and severity analysis in Myanmar a PiN of 2.2 million was estimated. The Nutrition Cluster has then targeted 80 per cent of the IDPs, returnees, stateless people, and about 20 per cent of other crisis-affected people for support, with a heavier focus placed on emergency treatments and response. This is in line with the wider strategic approach of the HRP with heavier prioritization in targeting based on the most vulnerable groups and locations, as well as realistic expectations of funding, access, capacity etc. The Nutrition Cluster has reduced targeting (especially for preventative/resilience assistance) in peri-urban areas of Yangon and other states or regions less impacted by conflict such as Ayeyarwady and western Bago.

The geographical focus of the response has been designed based on the severity classification from the food security assessment which found eight states and regions - Ayeyarwady, Bago, Kachin, Mandalay, Mon, Shan, Tanintharyi, and Yangon had “stress” levels of food insecurity. The other states and regions were classified either as “severe” (Magway and Sagaing) or “extreme” (Chin, Kayah, Kayin and Rakhine) and were considered priority areas for the response.

The humanitarian crisis in Myanmar has been exacerbated by pre-existing vulnerabilities in the country after the devastating effects of the COVID-19 pandemic, higher poverty rates, soaring inflation and interruption to livelihoods and markets for food and related commodities. These vulnerabilities have been worsened by the Ukraine crisis that has increased global food and fuel prices, affecting several countries including Myanmar.

Sectoral modalities of response delivery to children under-five and PLW will prioritize life-saving therapeutic foods, preventative rations of nutritious food and micronutrients based on needs assessments and other considerations. The Nutrition Cluster will work with the CWG and the Food Security Cluster to determine the best response modalities, including CVA or in-kind support that will include admission into malnutrition stabilization and treatment programmes.

Continued and expanded engagement with CSO will be pursued to focus on possible alternative response modalities to meet urgent humanitarian needs. These approaches will be happening in tandem with humanitarian-wide approaches to localization through improving access to funding for NNGOs and CSOs.

Integrated programming, multi-sectoral responses and inter-cluster linkages

The Nutrition Cluster will facilitate integrated programming through participating in and promoting joint programme response through the SUN, UNN, SUN CSA, SBN, SUN multi-sectoral and multi-stakeholder coordination mechanism for nutrition and closely working with the Food Security Cluster and other clusters. Additionally, joint resourcing among partners will be adopted as a strategy to meet resource gaps. Expanded participation in inter-cluster coordination meetings at national and sub-national level will be part of the collaborative efforts to improve cluster outcomes. At programme level, and in compliance with strategic objectives of the pooled funds and other emergency funding streams, the Nutrition Cluster will support and encourage cross-sectoral response modalities including co-locating interventions to meet the multi-dimensional needs of IDPs, returnees, stateless and other crisis-affected people.

At programme level, the entire response will mainstream protection as part of the response approaches through joint programme sessions, referrals of protection cases identified during Nutrition Cluster activities and, where possible, joint resource mobilization. EORE will be mainstreamed across the cluster activities, platforms and facilities offering nutrition responses such as treatment of children with severe acute malnutrition (SAM) and the various supplementary feeding programmes.

Cost of the response

Standard unit-based cost-per-person was applied for Myanmar with adjustment made for the target and economies of scale in order to establish realistic costs. To this end, the average cost of response per person was determined as follows: screening (\$12), SAM treatment (\$188), MAM treatment (\$52), blanket supplementary feeding programme (BSFP) for under-

fives (\$61), BSFP for PLW (\$82), Infant and young child feeding (IYCF) counseling (\$5), micronutrient powder (MNP) for under-fives (\$10) and multiple micronutrient supplementation for PLW (\$10). Overall the cost-per-person for the cluster in 2023 is \$81, up from \$60 last year.

Inflation trends were considered in the costing of the commodities. However, it was noted that the impact of inflation on Nutrition items was more limited than other clusters because most of the commodities required for response are imported and therefore insulated from the inflationary pressures in the country. Nevertheless, transportation costs in-country that are subject to local costing structures and prone to inflation were considered. The inflation was therefore pegged at a nominal figure of 2 per cent (or \$0.9 million) of the total costs for the Nutrition Cluster activities for 2023.

Protection mainstreaming was also factored into the costing for the Nutrition Cluster response in 2023. To this end, a 7 per cent protection mainstreaming cost was included in the final Cluster requirements adding \$3 million, bringing the total cost to \$48 million including the inflation calculation.

Monitoring

The Nutrition Cluster has a robust data collection, reporting and monitoring system although its national reach is patchy. The Global Nutrition Cluster-approved tools will be used for data collection and reporting from the sub-national level. The sub-national focal points are responsible for the consolidation of response data from partners and reporting is done monthly. The information management team compiles the reported data, and conducts cleaning and analysis to produce dashboards, graphs, and maps to demonstrate spatial distribution of response activities and to establish the level of achievements against the target per activity planned.

Validation of data is undertaken by the Information Management Officer, working closely with reporting officers from partners through verification of reported electronic data against physical copies of the data. After validation, the reported data is consolidated, analyzed and reshared to ensure consistency before

final dissemination in compliance with the ICCG's Information Sharing Protocol.

Monitoring the impact of the response across all activities is also done through surveys by other cluster, with some results used as proxy indicators to monitor the unfolding nutrition situation on the ground. The Nutrition Cluster is expanding taking anthropometric measurements thanks to technical support from the Global Nutrition Cluster to monitor nutritional status across various locations in the country. Regular capacity building workshops will be provided to partners in the proper use of reporting tools to ensure consistent and accurate reporting.

Capacity, gaps and limitations

The Nutrition Cluster is facing major gaps in the areas of funding, capacity building of partners to respond to nutritional needs, current and representative assessments, and staffing gaps at various levels of the response. The Nutrition Cluster response is also impeded by access challenges due to the current operating environment and the limited presence of partners and staff in hard-to-reach areas hosting IDPs and other conflict-affected people.

The funding shortfalls in 2022 affected the reach and quality of services to children and women who desperately needed emergency nutrition assistance with flow-on impacts for needs into 2023. This underfunding trend was taken into account when setting the 2023 approach where tighter targeting is being applied. This means heavier prioritizations towards those with the most acute and urgent needs and less focus on prevention, which has meant a reduction in the cluster's target of almost 50 per cent compared to 2022 despite the deepening and expanding humanitarian crisis. The funding shortages in 2022 impacted on the availability and procurement of vital supplies (including ready-to-use therapeutic food) at a time when importation of items is already challenging. It also affected partners' ability to find staff for their programmes with the requisite technical expertise to respond optimally to the mounting needs.

Extended delays or denial of tax exemption certificates remain a major hindrance to the prompt procurement

and distribution of vital and life-saving nutrition supplies across the country. Transportation of supplies is also partly affected by the funding shortages, and more by the restrictive environment where TA are usually delayed or denied.

The Nutrition Cluster also faces huge data gaps as the last representative assessment was the 2015/2016 Myanmar Demographic Health survey. This compromises accurate forecasting of needs and subsequently the appropriate costs of the nutrition components of the humanitarian response, as the sector ultimately relies on proxy information from the food security assessment. Measuring the impacts of the response is also challenging due to this absence of representative assessment.

Links to development programming

The Nutrition Cluster has a consolidated coordination architecture which includes development actors working across the broader nutrition sector, enabling regular engagement with the partners through meetings, capacity building activities, joint programming and advocacy activities. The preventative programmes in the 2023 response, such as IYCF and micronutrient support, will partly be implemented by the development actors, but in different geographical

areas and focusing on different populations in less severe need, thus complementing efforts towards meeting overall needs.

Priority complementary activities with development actors will include development responses like food-based dietary guideline messaging and cooking demonstrations, livelihoods support, capacity building in skills development for IDPs and returnees in the Northeast, Rakhine, Northwest and Southeast. Closer coordination between the above-mentioned development support activities with other interventions from the Food Security, Health, and Protection Clusters would allow to focus on families previously identified as needing nutritional support among other targeting criteria.

3.8 Protection



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN (0 - 18)	WITH DISABILITIES
11.5M	2.1M	52%	34%	13%
REQUIREMENTS (US\$)	COST-PER-PERSON (US\$)	PARTNERS		
124M	59	77		

Cluster objectives

In 2023, the Protection Cluster’s overarching goal is to improve the realization of rights and safety and dignity of living conditions for people with humanitarian needs across Myanmar. The Protection Cluster will focus on a range of protection responses and advocacy through dedicated monitoring as well as trend analysis, to enhance preparedness and identify people with specific protection risks and needs. The cluster will also seek to reach the most vulnerable with life-saving and emergency protection prevention and response activities that build their resilience and reduce the adoption of negative coping mechanisms. Below are the objectives for the Protection Cluster:

C01: Protection of people affected by crisis is improved through provision of individually-targeted life-saving assistance and multi-sectoral, age-specific, gender-appropriate and inclusive protection, GBV, Mine Action, child protection, and MHPSS, responses to meet protection needs and reduce the risk of resorting to negative coping mechanisms.

C02: Communities are engaged, empowered, and supported to prevent, mitigate and respond to protection risks and needs with acknowledgement of community capacity, promotion of positive individual and community risk-reduction strategies, and support for social cohesion.

C03: Promotion of and respect for international humanitarian and human rights laws and humanitarian principles is enhanced through protection monitoring, analysis of risks and advocacy with all relevant stakeholders.

C04: Capabilities to prevent, mitigate and respond to protection risks and needs are strengthened by building technical capacity and community awareness of stakeholders on priority protection topics, as well as mainstreaming and integration of protection, GBV, Mine Action, child protection, and MHPSS support in all humanitarian actions.

Response

In 2023, the Protection Cluster and its AoRs plan to reach 2.1 million people by implementing a comprehensive set of activities at aim to improve people’s access to rights, safety and dignity. A key priority of the Protection Cluster and partners is to ensure that all IDPs, non-displaced stateless people, returned, locally integrated or resettled IDPs and the other crisis-affected people with humanitarian needs have inclusive, equitable and unhindered access to emergency, essential, and life-saving protection services tailored to their needs or risks. Priority is given to locations where the protection environment continues to deteriorate due to armed conflict and violence, as well as townships hosting the highest number of IDPs. Geographical prioritization for

protection activities is primarily based on the severity of the protection context at the township level. Among the other crisis-affected people with humanitarian needs, priority will be given in the locations where conflict intensity is high, or communities hosting IDPs. Specific consideration will be given to the following profiles:

- People living close to armed conflict areas or people exposed to specific protection risks due to armed conflict
- Families impacted by the destruction of houses or household items during the conflict
- People at heightened risk of abduction, GBV, arbitrary arrest, forced recruitment, human trafficking and forced labour
- Returning and mobile populations at risk of landmines and unexploded ordinance

This will be achieved through the identification of individuals or households in need of protection response and/or multi-sectoral referral; expanding safe delivery of integrated protection services; enhancing risk-informed, evidence-based, gender and age-specific, disability inclusive and contextually appropriate interventions; strengthening protection mainstreaming and integration (including GBV, CP and MA) across all clusters; providing targeted or specialized protection support to persons with specific needs/risks; and strengthening response capacity for partners including local actors. Based on people's preferences and the feasibility and appropriateness of the modality, protection partners will provide targeted responses either through cash or in-kind support, as well as through inter-sectoral referrals.

The Protection Cluster, including CP AoR and GBV AoR, will prioritize the strengthening of community-based and led protection responses, as well as community awareness activities on rights of the people. This is in recognition of the importance of empowering communities in the identification, prevention, mitigation and response to protection risks and enhancing communities' capacity to implement their self-protection mechanisms. Reducing vulnerabilities and improving the mental and physical well-being of affected people will remain a key priority. Risks

of sexual exploitation and abuse will be mitigated through appropriate strategies and needed support will be provided for the victims of sexual exploitation and abuse. Child protection risks will continue to be identified and appropriate measures implemented to mitigate risks and improve the well-being of children. Social cohesion and peaceful co-existence activities will be supported. Support will be provided for community empowerment and leadership development, targeting marginalized or under-represented groups, including women, older persons, persons with diverse sexual orientation and gender identities, people belonging to different ethnic groups, persons with disabilities, people needed MHPSS, adolescents, children, and young people. There will also be attention to strengthening the prevention and response to human trafficking risks including through targeted support, community-based measures and mainstreaming.

Efforts will continue to operationalize the Centrality of Protection in humanitarian programming including through protection monitoring with the different clusters and humanitarian actors. The Protection Cluster, together with the CP AoR and GBV AoR, and partners will continue to strengthen protection monitoring to safely collect and verify information to analyze protection trends, identify violations of rights and protection risks faced by IDPs, returnees, non-displaced stateless people and crisis-affected communities as a priority. Further analysis will focus on the most vulnerable people among crisis-affected populations including understanding the most affected areas and locations of incidents with the aim of reducing exposure to and mitigating against the devastating effects of such violence and risks. Findings from protection monitoring will be used for evidence-based advocacy at different levels to call for respect for international humanitarian and human rights law by all parties to the conflict as well as addressing the immediate structural causes, the need for resource mobilization, and guiding the prioritization of humanitarian interventions.

Social discrimination and gaps in Myanmar's legal and policy framework hinder the quality of protection and access to services for GBV survivors, persons with

disabilities, persons with diverse sexual orientation and gender identities, and people belonging to different ethnic groups, unaccompanied and separated children, stateless people, female-headed households and child-headed households. The cluster and partners will identify them and provide responses, as appropriate, through targeted or specialized support.

The Protection Cluster will engage with the HCT to leverage advocacy interventions with key stakeholders on timely access to urgent and prioritized protection responses in an inclusive manner. The cluster will support the implementation of the HCT Protection Strategy (2022). In all interventions, the cluster and its AoRs will ensure the inclusion of age, gender, disability and other diversities while mainstreaming and integrating protection and gender in all responses. Additionally, the Protection Cluster will aim at strengthening respect for international humanitarian and human rights law, including preventing and responding to grave violations against children, accountability, protection of civilians and ensuring that crisis-affected communities have access to protection (and other multi-sectoral) services.

Advocacy interventions to address the root and structural causes of the Rakhine crisis, as per the Rakhine Advisory Commission recommendations will remain a priority, including advocacy on freedom of movement, access to sustainable livelihoods and basic services and physical and mental well-being of all people affected by crisis, especially the stateless Rohingya people. Related advocacy for access to civil documentation and pathways to citizenship will continue, given the implications for people's political rights, access to livelihoods, education and other basic services. HLP rights programmes will be strengthened, including monitoring the legal and policy development and streamlining of interventions. Gender will be considered while working on civil and HLP documentation.

The cluster will continue to support and promote local partners to access funding through partnerships that aim to expand and strengthen the ability to reach the most underserved populations, especially in the Northwest and Southeast. Specific focus will be

placed on supporting local partners to access funding, enhancing their capacity, and promoting their work through the cluster. Representation and participation in cluster initiatives, monitoring and activities by local and national NGOs will remain a priority.

AAP remains a key priority for the cluster. In 2023, Protection partners will focus on mainstreaming and institutionalizing collective AAP by establishing common service platforms. AAP mechanisms will be analyzed and barriers for women, children and other vulnerable groups will be removed. This entails enhancing overall complaints and feedback mechanisms including through closing the feedback loop in an efficient and inclusive manner. The role of AAP will be promoted so that it goes beyond the provision of life-saving information, since it also safeguards the basic rights of affected people, enhances local resilience and adaptive capacity, supports meaningful participation, amplifies the voice of vulnerable people, and empowers people to provide feedback to hold humanitarian and protection service providers accountable. This entails vital coordination mechanisms with existing AAP/CE coordination bodies/structures at the national as well as sub-national levels with critical protection messages and dissemination of vital information as per the community's need, including on PSEA. The cluster will ensure its AAP efforts are fully aligned with efforts of the AAP/CE Working Group at the national level to establish a common feedback and complaints platform across the response.

In 2023, the Protection cluster and AoRs will provide following responses:

- Provision of targeted/specialized support to persons with specific protection needs/risks (including activities such as cash for protection, in-kind support, distribution of dignity kits, distribution of child protection kits, provision of victim assistance to people affected by EO, protection referrals and psychosocial support).
- Case management and psychosocial support (including multi-sectoral responses to GBV survivors and to child survivors of GBV, as well as to children who have experienced all kinds of

violence, abuse, neglect or exploitation, services in the safe houses and counseling/therapy to individual, family, or group).

- Community-based protection structures and community-led risk mitigation initiatives.
- Community awareness raising for prevention and mitigation of protection risks such as the provision of information on various protection topics targeted to women, girls, boys, children, and persons with specific needs.
- Provision of legal aid services including counseling and legal aid support including activities such as legal representation, counselling, and legal awareness.

- Protection monitoring and assessments to inform advocacy, quality programming and fundraising such as protection monitoring, needs/gap assessments, rapid protection assessments, durable solution site monitoring, GBV and Child Protection safety audits, contamination surveys, displacement monitoring, protection risk/needs analysis and protection/humanitarian advocacy.
- Capacity building support to humanitarian actors and services providers.

3.8.1 Child Protection Area of Responsibility (CP AoR)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
5.3M	1.1M	17M

In 2023, the CP AoR plans to reach nearly 1.1 million children across the country. With the intensifying conflict and a significant increase in displacement throughout the course of 2022, the Child Protection AoR will work to widen access to quality integrated support services, especially for children and adolescents in contested communities, tailored to their needs (age, gender, disabilities and other diversities, as well as location), with special focus on survivors of grave violations, child abuse and exploitation, conflict-affected children, and unaccompanied and separated children. The Child Protection AoR will focus on life-saving child protection support (including distribution of relief items) and services at the level of children, families, communities and society, utilizing the Child Protection Minimum Standards in Humanitarian Action 2029.

Considering the ongoing conflict and short- to long-term displacement spreading across the country, child protection actors will strive to strengthen community-led child protection. Support and services for violence prevention and response will include MHPSS for girls and boys, positive parenting, community-level child protection, and monitoring and reporting, and case management support for referrals

to specialized services (e.g. legal, medical, MHPSS, etc.) at the sub-national level. MHPSS will be delivered through a mixed method of virtual and in-person support, as appropriate. Child victims of grave violations, including of those associated with armed groups or armed forces, will be a priority for case management and reintegration to communities.

Partners will also focus on empowering children and adolescents through their meaningful participation. Child Protection partners will focus as well on empowering and strengthening local communities to prevent and respond to child protection issues. Additional focus will be on learning centres, and other basic service and alternative care providers as part of measures to prevent, mitigate and respond to child abuse, exploitation, and violence against children. Partners will establish quality group and individual activities for the well-being of children, adolescents, and parents/and caregivers.

Building on the increased scope of the Country Task Force Monitoring and Reporting mechanism, these efforts will be combined with enhanced prevention, response, and advocacy on preventing grave violations against children. This includes documentation and

verification of grave violations, victim assistance with reintegration, psychosocial and case management support for affected children, and advocacy at country, regional, and global levels.

Case management support for children at risk and survivors of abuse will be expanded under the leadership of the inter-agency Case Management Taskforce (CMTF) by adopting standard procedures, services mapping, referral pathways and harmonized capacity building plans for the child protection workforce. The CMTF will also enhance child protection case management through further supporting the rollout of a child protection information management system in Myanmar. Effective community engagement on child protection will be sustained and scaled-up, taking into consideration social norms that can increase the risk of girls being exposed to GBV including sexual violence, as well as existing community capacity in child protection mechanisms and their ownership.

Child Protection and GBV actors will collaborate in implementing case management support for child and adolescent survivors. The Child Protection AoR will work closely with GBV actors to strengthen response capacity particularly in collaboration with the Task Force on Clinical Management of Rape (CMR). Dedicated child protection and GBV actors at national level will support and complement the respective

working groups/task forces, as well as sub-national coordination groups to maximize collaboration between the two AoRs through the establishment of a national level CP/GBV WG. This will include timely referrals to appropriate clinical service providers by child protection actors including trained community members. Child Protection groups will be strengthened to ensure appropriate community level referral and response services are in place, and access to CFSs with recreational activities. Child protection partners will ensure that training and materials are tailored to the different contexts across the country to ensure that interventions remain relevant and place survivors at the center of any response. Child Protection will continue to strengthen its collaboration with the Education Cluster to ensure child protection needs are prioritized and addressed across its strategies and response.

The CP AoR will support the HCT’s development of a well-coordinated localization strategy, with the aim of equipping, engaging and strengthening the capacity of and partnership with local actors in the sector, particularly CSOs wherever feasible to achieve sustainable impact as part of the durable solutions initiatives. The operationalization of the 5Ws will facilitate mapping of existing child protection services and allow identification of operational and geographical gaps.

3.8.2 Gender-Based Violence Area of Responsibility (GBV AoR)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
7.7M	868K	28M

In 2023, the GBV AoR aims to reach 967,986 people across the country with GBV prevention, mitigation, and response interventions. The targeting is based on the severity of needs in each location, as well as analysis of partner presence, access, and operational capacities. The GBV AoR will continue to engage with diverse partners to identify potential operational solutions in areas with limited or no presence of GBV actors and will provide technical support to expand coverage and reach to meet the humanitarian needs. While more focus is placed on response to the needs

of IDPs due to the linkages between displacement and risk of GBV, non-displaced stateless and returned, resettled, and locally integrated IDPs will also be supported as they face increasing protection risks with diminishing support systems. The main target group for the GBV AoR is women and girls since they are at much greater risk of experiencing GBV. However, men and boys will be also targeted for GBV prevention and awareness-raising interventions, as well as for GBV response due to the heightened risk of use of sexual violence during the conflict. The GBV AoR will also

make concerted efforts to support other crisis-affected people with humanitarian needs, such as persons with disabilities and persons with diverse sexual orientations and gender identities who tend to face compounded risks of GBV as well as additional barriers in accessing critical services and support.

The GBV AoR and its partners will continue to provide sustained and adapted provision of quality multi-sectoral response services, including case management, MHPSS, health, legal assistance and temporary shelter or safe houses. Where mobility and access to in-person services are limited, GBV partners will continue and/or expand remote service provision based on the available guidelines, minimum standards and technical support from the global GBV AoR. More attention will be paid to strengthening inclusion and consideration of special needs and vulnerabilities of persons with disabilities, adolescents, ethnic minorities and persons with diverse sexual orientation and gender identities through assessments and targeted responses. In order to ensure timely response and referrals, the GBV AoR and its partners will regularly update service mappings and referral pathways in quickly changing operational environments. Dignity kit distributions, in addition to meeting people’s immediate needs in relation to dignity and menstrual health, will be complemented by information sharing on GBV risk mitigation and available services. The GBV AoR will also coordinate with the PSEA Network and Monitoring, Analysis and Reporting Arrangements (MARA) Working Group to make sure survivors of sexual exploitation and abuse and conflict-related sexual violence can access required services. The GBV AoR, in partnership with the PSEA Network, will strengthen engagement with GBV service providers and humanitarian actors,

with particular attention to informal justice actors, to ensure that stakeholders understand what constitutes SEA and how to report and refer alleged cases appropriately.

As part of the GBV mitigation and prevention strategies, the GBV AoR will conduct community engagement (especially with men and boys, camp or community leaders and informal justice actors), and will promote of women and girls’ empowerment and safety, including through psychosocial support, and GBV assessments and GBV risk mitigation by coordination with other clusters and working groups. These interventions aim to reduce negative coping mechanisms arising from the prevailing political and socioeconomic crises. Regular GBV safety audits and assessments will be conducted, including follow-up on recommendations to enhance a safe environment for women and girls through early identification of risks and advocacy with other humanitarian actors to mitigate such risks. To ensure service quality, continuous efforts will be made to offer capacity building and coaching for service providers, with special emphasis on CSOs, women’s organizations and organizations representing at-risk population groups. The GBV AoR strives to strengthen safe and ethical data collection, analysis and utilization for advocacy and programming purposes, including the strategic use of the GBV Information Management System, and safety audit findings, in line with global best practice and the ICCG Information Sharing Protocol. In communities where early recovery interventions can be undertaken, the GBV AoR members will focus on initiatives aimed at addressing negative social norms that perpetuate violence and abuse.

3.8.3 Mine Action Area of Responsibility (MA AoR)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
11.4M	2.1M	14M

The overall situation in Myanmar remains challenging but there is more space to implement activities in comparison to last year. MA AoR activities around prevention and risk awareness, as well as victim assistance can take place relatively unhindered in

areas where access is possible, while adapting the approach of delivery in areas where access is difficult. There are some geographical areas where activities are reduced or not taking place at all. Mine clearance work

remains mostly off-limits and is heavily controlled by armed actors.

The Myanmar MA AoR has been instrumental in coordinating mine action activities across the country. It is anticipated that the delivery of activities will increase moving into 2023 in terms of reach, as well as quality. In 2023, the MA AoR aims to reach a similar number of people to those reached prior to the pandemic and the military takeover through EORE which is around 400,000.

MA AoR will continue to provide victim assistance activities and plans to develop a reliable comprehensive Myanmar Victim Information System with access to transparent data to ensure that the MA AoR disseminates accurate information and receives details about requests, requirements, and preferences from MA AoR members. An EORE dashboard will be developed using the 5Ws.

MA AoR will promote mainstreaming EORE into the wider humanitarian response. This effort ensures wider reach to affected people and provides opportunities for synergies between activities to maximize impact.

In 2023, the AoR will conduct an assessment of its role in coordination, supporting service delivery, informing strategic decision making, planning and implementing AoR strategies, monitoring and evaluating performance, supporting robust advocacy and promoting AAP.

The MA AoR will continue to support initiatives in relation to advocacy for marking and clearance of hazardous areas. This will take place through advocacy with the Special Envoy, Special Rapporteur and other UN Special Procedures, influencing positions, as well as the HCT on the humanitarian impact of EO in Myanmar.

Myanmar has benefitted from longer-term donor support on MA priorities and has a good base of trained and experienced staff that allows for scalability to reach a larger number of affected people.

Integrated programming, multi-sectoral responses and inter-cluster linkages

The 2023 HRP emphasizes a rights-based approach to humanitarian activities. In line with this, the Protection Cluster will continue to prioritize stand-alone and mainstreamed protection activities. Specific focus will be placed on enhancing the mainstreaming protection in the other sectors through technical support including by developing guidance notes and training, especially now that the cost of this mainstreaming has been fully captured in sectoral costings for the first time in 2023. To support it further, the Protection Cluster and AoRs will be part of joint or inter-agency assessments and monitoring activities. In addition, non-protection partners will receive technical and capacity building support from the Protection Cluster and its partners on protection and humanitarian principles. Further, the MHPSS Working Group will work to strengthen the MHPSS capacity of frontline workers to identify people in need of referral to psychosocial services including their self-care, particularly in response to increasing needs due to conflict and multiple vulnerabilities. To enhance multi-sectoral response and inter-cluster linkages, in 2023, the Protection Cluster intends to establish an inter-agency referral system in Rakhine and pilot it so that multi-sectoral responses can be provided on the needs basis. To localize the protection response and promote community-based protection approaches, targeted and more systematic investment will be made to enhance local and community capacities, as well as existing community structures at the camp level or in displacement sites, in close collaboration with the CCCM Cluster for timely delivery of protection services.

The GBV AoR will work closely with other clusters and working groups to ensure GBV risk mitigation is a core element of the humanitarian response. Support and guidance will continue to be provided to all clusters according to their sectoral needs, through bilateral consultations, learning sessions and dedicated technical notes. To respond to the diverse needs of GBV survivors, the GBV AoR will further strengthen coordination with and referrals to multi-sectoral partners including through strengthening referrals for clinical care for GBV survivors in collaboration with health partners. With the expansion of CVA, the

GBV AoR will work closely with the Cash Working Group to integrate GBV risk mitigation into CVA as well as promote safe usage of CVA as part of GBV interventions. In addition, the GBV AoR will provide training and technical support to other cluster partners to orient them on GBV basic concepts, guiding principles and risk mitigation to ensure effective and timely referrals based on a survivor-centered approach. Where feasible, joint, or integrated assessments will be conducted together with other clusters to identify protection threats, including GBV risks and identified issues will be addressed by working together with relevant cluster partners.

The CP AoR will collaborate with the Education Cluster to focus on safeguarding through the establishment of school-based reporting mechanisms for children with issues related to violence and exploitation. It will also work with the Education Cluster in child friendly and temporary learning spaces whereby children's psychosocial support is collaboratively catered for through the different activities. Work will be completed with the Health Cluster on specialized care for child survivors of violence including GBV. The MA AoR will continue to collaborate with other clusters to mainstream EORE through technical support, engagement, collaboration, and advocacy in order to minimize the risks.

Cost of the response

Protection activities remain vital to providing quality response services, including Child Protection, GBV prevention and response, Mine Action and MHPSS interventions. Therefore, experienced, and qualified staff are required to deliver specialized and targeted protection responses. The main component of the cost of protection response is human resources since protection interventions are labor-intensive, requiring qualified, experienced and dedicated staff to deliver different types of activities and services, including technical support, continuous capacity building, risk analysis, supervision, and quality assurance and monitoring. Additionally, costs are incorporated to ensure data protection principles are followed since the Protection Cluster and AoR partners need to safeguard sensitive data and information.

Cluster partners will be extending protection services to new locations especially hard-to-reach areas. This requires additional resources for operational set-up, ensuring a safe and conducive environment to provide protection interventions, including through national partners, and establishing specialized or targeted services. The costs include regular capacity building, coaching and supervision to ensure quality responses and investment in inclusive service provision. Inflation is likely to have minimal impact on protection services except for the cost of procuring dignity kits. The Protection Cluster and AoR average cost-per-person is \$59 in 2023, compared to \$58 last year.

Monitoring

The Protection Cluster, including the AoRs and as interdependent coordination bodies and working group, will monitor the progress and quality of responses against the annual targets on a quarterly basis, through the 5W reporting tool, which will inform the overall response against agreed upon indicators, in line with the HRP monitoring requirements. The 5W monitoring tool will be enhanced to capture information on planned protection interventions across all the geographical areas, as well as for all population groups targeted for assistance. New partners will be oriented on the 5Ws reporting system, while refresher sessions will be organized for current partners. The Protection Cluster will continuously engage with national or local partners and their reporting focal points to enhance 5Ws reporting and support them to enhance their contribution to the humanitarian response. To improve the quality of reporting, dedicated bi-annual consultations on 5Ws reporting and HRP reporting requirements will be organized. Monitoring processes will be further enhanced through field visits, where possible, to enable evidence-based reporting. Response-related information will be disseminated through interactive dashboards and other products that can be shared publicly. Response will be supported through service mapping (wherever possible), to highlight available services and gaps in the different geographical locations and use the information for evidence-based planning and reporting. To make the information sharing process simpler and minimize risks to the partners, the Protection Cluster will work in alignment with the existing ICCG Information

Sharing Protocol. The Protection Cluster will also conduct its annual Cluster Coordination Performance Monitoring and use the results to develop plans for corrective actions.

Capacity, gaps and limitations

In the first 3 quarters of 2022, 81 protection partners were either present or delivered humanitarian assistance across the country. National and International NGOs continue to make up the largest proportion of protection responders in Myanmar, followed by community-based organizations, and UN organizations. This presence was maintained despite the enormous challenges presented by heavy fighting and access constraints that were encountered throughout 2022. Following the events of February 2021 and the uncertainties surrounding safety and security, both national and international protection partners experienced serious limitations in accessing people, mainly across Northwest and Southeast.

In 2023, it can be anticipated that access challenges will persist with continued insecurity, deeper registration issues for national partners, delays in or refusal of TA, as well as other ad hoc and area-specific access constraints in some locations. Protection partners will continue to invest in the new fit-for-purpose coordination structure recommended through the P-to-P review process at the local, state/region and sub-regional level to ensure protection responses are delivered in a coordinated, transparent, impartial and accountable manner and in line with the Humanitarian Principles. Moreover, the Protection Cluster will continue scaling up and streamlining its coordination mechanisms through engagement with thematic actors like the Human Trafficking Working Group (HTWG), providing capacity support and advocating for access to funding especially local and national NGOs. The cluster will continue to strengthen localization, to ensure timely and extensive service delivery, considering the operational dynamics including strengths and challenges of different partners.

Wherever access remains a challenge, partners will use appropriate and safe remote response modalities to deliver services to communities targeted for assistance. Additionally, partners will continue

engaging volunteers, community and camp-based staff, displacement and durable solutions site focal points, community networks, CSOs and NGOs (localization), as relevant and appropriate. Partner agencies will be supported to train staff on remote response modalities, particularly on case management which has been very helpful in the hard-to-reach areas. Great emphasis will be placed on avoiding ethical challenges especially around confidentiality which, if not fully observed, have the potential to significantly affect the quality of services. To overcome access challenges, there has also been increased use of cash. To address 'Do No Harm' considerations related to cash support.

Links to development programming

Protection concerns cannot be addressed by one entity and require coordinated and timely engagement by different actors, including human rights, humanitarian, development, and peacebuilding partners. The Protection Cluster will continue engaging and working with nexus and development-oriented coordination structures and partners to ensure protection is considered across different workstreams. Due to the disruption of public social services, especially across the Northwest and Southeast, the Protection Cluster and its partners, together with AoRs, will work to expand the coverage of interventions to ensure the availability and accessibility to life-saving protection services. Nexus approaches will be streamlined and enhanced, considering protection and resilience priorities. Protection actors will avoid creating parallel systems and ensure full coordination in service delivery among protection partners, including local CSOs. Protection activities will be linked to the rights violation referral system and related advocacy when incidents are identified. Additionally, wherever applicable, a transition from emergency humanitarian response to early recovery, and eventually durable solutions for IDPs will be explored, as appropriate.

3.9 Shelter/NFI/CCCM



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN (0 - 18)	WITH DISABILITIES
3M	952K	52%	35%	13%
REQUIREMENTS (US\$)	COST-PER-PERSON (US\$)	PARTNERS		
88M	92	57		

Cluster objectives

CO1: Assist IDPs and other conflict and disaster affected people with emergency, temporary shelter, or semi-permanent shelter support (including the maintenance, repair, upgrading and replacement of existing shelters), and emergency NFI provision that enhances protection, dignity, safety and privacy taking into consideration environmental aspects

CO2: Assist returned/resettled IDPs and non-displaced stateless people with emergency, temporary shelter, or semi-permanent shelter support (including the maintenance, repair, upgrading and replacement of existing shelters) and NFI provision to enhance protection, dignity, safety, and privacy taking into consideration environmental aspects.

CO3: Strengthen settlement monitoring, service coordination and maintenance of camp infrastructure

CO4: Strengthen the capacity of camp management actors, communities, and service providers at camp level on camp management and coordination, as well as protection mainstreaming.

CO5: Reinforce community participation activities at camp and settlement level.

The Shelter/NFI/CCCM Cluster will focus on five objectives in 2023. The first two (related to shelter

and NFIs) will concentrate on addressing affected populations’ emergency needs ensuring contextualized access to life-saving accommodation and relief items, targeting the most vulnerable and at-risk population groups to prevent s deterioration of humanitarian conditions and needs. Activities under these objectives include improvement of protection outcomes by ensuring people have adequate safety, dignity, physical and mental well-being. Inclusive and equitable access to emergency shelter-NFI provision and solutions will be prioritized, including through the strengthening of cluster members’ engagement, participation, and capacities.

In terms of CCCM, the cluster will focus on three objectives: Strengthening settlement monitoring, service coordination and maintenance of camp infrastructure; strengthening the capacity of camp management actors, communities, and service providers at camp level on camp management and coordination; and finally protection mainstreaming and reinforcing community participation in activities at camp and settlement levels to ensure AAP

The cluster will ensure close coordination with Protection partners, the GBV AoR and the Disability Inclusion Technical Advisory Group to improve data analysis on shelter and NFIs, and incorporate protection information in programming, focusing on the needs of vulnerable groups. The cluster will

continue to mobilize partners and ramp up advocacy on behalf of affected populations to ensure minimum standards of safety and dignity are met. The activities will incorporate a settlement-based approach and ensure coherence among cross-cutting themes such as cash/market-based programming, “Do No Harm” principles, GBV and health risk mitigation, protection mainstreaming, and conflict sensitivity programming.

Response

Given the added complexity and increased level of severity of the ongoing crisis in Myanmar, the cluster’s number of people in need in 2023 has increased significantly compared to the previous year. The 2023 HNO identified 3 million people in need of shelter, NFI and CCCM assistance, with some 952,000 of the most affected and most vulnerable prioritized for assistance this year. While large, the gap between people in need and targeted for assistance is a realistic product of field expert judgment, analytical reviews by region, and partners’ capacity to deliver and respond considering the current challenges such as severe access constraints and funding challenges. Nevertheless, the cluster has the capability to scale-up the response further depending on the availability of adequate funds and increased humanitarian access to the affected population.

In the Northeast, Cluster partners will provide emergency shelter and NFI support to the newly displaced population. Coordination, service monitoring, community engagement, and emergency, temporary shelter and NFI replenishment will be prioritized for protracted displacement sites, alongside support to strengthen the shelter capacity outside of camps. Such interventions include shelter support and NFIs provided on a needs basis. In the Northwest, based on projections of surging displacement and re-displacement in 2023, the cluster is focusing on emergency, life-saving activities and the mitigation of humanitarian consequences related to protection risks. In the Northwest, there are already hundreds of thousands of self-settled, unplanned settlements which are the least visible and most underserved. Cluster partners – based on accessibility – will use community engagement approaches and target those settlements through mobile modalities including

using an area-based approach to addressing barriers facing these vulnerable communities in accessing services. Those most exposed and vulnerable such as women, children, the elderly, and those with special needs IDPs, returnees and crisis-affected people with humanitarian needs are the target population groups for provision of emergency shelter, core-relief NFI kits and material support.

Due to the severe access constraints, the Northwest will require a mixture of cash and in-kind modalities and local, area-based procurement to ensure shelter-NFI support is available. In terms of CCCM, cluster partners will work closely with community leaders and community groups to assess the priority needs of people in informal settlements and ensure multi-cluster collaboration, including information sharing and joint analysis to design an appropriate response.

In Rakhine, cluster partners will continue to prioritize shelter and NFI support to IDP sites (formal and spontaneous), as well as the IDPs who return to their villages of origin or are resettled. Due to the diminishing levels of access, partners will increase their engagement with local/community-based organizations who have demonstrated ability to gain access to affected communities. Through Rakhine-based coordination structures, Cluster members will be advocating for access to all unreached and hard-to-reach IDP locations to mitigate against the impact of access challenges on the condition and volume of shelter available, as well as on availability of relief items. In Rakhine, cluster members will work to maintain contingency stocks according to the Inter-Agency Contingency Plan. Continued camp management and shelter and NFI assistance in Rohingya and Kaman IDP sites will remain a priority. In these camps, permanent Camp Management Agency presence is required to ensure localization via community engagement, and to help ensure community ownership of key community participation, site improvement, service monitoring and coordination activities. In the AA-MAF IDP sites, site focal agencies will continue to scale-up their capacity in monitoring the increasing needs and numbers of IDPs displaced by conflict. Site focal agencies will also continue

to expand their networks and engage in capacity building efforts with local actors and CSOs to ensure their involvement in identifying and delivering key services, including shelter and NFI support to the sites wherever possible.

In the Southeast (southern Shan, Kayah, Kayin, eastern Bago, Mon and Tanintharyi), Cluster partners will prioritize and respond to emergency shelter and NFIs needs of IDPs throughout 2023. Based on CCCM capacity development activities implemented in 2022, partners will organize training programmes to improve their work in assessing and reporting the main needs, challenges, and gaps in terms of services through coordination mechanisms established in the region. The cluster will work with the CWG to map the capacity and strengthen engagements with CSO and NNGO partners that may have some access to deliver cash responses.

Integrated programming, multi-sectoral responses and inter-cluster linkages

At national and sub-national levels, the cluster will coordinate and work bilaterally, directly, and closely with the Health, Protection, WASH and other clusters and working groups to address the dire conditions in which displaced families live. The aim is to ensure that the sites are safer, more habitable, and better organized based on the assessed needs of the population, and to enhance AAP.

The cluster will also pursue the resourcing of further initiatives to assist specific target populations or to mitigate against identified protection needs, especially GBV within displacement settings. In terms of humanitarian access constraints, the cluster will work with the HAWG and logistics partners to jointly explore mechanisms to better reach vulnerable populations in hard-to-reach areas with vital assistance and services.

Cluster partners will mainstream protection across activities including monitoring of service provision, repairs and upgrades to shelter infrastructure, and provision of emergency NFIs. In coordination with the Protection Cluster, needs assessments will be conducted to identify the gaps/needs, risks

and preferences of women and girls, persons with disabilities, and the elderly.

At the sub-national level, in the Northeast (Kachin and northern Shan) CCCM is positioned as a cross-cutting area of work, and directly receives requests and feedback from camp residents and camp management committees, as well as through camp management agencies, which are then referred on to the respective clusters for timely response. In the Northwest (Chin, Magway and Sagaing), the cluster will work with the ICCG to refer complaints, address issues relating to service provision and improve humanitarian access. In Rakhine, the cluster will prioritize people with specific needs and apply the AGD principle during assessments. Through collaboration with protection partners, the cluster will ensure all complaints regarding shelter and NFIs are addressed, and that regular feedback is provided on pending issues. The cluster will continue to operate as a cross-cutting area in facilitating complaint mechanisms and service monitoring and enabling the work and initiatives of other clusters as required, particularly for cross-cutting issues such as camp closure. In the Southeast (southern Shan, Kayah, Kayin, Bago, Mon and Tanintharyi), cluster partners will strengthen integrated programming and multi-sectoral response at both strategic planning and implementation levels, which will include working with protection and mine action partners during initial needs assessments.

Cost of the response

The cluster requirement is based on an activity costing approach. The cost-per-person for the Shelter, NFI and CCCM response in 2023 is \$92, up from \$80 in 2022.

The impact of inflation in 2022 was assessed and tracked on a quarterly basis. Following these trends and based on field expert judgment and existing programming experiences, the cluster estimated that inflation would increase costs by 30 per cent for the Shelter and NFIs response, and by 10 per cent for CCCM activities – including the costs of training and protection mainstreaming activities. The CCCM funding requirement is based on an average staff and transportation cost of running a “mobile” CCCM response modality, including the costs for the running

of complaints and feedback mechanisms. In terms of protection mainstreaming, the cost was calculated through consultation with partners based on service monitoring and maintenance works under CCCM and Shelter activities.

Monitoring

At national level, the cluster has a 5W matrix that collects information from partners on a quarterly basis to track progress on activities, and to assess and map emerging assistance gaps, community feedback and protection concerns and mitigate against duplication. In the same line, the cluster will use as reference the Monthly Humanitarian update (MHU) and MHF reports to anchor monitoring efforts. In 2022, the cluster implemented a CCCM capacity development strategy to reinforce partners' skills and to enhance their technical management in tracking and monitoring service standards, community engagement and contribution to coordination. The cluster relies on a pool of national CCCM trainers who will be responsible and accountable to train others at settlement level, with trainings to be replicated at sub-national and national levels.

The impact of the cluster's work will be monitored on a quarterly basis with site monitoring and cluster analysis reports to be collected and shared by partners. The cluster will monitor the result of its capacity development strategy through capacity building reports. In addition, the cluster will work on establishing and monitoring oversight systems for tracking the evolving needs of displaced populations and community participation, in coordination with the protection cluster. In Rakhine, the cluster will continue to use its standard site and camp profiles across the Rohingya and Kaman camps, and AA-MAF sites to monitor overall displacement demographics. In the Rohingya and Kaman camps, thorough tracking of shelter and NFI needs is carried out by the camp management agencies, while in AA-MAF sites focal agencies monitor shelter and NFI needs for new arrivals and protracted IDPs.

Capacity, gaps and limitations

Escalating conflict, political instability, and economic shocks, worsened by lingering COVID impacts have driven up the number of people in need for the second year in a row, with displacement and the depth of IDP needs extending beyond anticipated scenarios. The increasing number of people in need, in vulnerable locations with worsening humanitarian access is affecting the ability of humanitarians to conduct needs assessments and service monitoring countrywide. The provision of assistance to the most vulnerable groups, safety and security, access to basic services and livelihood opportunities are all affected by the conflict trends. Movement restrictions continue to weigh heavily on many affected populations, particularly the Rohingya and Kaman people in camps. The disruptions to the national banking system and general economy are also affecting the cost of relief items and availability of supplies on local markets.

The restrictions on access to some IDP locations are a major challenge for the cluster and its partners. Access to some IDP sites around urban areas has been shut down completely with a push towards closure. The unpredictability in terms of access in conflict areas has made it extremely difficult to plan and deliver meaningful interventions and support to several IDPs in these restricted sites. Lack of access to those staying in informal displacement sites in jungles and forests, many of whom need to stay on the move for safety, is impeding the delivery of sustained assistance to these most needy groups. The supply chain disruption and increasing restrictions on transportation of items, expected to persist in 2023, will present additional constraints for partners.

The lack of adequate access to health services is also affecting the physical and mental well-being of the affected population who are in camps and camp-like settings, resulting in increased vulnerabilities and protection risks. Underfunding of CCCM work is undermining the quality of the response. In 2022, CCCM agencies have had to rely on pulling staff from other clusters to carry out their site facilitation activities, which impacts the quality and consistency of the response and services. In 2023, continued high civilian displacement is anticipated in line with conflict

trends, meaning that sufficient levels of funding will be critical to cover protracted camps as well as new camps and sites, particularly in the Northwest. In the Southeast and Northwest, humanitarian access constraints are impeding response capacity of partners, and the increasing trend of new displacements raises the risk of more IDPs being forced to endure the vital shelter and NFI assistance they need for a safe and dignified life.

Links to development programming

In 2023, the cluster will prioritize emergency and life-saving assistance to the most affected and vulnerable population groups and locations while strengthening engagement with development actors including through joint planning, assessment and analysis, and information sharing activities that will explore durable solutions in feasible areas. The cluster will provide technical capacity to develop improved shelter designs for development actors, considering the GBV mainstreaming approach. This approach will also include shelter analysis that identifies high-risk sites for COVID-19 and other disease transmission and

the highlights the specific needs of different groups (women, children, elderly, single/ female headed households, persons with diverse sexual orientation and gender identities and persons with disabilities).

In the Northwest, the cluster will engage with development partners to plan the return response for the hundreds of thousands of IDPs whose houses have been burned or destroyed during attacks and clashes. Advocacy around the need for communal infrastructure in villages of origin and return will be prioritized to ensure that returning populations continue to enjoy quality services. Some planned NFI activities, including distributions in AA-MAF IDP sites, that were suspended due to worsening insecurity and access restrictions in 2022 will be shifted to 2023 in collaboration with development actors who are also anxious to reach these locations with different kinds of support. Cluster partners will continue to encourage durable solutions that include links to development and peace building programming.

3.10 Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN (0 - 18)	WITH DISABILITIES
5.2M	1.6M	52%	35%	14%
REQUIREMENTS (US\$)	COST-PER-PERSON (US\$)	PARTNERS		
112M	69	45		

Cluster objective

CO1: Implement, operate and sustain quality and high standard water and sanitation services and promote good hygiene practices to crisis-affected, displaced, returned and stateless people.

Cluster Activities

The WASH Cluster plans to ensure that affected people including IDPs, returnees, stateless and other crisis-impacted groups have equitable, inclusive, and safe access to:

- Safe and improved drinking water meeting demand for domestic purposes, at minimum/agreed standards.
- Functional excreta disposal systems, reducing the risk of waterborne diseases.
- Hygiene items and community-tailored messages, enabling health seeking behavior.
- Integrated/mainstreamed WASH services in temporary learning spaces.
- Integrated/mainstreamed WASH services in temporary health facilities.

Response

To fulfill the above objectives, the WASH Cluster response will prioritize the following activities:

- Ensuring safe and improved access to water supply, sanitation services and good hygiene

practices. These will remain mostly temporary and semi-permanent in design considering the context of the camps/sites, the cost and the push for return, resettlement, and local integration of IDPs. This approach will also avoid further entrenching the situation of populations living in camps for protracted periods. In protracted camps, durable solutions will be considered and explored in coordination with development actors.

- Construction, operation and maintenance of WASH facilities will remain a priority in 2023 to ensure facilities meet the minimum cluster and international (Sphere) standards.
- Tailored hygiene supplies (or cash alternatives where feasible and appropriate), hygiene promotion, including menstrual hygiene and hygiene messages will continue to be provided based on needs and vulnerability.
- Ensuring the availability of contingency stocks of WASH supplies needed to respond to unforeseen crises including natural disasters and influxes of newly displaced populations.
- Exploring the possibility of remote delivery and service provision to ensure that vital supplies can reach people in hard-to-reach areas and other conflict-affected locations that are facing access challenges.

In addition to the above, the cluster strategy for 2023 seeks to further enhance integration and

mainstreaming of services across clusters. The response will, therefore, also prioritize specific WASH interventions for prevention and mitigation of protection risks, including PSEA and GBV in close collaboration with protection actors; WASH in TLSs in partnership with the Education Cluster; and support for WASH infrastructure in temporary health facilities, where needed. In 2023, the WASH Cluster in collaboration with the Health Cluster will support 20 per cent of temporary health facilities in locations targeted for assistance.

The WASH Cluster will continue to adopt response modalities and approaches that optimize cost effectiveness, efficiency, and principled service delivery, integrating with local markets, and service provision managed by local authorities and the private sector. Improved AAP through more robust and inclusive complaints and feedback mechanisms will be promoted, in addition to a system of continuous consultation, involvement, and engagement of affected communities including women, girls, PLW, the elderly, and other vulnerable groups in the design and provision of WASH services.

The 2023 WASH Cluster response will build on lessons learned in previous years, including the technical working groups and will reflect some new WASH facility designs, approaches, and standards. Localization and sustainable partnership-based approaches will continue to be prioritized for WASH responses in the existing protracted camps with more community mobilization efforts as part of an exit strategy. The WASH cluster will also prioritize capacity building activities for local NGOs on market-based programming. The WASH Cluster remains one of the few to retain a limited response in peri-urban Yangon within its plan given the heavy dependence on humanitarian water and sanitation services in these areas which pre-date the military takeover.

Where feasible and relevant, WASH interventions will aim to contribute to the humanitarian-development nexus through the implementation of durable solutions, coordination with development actors and other stakeholders, as well as continued advocacy at the

national and international levels for increased support and funding for the different response streams.

Integrated programming, multi-sectoral responses and inter-cluster linkages

The cluster will collaborate with the CWG and other technical groups and clusters to expand multi-sectoral responses, especially in hard-to-reach locations, and to ensure holistic coverage of needs among conflict-affected communities.

Protection will be mainstreamed via support and capacity building of partners in PSEA and GBV and through awareness-raising to ensure that messages are reaching communities and are understood. These sensitization programmes will also cover PSEA preventative measures and available services for victims and survivors. Protection considerations will be mainstreamed throughout the design and implementation of WASH intervention to minimize risks, particularly for vulnerable groups such as PLW, children, and women. In states/regions affected by EORE and IEDs, partners will be trained on EORE and carry out awareness sessions and distribution of IEC materials to beneficiaries.

Cost of the response

Costing exercise was conducted in consultation with cluster members, retaining the unit cost of activities per person/ per year as was the case in 2022. The average cost of WASH response per person equates to \$69 (up from \$64 last year), with an overall inflation cost of 10 per cent. Protection mainstreaming was also factored into the cluster cost for 2023 at 7 per cent.

Monitoring

The WASH Cluster has put in place robust reporting mechanisms to track implementation of the response, including:

- The 4Ws document on protracted caseloads is updated quarterly. Compilation of 4Ws data is followed by information analysis and gap identification. Corrective measures are put in place as needed in consultation with cluster partners.

- In parallel, the WASH Cluster has an independent mechanism of spot checks and field visits to support the triangulation of information received through the 4Ws. Furthermore, cluster partners collect specific information on WASH responses and AAP, in line with the cluster core functions.
- The 3Ws document on new displacement is compiled and updated monthly. This is followed by information analysis and gap identification. Corrective measures are put in place as needed. In addition, the WASH conducts spot checks and field visits, similar to the 4Ws, to support the triangulation of information received through the 3W and also collect specific information on WASH responses and AAP mainstreaming.
 - AAP-related information collected in the field will be analyzed and fed back to relevant stakeholders. Corrective measures will be taken where needed, and the field teams will feed the information back to the communities. The WASH Cluster will play an oversight role in this regard.
 - The combined data from the 3Ws and 4Ws is processed and presented in snapshots or dashboards that visualize the response progress and provide analysis. An emergency capacity matrix is also in place to map levels of preparedness in case of unforeseen events. Also, WASH partners report on funds mobilization quarterly, which is essential in identifying funding gaps to guide advocacy and prioritization efforts.

Capacity, gaps and limitations

In addition to the escalating conflict, the cluster response in 2023 is likely to be impacted by funding, access constraints in conflict-affected locations, and the new organization registration requirements. The new registration requirements might negatively affect the number of operational WASH Cluster members which may lead to a decline in WASH activities such as the construction of new latrines and water supply. More information sharing on access-related constraints and issues, logistical supply chains, and market information, as well as continued access

SHAN

An elderly woman obtains clean drinking water from a newly built well in northern Shan, 2022. Credit: UNHCR



mapping of WASH partners and different stakeholders will be critical to ensure continuation and expansion of delivery of WASH assistance.

Funding shortfalls in 2022 resulted in prioritization of the most vulnerable populations for WASH interventions and assistance and heavier prioritization has been incorporated from the outset in 2023 due to anticipated funding levels. Many communities in conflict zones remained underserved or cut off from assistance as a result, increasing the severity of needs. As of the last quarter of 2022, only 8 per cent of the total WASH Cluster funding requirement had been received according to FTS. WASH needs in the protracted displacement sites worsened throughout 2022 due to the acute shortages of funds. Many operations and maintenance (O&M) activities have been dropped with continuous need for O&M to WASH semi-permanent facilities, as well as gaps in the delivery of hygiene items. WASH needs are among the most pressing and consequential, especially for women and girls. Overcrowding in many camps with insufficient access to safe drinking water, sanitation facilities and management services due to funding shortages could trigger or increase the risks of diarrheal and waterborne diseases.

Links to development programming

The WASH Cluster will continue to collaborate with development actors to identify durable and resilience-building solutions, providing an improved and more sustainable approach to WASH programming that is complementary to the work of development actors. Examples include:

- Durable water supplies (e.g. water pond rehabilitation, water pipelines construction etc.) in villages with IDPs, returnees and host community populations to mitigate against water scarcity which currently requires short-term/yearly funding for water boating or trucking in Rakhine.
- Localization approaches that move towards community ownership of WASH services, maintenance, and hygiene practices.
- Community mobilization to phase out cash-for-work activities.

- Coordination with other sectors to move towards a multi-purpose market-based cash or voucher approach to strengthen local markets.

The WASH Cluster will explore increased engagement with development actors in market systems development interventions in Rakhine to build the strength of local small and medium size businesses, improve local supply chains and enhance the skills of local entrepreneurs. This will promote increased local livelihood opportunities as well as improved availability of supplies in local markets. This approach would be harmonized to link with the cluster's move towards cash and voucher-based systems of assistance, particularly for hygiene supplies and water purification solutions.

The WASH Cluster will continue to advocate for the provision of WASH assistance to both host communities and IDPs to minimize social tensions resulting from pressures on existing infrastructure and markets. This approach aims to improve social cohesion and integration between displaced populations and host communities. The cluster will strengthen collaboration with development actors to complement the efforts of humanitarian interventions in displacement sites, particularly focused on durable solutions and increasing the resilience of host communities to cope with current and future pressures from displacement.

3.11

Coordination and Common Services**REQUIREMENTS (US\$)****7M**

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

- Maintaining and strengthening inclusive coordination mechanisms at national and sub-national levels to ensure principled, timely and effective humanitarian response.
- Facilitating joint situational awareness and analysis of humanitarian needs, gaps and response to support decision-making and coherent planning.
- Facilitating joint strategic planning for humanitarian response, as well as joint monitoring and reporting.
- Mobilizing flexible and predictable humanitarian funding for the response and effectively managing use of CERF and the MHF.
- Advocating for the protection of civilians and sustained humanitarian access to all women, men, girls and boys in need.
- Strengthening preparedness for and capacity to respond to natural disasters and other emergencies.
- OCHA will facilitate updating the HNO and HRP.
- OCHA will coordinate the HCT contingency planning processes, including updating the Emergency Response Preparedness Plan.
- OCHA will support efforts on the workstreams and prioritized recommendations from the 2022 P-2-P report.
- OCHA will support information management and provide regular updates and analyses to inform partners and the international community on critical humanitarian developments. OCHA also

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chair the IM Working Group in support of cluster data activities.

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

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

Evidence-based response

The Humanitarian Programme Cycle also requires funding to cover common data collection, management, and analysis services to support an evidence-based response, building on and coordinating with the diverse existing data collection tools being used by partners. In 2023, the response will aspire to achieve increasingly more accurate and informed planning by improving the evidence base for humanitarian needs and response, including through multi-sectoral vulnerability analysis.

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

A comprehensive analysis of multi-sectoral needs will be conducted again in 2023 to understand the shifting humanitarian landscape. Such a rigorous analysis is a critical step in ensuring that the most vulnerable are supported with the assistance they require most urgently. To this end, the REACH Initiative is requesting funding to undertake a second round of its nationwide and cross-sectoral analysis of the current and projected severity of needs of the crisis-affected population. Depending on funding and progress, this exercise will potentially inform the mid-year report on the 2023 HRP and certainly the new 2024 HNO and HRP at the end of the year.

Accountability to affected populations

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

AAP mechanisms and enhanced information gathering can play a vital role in helping humanitarians better understand and analyze the needs of affected people. For 2023, AAP has been further prioritized, with planning under way to develop a collective feedback and complaints mechanism, as well as other efforts to ensure effective community engagement. Collective accountability systems allow for simpler and more streamlined referral processes among humanitarian actors and create more straightforward pathways for affected people to provide feedback on their situation and preferences, ensuring their needs are integrated into the overall analysis framework. Funding has been secured to bring on board an AAP Specialist in early 2023, who will provide dedicated inter-agency support to the AAP/CE WG and the rollout of its work plan. If additional funding is secured, AAP partners will undertake a perception analysis to understand the needs of affected people better and tailor the response accordingly. Perception surveys are essential in tracking the humanitarian community's collective accountability and engagement with affected people.

Additional Support Services not costed through the HRP

Information management

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

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

Staff safety and security

The United Nations Department of Safety and Security (UNDSS) will continue to focus on enabling humanitarian activities while ensuring the safety and security of humanitarian workers as a high priority. While not costed or funded through the HRP, UNDSS plays a support role for the response. This will be achieved through improved information gathering and analysis for evidence-based assessments and decision-making. Common inter-agency missions to areas with challenging security situations will continue to enhance access and operational impact. Security-related incidents that impact staff safety, continuity of

activities, or affect access, will be tracked to determine trends and appropriate courses of action. Safety and security-related information, assessments and reports will continue to be shared with implementing and operational humanitarian partners to ensure situational awareness. On behalf of the United Nations Security Management System, UNDSS will continue to function as the focal point for regular security cooperation with implementing and operational humanitarian partners in line with the Saving Lives Together (SLT) framework.

National-level cluster coordinators

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Part 4:

Annexes

SHAN

A woman leads a tailoring skills acquisition session for fellow adolescent IDP girls in northern Shan, 2022. Credit: UNHCR



4.1 Planning Figures by Cluster and by Area



Planned Humanitarian Response by Area

STATE/ REGION	PROJECTED BASELINE POPULATION	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	ESTIMATED REQUIREMENTS (US\$)	NO. OPERATIONAL PARTNERS
Ayeyarwady	6.3M	1.4M	277K		21.8M	16
Bago (eastern)	2.9M	878K	166K		24.7M	16
Bago (western)	2M	567K	89K		9.6M	1
Chin	536K	347K	184K		38M	36
Kachin	2M	671K	212K		48.8M	62
Kayah	340K	264K	182K		41.8M	41
Kayin	1.7M	639K	260K		52.5M	51
Magway	3.9M	1.4M	320K		57.9M	16
Mandalay	6.7M	1.3M	183K		8.9M	14
Mon	2M	570K	107K		17.3M	27
Nay Pyi Taw	1.3M	281K	-		0.4M	1
Rakhine	3.5M	1.7M	937K		187.7M	69
Sagaing	5.7M	2.6M	818K		147.3M	25
Shan (eastern)	1M	258K	47K		5.7M	5
Shan (northern)	2.9M	802K	189K		27.7M	44
Shan (southern)	2.8M	836K	276K		48M	55
Tanintharyi	1.5M	442K	93K		16.9M	16
Yangon	8.9M	2.7M	117K		9.4M	39
Total	56M	17.6M	4.5M		764.3M	219

Planned Humanitarian Response by Area

STATE/ REGION	PEOPLE TARGETED				TOTAL	BY SEX FEMALE MALE (%)	BY AGE CHILDREN ADULTS ELDERLY (%)	WITH DISABILITIES (%)
	IDPS	RETURNED, RESETTLED AND LOCALLY INTEGRATED IDPS	NON- DISPLACED STATELESS PEOPLE	OTHER CRISIS- AFFECTED PEOPLE WITH HUMANITARIAN NEEDS				
Ayeyarwady	0.5K	0.6K		276K	277K	52 48	33 55 12	17
Bago (eastern)	39K	10K		117K	166K	53 47	35 54 11	13
Bago (western)				89K	89K	53 47	26 59 15	13
Chin	80K	3K		101K	184K	53 47	47 44 09	21
Kachin	115K	13K		83K	212K	49 51	35 57 08	9
Kayah	95K	21K		66K	182K	51 49	31 61 08	11
Kayin	118K	19K		123K	260K	51 49	39 52 09	17
Magway	111K	8K		200K	320K	54 46	30 57 13	17
Mandalay	0.8K	0.1K		182K	183K	53 47	30 58 12	10
Mon	24K	8K		75K	107K	53 47	34 53 13	15
Nay Pyi Taw	-	-	-	-	-	-	-	-
Rakhine	253K	14K	447K	223K	937K	52 48	35 55 10	17
Sagaing	542K	31K		246K	818K	54 46	31 57 12	10
Shan (eastern)				47K	47K	48 52	35 56 09	9
Shan (northern)	50K	15K		124K	189K	51 49	36 55 09	9
Shan (southern)	96K	30K		150K	276K	51 49	37 55 08	9
Tanintharyi	31K	8K		54K	93K	51 49	37 52 11	12
Yangon		3K		114K	117K	52 48	29 62 09	12
Total	1.6M	183K	447K	2.2M	4.5M	52 48	35 55 10	14

Planned Humanitarian Response by Cluster

	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	REQUIREMENTS (US\$)	NO. OPERATIONAL PARTNERS
Education	3.8M	1.3M		86M	75
Food Security	15.2M	2.1M		192M	71
Health	10M	2.3M		106M	72
Nutrition	2.2M	590K		48M	35
Protection	11.5M	2.1M		124M	77
Shelter/NFI/CCCM	3M	952K		88M	57
WASH	5.2M	1.6M		112M	45

Sex and Age Disaggregation of People Targeted for Assistance by Cluster

	PEOPLE TARGETED	BY SEX FEMALE MALE (%)	FEMALE MALE	BY AGE CHILDREN ADULTS ELDERLY (%)	CHILDREN ADULTS ELDERLY	WITH DISABILITIES
Education	1.3M	51 49		95 05 00		15%
Food Security	2.1M	52 48		36 54 10		15%
Health	2.3M	52 48		33 56 11		13%
Nutrition	590K	71 29		57 43 00		13%
Protection	2.1M	52 48		34 56 10		13%
Shelter/NFI/CCCM	952K	52 48		35 55 10		13%
WASH	1.6M	52 48		34 55 11		14%

4.2

What if We Fail to Mobilize Sufficient Funds?

The situation in Myanmar deteriorated significantly in 2022 with an unprecedented surge in displacement due to the worsening conflict, economic shocks driving up inflation and loss of livelihoods, residual impacts from the COVID-19 pandemic, and general unrest resulting in the near collapse of critical public services, that has collectively left millions of people dependent on humanitarian assistance. Despite the multi-dimensional vulnerabilities and consistent burden of new displacement throughout the year, humanitarian partners managed to rapidly scale up in 2022 in response to new needs and flexibly adapted to new delivery modalities in line with the new realities of access constraints in conflict-affected areas and bureaucratic impediments.

However, acute funding shortages impeded partners' ability to deliver a meaningful package of assistance last year, with only about 35 per cent of the HRP funding requirements received as of 31 December 2022. The total 2023 HRP financial requirement of \$764 million will need a decisive commitment from the donor community to allow for planned responses to be fully implemented, even with the tighter prioritization outlined. Without the required funds, humanitarian partners will have to prioritize lower-cost life-saving and critical activities that do not offer the required depth of relief or contribute to people's overall well-being, dignified living standards, or chance of finding durable solutions. The heavy prioritization already applied in the HRP planning will mean that more people in more severe categories of need will miss out on support if requirements are not met. This unmet need will have flow-on implications for subsequent years with needs worsening over time and requiring more expensive interventions in future plans.

In the current context, with prior coping capacities all but exhausted and food insecurity on the rise, that

may mean people – especially the newly displaced – will face the real possibility of not being able to survive. This section outlines the consequences of underfunding and how each cluster will triage its planned response activities at different funding levels – a quarter, half, and three-quarters of requirements – to provide guidance on the most urgent cluster priorities and illustrate the consequences of underfunding for affected people.

Education

More than 13 million school-age children across Myanmar have had their education disrupted in multiple ways due to the worsening conflict, after having missed school for two academic years already as a result of the COVID-19 pandemic. Some 3.7 million children are currently out of school across Myanmar, with severe impacts on their physical and mental well-being. With the conflict trends from 2022 projected to extend or even deteriorate further in 2023, the situation could be particularly grim for children who continue to miss out on critical education services and life skill learning opportunities. Missed learning means their development potential will be reduced, and they will be more vulnerable to exploitation and abuse. Children denied schooling are more likely to suffer mental and emotional distress. The risks faced by children include child labour, early or forced marriages, GBV, forced recruitment by armed groups, while the number out-of-school children will be much higher across Myanmar in 2023. The disruption of education will have long-term impacts on the country's economy and society.

If only 75 per cent of the required funding is received, the Education Cluster will support continuity of quality and inclusive learning for crisis-affected children and youth including IDPs, non-displaced stateless, and other children and youth who are among the most vulnerable. They will benefit from an improved learning

environment through the rehabilitation of learning spaces including WASH in school interventions, delivery of relevant learning materials, and training of teachers and targeted support to improve their well-being. While this level of funding would facilitate support to about 994,092 learners and educators, the needs of more than 330,000 would remain unattended to – exposing them further to protection risks like child trafficking, exploitation, child labour, child marriage and SEA which will hinder their development and fulfilment of their full potential in future.

If only 50 per cent is received, the cluster would be meeting the education needs of only half the targeted children and youth and educators to support continuity of quality and inclusive learning for crisis-affected children and youth including IDPs, non-displaced stateless, and other children and youth who are the most vulnerable. They will benefit from an improved learning environment through the rehabilitation of learning spaces including WASH in school interventions, receive relevant learning materials, and training of teachers and targeted support to improve their well-being. However, more than 662,000 vulnerable children and youth targeted for assistance will miss out on support – exposing them further to protection risks like child trafficking, exploitation, child labour, child/forced marriages and SEA which will hinder their development and fulfilment of their future potential. With a 50 per cent cut in resources, geographical prioritization of areas based on vulnerability and needs severity would be applied by the cluster.

If only 25 per cent is received, the cluster would be struggling to reach only 331,000 vulnerable children and youths to access and be retained in education programmes. This extreme cut will exclude nearly 1 million others from receiving critical education services endangering their psychosocial well-being, development, and the attainment of their full potential. The response would be lighter, impacting scholastic materials, structural upgrades and educator capacity. Also, the targeting would get tighter, focusing only on fewer factors such as displacement and statelessness to determine eligibility, leaving out several other vulnerable population groups.

Food Security

The combined impacts of the escalating conflict and attacks, inflation, the devaluation of the Myanmar Kyat, and the disruptions in the international markets triggered by the war in Ukraine have worsened the vulnerabilities of millions of people across Myanmar, leaving them struggling with inadequate food consumption and malnutrition throughout 2022. Inflation and conflict trends have severely affected food production and prices at a time when people are also losing their means of livelihood and resources, resulting in poor food consumption, especially diets lacking adequate protein. Some 15.2 million people will face food insecurity in 2023 on different severity scales (moderate or severe), including an estimated 1.3 million IDPs. In other words, nearly one in three (28 per cent) of the population will be food insecure in 2023, compared to one in four (25 per cent) reported in October 2021 and one in five (20 per cent) in April 2022. Reduced access to safe and nutritious food, livelihoods and cash support due to underfunding may result in increased malnutrition, particularly among the most vulnerable groups. Underfunding and a reduced food security response would drive intensified use of negative coping strategies that will undermine safety, dignity, and capacity for recovery.

If only 75 per cent of the required funding is received, the Food Security Cluster will prioritize emergency food assistance and emergency agriculture and livelihood responses for all states and regions classified as “stress”, “severe” and “extreme” to cover critical gaps and support people’s livelihoods and reduce the number of people targeted for assistance from 2.1 million to 1.7 million. The cluster will work to ensure that all affected and vulnerable areas are covered with the different forms of response programmes including emergency food assistance, agriculture and livelihoods.

If only 50 per cent is received, the cluster will prioritize emergency food and emergency agriculture and livelihoods responses for all states and regions classified as “severe and extreme” to cover critical gaps and support people’s livelihoods but at a reduced scale and reach. The cluster will strive to maintain agriculture and livelihood activities to ensure food

remains available/affordable and avoid massive asset depletion and emergency coping strategies. Areas classified as “stress” will miss out on assistance, leaving up to close to 900,000 vulnerable people without food assistance potentially worsening food insecurity with affected people likely to resort to negative coping strategies that could further endanger their well-being.

If only 25 per cent is received, the cluster will prioritize emergency food assistance and emergency agriculture/livelihood responses for all states and regions classified as “extreme” to cover critical gaps and support people’s livelihoods but at very small scale and reach. The Cluster will strive to maintain agriculture and livelihood activities to ensure food remains available/affordable and avoid massive asset depletion and emergency coping strategies. Areas classified as “stress” and “severe”, with close to 1.5 million people will miss out on assistance increasing malnutrition rates and the risks of negative coping mechanisms such as sale of productive assets, child labour, and exposure to SEA and GBV particularly for women and girls. With the conflict trends expected to remain severe or further escalate in 2023, more civilian displacement and further loss of livelihoods is anticipated and the impact of humanitarians being unable to meet emergency food needs could be catastrophic.

Health

Escalating conflict as well as the political and socioeconomic crises have had profound impact on the Myanmar health system, which is currently severely disrupted with acute shortages of qualified staff and essential supplies, and also the impacts of direct and indirect targeting during attacks and clashes, leaving some 10 million people in need in 2023. Childhood immunization has already declined to about 40 per cent in 2021, increasing the risk of vaccine-preventable disease outbreaks and spread, especially as public health surveillance systems, have been severely disrupted in many places. Increased conflict displacement, rising inflation and the loss of livelihoods place women and girls at disproportionate risk of interpersonal violence and sexual exploitation in exchange for safety or commodities. Drug and alcohol

use and domestic or GBV are common occurrences in these situations. Adolescents and young people are more susceptible to engaging in risky behaviors (sexual activity, drugs, and alcohol use) due to missed education and job opportunities.

If only 75 per cent of the required funding is received, the Health Cluster will deliver and sustain primary health services and basic packages including maternal, child and adolescent health, sexual and reproductive health, MHPSS, GBV-related health services and complementary packages covering surgery and trauma, TB and HIV services for the populations targeted for assistance across conflict-affected areas. Vaccination gaps will be filled for under-5 children, and timely detection and coordinated response to notifications of outbreaks for epidemic-prone diseases will be facilitated. COVID-19 response (testing, case management, Infection Prevention and Control (IPC), vaccination, Risk Communication and Community Engagement (RCCE), capacity building) will be mainstreamed into humanitarian health services across locations targeted for assistance. Training will be provided for health partners on accurate and timely data collection and reporting for displaced, returned, stateless and crisis-affected people, disaggregated by age, sex, and disabilities, to inform decision-making. Only 1.8 million of the 2.3 million people targeted for assistance will be supported in this situation.

If 50 per cent is received, the Health Cluster will work to sustain all the critical health programmes including primary health services, maternal, child and adolescent health, sexual and reproductive health, MHPSS, GBV-related health services and complementary packages covering surgery and trauma, TB and HIV services for the populations targeted for assistance across conflict-affected areas. Vaccination gaps will be filled for under-5 children, and timely detection and coordinated response to notifications of outbreaks for epidemic-prone diseases will be facilitated. However, COVID-19 response and mainstreaming will be dropped, raising a critical risk of resurgence given that vaccination coverage is still less than 50 per cent in the country, especially in conflict areas where people are often living in overcrowded displacement sites. At this

funding level, only 1.3 million of the 2.3 million people targeted for assistance will be supported.

If 25 per cent is received, the cluster will further tighten targeting, scale and coverage of critical health programmes prioritizing only primary health and basic packages, vaccination of under-5 children, timely detection and coordinated response to outbreaks, and training of health workers. Only 700,000 of the 2.3 million people targeted for assistance will be supported in this situation. Some vital health services including the complementary services for surgery and trauma, HIV and TB, rehabilitation services, and also COVID-19 response will be deprioritized for populations across crisis-affected and vulnerable areas. Given that the health system is already severely disrupted in many areas, this extreme tightening of targeting will leave a large number of affected and vulnerable people and communities without critical support increasing the risks of relapse, mortality and resorting to dangerous coping strategies such as drug use, self-medication, sexual exploitation among other negative outcomes.

Nutrition

The cumulative impacts of the deteriorating insecurity, high inflation, reduced incomes and the near collapse of the Myanmar public health system worsened the nutritional well-being of households throughout 2022, leaving more than 2.2 million people in need going into 2023. Rising inflation, loss of livelihoods, market disruptions and poor harvests meant that households adopted poor feeding practices and could not afford nutritional or dietary supplements, resulting in high malnutrition caseloads including for children and PLW. Nearly 340,000 children under the age of five and more than 250,000 PLW will be targeted for humanitarian nutrition assistance in 2023. Underfunding consequences include high rates of malnutrition and related morbidity and mortality. Children with untreated SAM are more than nine times as likely to die than healthy children. Uninterrupted treatment for SAM is also critical and uncertain funding makes this more difficult to achieve. Ripple effects of unaddressed acute malnutrition include reduced immune capabilities and exposure to disease, reduced cognitive development associated with lower school performance and low productivity levels in adulthood

affecting the development prospects of communities and the country. Malnourished women are more likely to give birth to low birth weight (LBW) babies who are more susceptible to childhood illness and mortality. Children with low birthweight are at higher risk of chronic diseases like diabetes, heart problems and tuberculosis later in life. Micronutrient deficiency diseases including anemia will rise if micronutrient supplements or fortified foods are not provided to the children and PLW in vulnerable target communities.

If only 75 per cent of the funding requirement is received, the Nutrition Cluster will prioritize life-saving interventions, such as treatment of SAM and other preventative interventions like IYCF and micronutrient treatment. SAM must be prioritized to prevent avoidable deaths among affected children. About 147,000 children of the total targeted for assistance will not be reached at this funding level.

If only 50 per cent is received, the cluster will work to sustain critical response for SAM treatment across affected and vulnerable areas, while the scale of other interventions will be reduced which could potentially jeopardize the long-term survival and development prospects of children, communities, and the country at large. Close to 295,000 combined beneficiaries will not be provided with life-saving humanitarian support at this funding level, raising the risk of more vulnerable populations, especially children and PLW, falling from MAM into SAM and dying from their conditions.

If only 25 per cent is received, the Nutrition cluster will only be able to prioritize life-saving interventions such as the treatment of SAM cases. Other preventative interventions like IYCF and micronutrient treatment will be discontinued. The impact of this on affected people will be catastrophic, with long-term negative impacts on the well-being of children across Myanmar. Approximately 443,000 targeted people will not be provided life-saving humanitarian support in this situation, with severe consequences, especially for malnourished children and PLW who are unable to receive critical support.

Protection

Without full funding for immediate protection and multi-sectoral assistance, affected populations and communities risk resorting to harmful coping mechanisms, especially children, youth, women at risk, persons with disabilities, older people, people belonging to different ethnic groups. The risk of trafficking and recruitment by armed groups within or outside Myanmar is likely to increase, along with discrimination, persecution, violence, abuse, neglect and exploitation of marginalized groups or persons with specific protection needs. The continued stress among caregivers and people in need of specific care due to displacement and ongoing conflict, alongside the deterioration of the social safety nets within their communities, will undoubtedly have long-term consequences for the mental and physical well-being of children, older persons, persons with disabilities and people in need of special medical attention. Insufficient funding will also impede efforts to strengthen community systems which are central to risk mitigation and response. In the absence of well-funded, comprehensive and properly integrated MHPSS, people's emotional well-being and chances of recovery will be jeopardized, leaving many people suffering from long-term trauma and mental disorders. Inability to seek legal redress for violence and violated rights will deepen a culture of impunity, which perpetuates violence and diminishes the protective environment for all members of the community. Stateless Rohingya people, who are almost entirely dependent on the humanitarian community for support, would be left in a dire situation. More than 2 million of the most vulnerable people targeted for assistance and impacted by conflict, insecurity, human rights violations, structural discrimination, and natural disaster, will not benefit from protection responses in the context of acute funding shortages.

If only 75 per cent of the required funding is received, the cluster will prioritize the provision of life-saving protection services, community-based protection and support to survivors or victims of violence. This means that other activities such as capacity building, legal aid services, and awareness raising may not be provided, increasing serious protection risks across the geographical areas targeted for assistance.

Approximately 600,000 people may not receive some or all planned protection services at this funding level.

If 50 per cent is received, the cluster targets within the prioritized geographical areas and targeted population groups will be reduced. IDPs, non-displaced stateless people, and returnees, resettled and locally integrated people will be the response priority, while people from the other crisis-affected communities with humanitarian needs will only be assisted if at heightened risk. Immediate and life-saving protection activities will be put before longer-term prevention and empowerment programming in this situation. At this funding level, some 1.1 million people may not receive some or all planned protection services.

If 25 per cent is received, the Protection Cluster interventions will target the most marginalized geographical areas and only reach IDPs, non-displaced stateless people, and returned, resettled and locally integrated people. People at heightened risk will be prioritized, including children, persons with disabilities, older people, victims of landmine/ERW incidents, survivors of violence, abuse and exploitation and grave violations. Interventions will be focused on emergency, life-saving, one-off, high-reach interventions to meet immediate needs and provide critical information and awareness-raising on protection risks and available services. Approximately 1.5 million people would be at risk of being cut off from vital protection services at this funding level.

Shelter, NFIs and CCCM

With surging displacement, more people than ever will continue to be in urgent need of shelter, NFIs and CCCM support and services going into 2023. Without a fully-funded and immediate shelter, NFI and CCCM response, the increasing number of IDPs living in substandard displacement sites will face serious protection risks, including physical and psychosocial harm and exposure to extreme weather conditions. Women and children at risk, persons with disabilities, and the elderly will be particularly affected. Not having timely access to camp management, shelter and NFI services will seriously jeopardize the dignity of people's living conditions. People's emotional well-being and

chances of recovery will be jeopardized, leaving many people suffering from long-term trauma.

If 75 per cent of the funding requirement is received, in the Northeast the cluster will prioritize CCCM support (including camp running cost and the implementation of critical infrastructure like communal hall, road renovation, fencing etc) in existing camps on priority basis considering protection and dignity of people. Additional/new camp sites likely to open in these locations will not be supported which means newly displaced people will likely face challenges to receive basic services across displacement sites. Shelter construction will be prioritized, including for emergency and makeshift shelters for new displacement and the repair and replacement of dilapidated shelters. However, the implementation will be limited to existing camps only. This implies that new IDPs needing proper shelter and those willing to move out of camps will not be supported; their living conditions will be degraded if they relocate to transitional solution sites without proper shelters. This category of IDPs would be left out and discouraged to find the future and get back to normalcy.

Emergency NFIs will be prioritized for newly people while replenishment of supplies will be limited. In the Northwest, the cluster will prioritize needs assessments among displaced people and the provision of emergency shelter and NFIs as a first response. In northern Rakhine, the cluster will prioritize shelter and NFI kits to support the existing IDP sites which are in serious need of shelter rehabilitation. Depending on the level of access, returnees will be prioritized based on the level of need. In central Rakhine, the cluster will sustain CCCM activities in the Rohingya and Kaman IDP camps regardless of the funding situation given their relative vulnerability. The volume of planned shelter and NFI assistance in both AA-MAF and Rohingya and Kaman camps will, however, have to be reduced. Any new arrivals in AA-MAF sites would continue to be prioritized for shelter and NFI assistance, as will shelter reconstruction in Rohingya and Kaman camps.

In the Southeast, the provision of emergency shelter/ NFIs will be prioritized for people with specific needs

in hard-to-reach areas and other locations where IDPs, returnees, non-displaced stateless people are hosted.

If 50 per cent is received, in the Northeast, the Cluster will prioritize CCCM support including coverage of camp running costs, CCCM Focal Point and capacity building for CMCs to run the camps. Emergency or makeshift shelter construction and maintenance of shelters in camps will be prioritized. The construction of new shelters or replacement of dilapidated shelters in camps and the maintenance of camp infrastructure will be limited, affecting many IDPs throughout the region. NFIs will be limited to emergency support only. Transitional shelters will not be considered at all.

In the Northwest, the Cluster will prioritize emergency shelter and NFI provision. In northern Rakhine, the Cluster will prioritize shelter and NFI support in terms of reinforcement kits for only the most vulnerable and persons with specific needs in the IDP and returnee population groups. In central Rakhine, shelter and NFI assistance in both AA-MAF and Rohingya and Kaman camps will be reduced. Any new arrivals in AA-MAF sites will be prioritized for shelter and NFI assistance, as will shelter reconstruction in Rohingya and Kaman camps. The Cluster will have to cut the budget for CCCM activities across the AA-MAF sites in this funding context. The impact of this will be reduced ability to engage with IDP communities and coordinate with service providers in these IDP sites. In Southeast, persons with specific needs in hard-to-reach areas will be prioritized for emergency shelter and NFI assistance.

If 25 per cent is received, in the Northeast, the cluster will prioritize CCCM support (limited camp running and focal point costs) to existing camps, shelter repairs, NFIs to those needing an emergency response and limited shelter kit support to newly displaced people. This will severely affect protracted IDPs whose shelter conditions are deteriorating every year. Those who have not received NFIs for many years would have to use the worn out and depleted NFIs; those staying in colder regions would not be supported with winter items; those willing to relocate will not be supported with shelter and NFIs; growing families will have to continue staying in congested shelters and new

arrivals will have to stay in makeshift shelters if their displacement is prolonged.

In the Northwest, an emergency NFI response will be implemented only. In northern Rakhine, emergency shelter and NFIs will be limited to the most vulnerable and people with specific needs. In central Rakhine, cluster partners will still prioritize CCCM support in Rohingya and Kaman IDP camps, and shelter and NFI assistance to any new arrivals in AA-MAF sites. CCCM in AA-MAF sites will not be considered, and shelter and NFI assistance for protracted IDPs will be drastically reduced. Additionally, assistance for makeshift shelters in Rohingya and Kaman camps will also likely be cut. Winterization items for AA-MAF IDPs will be cut from the NFI assistance package. IDPs – both from AA-MAF and Rohingya and Kaman camps/sites who are in need – will continue to live in squalid conditions, and unsafe shelters. In the Southeast, emergency shelter and NFI support will be provided only to people with specific needs in hard-to-reach areas leaving other affected and vulnerable groups without assistance and exposed to protection risks.

WASH

With the escalating conflict forcing new displacement across Myanmar, the impacts of underfunding on the 2023 Cluster response could be catastrophic, as the lack of safe water, hygiene and sanitation support will have detrimental consequences for more than 1.6 million people targeted for assistance. Communities will revert to negative and dangerous coping mechanisms such as drinking water from contaminated sources and practicing open defecation. Using unsafe water sources, lack of hygiene and unimproved sanitation facilities often lead to increased cases of acute watery diarrhea (AWD), a major underlying factor increasing the number of children with SAM. Without continued support from donors and humanitarian organizations, outbreaks of preventable, communicable and waterborne diseases could occur, and the resurgence of COVID-19 remains a risk especially in congested camps. Underfunding will mean that dignified access to essential WASH services will be particularly restricted in areas, affecting the safety of women and children. Combined with poor awareness of hygiene and sanitation practices, the lack

of funding will lead to the growing absence of personal hygiene and menstrual health items.

If only 75 per cent of the required funding is received, the WASH Cluster will prioritize the provision of WASH services and material deliveries in geographic locations with conflict-affected and displaced populations across all 15 states and regions. This means that some 407,000 people, including newly displaced, non-displaced and acutely vulnerable populations in other locations will miss out on critical life-saving assistance and will be unable to contribute to their own recovery. The scale and coverage of vital programmes such as water trucking/boating, installation of latrines, distribution of WASH NFIs, and minor rehabilitation of water and sanitation systems will be reduced or limited to life-saving needs.

If 50 per cent is received, the Cluster will – at a reduced scale and reach – prioritize the provision of WASH services and material deliveries in targeted geographic locations with conflict-affected and displaced populations. This reduction means that some 815,000 people will miss out on critical WASH life-saving services, which include essential WASH services such as safe drinking water, sanitation and hygiene materials to mitigate against the outbreak and spread of WASH-related and waterborne diseases. Also, the WASH services would not meet the SPHERE and WASH Cluster minimum standards which would diminish key areas of dignity and mainstreaming of gender, protection, AAP, etc.

If 25 per cent is received, all the funding will be prioritized towards ensuring ongoing WASH interventions for protracted displacement sites and areas targeted for assistance are sustained, leaving some 1.2 million vulnerable people across all regions of the country with limited/minimal WASH support. Targeting will focus on emergency life-saving interventions for extreme cases, which may not meet the SPHERE and WASH Cluster minimum standards, impacting on the dignity of living conditions and mainstreaming of gender, protection, AAP, etc. This would add greater risks for WASH-related, waterborne disease outbreaks and their spread, creating additional stress on already stretched health care systems and

services. These acute funding shortages will result in the targeting of only the most vulnerable and high-risk population groups and areas for WASH activities such as water trucking/boating and water supply, installation of latrines, and distribution of WASH NFIs, leaving many vulnerable areas and populations without assistance that could increase the use of dangerous practices such as open defecation and use of water from unsafe sources.

4.3

How to Contribute

Contribute to the Humanitarian Response Plan

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

www.unocha.org/myanmar

Contribute to the Myanmar Humanitarian Fund

The Myanmar Humanitarian Fund (MHF) is a multi-donor pooled fund that provides humanitarian organizations in Myanmar with rapid and flexible funding to address the most critical funding gaps of the humanitarian response. Information on the Myanmar pooled fund can be found at:

<https://www.unocha.org/myanmar/about-mhf>

Donate to the Central Emergency Response Fund

The CERF provides funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF facility receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund, to be used for crises anywhere in the world. Between 2006 and 2021, CERF has provided over \$131.27 million to address life-saving needs in Myanmar. Find out more about the CERF and how to donate by visiting the CERF website at:

cerf.un.org/donate

4.4 Activity Costing by Cluster

Education

	ACTIVITY	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
CA1.1	Establish/rehabilitate TLSs that are accessible to all crisis affected children and youths (incl those with physical disabilities)	300,000	60	18,000,000
CA1.2	Provide/improve safe accessible context appropriate and gender segregated WASH facilities in learning spaces	300,000	27	8,000,000
CA1.3	Provide/expand safe, relevant, accessible, quality and inclusive non formal education opportunities for all crisis and displacement affected children and youth (ECCD, and basic education)	300,000	37	11,000,000
CA1.4	Provide individual age/ task-appropriate, and inclusive learning materials/education supplies/ for use by learners and educators (learners and educators kits - note books, pencils, pens, back packs, uniforms/school clothing, etc)	300,000	40	12,000,000
CA1.5	Equip learning spaces with appropriate supplies (e.g. black boards, furniture, chalk, etc)	300,000	20	6,000,000
CA1.6	Provide CVA (based on feasibility)	300,000	7	2,000,000
CA1.7	Provide age and context-appropriate menstrual hygiene and health management information sessions and materials/supplies (sanitary pads/napkins/towels) to adolescent girls in learning spaces	235,000	9	2,000,000
CA2.1	Recruit and retain quality educators through provision of incentive payments for educators	50,000	120	6,000,000
CA2.2	Provide EiE relevant capacity building to volunteer and community educators (EiE, learner centered pedagogy, SEL, PSS, DRR, CP, Child safeguarding, etc)	50,000	60	3,012,036
CA2.3	Provide inclusive age and context-appropriate, supplementary open learning materials/ resources to conflict and displacement-affected children and youth to support their education	300,000	27	8,000,000
CA2.4	Train educators and or parents/caregivers in effective use of supplementary learning materials	65,000	31	2,000,000
CA3.1	Strengthen EiE response capacity of CSOs, NGOs, ethnic ,monastic and local partners (incl EORE, PSEA, advocacy, coordination, resource mobilization,contingency plans, AAP, etc)	1,052	2,985	3,140,000
CA3.2	Establish/ and or build capacity of education committees/PTAs to actively participate in education in their communities	220	4,091	900,000

Food Security

	ACTIVITY	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
CA1.1	Food assistance / MPCA (For IDPs)	1,470,000		
CA2.1	Food assistance / MPCA (For non IDPs)	366,000	91	192,401,938
CA3.1	Agriculture & livelihoods MPCA	533,482		

Health

	ACTIVITY	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
CA1.1	Fill vaccination gaps for U5 children	126,302	9	1,167,032
CA1.2	Timely detection and coordinated response to notifications of outbreaks for epidemic-prone diseases	40,804	20	807,926
CA1.3	COVID-19 mainstreaming (testing, case management, IPC, vaccination, RCCE, capacity building) into humanitarian health services	229,241	21	4,841,573
CA2.1	Primary Health services Basic Package including maternal, child and adolescent health, sexual and reproductive health, MHPSS, GBV-related health	2,292,412	32	72,623,600
CA2.2	Primary Health services Complementary Package for surgery and trauma	229,241	79	18,155,900
CA2.3	Primary Health services Complementary Package for TB	2,395,800	1	2,395,800
CA2.4	Primary Health Services Complementary Package for rehabilitation services and provision of assistive devices for persons with injuries and different forms of impairments	171,931	40	6,808,462
CA3.1	Training on systematic applying data disaggregated by sex, age and vulnerable population	-	-	-

Nutrition

	ACTIVITY	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
CA1.1	Children 6-59 months screened for wasting	338,375	13	4,425,949
CA1.2	PLW screened for malnutrition	251,887	13	3,294,687
CA1.3	Children aged 6-59 months with SAM admitted for treatment	14,714	205	3,015,133
CA1.4	Children aged 6-59 months with MAM admitted for treatment	57,550	57	3,261,934
CA1.5	PLW with MAM admitted for treatment	26,686	89	2,385,223

CA1.6	Boys and girls aged 6-59 months at risk of acute malnutrition in priority locations who received blanket supplementary feeding support programme	170,846	89	15,270,246
CA1.7	PLWs at risk of acute malnutrition in priority locations who received blanket supplementary feeding programme	126,193	66	8,390,553
CA1.8	Primary caregivers of children 0-23 months receiving IYCF counselling	251,887	5	1,372,786
CA1.9	Children 6-59 months receiving multiple micronutrient powders	338,375	11	3,688,291
CA1.10	Pregnant women receiving preventative Multiple Micro-nutrient tablet or iron-folic acid supplementation	251,887	11	2,745,572

Protection

	ACTIVITY	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
CA 1.1	Provision of targeted/specialized support to persons with specific protection needs/risks	782,833	68	53,107,258
CA 1.2	Case management and psychosocial support	466,195	44	20,613,962
CA 1.3	Provision of legal aid services including counseling and legal aid support	49,129	50	2,464,900
CA 2.1	Community based protection structures and community	1,980	1,721	3,407,040
CA 2.2	Community awareness raising for prevention and mitigation of protection risks	2,152,580	15	31,297,053
CA 3.1	Protection monitoring and assessments	1,251,600	10	12,050,000
CA 4.1	Capacity building support to humanitarian actors and services providers	4,627	181	836,326

Shelter/NFI/CCCM

	ACTIVITY	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
CA1.1	Provision of Emergency shelter support (construction)	-	-	-
CA1.2	Provision of Emergency shelter support (kits and materials/ cash assistance)	285,492	59	16,796,001
CA1.3	Shelter construction and reconstruction (IDP Camps and Sites)	68,866	238	16,410,533
CA1.4	Provision of NFI kits to DPs in camps/ sites	603,629	42	25,533,928
CA1.5	Provision of NFI kits to IDPs	112,005	41	4,560,600
CA2.1	Provision of transitional shelter and reconstruction (Returnees)	36,238	436	15,814,136
CA2.2	Provision of NFI kits to returnees/ resettled, stateless people	74,870	32	2,427,384
CA3.1	Coordination and monitoring of multi-sector	677,556	4	2,488,925
CA3.2	Improve living conditions through site care and maintenance	390,579	3	1,085,638

CA4.1	Implementation of CCCM trainings	682	213	145,566
CA4.2	Implementation of CCCM ToTs	220	782	172,040
CA5.1	Development of community participation activities	650,795	3	1,850,252
CA5.2	Establishment/maintenance of complaint/ feedback mechanism and clear referral pathway	395,128	2	623,005

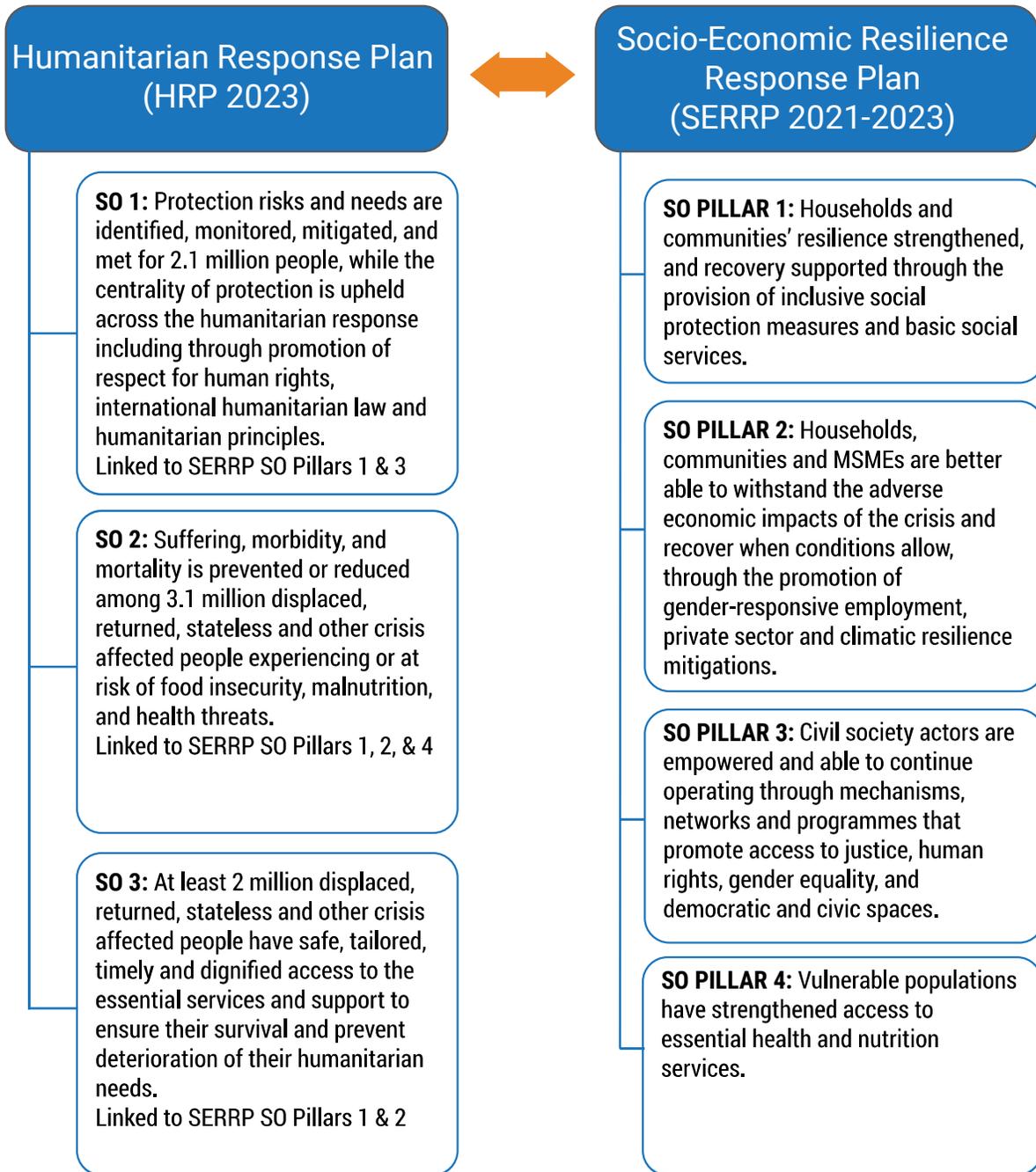
Water, Sanitation and Hygiene

	ACTIVITY	PLANNED REACH	UNIT COST (US\$)	TOTAL COST (US\$)
CA1.1	Crisis-affected people including IDP's returnees, stateless and other vulnerable groups have equitable, inclusive and safe access to safe/improved drinking water meeting demand for domestic purposes, at minimum/agreed standards	1,098,120	34	36,955,510
CA1.2	Crisis- affected people including IDPs, returnees, stateless and other vulneraberal groups have equitable, inclusive and safe access to functional excreta disposal systems	999,019	21	20,677,621
CA1.3	Crisis-affected people including IDP's returnees, stateless and other vulnerable groups have equitable, inclusive and safe access to hygiene items and community-tailored messages, enabling health seeking behavior	1,629,731	29	47,479,011
CA1.4	Crisis-affected people including IDP's returnees, stateless and other vulnerable groups in temporary learning have access to integrated/mainstreamed WASH services	105,934	41	4,338,009
CA1.5	Crisis-affected people including IDP's returnees, stateless and other vulnerable groups in temporary health facilities have access to integrated/mainstreamed WASH services	70,125	41	2,871,604

4.5

Humanitarian-Development Nexus Table

Strategic Objectives and Interlinkages



Areas of convergence

A review of SERRP activities for 2023 has helped reduce duplication between the two plans but interventions under the HRP and the SERRP still converge in several areas and are complementary in others. In the areas of convergence, the key difference is the target populations, which for the HRP are people predominantly located in crisis-affected areas who are assessed to be in humanitarian need according to the JIAF including, displaced, returned IDPs, non-displaced stateless, and other crisis-affected people. Meanwhile, the SERRP focuses either on development or resilience interventions that aim to increase access to services and strengthen people’s socio-economic resilience across the country, without a specific geographic focus, or on vulnerable population groups and communities not prioritized for humanitarian

assistance. In the case of the latter, the interventions contribute to avoiding the loss of fragile development gains that would result in situations where people must rely on humanitarian assistance for their survival. The type of activity reaching people under each plan will also be different, with humanitarians more focused on emergency and survival support (with minimal preventative interventions) and the SERRP more focused on work that builds community resilience, recovery and empowerment.

The below table highlights the key areas of convergence between interventions under the HRP strategic objectives and the SERRP pillars, and the focus of the activities in these areas in the respective plans.

HRP SO 1: PROTECTION RISKS AND NEEDS ARE IDENTIFIED, MONITORED, MITIGATED, AND MET FOR 2.1 MILLION PEOPLE, WHILE THE CENTRALITY OF PROTECTION IS UPHELD ACROSS THE HUMANITARIAN RESPONSE INCLUDING THROUGH PROMOTION OF RESPECT FOR HUMAN RIGHTS, INTERNATIONAL HUMANITARIAN LAW AND HUMANITARIAN PRINCIPLES

Key areas of convergence: Both the HRP and SERRP include interventions relating to GBV and violence against children (VAC) service provision, targeted protection services, legal aid support and support for access to justice. The interventions included in the HRP specifically target and prioritize IDPs living in camps or camp-like situations, non-displaced stateless people, returned, locally integrated, resettled people and other crisis-affected people with humanitarian needs living in high conflict intensity areas and host communities. Special consideration will be given to people who are exposed to specific protection risks due to armed conflict, families impacted by destruction of houses and people at heightened risk of abduction, violence, forced recruitment, human trafficking and forced labour. The GBV and VAC interventions under the SERRP more broadly aim to increase access to services for survivors across the country, building community resilience. The protection-focused interventions under the SERRP specifically target journalists, labour activists, human rights defenders, artists and CSOs for support, where they are under threat for exercising their right to freedom of information. The SERRP further includes interventions supporting the provision of legal aid to people detained following the military takeover as well as interventions aimed at expanding access to justice for vulnerable communities more broadly. The HRP’s focus in these areas is towards people requiring such legal assistance within the four specific humanitarian population groups, predominantly within conflict-affected and rural locations.

Focus of HRP interventions

Among those prioritized from the HRP population groups only:

Protection

- Provision of targeted/specialized support to persons with specific protection needs/risks including distribution of child protection kits, provision of victim assistance to landmine/EO victims, and provision of dignity kits.
- Case management and psychosocial support.
- Support of community-based protection structures and community-led risk mitigation initiatives including provision of a safe environment to GBV survivors.
- Raising community awareness on prevention and mitigation of protection risks.
- Protection monitoring and assessments including mine contamination surveys.
- Provision of capacity building support to humanitarian actors and service providers including advice or technical support on mainstreaming protection, as well as GBV and MHPSS.
- Provision of legal aid services including counselling and legal aid support for populations of concern.

Focus of SERRP interventions

Across communities more broadly, including those with unmet humanitarian needs:

Protection (Pillars 1 & 3)

- Support to GBV and VAC monitoring, data collection, and analysis.
- Capacity-building of non-state-actors (e.g. I/NGOs, CSOs, CBOs) and communities to support GBV and VAC service provision and referrals.
- Strengthen coordination of multi-stakeholder partnerships for GBV and Child Protection service provision and referrals.
- Provision of GBV services, supplies and referrals outside humanitarian settings.
- Capacity building of non-state actors and strengthening of community-based approaches to enhance legal aid service provision and enhance access to justice, including for GBV and VAC survivors.
- Provision of legal aid support around housing, land and property rights in informal urban settlements and other vulnerable areas.
- Implementation of community-level dispute resolution mechanisms on issues around HLP and labour disputes.
- Legal aid, safety and protection support to journalists, labour activists, human rights defenders, artists and CSOs who are under threat for exercising their right to freedom of expression.

HRP SO 2: SUFFERING, MORBIDITY, AND MORTALITY IS PREVENTED OR REDUCED AMONG 3.1 MILLION DISPLACED, RETURNED, STATELESS AND OTHER CRISIS AFFECTED PEOPLE EXPERIENCING OR AT RISK OF FOOD INSECURITY, MALNUTRITION, AND HEALTH THREATS

Key areas of convergence: The HRP activities under SO2 will focus on providing IDPs, returnees, stateless and other crisis-affected people with adequate food, nutrition treatment and support, and agricultural inputs to vulnerable farmers as part of emergency livelihood support. The humanitarian activities under this broad objective also include efforts to improve availability and accessibility of primary health care services and subsequently reduce and prevent suffering, morbidity and mortality among internally displaced, returned, stateless and other crisis-affected people through timely and coordinated response. The related SERRP interventions complement and reinforce the activities under the HRP with a view to ensuring no one is left behind and vulnerable people's resilience is built to avoid food security, nutrition and health threats. Under Pillar 1, key converging activities include support to scale-up of social protection services for vulnerable people and interventions aimed at increasing access to food and improved nutrition across the country, which will contribute to preventing people from becoming in need of humanitarian assistance or suffering acute malnutrition amid food insecurity. Converging Pillar 2 interventions include support to strengthening the resilience of rural communities through support to expanding and maintaining productive assets, provision of inputs and promotion of adaptive agricultural and food processing methods, while building resilience of rural communities to climate change and disasters. These interventions also reduce the risk of people becoming in need of humanitarian assistance. Similarly, under Pillar 4 the SERRP interventions aim to increase regular and systematic access to health services across the country, which will also reduce the need for emergency humanitarian health work over time and ensure people can get health support safely and more easily, before their health problems become acute.

Focus of HRP interventions
Among those prioritized from the HRP population groups only:
Food Security

- Provision of equitable access to sufficient, safe and nutritious in-kind food and/or cash assistance to displaced, returned, stateless and non-displaced crisis-affected people with humanitarian needs.
- Rehabilitation of agricultural production through provision of inputs and technical support, protection of productive assets, and restoration or creation of income-generating activities to prevent negative (and potentially irreversible) coping mechanisms.

Nutrition

- Screening of children 6-59 months for wasting and PLW for malnutrition.
- Securing admission for treatment of children aged 6-59 months with SAM and/or MAM, as well as PLW with MAM.
- Provision of blanket supplementary feeding support programme to boys and girls aged 6-59 months and PLWs at risk of acute malnutrition in priority locations.
- Provision of IYCF counselling to primary caregivers of children 0-23 months.
- Provision of multiple micronutrient powders to children 6-59 months and preventative Multiple Micro-nutrient tablets or iron-folic acid supplementation to pregnant women.

Focus of SERRP interventions
Across communities more broadly, including those with unmet humanitarian needs:
Food and Nutrition (Pillar 1)

- Studies and assessments of the food and nutrition situation, particularly the underlying drivers of need and food insecurity.
- Capacity- and system-building for non-governmental and private sector nutrition actors to increase service delivery and improve nutrition service outreach.
- Distribution of fortified foods and nutrition-sensitive packages to vulnerable people and food vendors in peri-urban and other vulnerable rural areas (outside HRP target populations).
- Strengthen access to regular and systematic nutrition services for children and women through support to nutrition
- screening referral of all children 6-59 months on monthly basis, provision of mother, infant and young child feeding counselling services to pregnant women and mothers of infants through community approaches, and provision of nutrition supplements to children, PLW, and adolescent girls.
- Promote social behaviour change communication for healthy nutrition and nutrition-sensitive agriculture.
- Increase and in increase engagement with food industries to promote healthy foods and nutrition messages.

Strengthened resilience of rural communities (Pillar 2)

- Support expansion and maintenance of productive assets, provision of inputs and promotion of adaptive agricultural and food processing methods through cash assistance to value-chain agents, strengthening capacities of local fishing organizations, community-driven construction/rehabilitation of productive rural infrastructure, access to market facilitation, veterinarian service for improved livestock health, support for meeting agricultural export standards and using digital payment systems for farmers.
- Provision of cash and non-cash (agricultural inputs) support to increase food production and income of farmers outside prioritized HRP groups and locations.
- Provision of trainings and technical assistance to farmers and rural households to increase their agricultural production.

Focus of HRP interventions**Health**

- Improve availability and accessibility of primary health services, among displaced, returned, stateless and crisis-affected people, through basic and complementary packages including maternal, child and adolescent health, sexual and reproductive health, MHPSS, GBV-related health, illnesses such as TB, disability, emergency health for surgical, trauma, and referrals.
- Timely detection and coordinated response to notifications of outbreaks for epidemic-prone diseases, such as malaria, diarrhoea, acute respiratory infections, and vaccine-preventable illnesses.
- Provision of primary health services complementary package for the rehabilitation services and provision of assistive devices for people with injuries and different forms of impairments.
- Strengthening the capacity of health partners on accurate and timely health data collection and reporting for displaced, returned, stateless and crisis-affected people, disaggregated by age, sex, and disabilities, to inform decision-making
- COVID-19 mainstreaming (testing, case management, IPC, vaccination, RCCE, capacity building) into humanitarian health services.
- Filling of vaccination gaps for U5 children.

Focus of SERRP interventions**Health (Pillar 4)**

- Support to increase regular and systematic access to health services (with a particular focus on SRMNCAH, HIV/AIDS, Nutrition, Tuberculosis, Malaria and other communicable diseases, and essential NCD) through capacity strengthening support (trainings, provision of supplies, information management and disease surveillance, referrals, etc) to a range of health service providers including NGOs, FBOs, CSOs, EHOs and private providers and of frontline health care workers.
- Provision of comprehensive sexuality education for out of school youth.
- Support to community outreach work and community level referral services, to enhance health service utilization.
- Support for enhanced supply chain and logistics management of health commodities, including vaccines, for health service providers.
- Support for revitalizing the routine immunization programme and increase COVID-19 vaccinations.
- Support to enhance capacity of health facilities both public and private to provide emergency and trauma care.
- Support strengthened pandemic preparedness including for COVID-19 prevention and response through support to vaccination efforts, risk communication and community engagement, disease surveillance, testing for new potential pandemic diseases, procurement of equipment needed for treatment, and case management.
- Support to prevent further increase in antimicrobial resistance.

Social protection services (Pillar 1)

- Strengthen shock-responsiveness of social protection systems in partnership with CSOs, private sector and communities.
- Develop and implement modern and robust information management systems and digital solutions for social protection programmes.
- Cash transfers to vulnerable children, the elderly, people with disabilities and IDPs not prioritized through the HRP.
- Cash transfers to migrant workers, domestic workers, and women-headed households not prioritized through the HRP.
- Mobile-based micro-insurance schemes in urban townships in Yangon and Mandalay
- Cash for training for unemployed female garment sector workers.

HRP SO 3: AT LEAST 2 MILLION DISPLACED, RETURNED, STATELESS AND OTHER CRISIS AFFECTED PEOPLE HAVE SAFE, TAILORED, TIMELY AND DIGNIFIED ACCESS TO THE ESSENTIAL SERVICES AND SUPPORT TO ENSURE THEIR SURVIVAL AND PREVENT DETERIORATION OF THEIR HUMANITARIAN NEEDS

Key areas of convergence: The 2023 HRP places emphasis on providing services to those most in need from the IDP, returnee, stateless and most seriously crisis-affected population groups in conflict areas. The HRP aims to provide crisis-affected children and youth with access to safe, inclusive, relevant quality education and empower communities to support and sustain children's safe learning opportunities. Emergency shelter items, repair kits, NFIs and camp coordination/management support is aimed at assisting IDPs and other conflict or disaster affected people to have a safe, dignified living conditions. In order to maintain the health, dignity and protection of affected people, HRP activities will furthermore sustain quality and standards of water, sanitation and hygiene practices and will mainstream WASH services for target groups and locations in close consultation with communities. In the area of education, the key converging interventions under the SERRP include developing tools and materials that can support sustained, safe and inclusive learning for children and adolescents across the country, through community-driven and alternative education solutions. The converging shelter-related interventions under the SERRP focus on upgrading homeless shelters and enhancing the climate-resilience of shelters. These activities will make benefitting communities less at risk of becoming in need of humanitarian assistance. In the area of WASH, the SERRP interventions focus on improving access to WASH services for vulnerable communities (outside humanitarian settings), including informal settlements in urban areas. These services interlink with the HRP as they support improved community conditions for return and or resettlement of IDPs currently in need of humanitarian assistance.

Focus of HRP interventions

Among those prioritized from the HRP population groups only:

Education

- Establishing/rehabilitating TLSs that are accessible to all-crisis affected children and youths (including those with physical disabilities).
- Provision and improvement of safe, accessible context-appropriate and gender-segregated WASH facilities in learning spaces.
- Provision and expansion of safe, relevant, accessible, quality and inclusive non-formal education opportunities for all crisis-affected and displaced children and youth (ECCD, and basic education)
- Provision of individual age and task-appropriate, and inclusive learning materials and education supplies for use by learners and educators (learners and educators kits - note books, pencils, pens, back packs, uniforms/school clothing, etc).
- Provision of appropriate supplies (e.g. black boards, furniture, chalk, etc) for learning spaces.
- Provision of CVA (based on feasibility) to support attendance at learning spaces and coverage of learning expenses for targeted populations.
- Provision of age- and context-appropriate menstrual hygiene and health management information sessions, materials and supplies (sanitary pads/napkins/towels) to adolescent girls in learning spaces.
- Recruitment and retention of quality educators through the provision of incentive payments for educators.
- Provision of EiE relevant capacity building to volunteer and community educators (EiE, learner-centered pedagogy, SEL, PSS, DRR, CP, child safeguarding, etc.).
- Provision of inclusive age and context-appropriate, supplementary open learning materials and resources to conflict and displacement-affected children and youth to support their education.
- Training of educators and or parents/caregivers in effective use of supplementary learning materials.
- Strengthening of the EiE response capacity of CSOs, NGOs, ethnic, monastic and local partners (including EORE, PSEA, advocacy, coordination, resource mobilization, contingency plans, AAP, etc).
- Establishment and/or building of capacity of education committees and PTAs to actively participate in education in their communities.

Focus of SERRP interventions

Across communities more broadly, including those with unmet humanitarian needs:

Education (Pillar 1)

- Conduct impact analysis of the compounded crisis situation on education and long-term implications, while developing an interim education strategy with non-state actors.
- Support strengthened community learning through open learning platform and tools including trainings for community service providers, adaptation of teaching materials, and expanded access to online education.
- Implementation of school feeding programmes to improve nutrition status among school children.

Focus of HRP interventions**Shelter**

- Provision of emergency shelter support (construction, kits and materials, cash assistance)
- Shelter construction and reconstruction (IDP camps and sites)
- Provision of NFI kits to IDPs (including in camps/sites), returnees/resettled IDPs, and non-displaced stateless people
- Provision of transitional shelter and reconstruction (returnees)
- Coordination and monitoring of multi-sector responses in IDP settlements
- Improving living conditions through site care and maintenance (CA)
- Implementation of CCCM trainings and Training of Trainers
- Development of community participation activities (CA)
- Establishment/maintenance of complaint/ feedback mechanism and clear referral pathways

WASH

- Provision of equitable, inclusive and safe access to:
- Safe/improved drinking water that meets demand for domestic purposes, at minimum/agreed standards in targeted locations,
- Functional excreta disposal systems,
- Hygiene items and community-tailored messages, enabling health seeking behaviour,
- Integrated/mainstreamed WASH services, on the basis of risk-sensitive programming and consultation with communities.

Focus of SERRP interventions**Shelter (Pillar 1)**

- Conduct research on homelessness.
- Work with CSOs to upgrade homeless shelters in Yangon.
- Conduct advocacy to combat forced evictions through information campaigns and support community-based solutions to deal with evictions and land tenure issues in informal urban settlements.

Shelter (Pillar 2)

- Support construction or identification of (temporary) monsoon shelters and climate resilient community infrastructure in informal-settlements.
- Pilot upgrade or resettlement schemes, including housing and basic infrastructure, through capacity-building of local organizations for climate-resilient construction methods, enhanced housing design and community-driven upgrading solutions.

WASH (Pillar 1)

- Assessments and monitoring of WASH services and market functionality.
- Support for improved hygiene practices among vulnerable populations (outside humanitarian settings) through distribution of critical WASH and hygiene supplies and services and through behavioural change communications.
- Support for improved WASH access in social service facilities (health care, schools, homeless shelters) and informal settlements through distribution of WASH supply and installation of handwashing facilities.
- Support vulnerable rural communities with climate resilient WASH services.
- Support enhanced access to safe drinking water and sanitation services through

4.6 Monitoring Framework

Education Cluster Objectives (CO), Activities (CA) and Indicators

SP	ACTIVITY/INDICATOR	NEED	TARGET
3.1	CO1: Crisis-affected and other vulnerable children and youth with humanitarian needs have continued access to safe, inclusive, quality learning opportunities		
	Establish/rehabilitate TLSs that are accessible to all crisis affected children and youths (incl those with physical disabilities)		
	# of temporary learning spaces established/rehabilitated	900,000	300,000
	Provide/improve safe accessible context appropriate and gender segregated WASH facilities in learning spaces		
	# of education spaces with improved WASH facilities	900,000	300,000
	Provide/expand safe, relevant, accessible, quality and inclusive non formal education opportunities for all crisis and displacement affected children and youth (ECCD, and basic education)		
	# of children/adolescents/youth enrolled in/benefitting from non formal education opportunities provided	1,200,000	300,000
	Provide individual age/ task-appropriate, and inclusive learning materials/education supplies/ for use by learners and educators (learners and educators kits - note books, pencils, pens, back packs, uniforms/school clothing, etc)		
	# of children/adolescents/youth enrolled in/benefitting from non formal education opportunities provided	1,200,000	300,000
	Equip learning spaces with appropriate supplies (e.g black boards, furniture, chalk, etc)		
	# of learning spaces with improved learning environment	900,000	300,000
	Provide cash and voucher assistance (based on feasibility)		
	# of school age children receiving education-related cash and voucher assistance	1,200,000	300,000
	Provide age and context-appropriate menstrual hygiene and health management information sessions and materials/supplies (sanitary pads/napkins/towels) to adolescent girls in learning spaces		
	# of adolescent school age girls receiving menstrual management information sessions	800,000	235,000
3.1	CO2: Crisis-affected and other vulnerable children and youth with humanitarian needs receive quality, protective, and inclusive education that caters for their mental health and psychosocial needs		
	Recruit and retain quality educators through provision of incentive payments for educators		
	# of educators supported with incentive payments or other financial support	50000	50,000
	Provide EiE relevant capacity building to volunteer and community educators (EiE, learner centered pedagogy, SEL, PSS, DRR, CP, Child safeguarding, etc)		
	# of teachers/educators trained	50000	50,000

SP	ACTIVITY/INDICATOR	NEED	TARGET
	Provide inclusive age and context-appropriate, supplementary open learning materials/ resources to conflict and displacement-affected children and youth to support their education		
	# of people (learners and educators) receiving supplementary/open learning materials/ resources for basic education (formal and non formal)	1,500,000	300,000
	Train educators and or parents/caregivers in effective use of supplementary learning materials		
	# of teachers/ educators and or parents/caregivers receiving capacity building in use of supplementary learning materials	65000	65,000
3.1	CO3: The capacity of communities and local/national education partners is strengthened to support safer, coordinated education that monitors and responds to identified needs, and mitigates impacts of shocks and crises		
	Strengthen EiE response capacity of CSOs, NGOs, ethnic ,monastic and local partners (incl MRE, PSEA, advocacy, coordination, resource mobilization,contingency plans, AAP, etc)		
	# of Cluster partner staff receiving capacity building (EiE, inclusion, PSEA, and/or AAP, etc)	1052	1,052
	# of organisations receiving funding support (from eg MHF, and other funders) for EiE response		
	Establish/ and or build capacity of education committees/PTAs to actively participate in education in their communities		
	# of education committees/PTAs established and/or trained	220	220

Food Security Cluster Objectives, Activities and Indicators

SP	ACTIVITY/INDICATOR	NEED	TARGET
2.1	CO1: 1,470,000 crisis-affected people (IDPS) (764,400girls/women and 705,600 boys/men) have equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance		
	Food assistance / MPCA		
	% of the target population with acceptable Food Consumption Score (FCS) at end of implementation (Target: 75%)	2,181,662	1,470,000
2.1	CO2: 366,000 vulnerable people with humanitarian needs (non IDPs) (190320 girls/women and 175,680boys/men) have equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance		
	Food assistance / MPCA		
	% of the target population with acceptable Food Consumption Score (FCS) at end of implementation (Target: 75%)	13,036,254	366,000
2.1	CO3: Urgently restore, protect and improve livelihoods of more than 533,000 crisis-affected people (277,000 women and 255,000 men) by rehabilitating agricultural production,67 restoring/protecting productive assets, and rebuilding or creating income-generating activities to prevent use of negative (and potentially irreversible) coping mechanisms		
	Agriculture & livelihoods MPCA		
	% of the target population with acceptable Food Consumption Score (FCS) at end of implementation (Target: 75%)	15,217,917	533,482

Health Cluster Objectives, Activities and Indicators

SP	ACTIVITY/INDICATOR	NEED	TARGET
2.2	CO1: Reduce and prevent suffering, morbidity and mortality by the timely detection and coordinated response to notifications of outbreaks for epidemic-prone diseases, such as malaria, diarrhea, acute respiratory infections, and vaccine-preventable illnesses		
	Fill vaccination gaps for U5 children		
	% of targeted IDP and non-IDP U5 children who received vaccination-related support	893,253	126,302
	Timely detection and coordinated response to notifications of outbreaks for epidemic-prone diseases		
	% of communicable disease outbreaks notifications verified and responded timely for IDP and non-IDP population	483,379	40,804
	COVID-19 mainstreaming (testing, case management, IPC, vaccination, RCCE, capacity building) into humanitarian health services		
	% of targeted IDP and non-IDP population that has access to COVID-19 prevention and response	10,032,299	229,241
2.2	CO2: Improve availability and accessibility of primary health services, among displaced, returned, stateless and crisis-affected people, through basic and complementary packages including maternal, child and adolescent health, sexual and reproductive health, MHPSS, GBV-related health, illnesses such as TB, disability, emergency health for surgical, trauma, and referrals		
	Primary Health services Basic Package including maternal, child and adolescent health, sexual and reproductive health, MHPSS, GBV-related health		
	% of targeted IDP and non-IDP population that has access to primary health care services	10,032,299	2,292,412
	Primary Health services Complementary Package for surgery and trauma		
	% of targeted IDP and non-IDP population that has access to primary health care services	10,032,299	229,241
	Primary Health services Complementary Package for TB		
	% of targeted IDP and non-IDP population that has access to primary health care services	10,032,299	36,300
	Primary Health Services Complementary Package for rehabilitation services and provision of assistive devices for persons with injuries and different forms of impairments		
	% of targeted IDP and non-IDP population that has access to primary health care services	10,032,299	171,931
2.2	CO3: Strengthen the capacity of implementing health partners on accurate and timely data collection and reporting for displaced, returned, stateless and crisis-affected people, disaggregated by age, sex, and disabilities, to inform decision-making		
	Training on systematic applying data disaggregated by sex, age and vulnerable population		
	% of implementing health partners trained in systematic applying data disaggregation		-

Nutrition Cluster Objectives, Activities and Indicators

SP	ACTIVITY/INDICATOR	NEED	TARGET
2.3	CO1: 563,552-thousand girls, boys and children U5 years old and 423,667 pregnant and lactating women, receive integrated support to avert malnutrition and its long-term health impacts		
	# children 6-59 months screened for wasting	1,267,380	338,375
	# PLW screened for malnutrition	959,034	251,887
	# children aged 6-59 months with SAM admitted for treatment	51,860	14,714
	# children aged 6-59 months with MAM admitted for treatment	242,213	57,550
	# PLW with MAM admitted for treatment	118,033	26,686
	# boys and girls aged 6-59 months at risk of acute malnutrition in priority locations who received blanket supplementary feeding support programme	1,142,780	170,846
	# PLWs at risk of acute malnutrition in priority locations who received blanket supplementary feeding programme	959,034	126,193
	# primary caregivers of children 0-23 months receiving IYCF counselling	959,034	251,887
	# children 6-59 months receiving multiple micronutrient powders	1,267,380	338,375
	# pregnant women receiving preventative Multiple Micro-nutrient tablet or iron-folic acid supplementation	959,034	251,887

Protection Cluster Objectives, Activities and Indicators

SP	ACTIVITY/INDICATOR	NEED	TARGET
1.1	CO1: Protection of people affected by crisis is improved through provision of individually-targeted life-saving assistance and multi-sectoral, age-specific, gender-appropriate and inclusive protection, GBV, Mine Action, child protection, and MHPSS, responses to meet protection needs and reduce the risk of resorting to negative coping mechanisms		
	Provision of targeted/specialized support to persons with specific protection needs/risks		
	# of people (disaggregated by age, sex, disability, and population group) benefiting from the individually targeted protection support	500,000	399,093
	# of children (disaggregated by age, sex, disability, and population group) receiving CP kits	-	15,000
	# of people (disaggregated by age, disability, and population group) benefited by victim assistance services	3,000	2,000
	# of women/adolescent girls (disaggregated by age, disability, and population group) received dignity kits as part of addressing differential needs and GBV risk mitigation measure	7,702,030	366,740
	Case management and psychosocial support		
	# of children (disaggregated by age, sex, disability, and population group) benefited from the inter-agency case management system	3,015,422	110,000
	# of people referred/received for MHPSS services	3,015,422	202,795

SP	ACTIVITY/INDICATOR	NEED	TARGET
	Provision of legal aid services including counseling and legal aid support		
	# of people (disaggregated by age, sex, disability, and population group) benefiting from legal aid/counseling support		20,329
	# of people (disaggregated by age, sex, disability, and population group) benefiting from legal awareness support		28,800
1.1	CO2: Community-based protection structures and community-led risk mitigation initiatives supported		
	Community-based protection structures and community-led risk mitigation initiatives supported		
	# of children (disaggregated by age, sex, disability, and population group) benefited from the inter-agency case management system		300
	# of women, and girls receiving services in safe houses/shelters		36
	# of children (disaggregated by age, sex, disability, and population group) benefited from the inter-agency case management system		1644
	Community awareness raising for prevention and mitigation of protection risks		
	# of people (disaggregated by age, sex, and disability, and population group) benefiting from the protection awareness raising activities		959,102
	# of people (disaggregated by age, sex, disability, and population group) received information on CP principles and access to services on child protection aspects		450,000
	# of people (disaggregated by age, sex, and disability, and population group) who received explosive ordnance risk education	3,100,000	499,612
	# of people (disaggregated by age, sex, disability, and population group) reached with messages on GBV prevention and services	7,702,030	243,865
1.1	CO3: Promotion of and respect for international humanitarian and human rights laws and humanitarian principles is enhanced through protection monitoring, analysis of risks and advocacy with all relevant stakeholders		
	Protection monitoring and assessments		
	# of communities (camp/displacement/solutions site/township) reached with protection monitoring	5,000,000	1,250,000
	# of village where contamination survey has been conducted		1,600
1.1	CO4: Capabilities to prevent, mitigate and respond to protection risks and needs are strengthened by building technical capacity and community awareness of stakeholders on priority protection topics, as well as mainstreaming and integration of protection, GBV, Mine Action, child protection, and MHPSS support in all humanitarian actions		
	Capacity building support to humanitarian actors and services providers		
	# of humanitarian staff (disaggregated by sex and organization type) trained on protection topics		2,477
	# of technical support provided to non-protection partners in mainstreaming protection by protection partners		100
	# of staff/frontline workers (disaggregated by sex and organization type) trained on Child Protection principles, risks and case management		700
	# of staff/frontline workers (disaggregated by sex and organization type) trained on Mine Action principles, risks and case management		200

SP	ACTIVITY/INDICATOR	NEED	TARGET
	# of staff/frontline workers (disaggregated by sex and organization type) trained on GBV guiding principles and relevant response services (Case mgt, PSS, CMR, GBV minimum Standards etc)		650
	# of persons trained (disaggregated by sex and organization type) in MHPSS		500

Shelter/NFI/CCCM Cluster Objectives, Activities and Indicators

SP	ACTIVITY/INDICATOR	NEED	TARGET
3.2	CO1: To assist IDPs and other conflict and disaster affected people with emergency temporary shelter, or semi-permanent shelter support (including the maintenance, repair, upgrading and replacement of existing shelters) and emergency NFI provision that enhances protection, lifesaving, dignity and privacy		
	Provision of Emergency shelter support (construction)		
	# of people reached through shelter provision of Emergency shelter support (construction)		-
	Provision of Emergency shelter support (kits and materials/ cash assistance)		
	# of people reached through Provision of Emergency shelter support (kits and materials/ cash assistance)	1,116,959	285,492
	Shelter construction and reconstruction (IDP Camps and Sites)		
	# of people reached through Shelter construction or reconstruction (IDP Camps and Sites)	83,153	68,866
	Provision of NFI kits to IDPs in camps/ sites		
	# of people reached through distribution of NFIs full kit/items	1,244,393	603,629
	Provision of NFI kits to IDPs		
	# of people reached through distribution of NFIs full kit/items	544,538	112,005
3.2	CO2: To assist returnees/ resettled, stateless people with emergency, temporary shelter, or semi-permanent shelter support (including the maintenance, repair, upgrading and replacement of existing shelters) and NFI provision to enhance protection, dignity, safety and privacy		
	Provision of transitional shelter and reconstruction (Returnees)		
	# of people reached through (Transitional shelter and reconstruction (Returnees)	83,674	36,238
	Provision of NFI kits to returnees/ resettled, stateless people		
	# of people reached through distribution of NFIs full kit/items	192,834	74,870
3.2	CO3: Strengthening settlement monitoring, service coordination and maintenance of camp infrastructure in line to humanitarian life-saving support		
	Coordination and monitoring of multi-sector responses in IDP settlements		
	# of IDPs living in IDP sites provided with humanitarian life-saving, multi-sectoral assistance (indicator)	842,730	
	# of coordination meetings held at site level		
	# of site monitoring held		

SP	ACTIVITY/INDICATOR	NEED	TARGET
	Improve living conditions through site care and maintenance		
	# Camp Infrastructure improvements to prevent protection risks		-
	# of people reached through the provision of camp management support	523,249	390,579
3.2	CO4: Strengthening the capacity of camp management actors, communities, and service providers at camp level on camp management and coordination; and protection mainstreaming		
	Implementation of CCCM trainings		
	# of camp actors trained, # of IDPs trained		682
	Implementation of CCCM ToTs		
	# of ToTs implemented		220
3.2	CO5: Reinforce community participation activities at camp level		
	Development of community participation activities		
	# of people reached through Community participation activities	835,717	650,795
	Establishment/maintenance of complaint/ feedback mechanism and clear referral pathway		
	# of people accessed the complaint/feedback response mechanism	528,189	395,128

WASH Cluster Objectives, Activities and Indicators

SP	ACTIVITY/INDICATOR	NEED	TARGET
2.1	CO1: Implement, operate and sustain quality and standards of water and sanitation services and good hygiene practices to crisis affected population		
	Crisis-affected people including IDP's returnees, stateless and other vulnerable groups have equitable, inclusive and safe access to safe/improved drinking water meeting demand for domestic purposes, at minimum/agreed standards		
	# of Crisis-affected people have equitable, inclusive and safe access to safe/improved drinking water meeting demand for domestic purposes, at minimum/agreed standards	5,154,066	1,098,120
	Crisis- affected people including IDPs, returnees, stateless and other vulneraberal groups have equitable, inclusive and safe access to functional excreta disposal systems		
	# of Crisis-affected people have equitable, inclusive and safe access to functional excreta disposal systems	5,154,066	999,019
	Crisis-affected people including IDP's returnees, stateless and other vulnerable groups have equitable, inclusive and safe access to hygiene items and community-tailored messages, enabling health seeking behavior		
	# of Crisis-affected people have equitable, inclusive and safe access to hygiene items and community-tailored messages, enabling health seeking behavior	5,154,066	1,629,731
	# children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces	360,785	105,934
	# of women, men, girls and boys accessing WASH services in thealth facilities which received support from the WASH Cluster	206,163	70,125

SP	ACTIVITY/INDICATOR	NEED	TARGET
2.1	CO2: People have access to integrated/mainstreamed WASH services, on the basis of risk-sensitive programming and consultation with communities		
	crisis-affected people have access to integrated/mainstreamed WASH services, on the basis of risk-sensitive programming and consultation with communities		
	Number of vulnerable people that are consulted, and their concerns are addressed, through dignified and inclusive WASH services	721,569	228,563

4.7 Acronyms

3W	Who does What Where	FAO	Food and Agriculture Organization
4W	Who does What Where and When	GAM	Global Acute Malnutrition
AA	Arakan Army	GBV	Gender-Based Violence
AAP	Accountability to Affected People	GiHA	Gender in Humanitarian Action
AoR	Areas of Responsibility	HAWG	Humanitarian Access Working Group
ASEAN	Association of Southeast Asian Nations	HCT	Humanitarian Country Team
CBO	Community-Based Organizations	HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
CCCM	Camp Coordination and Camp Management	HLP	Housing, Land and Property
CA	Cluster Activity	HNO	Humanitarian Needs Overview
CDM	Civil Disobedience Movement	HRP	Humanitarian Response Plan
CERF	Central Emergency Response Fund	IASC	Inter-Agency Standing Committee
CMA	Camp Management Agencies	ICCG	Inter-Cluster Coordination Group
CMCOORD	Civil-military Coordination	IDP	Internally Displaced Person
CO	Cluster Objective	IEDs	Improvised Explosive Devices
CRVS	Conflict-related sexual violence	IERP	Interim Emergency Response Plan
CSO	Civil Society Organization	IHL	International Humanitarian Law
CVA	Cash and Voucher Assistance	IHRL	International Human Rights Law
CwC	Communicating with Communities	IYCF	Infant and young child feeding
EAOs	Ethnic Armed Organizations	IM	Information Management
ECMT	Education Cluster Monitoring Tool	INFORM	Index for Risk Management
EHOs	Ethnic Health Organizations	INGO	International Non-Government Organization
EiE	Education in Emergencies	JIAF	Joint Intersectoral Analysis Framework
EORE	Explosive Ordnance Risk Education	MA	Mine Action
ERW	Explosive Remnants of War	MAF	Myanmar Armed Forces
EWARS	Early Warning Alert and Response System	MAM	Moderate Acute Malnutrition

MEB	Minimum Expenditure Basket	SOP	Standard Operating Procedures
MHF	Myanmar Humanitarian Fund	SPO	Specific Objective
MHPSS	Mental Health and Psychosocial Support	TA	Travel Authorization
MIAG	Maungdaw Inter-Agency Group	TLs	Temporary Learning Spaces
MIMU	Myanmar Information Management Unit	UNDP	United Nations Development Programme
MoU	Memorandum of Understanding	UNHCR	United Nations High Commissioner for Refugees
NFI	Non-Food Item	WASH	Water, Sanitation and Hygiene
NGO	Non-governmental Organization	WFP	World Food Programme
NLD	National League for Democracy	WHO	World Health Organization
NUG	National Unity Government		
OCHA	Office for the Coordination of Humanitarian Affairs		
OPD	Organization of Persons with Disabilities		
PLW	Pregnant and Lactating Women		
PDFs	People's Defence Forces		
PDM	Post Distribution Monitoring		
PIMS	Protection Incident Monitoring Systems		
PiN	People in Need		
PoVAW	Prevention of Violence Against Women		
PSEA	Protection from Sexual Exploitation and Abuse		
PWDs	Persons with Disabilities		
RCCE	Risk Communication and Community Engagement		
RC/HC	Resident Coordinator/ Humanitarian Coordinator		
SAC	State Administration Council		
SAM	Severe Acute Malnutrition		
SEA	Sexual Exploitation and Abuse		
SERRP	Socioeconomic Resilience and Response Plan		
SEWG	Southeast Working Group		
SO	Strategic Objective		

4.8

End Notes

- 1 SG's noon briefing of 16 December 2022
- 2 UN figures as of 26 December 2022
- 3 OCHA, HRP 2022 Q3 Monitoring Dashboard
- 4 OCHA, HRP 2022 Q1 Monitoring Dashboard
- 5 <https://www.unrefugees.org/news/rohingya-refugeecrisis-explained/>
- 6 International Crisis Group, April 2022. <https://www.crisisgroup.org/asia/south-east-asia/myanmar/resisting-resistance-myanmars-pro-military-pyusawhti-militias>
- 7 Prohibition of assembly, speech, campaigning by using vehicle or marching, demonstration, vandalizing, and gathering of five or more people. Curfew hours from 8:00PM to 4:00AM. However, curfew hours have changed in many locations
- 8 <https://press.un.org/en/2022/sc15159.doc.htm>
- 9 "Losing a generation: how the military junta is devastating Myanmar's children and undermining Myanmar's future." Conference room paper of the Special Rapporteur on the situation of human rights in Myanmar, Human Rights Council, Fiftieth session, 13 June–8 July 2022
- 10 Global monitoring report on financial protection in health 2021. Geneva: World Health Organization and The World Bank; 2021 (<https://www.who.int/publications-detail-redirect/9789240040953>, accessed 23 March 2022)
- 11 ACAPS, Humanitarian access overview, July 2022
- 12 Aid Worker Security. <https://aidworkersecurity.org/incidents/search?start=2022&end=2022&detail=1&country=MM>, accessed 27 December 2022.
- 13 ACAPS, Humanitarian access overview, December 2022
- 14 NRM CAR Facility
- 15 <https://www.adb.org/countries/myanmar/economy>
- 16 World Bank, Myanmar Financial Sector Reforms: Policy Note, 8 July 2022
- 17 <https://www.adb.org/countries/myanmar/economy>
- 18 World Bank, Myanmar Economic Monitor, July 2022
- 19 World Bank, Myanmar Economic Monitor, July 2022
- 20 World Bank, Myanmar Economic Monitor, July 2022
- 21 Market Price Monitoring, WFP, September 2022
- 22 Y. Muramatsu, "Myanmar coup grinds cross-border infrastructure projects to halt", Nikkei Asia, 3 Mar. 2021; "Suspended international infrastructure projects resumed in Myanmar", The Irrawaddy, 14 Jan. 2022; Fitch Solutions, Myanmar Infrastructure Report, 2021
- 23 ILO Brief, Employment in Myanmar in the first half of 2022: A rapid assessment, August 2022
- 24 Weaving Gender. Challenges and - ILO, 2018.
- 25 H. Hansen, J. Rand, W.W. Ngu, The gender wage gap in Myanmar: Adding insult to injury?, Journal of Asian Economics, Volume 81, 2022. <https://doi.org/10.1016/j.asieco.2022.101511>
- 26 ILO Brief, Employment in Myanmar in 2021: A rapid assessment, January 2022
- 27 ILO Brief, Employment in Myanmar in 2021: A rapid assessment, January 2022
- 28 ILO Brief, Employment in Myanmar in 2021: A rapid assessment, January 2022
- 29 ILO Brief, Employment in Myanmar in the first half of 2022: A rapid assessment, August 2022
- 30 OCHA, Monthly Humanitarian Update No 25, December 2022
- 31 Gender Equality Network, We Are Hard to Ignore Now, Women in Myanmar Resistance Movement, July 2021
- 32 International Crisis Group
- 33 International Crisis Group
- 34 International Crisis Group
- 35 Report of the Special Rapporteur on the situation of human rights in Myanmar, Thomas H. Andrews. Human Rights Council, 49th session. 28 February–1 April 2022
- 36 <https://www.ohchr.org/en/hr-bodies/hrc/myanmar-ffm/sexualviolence>
- 37 Human Rights Council. (2019). Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts, 42nd session. A/HRC/42/CRP.4. New York: UN
- 38 SafeGBVReporting. Trends Analysis: Conflict-Related Sexual Violence in Myanmar Biannual assessment, Edition 1/2022 (1 January to 30 June 2022)
- 39 See: Women and Child Rights Project. 2005. Catwalk to the Barracks: Conscription of women for sexual slavery and other practices of sexual violence by troops of the Burmese military regime in Mon areas. Women's League of Chinland. 2007. Unsafe State. State-Sanctioned Sexual Violence Against Chin Women. Mizoram: WLC. Women's League of Burma. 2014. "If They Had

- 40 As of 17 October 2022 Hope, They Would Speak". The Ongoing Use of State-Sponsored Sexual Violence in Burma's Ethnic Communities. Chiang Mai: WLB
- 41 UNICEF 2022. <https://www.unicef.org/myanmar/reports/myanmar-landmineerw-incidents-information-20>. Please note that this report does not include explosions and casualties targeting local administrations and security forces across the country.
- 42 <https://www.fatf-gafi.org/publications/fatfgeneral/documents/outcomes-fatf-plenary-october-2022.html>
- 43 <https://progressivevoicemyanmar.org/wp-content/uploads/2022/10/freedom-of-the-net-2022.pdf>
- 44 <https://www.accessnow.org/spotlight/myanmar/>
- 45 Zaw Naing Tun, Dargusch, P., McMoran, D., McAlpine, C., and Hill, G. "Patterns and Drivers of Deforestation and Forest Degradation in Myanmar." 2021
- 46 World Bank, 2019. <https://www.worldbank.org/en/country/myanmar/publication/myanmar-country-environmental-analysis>
- 47 World Bank, 2019. <https://documents1.worldbank.org/curated/en/464661560176989512/pdf/Synthesis-Report.pdf>
- 48 <https://germanwatch.org/en/19777>
- 49 World Wildlife Fund, Myanmar report 2017, Assessing Climate Risk in Myanmar: A contribution to planning and decision-making in Myanmar, March 2017
- 50 https://themimu.info/sites/themimu.info/files/documents/Report_Analytical_Brief_Climate_Environmental_Degradation_and_Disaster_Risk_MIMU_May2022_ENG.pdf
- 51 These numbers do not include forced returns as a result of any potential camp closures.
- 52 WFP/FAO, August/September 2022
- 53 UN figures as of 26 December 2022
- 54 Women CSOs is a collective term used here to refer to women's rights organizations and women-led/run organizations operating in Myanmar
- 55 WFP/FAO nationwide food security and livelihoods assessment, August - September 2022
- 56 Include the Reliefweb link to the HNO 2023 once published!
- 57 Access Monitoring and Reporting Framework
- 58 Aid Worker Security. <https://aidworkersecurity.org/incidents/search?start=2022&end=2022&detail=1&country=MM>, accessed 29 November.
- 59 Several CSOs may have been consulted more than once
- 60 Information provision, participation, and feedback/complaints
- 61 Communication, community participation/engagement, improving feedback, localization/community participation, and diversity and inclusion.
- 62 Receive, record, refer, respond, and report/analysis
- 63 Existing CFMs on most of the camps across Myanmar: Help Desks, Hotlines, Suggestion boxes, and Information Board.
- 64 A system specifically designed to gather data and insights from young people
- 65 https://fscluster.org/sites/default/files/documents/fsc_myanmar_response_snapshot_jan-aug_2022_final.pdf
- 66 REACH Myanmar MSNA Assessment, 2022
- 67 Agricultural production include: crops, livestock, aquaculture and fishery
- 68 Market Price Monitoring, WFP, September 2022

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